Nursing recruitment in Australia's largest hospital

by
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DECLARATION OF ORIGINALITY

This thesis contains no material which has been accepted for a degree or diploma by the University or any other institution, except by way of background information and duly acknowledged in the thesis, and to the best of the my knowledge and belief no material previously published or written by another person except where due acknowledgement is made in the text of the thesis, nor does the thesis contain any material that infringes copyright.

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The research associated with this thesis abides by the international and Australian codes on human and animal experimentation, the guidelines by the Australian Government's Office of the Gene Technology Regulator and the rulings of the Safety, Ethics and Institutional Biosafety Committees of the University.

Statement regarding published work contained in thesis

At the time of submission, no part of this thesis has been published in any form.

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Tim Sinclair   Date

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ABSTRACT

All hospitals in Australia are challenged by a limited capacity to compete for scarce nursing talent against a backdrop of diminishing national workforce supply. This study seeks to ascertain what factors motivate nurses to apply for positions, what factors influence them to leave their current positions, and what attractors can be put in place to entice them to work in a hospital environment.

The participants in this study were all applicants for any type of nursing position at Liverpool Hospital in western Sydney applying between February and September 2011. A questionnaire was distributed to the participants to capture their views and opinions on what attracted them to apply for a job at the case hospital. The questionnaire was designed to measure whether some or all of the attractor strategies devised by the Hospital were successful in attracting them to apply for a position.

A total of 480 surveys were distributed to job applicants applying for positions at the Hospital (across all nursing classifications). Of these, 195 were completed and returned, giving a response rate of approximately 41%.

The results from the survey provided support of the use of attractor strategies in influencing applicants to apply for a position. The evidence from this research supports the development and implementation of e-marketing strategies as one of the tools in attracting staff, and demonstrated that the development of the Liverpool Hospital website, and a specific recruitment website, was an effective tool in marketing the various attributes of the Hospital that may be effective in attracting staff.

The results from this research show that factors which improve employee satisfaction (which is normally associated with retention) can specifically attract applicants to an organisation. These include options such as career progression opportunities, professional development, making one's job more challenging or stimulating, a supportive workplace culture and mentoring and support.

This research identified a number of factors that might be generalisable to other hospitals when trying to attract staff to their facilities and, as such, there are a number of potential implications for similar public hospitals.

CHAPTER 1 - INTRODUCTION

Australian Public hospitals are facing many challenges including how to staff their growing facilities. This research focuses on one of Australia's largest hospitals – the Liverpool Hospital in western Sydney – and on the recruitment challenges around its biggest occupational employee group, that is, nurses.

The Global Nursing Workforce Shortage

It is acknowledged that there are health workforce shortages globally and in Australia. The shortages vary in magnitude by professional group, speciality and geographical area (i.e. rural, remote, and metropolitan) (KPMG, 2009; Buchan & Calman, 2004; Kingma, 2007; Productivity Commission, 2005). Globally, the World Health Organisation (WHO) estimated the need for additional healthcare workers at approximately 4.3 million (KPMG, 2009).

It is difficult to identify shortages in workforce supply due to a number of factors, including but not limited to the difficulty in identifying healthcare demand and the required level of workforce response, and the required role of government in providing or influencing the amount of resources required to meet demand. However, there is evidence of overall shortages in numbers and the lack of available people in the labour market to fill positions across a range of health professions including medical, nursing, allied health and dental (Productivity Commission, 2005).

The International Council of Nurses (ICN) estimates that there may be more than 12 million nurses worldwide (Roux & Halstead, 2009). However, there are significant variations in the ratio of nurses across the globe; ratios vary from as little as just 10 nurses to 1,000 nurses per 100,000 population (Buchan & Calman, 2004). There is a trend for high income countries to have a much higher nurse-to-population ratio in comparison to their lower income counterparts in developing countries. The average ratio in Europe (which has some of the highest ratios of

more than 750 nurses per 100,000 population) was noted to be ten times than that of the lowest regions in Africa (which was recorded at having less than 75 per 100,000 population) (Buchan & Calman, 2004).

Similarly the average ratio in North America is approximately 1,000 nurses per 100,000 population in comparison to South America which have less than 100 nurses per 100,000 population (Buchan & Calman, 2004). It could be argued that the nurse-to-population ratio for any given country is a blunt instrument in determining the nursing workforce shortages as a whole, but it does give some indication of the level of available nursing workforce skills in a given country (Bigbee, 2008).

Analysis of geographical distribution provides a slightly better indication of available nursing resources. Considering other workforce availability also gives a better understanding of what healthcare resources are available for a given population. Buchan and Calman (2004) analysed the shortages in developing countries and noted that the shortage is further exacerbated by geographical distortion, in that nurses are drawn to work in city areas resulting in fewer nurses working in even poorer rural and remote parts of the country. They also compare the availability or lack thereof of nursing resources by the level of development in each country.

When commenting on the global shortage of healthcare resources (namely, medical and nursing staff), it is important to consider the skill mix and qualifications of staff when aggregating data at the regional level (Buchan & Calman, 2004). The example noted by Buchan and Calman was that in Brazil, South America, the reported ratio of nurses is 50 per 100,000 population; however, they report 200 physicians per 100,000 population. Similarly, Kenya reported 15 nurses per 100,000 population in comparison to 100 physicians per 100,000 population (Buchan & Calman, 2004). It is acknowledged that these numbers are still very low and much lower than

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the average number of nurses in developed countries. With ratios this low, such countries struggle to provide a minimal level of nurse staffing.

In-country regional imbalances contributing to geographical nurse workforce shortages

The evidence suggests that health professionals prefer to work in large urban areas (Buchan & Calman, 2004) and many countries, including Australia, report difficulties in attracting nurses from both developed and developing countries to work in rural and remote areas. This is partly a lifestyle choice but also because career opportunities are greater. These lower ratios in rural and remote areas is experienced in developed and developing countries, but exacerbates the shortage of nurses in developing countries with rural areas experiencing the most severe shortages (Kingma, 2007). Buchan and Calman (2004) noted that in South Africa, there is a nurse-to-population ratio in urban areas of 65 per 100,000 in comparison to rural areas which reported approximately 15 nurses per 100,000 population. The ratio for the country as a whole was approximately 35 nurses per 100,000 population.

Another challenge, experienced in countries such as Australia, England, Canada and the USA, is the difficulty in recruiting and retaining nurses to work in inner city areas, where housing costs and costs of living can be higher than in suburban or rural areas. Buchan and Calman (2004) noted that Dublin and London are experiencing higher than average levels of nursing shortages. In 2002, London had a nursing vacancy rate in the NHS of 6.1% which was double the nation's average (Buchan & Calman, 2004). In a survey conducted by the Royal College of Nursing, it was found that more than 50% of the surveyed nurses in London reported that affordable housing was 'extremely important' or 'very important', whereas approximately 66% living outside of London reported that it was 'not important' when deciding on which hospital they would consider working at (Buchan & Calman, 2004).

It is important to consider more than a country level analysis to understand the true nursing shortage, as significant variations occur in the availability of nursing resources in different regions of most countries often resulting in a distortion of resources. The most severe nursing shortage across the world is no doubt rural areas in developing countries (Buchan & Calman, 2004).

Perspectives on the nursing shortage

It should be noted that most countries in the developed and developing world are reporting nurse shortages but it is important to put these shortages into perspective (Buchan & Aiken, 2008). For example, the USA reports shortages even though it has a ratio of 773 nurses to 100,000 population. In comparison, Uganda is also reporting shortages with a ratio of 6 nurses per 100,000 population. The attribution of a 'shortage' needs to consider the availability of resources within that country (Buchan & Calman, 2004). As such, the shortage is usually quantified by looking at the country's historic staffing levels and demand for services. The shortage is the shortfall between the availability of nurses and the objective of higher level clinical service provision (Buchan & Calman, 2004).

The literature does not specify the ideal ratio of nurses or physicians to a given population. There are a number of factors, which affect or contribute to the shortage, that include:

- The priority placed on healthcare prevention and treatment by government;
- Healthcare demand;
- Economic ability to purchase and provide healthcare services (availability of funds to pay salaries, educate and train health professionals, purchase of healthcare technology, etc.); and
- The will and desire of government to prioritise healthcare for its population (Buchan & Calman, 2004).

The nursing shortage in previous years was noted to have been a cyclical event, however many believe that the situation in the new millennium is more serious and will continue to increase unless corrective action is taken to attract additional numbers into the nursing profession and devise strategies to retain them (U.S Department of Health and Human Services, 2002). For example in the USA, the number of registered nurses was estimated at 1.89 million in comparison to estimated demand at 2 million, a shortage of 110,000 or 6% (U.S Department of Health and Human Services, 2002). The shortage was expected to incrementally increase to 12% by 2012 (the lag in reporting means these figures are still unavailable), 20% by 2015 and if not addressed, will increase to 29% (or more than 500,000) by 2020 (U.S Department of Health and Human Services, 2002).

The U.S Department of Health and Human Services (2002) noted that after steady growth in the first part of the 1990s, the number of RN graduates fell resulting in 26% fewer graduates across all qualification classifications in 2000 than in 1995. Although the statistics are dated, it is still worth noting that between 1996 and the year 2000, the number of registered nurses not working in the profession grew by 52,000 to over 490,000 (U.S Department of Health and Human Services, 2002).International nursing shortages vary in magnitude across the globe and countries report similar in-country imbalances with less nurses working in rural areas to metropolitan or suburban regions. The Australian nursing workforce shortages are in keeping with this theme.

Australian Nursing Workforce Shortages

In 2007–08, there were 240,344 full-time equivalent staff working in all public hospitals. Nurses (either registered, enrolled or student nurses) represented 45% (or 107,089) of the employed workforce in public hospitals and made up the greatest proportion of the health workforce (Department of Health and Ageing, 2009). Duffield and O'Brien-Pallas (2002) state that the nursing workforce makes up 60% of the total tertiary healthcare workforce. Whichever figure is

more accurate, it can still be concluded that nurses make up a significant proportion of the

health workforce. In comparison, the medical group accounted for approximately 11% of the

workforce and Allied health workers (including radiography, laboratory and other technical staff)

accounted for approximately 15% (Department of Health and Ageing, 2009). Figure 1 below

illustrates the breakdown for all health classifications.

Note: Total may not equal 100% due to rounding.
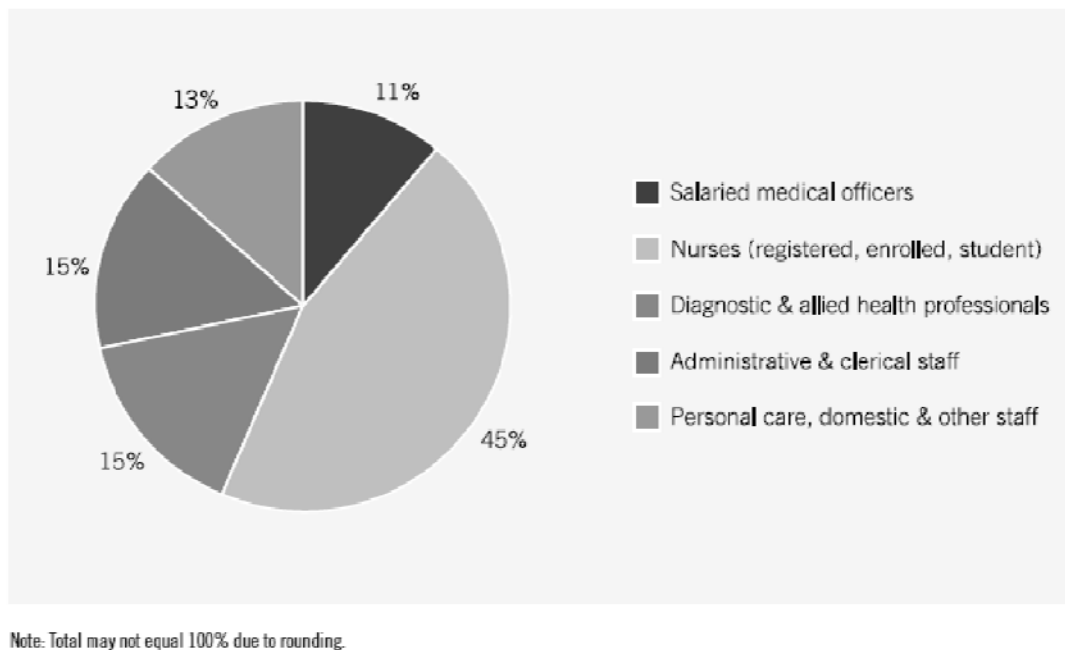
Figure 1: Staffing proportions by occupational group (the graph above is sourced
from Department of Health and Ageing, 2009)

By 2018, it is predicted that there will be approximately 409,300 Australians employed in the

health system with an average growth of 1.7% per annum (KPMG, 2009).

Similar to the global nursing shortage, Australia also reports a significant workforce shortage.

The Productivity Commission (2005) cited that there are major distribution issues with shortages

more significant in outer metropolitan, rural and remote areas, and especially in Indigenous

communities. The Productivity Commission (2005), although acknowledging that precise

quantification was difficult, cited that the shortages were most pronounced in nursing, general practice, various medical areas and some key allied health areas.

Australia also has the challenge of addressing a shrinking workforce pool due to an ageing population. This will be a major influence on future workforce supply. The workforce pool is projected to decrease as a proportion of the total population over the next decade (KPMG, 2009). In 2009, approximately 27% of the Australian population were aged between 20-49 years, however, by 2021, this is expected to decrease to approximately 20% of the total population (KPMG, 2009). These shortages exist even though the Australian workforce has been growing at nearly double the rate of the population (Productivity Commission, 2005). KPMG (2009) noted that the number of people employed in the health workforce as a proportion of the total workforce remained stable at approximately 3.5% of the total workforce between 1996 and 2006. By 2016, this is expected to increase to approximately 3.7% which suggests that the health workforce is growing at a slightly faster rate than the Australian total workforce (KPMG, 2009).

The shortage of nurses is exacerbated by a population which has changing workforce intentions and availability. There are an increasing number of nurses leaving the profession and nurses are working fewer hours on average. There is also demand outside of the health system for appropriately qualified health professionals, which puts further pressure on labour supply (KPMG, 2009).

Reasons for the Nursing Workforce Shortage

There are a number of reasons for the global nursing shortage, with some common themes occurring in developed countries. The themes arising from developing countries are similar, although there are some unique differences. Buchan and Calman (2004) noted that whilst the impact on HIV/AIDs in sub-Saharan Africa has contributed largely on the demand for

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healthcare, it has also reduced the availability of nurses and other health care staff through increased mortality, burnout and not wanting to be exposed to potentially unsafe working conditions. This challenge is unique to Africa where the prevalence of HIV/AIDs still increasing. A common theme amongst developing countries is the lack of financial resources to provide appropriate pay structures and a defined career path for healthcare professionals (Awenva et al., 2010). This obviously results in high vacancy rates, as people tend to choose alternative career paths or immigrate and transfer their skills to other countries with better pay, working conditions and/or better opportunities for career advancement (Buchan & Calman, 2004).

Across five countries (USA, Canada, England, Scotland and Germany) a study was conducted which surveyed over 43,000 nurses from 700 hospitals. The study undertaken by Janiszewski (2003) found that many nurses reported being dissatisfied with their job, were burnt out, had low morale and actually intending to leave their current employer.

The study also found that there was a poor image of nursing across the sample. Although they are seen as one of the most trusted professions, nurses are still undervalued. There is a lack of understanding of their role and in some cases they are still perceived as merely the physicians' assistant or 'handmaiden' (Janiszewski, 2003). With the nursing workforce being predominantly women, another related factor for the nursing workforce shortage cutting across both developing and developed countries and in different cultures includes the persistence of gender-based discrimination. Another contributing factor to the workforce shortage common to both developed and developing countries includes the exposure to workplace violence, with nurses taking the brunt of such violence due to being the frontline care providers (Buchan & Calman, 2004).

There has not been a significant increase in women choosing nursing as a career after the large influx of women into the profession in the 1960s and 1970s (Janiszewski, 2003). Since the 1980s, there has been a proliferation of attractive alternative career opportunities available to

women, and as such, the traditional young women recruits are seeking other opportunities that are available to them (Buchan & Calman, 2004, Janiszewski, 2003).

The ageing RN workforce has been attributed to three main factors:

1. Declining number of nursing school graduates;

2. Higher average age of graduating classes (meaning that people are choosing to enter the profession later in life);

3. Ageing of the existing pool of nurses. (US Department of Health and Human Services, 2002)

Flinkman, Leino-Kilpi and Salantera (2010) undertook a review of 31 studies examining why nurses intended to leave their current position or the profession altogether. The studies analysed were from the USA, United Kingdom, Finland and Australia. The results differed across the studies with those nurses intending or considering leaving the profession varying from 4% to 54% (Borkowski, Amann, Song & Weiss, 2007). There were common characteristics amongst nurses intending to leave the profession, namely, being younger and more qualified, or being male (Flinkman, et al., 2010). Scott, et al. (2012) commented that nurses aged 40 and under were more likely to temporarily leave the workforce likely due to child bearing or study leave, whilst those nurses aged 60 and over were also more likely than other age brackets to temporarily exit the workforce, for example, due to long service and sick leave.

The work related variables cited as the main motivation for nurses intending to leave their current position or the profession were: low occupational commitment; low affective commitment to the profession; lower professional commitment; low job satisfaction; dissatisfaction with salary or low pay; few possibilities for development; burnout and stress; work-family conflict; low professional status; and low autonomy (Flinkman, et al., 2008).

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Scott,. et al. (2012) noted that increases in nursing retention included having basic postgraduate qualifications; that promotion to higher classifications increases retention for junior nurses, and that higher numbers of nursing staff and expenditure improve retention. Other factors contributing to health workforce shortages in Australia include those associated with the nursing career structure which some consider out-dated. Scott, et al. (2012) stated that increases in workload reduce retention, whilst Duffield and O'Brien-Pallas (2002) noted that personal issues relating to burnout, stress and a poor work life balance (mainly due to inflexible organisation rostering practices) also contribute to the nursing workforce shortage. In relation to organisational and management issues mentioned earlier in the global workforce shortage section, it should be noted that Australia is no different. There is an increasing occurrence of workplace violence. This includes both verbal and physical violence which has contributed to the difficulty in organisations being able to retain staff (Duffield & O'Brien-Pallas, 2002). Duffield and O'Brien-Pallas (2002) noted that some of the Australian nursing workforce perceived that there is a disparity between the standards of care that they should provide versus what they actually can provide based on the available resources. Also, there has been some question as to whether nurses are being adequately prepared to work in high acuity patient care environment (Nehring & Lashley, 2010). This relates to the quality of the tertiary (university based) education that nurses receive.

Eley.R, Eley, D and Rogers-Clark (2010), in a quantitative cross-sectional study, set out to determine the main reasons for nurses entering the profession, and more relevant to the current study, to understand why nurses intended to leave their current position. There are a number of factors which might influence nurses to leave their current position, or the nursing profession. These included autonomy in relation to nursing practice, the workplace itself (including interpersonal relationships and staffing levels), employment conditions (including remuneration), satisfaction with the job itself (including psychological rewards and appreciation) and safety in

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the workplace (freedom from violence and abuse). Eley et al. (2010) also found that in Australian studies and those in the UK and Sweden, remuneration was not in the top five reasons for influencing departure from the workplace.

Eley et al.'s (2010) study is important for understanding why nurses intend to leave their current position so that attraction strategies can be developed to increase their satisfaction with their job and reduce their intention to leave. The most common factor reported by qualified nurses as influencing a respondent's decision to leave nursing was disillusionment with the profession, followed by retirement, dislike of shift work, and seeing a career beyond nursing (Heijden et al., 2010). This was followed by family responsibilities and the ability to earn more money elsewhere (Eley, et al., 2010).

Eley et al.'s (2010) study was based in one regional area in Queensland, which may have limited its validity. Also, any cross sectional study is limited by the fact that it is taking a snapshot of the views of a group of people at a single point in time (Eley et al., 2010). However, Eley et al. (2010) did find that the results of the study were comparable with studies completed by the Queensland Nurses union members in 2008, which does indicate that the results were consistent and generalisable across Queensland.

The KPMG (2009) report found a number of causes for nursing workforce shortages. These include:
- Competing demands for labour;
- A shrinking workforce pool;
- Changing workforce intentions and availability;
- Education and training of health workforce professionals;
- Competition for existing resources.

KPMG (2009) reported that competition for labour is increasing, for both undergraduate entry and graduate professions within the local labour market and internationally.

As the Australian population ages, the workforce pool is projected to decrease as a proportion of the total population (KPMG, 2009). It is estimated that between 2006 and 2021, the proportion of the population aged over 60 years will increase from 17.8% to 22.9% (KPMG, 2009). Wickett et al. (2003) noted that the average age of Australian nurses was 41.6 years which is comparable with the US and Canada. In 2009, approximately 27% of the Australian population were aged between 20-49 years, however, by 2021; this is expected to decrease to approximately 20% of the total population (KPMG, 2009). The ageing population will be a major influence on future workforce supply. After the age of 55, participation in the workforce falls significantly as many in this age group reduce their hours or retire (Productivity Commission, 2005). It was estimated that by 2044-45, those Australians employed in the workforce will be 7% lower and the average hours worked per person will be 10% lower than 40 years previously.

In addition, those working in healthcare are among the oldest workers in Australia (KPMG, 2009). The average working age has increased for health workers by approximately 5.5 years over the past two decades in comparison with the average increase for non-health workers of just 2.8 years (KPMG, 2009). Assuming that the majority of the workforce will retire at or around the age of 60, this all suggests that Australia has a shrinking workforce pool from which to draw health workers. This may result in a significant supply problem for the healthcare system.

In relation to 'changing workforce intentions and availability' noted above, this refers to nurses exiting the workforce. Table 1 illustrates a steady increase in the number of registered nurses not working in the healthcare system (KPMG, 2009). However, this includes other factors in addition to nurses exiting the workforces such as healthcare workers working fewer hours (Productivity Commission, 2005).

Table 1: Number of Registered Nurses

Year	Number of Australian Registered Nurses in the Medical Labour Force	Number of Australian Registered Nurses not looking for work in nursing	Number of Australian Registered Nurses not in the medical labour force: Overseas
1999	186,170	14,934	3923
2001	189,671	15,248	4190
2003	196,091	18,194	4330
2005	206,873	21,779	1925

Source: AIHW Labour Force Survey, Registered Nurses 1999-2005

It was found that 19.8% of Australian born nurses aged between 15 and 64 and 14.3% of overseas born nurses were not in the nursing workforce (Duffield & O'Brien-Pallas, 2002).

In New South Wales, Duffield and O'Brien-Pallas (2002) stated that there were 91,515 registered and enrolled nurses, however, it was estimated that there were only 54,000 actually working in nursing. The Productivity Commission (2005) reported similar figures and estimated that there were 30,000 registered nurses not working in the profession, with a lack of job satisfaction, poor pay and working conditions viewed as key causes. This indicates quite a large potential to attract qualified recruits back into the workplace. There were a range of factors identified by the Productivity Commission (2005) that influence job satisfaction and ultimately a nurses' desire to leave the nursing workforce. These include:

- Lack of career path and inadequate recognition of skills;

- Unsupportive organisational and workplace culture;

- Inadequate access to training and professional development;

- Mentoring and support.

In relation to the education and training of health workforce professionals, the KPMG (2009) report cited a number of factors that impact on the capacity to educate and train health care workers including:

- Decisions regarding the number of undergraduate and postgraduate places.

- The availability of clinical placements.

- The models of education and training.

- The location of education and training institutions.

- The effectiveness of collaboration between the institutions, health care services and funders.

This has an impact on the number of new nurses that can be trained into the workforce and limits the country's ability to fully address the shortage (Courtney, Edwards, Smith & Finlayson, 2002). This coincides with the funding made available from Government to increase the number of training places.

Wickett, McCutcheon and Long (2003) found that similar to other developed countries including the US, Canada and the UK, there has been a decline in enrolments to nursing programmes in Australia. However, in 2003 there was a sharp increase to the point where many first preferences could not be met. This may reflect a limitation in the tertiary sector being able to meet the increased demand required to train a sufficient number of nursing professionals. This increased desire to train in the nursing profession may also be a reflection of the concerted efforts to attract people into the nursing profession (Bednarz, Schim & Ardith, 2010). This temporary increase has not been since and is not reflective of the broader trend which clearly demonstrates a nursing workforce which is unable to meet demand. The KPMG (2009) report referred to competition for existing resources in the context of workforce demand outside of the health system for appropriately qualified health professionals which places further pressure on

labour supply. Although Table 1 above does not show the proportion of those actually employed in other employment sectors, it does illustrate the large number of nurses no longer working in the health system. The literature is limited by the fact that there is no data to quantify this assumption although anecdotal evidence does suggest that these professionals are working in other employment sectors including pharmaceutical companies, government policy units, academic institutions and consulting firms (KPMG, 2009).

More broadly, in an OECD report on nursing shortages, there has been little policy development in relation to curbing the flow of nurses out of the health workforce, which, unless addressed will continue to be a factor in the deficiency of nurses working in a healthcare setting (Flinkman et al., 2010).

It is critical to understand what factors are driving nurses out of the profession and what motivators can actually attract and retain nurses. Once organisations have an indication of the reasons for their nursing staff departures, attraction strategies may be developed to entice them back into the workforce. Nurses leaving the profession cost the government considerably, as they take with them the corporate knowledge, experience and contribution to the community and the financial investment in their education and training over many years is lost (Flinkman et al., 2010).

The challenges for the health system will increase in the coming years. The ability to continue to provide an excellent service and adequately staff the health services will be tested due to a number of factors including an increased burden of disease, changes in service delivery affecting skill mix, community expectations, workforce specialisation, and changing workforce expectations (KPMG, 2009).

Research Questions and Significance of the Study

This research focuses on one of Australia's largest hospital – the Liverpool Hospital in western Sydney – and on the recruitment challenges around its largest occupational employee group, that is, nurses. Similar to other hospitals nationally, Liverpool Hospital experiences many workforce challenges. However, these workforce challenges are exacerbated by the fact that the Hospital is also undergoing a massive expansion, which will see it actually become Australia's largest hospital. As services expand to meet the demands of a rapidly growing population, the nursing workforce will need to increase by approximately 45% over the next 5 years. It will be a significant challenge for the Hospital to recruit staff to these vacant positions as they arise. As a result, it is critical for the Hospital to understand what attractor strategies, new or existing, are most successful in attracting staff and whether the development of new strategies is required to attract additional staff to the organisation.

This research seeks to determine what strategies are most successful in attracting staff to Liverpool Hospital so as to begin to determine whether the Hospital will be able to meet this significant recruitment challenge. It also seeks to get a better understanding of those factors that most motivate nurses to apply for positions with the Hospital. As such it should be noted that the focus of this research is pre-recruitment in the field of attraction and as such intentionally does not review the literature or the process of the actual recruitment process.

The research seeks to expand current understanding in the area by addressing the following questions:

1. Within a finite nursing workforce, what attractor strategies does Liverpool Hospital have to meet its workforce needs and how are these operationalised?

2. What additional attractor strategies will Liverpool use to entice nurses to work in the

    expanded hospital and will this:

    i.   Increase the average number of nurses applying for positions; and

    ii. Reduce the number of unfilled positions?

There is an abundance of literature on the Magnet hospital concept (Armstrong, 2005, Brady-Schwartz, 2005, Buchan & Aiken, 2008, Hinshaw, 2002, Joyce & Crookes, 2008, Kramer, 1990, Naude & McCabe, 2005) that has been shown to ease the difficulty in recruiting and retaining nursing staff. However, there is a scarcity of research which directly measures why an applicant has chosen to apply for a position with a particular organisation, that is, what has attracted or motivated them to leave their current position and pursue a role with the case hospital. As such this research also seeks to determine:

3. What are the most important factors that motivated nurses to apply for a position at

    Liverpool Hospital?

Finally, to determine whether the results of this research are generalisable and the attractor strategies are implementation to other hospitals in Sydney, the final question to be explored in this research paper is:

4. Can the findings from this research be implemented in other hospitals in Sydney?

There is no single solution that has been demonstrated in the literature to increase the attractiveness and retention of nurses to hospitals. Previous research has shown that successful facilities implement a range of strategies and modifications to their organisational structure, working environment and culture so as to improve its attractiveness to staff (Epstein & Roy, 2001).

What attractor strategies will Liverpool Hospital use to attract nurses and what are the intended benefits?

Liverpool Hospital has developed a range of strategies that have been demonstrated to attract and retain professional nurses at a higher rate than non-accredited facilities. These include:

- Marketing its workplace culture and values;

- Marketing Liverpool Hospital's access to Professional Education opportunities;

- Advertising the fact that Liverpool Hospital is working through Magnet Hospital accreditation; and

- Marketing the brand new Liverpool Hospital with state of the art facilities.

There is a paucity of evidence which directly measures the recruitment success of frequently-documented attractor strategies in motivating people to apply for a position with an organisation. This has included how this might impact on various outcomes including:

- The number of applications for positions;

- The number of applications that meet the essential criteria for a position, and

- The number of applications which meet the criteria and are placed on the eligibility list for a vacant position.

Herzberg's Motivation Hygiene Theory, job satisfaction and dissatisfaction is discussed in this thesis as underlying theories for the establishment of positive work environments, and may clarify why some factors motivate staff to apply for positions within an organisation over other strategies.

Benefits of this research

This is a unique piece of management research which focuses specifically on what attracted staff to apply for a position with Liverpool Hospital. It has aimed to expand on current understanding of the topic area and increase understanding of those factors that motivate

nursing staff to apply for hospital-based positions. It has focused on measuring specific and non-specific attractor strategies to determine how successful they were or how much they influenced nurses to apply for positions at Liverpool Hospital, a major tertiary metropolitan referral hospital in Sydney. It also focused on assessing those factors which most motivated applicants to apply for a position with the hospital.

This research measures the effectiveness of current nurse recruitment strategies and the development of new recruitment strategies at the case hospital for filling vacant nursing positions, mostly based on the theory of Magnet Hospitals. This study has contributed to the scarcity of research on the topic by directly focusing on attraction and has been able to clearly demonstrate and make recommendations in relation to the most effective strategies for the attraction of nurses to the case hospital.

This study also contributed to the literature in relation to what factors most motivated nurses to apply for positions and whether some or all of the attractor strategies could be implemented in other Sydney hospitals. This research has given the executive of South West Sydney Local Health District and the Liverpool Hospital executive direction as to whether they will be able to fill an increasing number of required positions and whether additional strategies need to be developed and further research undertaken.

Outline of the Thesis

To comprehensively address the aims and objectives of the research, this thesis is arranged into nine Chapters. This Introduction Chapter has outlined the issues and challenges underlying the current research, has justified the need for a greater understanding of the topic area, and has discussed the research questions, aims and significance of the study.

Chapter 2 provides an overview of the literature discussing those factors that can lead to recruitment success, and explores some of the characteristics of those organisations that have

been more successful in recruiting professional nurses than others. It also explores the evolution and theory behind Magnet Hospitals, Herzberg's Motivation-Hygiene Theory, Job satisfaction and dissatisfaction and how these theories overlap in relation to the attraction and retention of staff. This Chapter is designed to introduce the theory behind the attraction and retention of professional nurses, and to justify the methodology of approach that this research has taken in utilizing the specific attractor strategies and measuring their success or otherwise in the attraction of staff to the organisation. The Chapter also provides an overview of E-recruitment and explores the evidence base behind the effectiveness of e-recruitment. Given that the attractor strategies were launched on the Liverpool Hospital website, it is important to justify the medium for the marketing of the attractor strategies and the advertisement of job vacancies.

Chapter 3 gives an overview of Liverpool Hospital, and the challenges it faces both in the context of the global issues identified earlier, as well as the specific challenges that the Hospital faces in the attraction of staff. The Chapter also discusses the specific attractor strategies that the Hospital marketed on the website to be measured for their effectiveness in attracting staff.

Chapter 4 discusses the three main research questions which focus on the main objective of this research which are to assess what strategies which are most successful in attracting staff to Liverpool Hospital so as to begin to determine whether the Hospital will be able to meet this significant recruitment challenge.

Chapter 5 provides an overview of the methodological framework, the research design and the study participants and explains how they were recruited for the study and the procedures followed to ensure maximum participation. The Chapter also explains the methods by which the researcher acquired information from respondents to assist in answering the research question.

This Chapter provides an explanation of the design of the website and the way in which the attractor strategies were marketed to prospective applicants as well as the various methods by which data was collected to assist in answering the research questions. This includes the discussion of the pre and post data collection following the launch of the website to enable measurement of the dependent variables. The Chapter describes the development of the survey questionnaire distributed to capture the views and opinions on what attracted applicants to apply for a job at the case hospital (Appendix 3). The survey was designed to measure whether some or all of the attractor strategies were successful in attracting applicants to apply for a position at Liverpool Hospital.

Finally, the method of analysis is discussed and provides the reader with an overview of the largely descriptive analysis of the pre and post data facilitated by the use of a SQL secure online database and use of the statistical program SPSS for analysis. To facilitate analysis of the open-ended questions within the survey, a thematic analysis was undertaken to organise the responses into assessable themes. A focus group was used to assess the transferability of the research findings and the data acquired from the focus group underwent a thematic analysis. The steps employed for the thematic analysis is also discussed in this section.

Ethics approval was granted through both the SSWAHS Human Research Ethics and the University of Tasmania Ethics Committees.

Chapter 6 documents the results from the questionnaires completed by the respondents and the dependent variable data collected throughout the study period. This is followed by Chapter 7, which discusses the results from the previous chapter. The discussion reviews the effectiveness of the existing recruitment strategies used by the Hospital, and the newly introduced strategies for filling vacant nursing positions. More importantly in the development of future additional

recruitment strategies, the chapter also discusses those factors which motivated staff the most to apply for positions and what factors motivated them to leave their current position.

Based on the findings from the study, Chapter 8 provides a number of recommendations for comparable public hospitals that hospital administrators may wish to consider to address the international nursing shortage. The Chapter also discusses the feedback from the Focus Group discussion which was designed to test the feasibility and barriers to implementing some of the recommendations within the Sydney Local Health District, which geographically resides next to the SWSLHD and has a similar mix of hospital services.

Chapter 9, the final chapter, discusses the research limitations, implications for future research including two recommendations for subsequent research, and concludes with a summary of the purpose, findings and justification for the research.

CHAPTER 2 – BACKGROUND THEORY AND RESEARCH

This chapter introduces the theory behind the attraction and retention of professional nurses. It provides an overview of the relevant literature regarding the factors that can lead to recruitment success. The chapter examines some of the characteristics of those organisations that have been more successful in recruiting professional nurses than others. This includes a discussion of the evolution and theory behind Magnet Hospitals, Herzberg's Motivation-Hygiene Theory, job satisfaction and dissatisfaction and how these theories overlap in relation to the attraction and retention of staff. This chapter also explores marketing theory on Employment Marketing Mix and Employer of Choice, and considers how this relates to the strategies being proposed in this research and to Magnet Hospital accreditation and the approach taken with the advertising of attractor strategies on the Liverpool Hospital website.

Magnet Hospitals

Originating in the 1980s (McClure, Poulin, Sovie & Wandelt, 1983), amidst another nursing shortage in the United States (US), a study commissioned by the Governing Council of the American Academy of Nursing of 163 hospitals demonstrated that despite the national nursing shortage, they maintained the ability to recruit and retain nurses. The aim of the study was to identify hospitals that were successful in attracting and retaining nurses and to determine the organisational features those hospitals had in common that might account for their success (Aiken, et al., 2000).

All of the hospitals in the study were in highly competitive markets vying for nurses. Forty-one hospitals were eventually identified as "Magnets" because of their demonstrated ability in creating a positive work environment for nurses and succeeding in recruitment and retention (Brady-Schwartz, 2009 & McClure & Hinshaw, 2002). They were not measured by low mortality rates or by patient outcomes, but rather by nursing job satisfaction outcomes and by their

attractiveness to nurses (Upenieks, 2005). As stated earlier, job satisfaction was a key indicator for nurses leaving their current position or the profession and as such this thesis directly questioned the respondents as to why they decided to leave their current position and apply for a job at Liverpool Hospital as this directly influenced the development of attractor strategies.

The original study in 1983 set out to answer two main questions:

1. What are the important variables in the hospital organisation and its nursing service that create a magnetism that attracts and retains professional nurses on its staff?

2. What particular combination of variables produces model(s) of hospital nursing practice in which nurses receive professional and personal satisfaction to the degree that recruitment and retention of qualified staff are achieved (McClure, Poulin, Sovie, and Wandelt, 1983, p.2)?

The researchers set out to identify the key attributes present in the organisation that were responsible for attracting and retaining staff. Although a broad statement, McClure et al. (1983) narrowed down the scope and clearly defined the objectives of the study which was to:

- Identify Magnet Hospitals across several regions in the United States which had proven success in recruiting and retaining professional nurses;

- "Identify and describe the organisational variables that had helped to create nursing practice and hospital environments that promote the nursing staff's job satisfaction, with accompanying fulfilment of both professional needs";

- "To analyse the variables within these magnet programs and explicate replicable strategies for use by hospital and nursing practice organisations striving for the same results"; and

- "to assemble and share through a national publication, the details of selected successful strategies and programs that could be replicated to produce a hospital

magnetism resulting in the recruitment and retention of a full complement of satisfied and professional nurses" (McClure et al., 1983, p.4).

After the original Magnet Hospitals were identified, taskforce members conducted group interviews with the Directors of Nursing and a separate set of interviews with nursing staff (McClure et al., 1983). The broad criteria used prior to the development of more specific organisational characteristics in looking at the magnetism of the organisation included:

1. Nurses considered the hospital a good place to practice nursing and a good place to work;

2. The Hospital had the ability to recruit and retain professional nurses, as evidenced by a relatively low turnover rate;

3. The Hospital was located in a geographic area where it had competition for staff from other institutions and agencies. (This third criterion was essential to eliminate hospitals that were the single source of employment in a particular area) (McClure et al., 1983).

Recruitment and retention was illustrated by the hospitals demonstration that more than 85% of their budgeted nursing positions were filled. Although subjective and open to interpretation, one could argue that a vacancy rate of 15% would still be considered a relatively high rate of turnover. The average turnover rate for Magnet designated facilities is just over 10%.

One hundred and sixty five hospitals were originally selected as potential Magnets and requested to participate in the study and were further shortlisted to 41 hospitals following an evaluation of recruitment and retention records. This was a limitation of the study as some key features of magnetism may have been missed by those hospitals that did, but may have had Magnet Hospital characteristics or other characteristics that are proven to attract nurses.

Following the identification of the 41 Magnet hospitals, the next stage of the study involved conducting group interviews with the Directors of Nursing and front line nursing staff to determine why the hospital was a good place to work, to identify factors leading to professional and personal satisfaction, how nursing was viewed in the hospital, nurse physician relationships and success in recruitment and retention (McClure et al., 1983).

The representativeness of the research was improved by interviewing the Directors of Nursing separate to front line nurses as it increased the chances of representing the true unique perceptions from the group. However, nursing staff who participated in the survey were selected by their own Directors of Nursing which may have biased the feedback received (McClure et al., 1983), which was a limitation of the study as it reduced the representativeness of the sample and possibly the generalisability of the study. The participants should have been able to randomly nominate themselves to participate and then randomly selected. This could have been done through an anonymous expression of interest at the ward level. The possibility of a relevant sub-sample being deliberately excluded from the study remains a possibility, which may have skewed the results. To reduce bias or the potential to skew results and to ensure validity, the staff nurses who participated in the study should have been randomly selected and requested to participate. Also, the study did not describe how the nurses were selected, so it cannot be concluded whether the nursing staff interviewed were a true representation of the nursing population at each of the facilities. This was an unfortunate limitation in the study. To avoid these limitations in this thesis, the questionnaire was distributed to all applicants and anonymously returned to reduce bias and the method for selecting respondents is clearly described in the methodology section of the thesis.

The interviews and group discussions were recorded which allowed verification of material if required and allowed the researchers to ensure that they captured all the required and relevant information (Thissen, Fisher, Barber & Sattaluri, 2008). The focus group in this thesis was also

recorded to ensure that all views were captured and nothing was missed. Other limitations found in the study included the fact that information was obtained from participating hospitals self-reported data which could be biased and/or inaccurate to shed the organisation in the best light.

Finally, an organisation with a low vacancy rate was considered at 85% or more of funded positions filled. In other areas including Australia, a 15% vacancy rate would still be considered relatively high, so the researchers may have set the benchmark a little too broad and included some facilities into the study that they probably should not have. For example, the average vacancy rate between May and October 2010 at Liverpool Hospital was 0.63% which is very low. However, these figures should be read with caution because in the former SSWAHS, a vacancy is a funded and advertised position. As such, this figure was drawn from the number of advertised positions over the period divided by the average full time equivalent staff over the same period. Anecdotal evidence suggests that there is a much higher vacancy rate, but it is difficult to quantify as the majority of positions are not in active recruitment for a number of reasons. For example, repeated previous unsuccessful recruitment attempts, inability to obtain approval for advertise, delays in getting approval or the line manager is content with filling the position temporarily by casual and/or agency staff.

The methodology overall was appropriate for the purposes of the study to draw some valid conclusions i.e. to identify some tangible variables that accounted for the higher rates of recruitment and retention and higher rates of staff satisfaction in comparison to other non-Magnet hospitals. However, it needs to be acknowledged, that, with the exception of the reported vacancy rates, the variables identified were from the perceptions of the respondents in both groups (McClure et al., 1983). The original researchers defined a set of characteristics that accounted for the success of the original forty-one Magnet hospitals. There was congruence in the data gathered from both the Directors of Nursing and nursing staff and similarities in the

features described. These similarities were consistently found in hospitals with as little as 99 beds to as large as 1,050 beds (McClure et al., 1983). These features, later known as the forces of magnetism were summarised into three broad categories of magnetism: Administration, professional practice and professional development and are listed below.

I. **Administration**

- Management Style
- Quality of Leadership

II. **Organisational Structure**

- Decentralisation
- Committees
- Staffing

III. **Personnel policies and programs**

- Work Schedules
- Promotion opportunities

IV. **Professional Practice**

- Quality of patient care
- Professional Practice Models
- Autonomy
- Teaching
- Image of Nursing

V. **Professional Development**

- In-service and continuing education
- Formal Education
- Career Development

These features were later validated and updated by the American Nursing Credentialing Centre (ANCC) who in the 1990s embarked on the development of a formal recognition program of organisations which demonstrated nursing excellence; the Magnet Services Recognition Program (Aiken, 2002). The ANCC Magnet Program is a voluntary professional peer review program which assesses standards of nursing care and leadership (Aiken, 2002). The ANCC evaluated the original framework and implemented the revised fourteen forces of Magnetism with the first facility receiving Magnet status in 1994 (Lundmark, 2008).

Similar to the original magnetic characteristics, they are briefly described below and taken directly from the ANCC website.

Force 1: Quality of Nursing Leadership

Knowledgeable, strong, risk-taking nurse leaders follow a well-articulated, strategic, and visionary philosophy in the day-to-day operations of the nursing services. Nursing leaders, at all levels of the organization, convey a strong sense of advocacy and support for the staff and for the patient (Drenkard, 2005).

Force 2: Organizational Structure

Organizational structures are generally flat, rather than tall, and decentralized decision-making prevails. The organizational structure is dynamic and responsive to change (Debisette & Vessey, 2011). Strong nursing representation is evident in the organizational committee structure. Executive-level nursing leaders serve at the executive level of the organization. The Chief Nursing Officer typically reports directly to the Chief Executive Officer. The organization has a functioning and productive system of shared decision-making (Weinstein & Brooks, 2007).

Force 3: Management Style

Healthcare organization and nursing leaders create an environment supporting participation (Adams & O'Neal, 2008). Feedback is encouraged and valued and is incorporated from the staff at all levels of the organization. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff (Barker, Sullivan & Emery, 2006).

Force 4: Personnel Policies and Programs

Salaries and benefits are competitive. Creative and flexible staffing models that support a safe and healthy work environment are used. Personnel policies are created with direct care nurse involvement. Significant opportunities for professional growth exist in administrative and clinical tracks. Personnel policies and programs support professional nursing practice, work/life balance, and the delivery of quality care (Adams & O'Neal, 2008).

Force 5: Professional Models of Care

There are models of care that give nurses the responsibility and authority for the provision of direct patient care. Nurses are accountable for their own practice as well as the coordination of care. The models of care (i.e., primary nursing, case management, family-centred, district, and holistic) provide for the continuity of care across the continuum. The models take into consideration patients' unique needs and provide skilled nurses and adequate resources to accomplish desired outcomes.

Force 6: Quality of Care

Quality is the systematic driving force for nursing and the organization. Nurses serving in leadership positions are responsible for providing an environment that positively influences patient outcomes. There is a pervasive perception among nurses that they provide high-quality care to patients.

Force 7: Quality Improvement

The organization has structures and processes for the measurement of quality and programs for improving the quality of care and services within the organization.

Force 8: Consultation and Resources

The healthcare organization provides adequate resources, support, and opportunities for the utilization of experts, particularly advanced practice nurses. In addition, the organization promotes involvement of nurses in professional organizations and among peers in the community (Jeffreys, 2004).

Force 9: Autonomy

Autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise, and knowledge. The nurse is expected to practice autonomously, consistent with professional standards (Shirey, 2005). Independent judgment is expected to be exercised within the context of interdisciplinary and multidisciplinary approaches to patient/resident/client care.

Force 10: Community and the Healthcare Organization

Relationships are established within and among all types of healthcare organizations and other community organizations, to develop strong partnerships that support improved client outcomes and the health of the communities they serve.

Force 11: Nurses as Teachers

Professional nurses are involved in educational activities within the organization and community (Swansburg & Swansburg, 2002). Students from a variety of academic programs are welcomed and supported in the organization; contractual arrangements are mutually beneficial. There is a development and mentoring program for staff preceptors for all levels of students (including

students, new graduates, experienced nurses, etc.)(Sylvia & Barr, 2011). Staff in all positions serve as faculty and preceptors for students from a variety of academic programs. There is a patient education program that meets the diverse needs of patients in all of the care settings of the organization.

Force 12: Image of Nursing

The services provided by nurses are characterized as essential by other members of the healthcare team. Nurses are viewed as integral to the healthcare organization's ability to provide patient care (Sanders, 2009). Nursing effectively influences system-wide processes.

Force 13: Interdisciplinary Relationships

Collaborative working relationships within and among the disciplines are valued. Mutual respect is based on the premise that all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes (Jordan, 2009). Conflict management strategies are in place and are used effectively, when indicated.

Force 14: Professional Development

The healthcare organization values and supports the personal and professional growth and development of staff (Morgan, 2007). In addition to quality orientation and in-service education addressed earlier in Force 11, emphasis is placed on career development services. Programs that promote formal education, professional certification, and career development are evident (Messmer & Turkel, 2010). Competency-based clinical and leadership/management development is promoted and adequate human and fiscal resources for all professional development programs are provided.

The original and revised forces of Magnetism are illustrated in Table 2 below for ease of comparison. Over approximately 23 years, the forces have remained very similar.

Table 2: Comparison between original and revised Forces of Magnetism

Forces of Magnetism McClure (1983)	Forces of Magnetism ANCC (2005)
Administration Quality of leadership Organisational Structure Management Style Staffing Personnel policies and programs	 Quality of Nursing leadership Organisational Structure Management Style Personnel Policies and programs
Professional Practice Professional practice models Quality of care Quality assurance Consultation and resources Autonomy Community and the Hospital Nurses as teachers	 Professional models of care Quality of Care Quality Improvement Consultation and resources Autonomy Nurses as teachers
Image of Nursing Nurse physician relationships	Image of nursing Interdisciplinary relationships
Professional Development Orientation In-service and continuing education Formal Education Career development	 Professional Development
	Community and the Hospital

However, to ensure that the revised ANCC accreditation process is still achieving what the original Magnet Hospitals achieved, an external, independent evaluation of the ANCC recognised Magnet hospitals was undertaken to ascertain whether the revised criteria and process for identifying organisations with those traits and features were comparable to the original magnets (Aiken, Havens, et al., 2000). The study reviewed 7 ANCC Magnet accredited hospitals and compared them with 13 of the original Magnet Hospitals (Aiken, 2002).

The study found that nurses working in ANCC magnets had more autonomy and control over their practice setting when compared to those nurses working in the original magnets. However, nurse-physician relationships were comparable in both (Aiken, 2002).

The study demonstrated that some "43% of nurses in ANCC magnets rated the quality of care in their hospitals as excellent, compared to 21% of nurses in the original magnets and 10% of nurses in a national sample" (Aiken, 2002). The study concluded that the ANCC formal Magnet accrediting process was as successful in identifying hospitals with professional nurse practice environments with excellent self-reported nurse outcomes as the original Magnet research (Aiken, 2002). This was an important study as it validated the ANCC Magnet accreditation program for this thesis. This thesis has used the ANCC Magnet recognition program as one of the attractor strategies and tests whether the facility undergoing Magnet accreditation was an important factor in the applicant applying for a position with Liverpool Hospital. For the purposes of this thesis, the ANCC contributed to the evidence needed for Liverpool Hospital to undergo the Magnet Hospital accreditation program. It demonstrated that the outcome measures and benefits for achieving Magnet status are still relevant in comparison to when the original Magnet facilities were studied in the 1980s.

To be recognised and accredited as a Magnet Hospital, facilities striving for Magnet status undergo an evaluation and appraisal process undertaken by the ANCC to demonstrate whether the organisation possesses all fourteen forces of Magnetism (Lundmark, 2008). The Magnet Services Recognition Program is a voluntary form of professional nurse peer review available to all hospitals (Aiken, et al., 2000).

After the original study in 1983, several follow-up studies were undertaken to determine whether the original Magnet hospitals maintained lower rates of vacancy and turnover, and higher levels of job satisfaction, than non-Magnet hospitals (Upenieks, 2005). The study found that nurses employed in Magnet hospitals consistently rated themselves as more satisfied with their jobs than the comparison group. It also found that hospitals with Magnet characteristics had lower rates of nursing turnover and greater job satisfaction (Barker, 2009). Overall, the paper argues

that the implementation of the Magnet model will assist in attracting and retaining nursing staff (Upenieks, 2005).

There is limited empirical research available that has directly measured the vacancy and attrition rates, increase in the number of job applications and improvements in recruitment efforts once Magnet accreditation was achieved. The original measures of the Magnet hospitals were focused on organisations that already had some success in the recruitment and retention of staff. Some comparisons were able to be made between facilities with Magnet and non-Magnet designations. American Federation of State, County and Municipal Employees (AFSCME) (No Date) stated that the evidence of Magnet's success is due to proven lower turnover, the median turnover rate for RNs employed at Magnet hospitals in 2000 was 7.6%, compared to 14% for non-Magnet hospitals. As stated earlier in developing and testing attraction strategies (recruitment techniques) for potential new staff, it is important to understand why nurses decide to leave a facility so attraction strategies can be tailored to address these factors.

In a study by Aiken et al. (2000), seven ANCC Magnet hospitals were compared with 13 of the original Magnets. The results demonstrated that nurses employed in the ANCC Magnet hospitals were more likely to report being very satisfied (33% vs. 22%) and considerably less likely to report being dissatisfied (16% vs. 28% respectively). The study showed that ANCC Magnet designation program successfully identified hospitals that provided practice environments as good as or better than the original Magnet designated hospitals in terms of professional nursing practice and care (Aiken, et al., 2000). It was concluded that the revised assessment of identifying Magnet hospitals today is applicable in identifying those facilities that are successful in attracting and retaining nurses.

In a study by Upinieks (2002), it was noted that Magnet hospitals perform better than the average US hospital, with lower reported turnover and vacancy rates, and higher job satisfaction levels. The study design was a cross sectional survey looking at two Magnet and two non-Magnet hospitals in the same geographical location. Using convenience sampling, all registered nurses were invited to complete a questionnaire; the return rate was 44% or 305 nurses, which was a reasonably good response rate (Upinieks, 2002).

The NWI-R tool was used for the study which is an internationally recognised tool for the assessment and measurement of job satisfaction of hospital nurses and organisation attributes relevant to nursing (Upinieks, 2002). This was an appropriate tool used by the researchers to quantify the level of job satisfaction and the work environments of nurses in Magnet and non-Magnet facilities.

The results indicated (consistent with other NWI-R results from other Magnet facilities) that Magnet Hospital mean scores were higher than non-Magnet mean scores subscales (Liou, 2007). This demonstrated that nurses employed in Magnet hospitals had higher levels of job satisfaction than nurses employed in non-Magnet hospitals (Upinieks, 2002). Rightly, the authors validated these results with a 2 tailed t-test of significance.

This quantitative analysis was followed by qualitative analysis. Nurse leaders were interviewed from the sample facilities to get an understanding of leadership attributes, which foster success in hospitals. This qualitative approach was appropriate for the research objective as the results were then used to assess whether the answers could be correlated with the survey scores.

The authors did not explain how the sample of nursing leaders was selected from each of the facilities which was a limitation of the study as the sample may not have been truly representative of Magnet and non-Magnet facilities. Only 3 to 5 nurse leaders from each facility

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were selected which is a small sample size. For the responses to be more generalisable and representative of the views of the whole facility, perhaps it would have been more beneficial to interview a larger sample randomly selected from across the hospital thus providing a greater cross section of the facility and a more representative sample. Further, there was no explanation as to whether the nurse leaders were interviewed individually or collectively which may have skewed the results in an unknown direction. However, to ensure that the results were valid, the researchers used definitions of sub categories from previous Magnet studies, undertook content analysis of the interview results and employed two experienced independent nurse leaders to review the existing definitions to ensure consistency.

Although the method used by the researchers was appropriate for the research, several other limitations which require mentioning may have affected the reliability and validity of the study. Like previous studies into Magnet Hospitals, participants were selected based on their willingness to participate. Convenience sampling may result in the participants not being truly representative of Magnet and non-Magnet hospitals, thus limiting the generalisability of the study.

However, the results of this study are compelling. From the data obtained from both the survey scores and interview results, the authors rightly concluded that within Magnet hospitals, high mean scores regarding a good practice environment was associated with good educational programs, supportive management staff, autonomy and high standards of care. The Magnet leaders stressed the importance of providing clinical nurses with education opportunities to foster job satisfaction (Upinieks, 2002) as this leads to higher rates of satisfaction which leads to better retention rates. As discussed throughout this thesis, it is critical to understand what motivates nursing staff to leave or remain in an organisation so attraction strategies may be tailored to meet those needs. The Upinieks study provided good evidence for the attraction and retention of staff through supportive management, professional development opportunities,

namely, good education programs. It was shown that providing nurses with professional development opportunities leads to greater satisfaction and may ultimately be an attractor for prospective applicants.

The study by Brady-Schwartz (2005) used a quantitative, descriptive correlational design to explore the relationship of perceived satisfaction with hospital organisational characteristics, overall job satisfaction, and intent of nurses to leave their current nursing position among staff who worked at Magnet versus non-Magnet designated facilities (Brady-Schwartz, 2005). Random invitations (1,150) were mailed out to participants. Four hundred and seventy three RNs participated in the study (173 from Magnet and 297 from non-Magnet facilities) which equated to a useable 41% response rate; not 44% as quoted in the article, because 38 questionnaires were incomplete and unable to be used (Brady-Schwartz, 2005). This was a reasonably good sample size and response rate was above average. In other studies, you might have expected a response rate of between 20-40%. It was appropriate to exclude nurses who had not worked at the organisation for more than six months, as this was not enough time to have a full understanding of the culture of the organisation.

The methodology for the study was appropriate for the research question and was able to provide the necessary data for analysis and to draw valid and reliable conclusions. An anticipated turnover scale (ATS) was used to predict turnover among participants and the McCloskey Mueller Satisfaction Scale (MMSS) was used as a measure of satisfaction (Brady-Schwartz, 2005).

The results of the study demonstrated significantly higher levels of overall job satisfaction among nurses working in Magnet facilities compared to those working in non-Magnet facilities (Brady-Schwartz, 2005). Staff employed within Magnet designated facilities demonstrated higher levels of satisfaction in the MMSS subscales for professional development opportunities

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in the work environment, control and responsibility and extrinsic rewards (Brady-Schwartz, 2005). The data collection and analysis was suitable to the research question and provided convincing evidence linking job satisfaction with intent to leave.

The results indicated that there was a fairly strong correlation (r = -0.498) between the ATS and the MMSS which showed that the higher the ATS score, the higher the level of job satisfaction and the more likely the nurse was going to remain in the current position. The results from the study successfully indicated that the nurses employed in Magnet hospitals demonstrated higher levels of job satisfaction and were more likely to remain with the organisation (Brady-Schwartz, 2005). These results demonstrated the importance of job satisfaction in the nurses work environment and their intention to remain with an organisation.

The literature has provided empirical evidence that demonstrated proven initiatives to increase satisfaction may be effective in attracting nurses to work at a particular hospital (Jones & Gates, 2007). This thesis demonstrated that that providing sufficient professional development and education opportunities leads to higher rates of staff satisfaction and lower rates of intent to leave. This is further discussed in the professional development section of the literature review; however there is good justification to use both professional development and education as one of a range of attractor strategies tested in this thesis.

In the implications for nursing leaders section of the paper, the authors suggested that this paper provides evidence for nursing leaders looking for creating solutions in relation to recruitment and retention. There was no evidence in the paper that provided solutions for recruitment, rather the conclusions drawn were in relation to nurse satisfaction and the nurses desire to leave their current position. By default or assumption, the reader concludes for themselves that if you have created an organisation environment that leads to increase satisfaction for professional nurses, then this will attract nursing staff and retain them. It is

unclear from the paper how the attractiveness of the organisation is actually marketed to prospective employees. Conclusions drawn from this paper should have focused on retention strategies. Whilst recruitment strategies can be developed and marketed to address nursing job satisfaction, for example, marketing the professional development opportunities of the hospital or Magnet designation, this was not tested in the study.

Brady-Schwartz (2005) also cited the study undertaken by Laschinger, Almost and Tuer-Hodes (2003), which found a strong relationship between job satisfaction and characteristics commonly associated with Magnet hospital environments. Brady-Schwartz concluded that enhancing nurse job satisfaction, as present in Magnet designated facilities, may provide a solution for hospitals wishing to recruit and retain staff, especially during periods of national nurse shortages. It should be noted that this was not explicitly tested in the study, which was a limitation; however as noted in the aims section of this paper, nursing job satisfaction and work environments were linked to nurses' desire to leave or remain in their current position. However, one of the limitations of the literature as with the Brady-Schwartz paper is that the researchers often link recruitment and retention together but they fail to test and discuss the attraction component in isolation. This thesis has tested this and provides an indication to the reader as to which attraction strategies are more effective in attracting applicants to apply for a position with Liverpool Hospital.

In a cross-sectional study by Havens (2001), Chief Nurse Executives from Magnet and non-Magnet hospitals completed a survey questionnaire, and their responses were compared, with a response rate of 77%. Similar to the original studies into Magnetism, the results indicated that Magnet hospitals had less recruitment difficulty than in non-Magnet facilities. In non-Magnet designated facilities, 22% responded that it was "very difficult to recruit RNs" in comparison to 10% in Magnet designated facilities. 88% of the non-Magnet facilities (n=24) utilised agency nursing staff where as 68% of the Magnet sample (n=19) reported the same. Again this study

provided further evidence that Magnet Hospitals were more successful in recruiting and retaining professional nurses in comparison to their non-Magnet counterparts.

The literature consistently links job satisfaction with the attraction and retention of nursing staff. Havens and Aiken (1999) noted that nurses working in Magnet hospitals reported significantly higher job satisfaction than their non-Magnet counterparts. They concluded by saying that job satisfaction is essential for attracting and retaining qualified and experienced nurses. They also noted that earning Magnet hospital status is a marketing advantage and assists in the attraction of staff and many hospitals use the Magnet seal of excellence in their promotional campaigns (Havens and Aiken, 1999). Hinshaw (2002) also notes that organisations that have achieved Magnet status use the accreditation and label to advertise and attract nurses and patients. Unfortunately, they did not indicate whether there were any studies into the effectiveness or success of these marketing strategies which was a limiting factor of the study, but promising nonetheless.

Further and in addition, Kramer and Schmalenberg (2005) stated that nurses working in an environment that facilitated being able to provide quality care is important to job satisfaction. They found that "more than 80% of nurse job satisfaction and more than 86% of attraction and retention were derived from being able to give quality patient care" (Kramer & Schmalenberg, 2005). In a survey of more than 4,000 nurses from Magnet Hospitals between 1983 and 2000; they were asked to select the 10 most important factors of being able to provide quality care.

The eight most important factors selected by almost two thirds of respondents became known as the Essentials of Magnetism (Kramer & Schmalenberg, 2005). They are listed below:
1. Working with other nurses who are clinically competent;
2. Good nurse-physician relationships and communication;
3. Nurse autonomy and accountability;

4. Supportive nurse manager/supervisor;

5. Control over nursing practice and practice environment;

6. Support for education;

7. Adequate nurse staffing;

8. Concern for the patient is paramount.

The paper by Stordeur et al. (2006) examined the organisational configuration of hospitals that succeeded in attracting and retaining nurses. The aims of the study were to "contrast structural and managerial characteristics of low and high turnover hospitals" and "to describe unique or multiple configurations likely to lower turnover." Again, it was considered essential to examine why nurses chose to leave or remain in an organisation and potentially develop attraction techniques to appeal to nurses to apply for positions within Liverpool Hospital.

Whilst the conclusion in the abstract section of the paper stated that organisation characteristics were key factors in nurse recruitment and retention, the author's literature review did not entirely reflect the conclusions drawn in the study in relation to attraction. From a retention perspective, the research demonstrated some compelling empirical evidence in a European context. The background research mainly focused on turnover and the factors that increased or decreased turnover. It was essential to get an understanding of this aspect in relation to turnover as attraction strategies specifically addressing factors that contribute to increased nurse job satisfaction can be developed and marketed to prospective nursing applicants, the researcher unfortunately did not attempt to make this link (Bookey-Bassett, 2008). It would have been useful if an element of the researchers' background section focused on attraction techniques given that this was mentioned in the conclusion.

It was explained by Stordeur et al. (2006) that organisations might be better understood as a group of interconnected structures rather than individual units in isolation. In addition, it was

noted that a review of an organisation in its entirety or a 'holistic' approach was required to comprehensively profile an organisation rather than a review of the independent variables (Stordeur et al., 2006). The implications of Stodeur et al. (2006) paper for the current research are to get a better understanding of the importance of knowing how an organisation is configured to ensure that its employees are satisfied with their working environment.

The researchers examined turnover in 12 hospitals over a period of one year. The 12 hospitals amounted to 3,798 registered nurses (Stordeur et al., 2006). A total of 2,065 RNs completed the questionnaire equating to a 54.4% response rate. The antecedents of commitment, job satisfaction and intent to leave were explored (Stordeur et al., 2006). The questionnaire used several scales to classify nurses' perceptions into the following domains:

- Physical health related factors;

- Job demands and stressors;

- Work schedules;

- Organisational climate; and

- Work adjustments. (Stoedeur et al., 2006)

Although the scales used were appropriate as they had been validated through six pre-tests in three countries, it would have been useful if the authors had a scale specific to quality of care as this is a key feature of Magnet Hospitals. Magnet research has indicated that quality of care is an important factor leading to greater nurse satisfaction (Scott & Dunton, 2010).

The items within each of the scales were then compared with the level of turnover in the hospital over the previous year. The authors claimed that this gave them an annual turnover rate. Analysing turnover rates for one year does not provide sufficient data to claim an 'annual turnover rate', however, it does provide a sufficient pattern of turnover over a reasonable period of time to give the readers an idea of the turnover rates within each of the sample hospitals.

Hospitals were classified according to their turnover rate into the following four quartiles:

1. 0.6 – 3.1%

2. 3.7 – 5.0%

3. 6.3 – 7.4%

4. 11.8 – 13.1%

Hospitals in the first quartile were considered attractive and those in the fourth were considered conventional. Quartiles 2 and 3 were excluded from the analysis. This limited the number of participants in the survey as well as the results. This may have excluded additional features found in these hospitals which could have contributed to the study. As noted earlier in this thesis on page 31, Magnet hospitals have an overall mean turnover rate of 10.4% that is considered very good by industry standard. Based on this logic, quartiles 1-3 should have been included in the sample.

For the next stage of the research, the sample decreased markedly from 2,065 completing the first questionnaire to 1,175. 401 nurses (from attractive hospitals) and 774 nurses (from conventional hospitals) participated by completing a questionnaire with a response rate of 53.8% and 54.5% respectively (Stordeur et al., 2006). Similar to the first stage of the research, the response rate was very good.

The results of the research found an absence of structural differences between attractive and conventional hospitals (Stordeur et al., 2006). However, the results indicated a number of organisational characteristics which scored higher in attractive than conventional hospitals. Consistent with the literature concerning Magnet Hospitals, the results of the study found that communication and relationship building within the organisational climate was statistically more prevalent in attractive than conventional hospitals in a number of areas including:

- Positive relationship with nursing management;

- Positive relationship with administration; and

- Days dedicated to professional development each year.

The study again provided further support in relation to the Magnet Hospital concept. However, there was not a statistically significant variation between attractive and conventional hospitals regarding relationship with doctors, relationship with the team, quality of leadership, social support from a nurses' superior and social support from colleagues (Stordeur et al., 2006). Attractive hospitals scored dramatically lower in relation to physical health related exposures and job demands and stressors which includes workload, uncertainty about treatment, role conflict, role ambiguity, job latitude and emotional demands (Stordeur et al., 2006).

In the final sub-scale measure 'work adjustment prior to turnover', job attitudes reported by the nursing participants were much more favourable in attractive hospitals. There was found to be significantly higher rates of job satisfaction, higher affective commitment to the hospital and a lower intent to leave score in attractive hospitals (Stordeur et al., 2006). The results of the study indicated that intent to leave was a reliable predictor of turnover in the study.

It was noted that communication was better within and between teams and professional groups which was shown to increase job satisfaction (Stordeur et al., 2006). Job satisfaction was higher as a result of good support, influence at work, proficient nurse leadership and good communication with physicians (Stordeur et al., 2006). Further, it was found that job demands and other stressors were lower in attractive hospitals according to nurse perceptions and together with job latitude (autonomy and control over when and how their work is performed (Stordeur et al., 2006).

The authors found that quality of communication was statistically better in attractive hospitals although the evidence from the research does not explicitly support this claim. Whilst it was

reasonable to conclude that there was better communication within the team, nursing management and physicians in attractive hospitals, with the exception of communication with nursing management, the results were not statistically better. Although it could be considered an assumption, the authors found that "better communication with team, nursing management and physicians might explain why role ambiguity and role conflicts were lower in attractive hospitals" (Stordeur et al., 2006, p.53). Although there was no available data to support this claim, it is a reasonable assumption.

It was further stated by Stordeur et al. (2006, p.46) that "satisfaction and commitment directly affect the choice of professionals to stay in, or to leave, the institution and are used in numerous studies as indicators of successful socialisation in the workplace".

The results of the study indicated that "nurses in attractive hospitals reported higher satisfaction with the value of their work" (Stordeur et al., 2006, p.56). Implementing strategies supported by empirical evidence which have demonstrated that attraction and retention figures are more superior in hospitals which possess these characteristics, may assist in attracting a greater number of staff to apply and work at the new Liverpool Hospital.

Nurses working in Magnet Hospitals have more autonomy over their work, were more satisfied in their job, had lower levels of burnout, greater access to professional education opportunities, a commitment to nursing, positive organisational culture, etc. The Stordeur et al. (2006) paper was able to demonstrate these features in the attractive facilities sampled in the paper. So, despite the fact that these facilities were not specifically Magnet designated, this research paper was able to demonstrate that even in a European context, there are consistent commonalities among 'attractive' and Magnet institutions which make them a more attractive organisation to work for than their peers. These identified features can be defined and then applied and marketed to attract staff to work at Liverpool Hospital.

A few additional limitations in the research study should be acknowledged; the study used a convenience sample, which did not allow the researchers to account for bias and no geographical explanation describing where the sample hospitals were located (Heavey, 2011). This can affect retention rates as in rural areas there are less job opportunities so retention is generally higher in these areas. This may have distorted the results in either direction. The study was also undertaken in a European context which may limit its transferability and utility in an Australian context. No attempt was made by the researchers to generalise the study beyond the European context. Although providing convincing evidence in relation to retention and features found in attractive organisations, it was unfortunate that despite stating that organisational features were key factors in nurse attraction, there was no evidence to support this in the research paper. The researcher did not actually ask nurses what attracted them to work in a particular hospital. This may have provided some additional information from an organisational configuration perspective on what actually *attracts* and retains professional nurses. This is further explored and analysed in this research paper.

It was noted in the paper by Huerta (2003) that achieving Magnet recognition and utilising the Magnet logo in recruitment campaigns is an effective method in recruiting new staff. In a study of new graduate nurses in St Luke's Medical Centre in the U.S., 95% of new employee respondents stated that working at a Magnet hospital was important, very important or essential to them. The number of returned questionnaires was not stated in the study, which limited its validity; however, the methodology used in collecting the data via group interviews with nurses and individual interviews with the facility Directors of Nursing was appropriate. The ability to attract and retain professional nurses was illustrated by the fact that almost all of the Magnet hospitals reported having at least 85% of their budgeted registered nurse positions filled on an annual basis (McClure & Hinshaw, 2002).

An Australian study by Naude and McCabe (2005) sought to identify what factors attracted nurses to a specific hospital and what factors motivated nurses to remain working at that hospital. The objective was to select three sample hospitals in Perth that met the criteria set for Magnet Hospitals and explore the factors above. The study was limited by a number of factors including the criteria for identifying a Magnet Hospital, that is, the authors did not outline what Magnet criteria it included. As described earlier, there are 14 features of magnetism which can be objectively assessed to determine whether a hospital possesses Magnet characteristics. The selection was based on an analysis of turnover rates and through informal discussions with practising nurses. Inclusion criteria for the study based in relation to turnover rates was less than 20%. This is a high turnover rate when compared to an average 10.4% RN turnover rate for all Magnet Hospitals. The study was further limited by convenience sampling methodology and a limited survey response rate. Out of 400 distributed questionnaires, 139 were returned, a response rate of 34.75% (Naude & McCabe, 2005). This response rate limited the generalisability of the study. This may have been due to the types of questions asked, i.e. they were all open ended questions. This may have also limited the diversity of responses. Additional features of attraction and retention may have been identified if the respondents were given options to select. However, the survey did elicit some useful responses from participants which were consistent with other literature found in relation to recruitment and retention of nurses.

The most common identified reasons for selecting a hospital to work in are illustrated below:

Table 3: Reasons for hospital selection (Naude & McCabe, 2005)

Reasons for selecting the Hospital	Number	Example of response
Close to home	44	Economic i.e. less travel costs, minimal travelling time and convenience
Right Job/timing	29	First hospital to make an offer, suitable position at the right time, first hospital to offer night shifts

Reputation	28	Comments mentioning reputation were common
Environment and Equipment	27	Having adequate equipment available, a good physical environment and being well equipped with the latest equipment were common responses
Program influence	26	This related to the hospital having an undergraduate or graduate refresher program and a good orientation program
Employment Conditions	24	Statements that were made in this category included salary packaging, study leave, and access to parking
Hours	22	These comments related to hospitals supporting flexible working and scheduling hours to allow staff additional time to spend with their families
Staff Development	17	Staff indicated that the staff education and training programs were good and this was important to them". It was also mentioned that they were "attracted by the fact that the hospital offered a career path and not just a job
Ethics/Values	16	The importance of a hospital reflecting values, ethics and philosophy congruent with participants' own personal values, ethics and philosophy was a factor" raised by respondents (Naude & McCabe, 2005).

A total of eight respondents cited opportunities for career advancement and promotion as being valued by participants selecting a hospital to work at (Naude & McCabe, 2005). Through the use of staff testimonials, the Liverpool Hospital website makes mention of the career opportunities available for staff as the Hospital is rapidly expanding its staffing base.

The study found that there was significant similarities between respondents in relation to what attracted them to work in the hospital and what motivated the employee to stay. This study was effective in identifying factors that motivate people to apply for jobs in hospitals, a number of which relate to the Magnet Hospital concept and a number that will be incorporated into other recruitment strategies. This is further described throughout the thesis.

Professional Development

As discussed earlier in this thesis, Professional development is one of the essential forces of Magnetism, a key component in creating a positive work environment, increasing job satisfaction and is a proven success in recruiting staff (Upinieks, 2002, Jones & Gates, 2007 & Brady-Schwartz, 2005). McClure & Hinshaw (2002) stated that the organisation's attention to professional development was an important characteristic of Magnet Hospitals. This included a focus on multiple facets of education, such as:

- Orientation;

- Continuing education;

- Formal educational support; and

- Career development.

As noted by Hinshaw (2002), ongoing education and support for nurses is required to maintain competence. Such competencies relate to key features of Magnet characteristics including "autonomy, control over nursing practice, and strong nurse-physician relationships" (Hinshaw, 2002). Heurta (2003) found that a scholarship and tuition program was effective in attracting staff to an organisation. The study was limited as no detail was provided in terms of study design, methodology or sample size. The Magnet literature noted a number of factors together which increase the ability to recruit staff (including education); however, there is limited evidence available to support whether professional education opportunities for qualified nursing staff is an effective recruitment strategy (Contino, 2004). This thesis has tested this concept.

The study by Gould et al. (2000) examined the professional education needs outlined by clinical nurse managers and aimed to identify the gaps in education required to perform the role competently and confidently. The study set out to identify a link between adequate professional development and job satisfaction of clinical nurse managers. Consistent with the Magnet

literature, Gould identified that a lack of autonomy and poor communication were major factors in influencing nurses to leave their position suggesting that stress and inadequate support may be related to attrition (Gould, et al., 2000). As discussed earlier, increased job satisfaction leads to a decreased intention to leave a position.

The study used a mixed methodological approach, which included interviewing a random group of 15 clinical nurse managers to gather data on the activities performed by the clinical nurse manager on the ward. The themes arising out of the interviews were used to develop a survey, which was distributed to 197 clinical nurse managers across four Trusts in the National Health Service in the United Kingdom. The response rate was 65%. A list of 28 activities were developed and published in the survey for the clinical nurse managers to complete, which outlined the broad list of clinical nurse manager's duties on the ward. The clinical nurse managers were then asked to indicate the extent to which they were trained to complete those duties. The responses were used to get an understanding of the extent to which a clinical nurse manager was prepared for their role (Gould, et al., 2000). It should also be noted that the responses were similar between the four Trusts who participated in the study and that there was no relationship found between socio-demographic factors and the levels of staff satisfaction.

It was concluded that "access to CPD is one of the most important factors influencing the job satisfaction and the recruitment and retention of qualified nurses" (Gould et al., 2000, p.13). This literature review also found evidence supporting these claims; however, the Gould study (2000) failed to empirically link these claims with the evidence from their study. This study found that providing education programs to meet the needs of clinical nurse managers may lead to higher rates of job satisfaction. As noted earlier in this thesis, it is important to understand why nurses leave the profession so attraction strategies can be tailored to meet prospective recruits' needs. Creating attraction strategies which the literature has shown leads to higher levels of job satisfaction, may ultimately lead to more successful recruitment initiatives and higher rates of

retention (Right Management, 2012). The main areas identified in the study as requiring ongoing professional development and to initially prepare clinical nurse managers to undertake clinical leadership roles (with statistical significance) included (Gould et al., 2000):

- Auditing;
- Training the manager to 'act up' in higher grade duties;
- Working with information technology;
- Budgeting and resource management;
- Providing clinical supervision;
- Health and safety issues;
- Research;
- Administration;
- Dealing with difficult people and disciplinary procedures;
- Leadership;
- Pastoral care of staff;
- Managing staff.

Satisfaction was directly measured in the study. As mentioned earlier, all nurses expressing dissatisfaction with their role also expressed intent to leave their current position (Gould et al., 2000). The evidence suggested that professional development is one of the most important factors influencing recruitment and retention of nurses (Gould et al, 2000). Significant relationships were reported between scores for job satisfaction and the questions used to measure preparation for clinical leadership (Gould, et al., 2000). A significant relationship was also found showing that those clinical nurse managers who provided the highest number of 'poor' or 'very poor' responses were more likely to report lower levels of job satisfaction (Gould, et al., 2000). The mixed methodological approach was a useful technique at the beginning of the study as the initial interviews with a random sample of clinical nurse managers drew some

attention to the lack of job satisfaction amongst some of the clinical nurse managers which was linked to an intention to leave if a more suitable opportunity arose (Gould et al., 2000). A few clinical nurse managers actually expressed a desire to leave the profession altogether.

Those clinical nurse managers who reported that they were under prepared in 16 or more of the 28 activities were more likely to report lower levels of job satisfaction. These findings support the literature found in the area in that nurses report higher levels of job satisfaction where their perceived education requirements are met (Finn, 2001).

The study was limited by the fact that it did not actually measure the relationship between job satisfaction and recruitment despite making claims that those organisations providing continuing professional development and planning more effectively for ongoing development will have implications for staff recruitment. The questionnaire should have tried to ascertain whether the clinical nurse managers' decision to apply for a position within the organisation was effected by their perception of the continuing education provided by the institution. There is a paucity of literature which actually attempts to create this link however this current research project attempts to measure whether there is a relationship.

The Gould et al. (2000) study was further limited by attempting to create a link between job satisfaction and retention by linking a lack of job satisfaction with an intention to leave nursing 'should a suitable opportunity arise'. The study did not link actual attrition rates with job satisfaction nor did it attempt to measure it, so it was difficult to determine whether the intent to leave actually came to fruition in any of the cases or whether the nursing staff were just venting.

Cited in the paper by Backman (2000), Murphy (2000, p.5), in responding to difficulties in recruitment and retention, stated that many organisations are focusing their attention on the following three typical responses which they felt were essential for recruiting, namely:

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- "Marketing the organisation as a great place to work";

- "Providing a learning environment (increasing training and development expenditures)";

- "Augmenting student programs"

The Murphy (2000) study found significant results for several strategies that were predictors of recruitment success that actually worked in attracting people to an organisation. In support of marketing professional education opportunities as an attractor for prospective applicants, Murphy (2000, p.7) found that "providing a learning environment" was a predictor of recruitment success. It should be noted that Murphy (2000, p.7) found that "marketing the organisation as a great place to work was not an effective strategy".

A study undertaken by Stratton et al. (1992), among other objectives, sought to compare recruitment and retention strategies and barriers within rural hospitals. Four hundred and forty one Directors of nursing working in rural areas agreed to participate in a phone interview which represented a response rate of 89.5%. The study was limited by convenience sampling and the data gathered on successful recruitment strategies were based on the Directors of nursing perceptions rather than asking staff directly what attracted them to apply for a job in their organisation.

As mentioned, the Directors of Nursing were asked to identify what they perceived to be the most successful strategy in recruiting RNs. Educational opportunities were noted by 21.5% of the Directors of nursing as the *most* successful recruitment strategy followed by informal contacts noted by 19.9% of the respondents. This may be expected in rural areas when a number of positions may be filled by 'word of mouth' or by head hunting for suitable candidates. The uniqueness of the community or the area was ranked third among the Directors of Nursing perceptions for successful recruitment strategies accounting for 15.7% of responses with media advertising ranking forth with 12.6% of the responses.

Workplace Culture and Attracting Staff

The Magnet literature indicated that a positive workplace culture was also effective in attracting and retaining staff, as a good, supportive workplace culture leads to greater job satisfaction (Spiers, 2007). There are limited studies that indicate a positive correlation between culture, and recruitment and retention.

A study by Mulcahy & Betts (2005) revealed that the neonatal unit at the Royal Women's Hospital, Queensland, Australia was having difficulties in the recruitment and retention of staff due to increases in demand, absence of teamwork and low morale. The Unit underwent a transformational culture exercise that involved cultural mapping workshops with staff.

After the cultural directions of the unit were agreed upon and implemented, Best Practice Australia conducted a follow up survey in 2002 of all nursing staff. The survey measured the cultural and attitudinal views of staff and compared them with the previous survey undertaken in 2001 (Mulcahy & Betts, 2005). A 52% response rate was achieved and showed that of the 15 key cultural attributes measured, 12 had improved and three had remain unchanged. This included a decrease in the desire to leave the unit and a decrease in the desire to leave the nursing profession (Mulcahy & Betts, 2005). An increase in the following relevant areas was found:

- Sense of success and achievement;
- Climate of trust and respect;
- Positive about tackling problems with a 'can do' mentality.

The study showed an improvement in nursing recruitment and retention can be achieved by engaging staff and embarking on culture change within the unit (Marzlin, 2011). Mulcahy and Betts (2005) concluded that, by the end of 2004 there were zero nurse vacancies and a waiting

list of applicants for nursing positions. In 2004, for the first time, all nursing graduates accepted full time positions in the unit.

It was identified by Naude and McCabe (2005) that ethics and values are a contributing factor for some employees when choosing to work and remain at a hospital. It was noted that some staff look for a hospital reflecting their own values, ethics and philosophy as important in selecting to work in the right hospital in line with their own value system (Trevino & Nelson, 2010). Similarly, Stordeur et al. (2006), in the context of organisational configuration of hospitals and job satisfaction described earlier, noted that staff are attracted to and motivated to remain in an organisation where there is trust, mutual respect and "congruence between personal and organisational culture".

The Stordeur et al. (2006) paper attempted to model attractive hospitals. The paper outlines that management creates the culture, and management in a healthy workplace "implies a culture of openness and respect". Stordeur et al. (2006) hypothesised that timely communication reduced "role ambiguity and role conflicts and increases job autonomy, with resulting lower risk of burnout" (Stordeur et al. 2006). These are all characteristics which increase job satisfaction and may ultimately lead to prospective employees searching out these types of environments for employment. Marketing a positive organisational culture may ultimately lead to attracting additional staff to work at Liverpool Hospital.

Limitations of the Research into Magnet Hospitals

There are a number of limitations within the research into the effectiveness of Magnet Hospitals. The Magnet research has been dominated by cross-sectional survey studies with convenience samples of organisations and staff nurse respondents. Participation was voluntary and there may have been an incentive to report on one's own facility favourably (Lundmark, 2008). Most studies used to identify Magnet environments have included organisations from the 1983

Magnet study or those with ANCC Magnet accreditation in the hospital sample and then administered survey scales believed to measure Magnet characteristics, traits or factors (Lundmark, 2008).

Lundmark supports the argument that most of the research has suffered from several major limitations, biased sampling at both the organisational and respondent level; the collection of objective data rather than nursing self-reports and a scarcity of comprehensive, valid and reliable measures for assessing the level of Magnet characteristics present in any setting (Lundmark, 2008).

Scott et al. (1999) agreed that biased sampling through self-selection limited the hospitals that were chosen first as the best examples of "Magnet" hospitals. There may have been many other hospitals that were just as successful (or more) in recruiting and retaining staff. In addition, Scott et al. (1999) also noted that the format of the group interviews used in some of the studies may have inhibited the openness of the group and the selection of the sample population (selected by the head nurses) introduced additional bias to the sample. The head nurse may have selected nurses who were more likely to provide positive feedback in relation to their organisation.

In addition, Scott et al. (1999) notes that there was a scarcity of information documented in relation to those hospitals who had difficulty recruiting and retaining staff which made it difficult to verify that the attributes present in Magnet hospitals were not also present in 'non-magnets'. The research into Magnet describes successful Magnet Hospitals as demonstrating good nurse and physician relationships; however, this is self-reported by voluntary nurse participants. There is a scarcity of information reported by other professional groups in the literature. It would be useful to determine whether other professional groups shared the same views.

Further, the majority of the research assumes that Magnet promotes the recruitment and retention of staff; however, there is a paucity of research that directly measures the success of recruitment initiatives against vacancy rates, staff turnover, or quality and quantity of applications received for nursing positions. The literature available in relation to Magnet is mostly derived from the US and Canada; however Joyce and Crookes (2007) have developed a tool to measure Magnetism in an Australian context. The Australian version of the tool produced statistically acceptable internal consistency scores, which concluded that the tool can be applied in an Australian context (Joyce and Crookes, 2007).

One facility in Australia to achieve Magnet accreditation is the Princess Alexandria Hospital (PAH) in Brisbane, Queensland. Armstrong (2005) found that staff turnover at the PAH in 1999 was approximately 25% but after two years of working towards Magnet accreditation status, turnover decreased to approximately 10%. No facility in New South Wales (NSW) has achieved Magnet accreditation to date. Armstrong further noted that Magnet recognition acts as a guide for nurses when selecting a hospital to work at.

This section has demonstrated that Magnet hospitals maintained lower rates of vacancy and turnover, and higher levels of job satisfaction, than their non-Magnet counterparts (Upenieks, 2002, Upenieks, 2005, Barker, 2009, & Brady-Schwartz, 2005, Havens and Aiken, 1999). Such factors cited that led to greater job satisfaction included good educational programs, supportive management staff, autonomy and high standards of care were ranked highly by the respondents. The Magnet leaders stressed the importance of providing clinical nurses with education opportunities to foster job satisfaction and that job satisfaction is essential for attracting and retaining qualified and experienced nurses (Upinieks, 2002). It was found that enhancing nurse job satisfaction, as present in Magnet designated facilities, may provide a solution for hospitals wishing to recruit and retain staff, especially during periods of national nurse shortages.

For the purposes of this thesis, it was critical to understand what motivates nursing staff to leave or remain in an organisation so attraction strategies could be developed and measured for their effectiveness at Liverpool Hospital. The Upinieks study provided good evidence for the attraction and retention of staff through supportive management, professional development opportunities, namely, good education programs (Upinieks, 2002, Brady-Schwartz, 2005). The literature supported the idea of using empirically proven initiatives to increase satisfaction to use as attractors for nursing applicants (Jones & Gates, 2007).

Havens and Aiken, (1999) also outlined that earning Magnet hospital status is a marketing advantage and assists in the attraction of staff and many hospitals use the Magnet seal of excellence in their promotional campaigns. Hinshaw (2002) also notes that organisations that have achieved Magnet status use the accreditation and label to advertise and attract nurses and patients. This thesis used the ANCC Magnet Recognition program as one of the attractor strategies to determine whether Liverpool Hospital undergoing Magnet Hospital accreditation was an important factor in the applicant applying for a position with the Hospital. As discussed throughout this section, there was clear evidence in the literature which demonstrated that Magnet accredited facilities have lower turnover and vacancy rates. However this thesis directly measures how important Magnet recognition was to applicants in applying for a position with Liverpool Hospital and assesses what other factors are important to applicants when deciding whether to apply for a nursing position with the case hospital.

It is also worth considering other related theories. A much earlier theory on motivation is the Motivation-Hygiene Theory which is discussed in the following section. This is followed by an analysis of the literature in relation to job satisfaction amongst professional nurses (Moumtzoglou, 2010). Whilst the following discussion is based more on retention, it is relevant for this thesis as it is appropriate to review successful retention strategies and thus develop a better understanding of what motivates people to remain in an organisation. This may lead to a

better understanding of what potentially motivates a prospective applicant to leave an organisation and be attracted to work for another.

Motivation Hygiene Theory

To reiterate, this research paper has set out to understand three key questions.

1. Within a finite nursing workforce, what attractor strategies does Liverpool Hospital have to meet its workforce needs and how are these operationalised?

2. What additional attractor strategies will Liverpool use to entice nurses to work in the expanded hospital and will this?

    iii.   increase the average number of nurses applying for positions; and

    iv.   Reduce the number of unfilled positions?

3. What are the most important factors that motivated nurses to apply for a position at Liverpool Hospital?

To answer these questions, it is necessary to understand what is motivating applicants to apply for a position and whether the attractor strategies marketed contributed to an applicant deciding whether to apply for a position with the Hospital. So, as part of this process it was necessary to explore the literature and determine whether there were any underlying theories that relate to the research questions that might influence the development of attractor strategies and to get a better understanding of motivation.

This section discusses Motivation-Hygiene Theory and the similarities between the theory and the Magnet Hospital concept. The final section attempts to link Magnet and Motivation-Hygiene Theory with the other literature on satisfaction, dissatisfaction and intent to leave a position. This is important for the study as the research was used in the development of and measurement of those factors that might attract an applicant to an organisation as well as those factors that might motivate nurses to leave an organisation in pursuit of a more fulfilling working

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environment. This influenced the development of the attractor strategies that were marketed together with the development of the questions in the survey.

Motivation as defined by Robbins (1993) is the "willingness to exert high levels of effort toward organizational goals, conditioned by the effort's ability to satisfy some individual need". Motivation-Hygiene Theory was developed by Frederick Herzberg, one of the earliest researchers in the area of job redesign as it affects motivation (Ramlall, 2004). It is a still a popular but controversial theory, which is now well over 30 years old. There are several reasons cited for it being considered a controversial theory. Firstly it challenged some basic preconceived ideas that remuneration contributes little to job satisfaction and that interpersonal relationships were more likely to lead to dissatisfaction (Sachau, 2007). Herzberg was also criticised for relying too heavily on a single research methodology and at one stage there were five interpretations of the theory which made it difficult to determine which version of the theory to test and replicate (Sachau, 2007).

There are similarities between the increasingly popular Magnet hospital concept designed to attract and retain professional nurses and the theory was well and truly revived with the emerging research into positive psychology, which has marked similarities with Motivation-Hygiene Theory (Sachau, 2007).

In what is now a famous survey of 203 accountants and engineers, the initial framework of Herzberg's theory of motivation was derived (Ramlall, 2004). The major question posed by the research team was whether different factors brought about job satisfaction and dissatisfaction (Adair, 2006).

It was discovered that those factors that lead to satisfying aspects of the job were intrinsic to the job itself and were known as "motivators" (Ramlall, 2004). These are: "achievement, recognition

for achievement, the work itself, responsibility and growth or advancement" and also variety and creativity (Herzberg, 1987, p.92 & Adair, 2006). It was further noted that the "frequency and duration of the work itself, responsibility and advancement" were key components of high job attitudes leading to higher levels of satisfaction (Meredith & Mantel, 2011). It was interesting to note that salary only had a short term satisfying effect, but that it was more prevalent as a dissatisfier (Adair, 2006, p.77).

Those factors, which describe the surrounds of a job or the workplace environment and usually result in dissatisfaction, are referred to as "hygiene factors" (Aydın, 2012). These are extrinsic to the individual and these include "company policy and administration, supervision, interpersonal relationships, working conditions, salary, status and security" (Herzberg, 1987 p.92, Adair, 2006 & Ramlall, 2004). Employees need to be fulfilled in their jobs, as most people's actual goals are self-realisation or self-actualisation; as such for a job to be satisfying and more fulfilling, the organisation needs to meet one's need for professional growth and foster creativity (Adair, 2006). Motivators fit the need for creativity and hygiene factors facilitate the ability for motivators to take place for example through the implementation of fair policies and procedures.

Herzberg's theory postulated that satisfaction and dissatisfaction were caused by different facets of work and were not opposite extremes of the same continuum (Furnham, Eracleous & Chamorro-Premuzic., 2009). Herzberg argued that eliminating the causes of dissatisfaction through hygiene factors will not lead to satisfaction amongst workers; rather it may remove employees feeling dissatisfied and result in a neutral state (Ramlall, 2004). Therefore, according to Herzberg's theory, satisfaction is not the opposite of dissatisfaction and addressing those hygiene factors that cause dissatisfaction does not necessarily lead to a state of satisfaction amongst workers. Factors that lead to dissatisfaction and satisfaction are distinct from one another so removing those hygiene factors that cause dissatisfaction may placate your workforce but not motivate them (Ramlall, 2004).

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After the original study, the results of 12 different investigations (which included supervisors, hospital maintenance personnel, men about to retire from management positions, professional women, nurses, food handlers, military officers, engineers, scientists, accountants and teachers) revealed similar data (Herzberg, 1987). Of those factors which were identified as contributing to job satisfaction, 81% were motivators. Of all factors which contributed to the employees' dissatisfaction over their work, 69% involved hygiene elements (Herzberg, 1987).

It was argued by Herzberg that the most important difference between the motivational and hygiene factors is that the motivation factors will result in psychological growth whereas the hygiene factors involve "physical and psychological pain avoidance" (Sachau, 2007, p.380). Put slightly differently, Herzberg noted that there were six stages of psychological growth:

1. Knowing more;

2. Understanding;

3. Creativity;

4. Effectiveness in ambiguity;

5. Individuation; and

6. Real growth. (Sachau, 2007).

Job enrichment was Herzberg's operationalisation of the Motivator-Hygiene Theory. Job enrichment takes on distinct similarities to the Magnet Hospital concept (Awang & Ahmad, 2010). It was noted by Sachau (2007) when describing job enrichment that enriched jobs "offer frequent opportunities to experience achievement, opportunities to take responsibility, opportunities to be autonomous and opportunities to learn" (Sachau, 2007, p.380).

Herzberg was saying that if managers were able to provide jobs more satisfying by motivating those parts of the job that are known as motivating factors or contribute to psychological growth, employees would be more engaged and interested in their work, would take on greater

responsibility and produce higher quality work (Maxwell, 2008). This is all consistent with the Magnet Hospital concept. In Magnet Hospitals, nurses perceive themselves as being able to provide higher quality patient care in comparison to those hospitals without Magnet designation. They feel that they work in an environment which encourages personal development, professional development and career development opportunities and they are valued as health professionals. All these factors lead nurses to perceive that they work in a professional and satisfying nursing environment. This leads to greater satisfaction and a committed and positive workforce.

Sachau (2007) goes on to describe additional features of the Motivator-Hygiene Theory that account for good and satisfying jobs. These are noted below and the researcher has also drawn the distinct similarities between what is noted by Sachau (2007) in relation to Motivator-Hygiene Theory and the Magnet Hospital recognition criteria.

Some common features of Motivator Hygiene theory in comparison to Magnet Hospitals are described in Table 4.

Table 4: Similarities between Motivator-Hygiene Theory and Magnet Hospitals

Motivator-Hygiene theory	Magnet Hospitals
Creating continuous opportunities to learn	In the Magnet Hospitals recognition criteria, this is related to providing career advancement opportunities and professional education (both formal and informal) opportunities. In Magnet Hospitals, the organisation values and supports personal and professional growth and development of staff (Shirey, 2006).
Giving employees control over their own work schedules.	In Magnet Hospitals, numerous studies have found that one of the most important factors in attracting and retaining nurses in Magnet hospitals was the focus on scheduling hours of work (McClure et al., 1983). Rotating shifts were minimised and attempts were made to minimise the number of weekends worked (McClure et al., 1983).
Giving employees control over organisational resources	The Magnet literature described the provision of adequate resources, support and opportunities for the utilisation of experts and involvement of nurses in professional organisations.
Granting employees permission to communicate directly (instead of through hierarchical channels) with people in the organisation	The Magnet Hospital forces described Magnet organisations as generally being flatter with decentralised decision making prevailing and nurse leaders serving in positions that are visible, accessible and committed to communicating effectively with staff (Beecroft, Dorey & Wenten, 2008).
Providing employees with personal accountability for their own performance	Lastly, in relating this point back to the Magnet Forces, autonomy is a key feature in Magnet Hospitals. Nurses are expected to practice autonomously, consistent with professional standards, independent judgement is expected to be exercised within the context of interdisciplinary approaches to patient care (Ritter-Teitel, 2002).

For employees to feel more satisfied with their work, the organisation must use motivators. This is done by making changes to an employee's job and addressing those factors that lead to greater job enrichment such as making ones job more challenging, stimulating, more

responsibility, providing career progression opportunities, recognition and personal growth (Ramlall, 2004).

Attractor strategies for staff cannot be superficial and one of the key messages for management is to avoid superficial quick fixes which only have a short term effect such as pay rise or larger offices (Doyle, 2010). To gain employee satisfaction, the organisation needs to build in more responsibility to the job, more autonomy and opportunities for career development.

Whilst the Magnet literature does not discuss the Motivator-Hygiene theory, it was worth discussing the distinct similarities between the two theories. Whilst the motivator hygiene theory has been widely criticised and has polar support for its theoretical contribution, it could be argued that, whilst not explicitly linked, there are some common themes with the Magnet concept with good evidence to support its claims which are consistent with Herzberg's theory. Those factors that lead to satisfaction, termed 'motivators' are distinctly similar to the 'Forces of Magnetism' present in all Magnet Hospitals, where studies have shown that the majority of nurses are more satisfied in their job and workplace than their non-Magnet counterparts. The purpose of outlining the similarities between the two theories was to demonstrate to the reader that there are similar theories which support similar claims whilst neither actually discusses one another. There is good empirical evidence which supports the Magnet concept and similarly the Motivator-Hygiene theory.

As discussed at the beginning of this section, it was necessary to explore relevant underlying theories which might assist with the methodology for answering the research questions. To answer the questions it is necessary to understand what is motivating applicants to apply for a position and to determine whether the attractor strategies included have a theoretical base supported by empirical evidence.

So, as part of this process it was necessary to explore the literature and determine whether there were any underlying theories that relate to the research questions that might influence the development of attractor strategies and to get a better understanding of motivation. There is good empirical evidence which supports the Magnet concept and similarly Motivation Hygiene Theory (Adair, 2006, Aydon, 2006, Aiken, 2002, Buchan & Aiken, 2008, Hinshaw, 2002, Huerta, 2003, Laschinger, Almost & Tuer-Hodes, 2003, Ramlall, 2004 & Sachua, 2007). As such, some of the motivation and hygiene factors which were cited in the literature were built into the questionnaire and the attractor strategies or those factors that might lead to satisfaction among workers were incorporated into the attractor strategies marketed. These are discussed in greater detail in the methodology section of the thesis.

Herzberg's theory should not be simply interpreted as hygiene factors being solely responsible for contributing to negative feelings or dissatisfaction and motivators solely contributing to positive feelings on the job. This is where the theory has been widely criticised although this is a misinterpretation. The theory is better understood as a framework (with shades of grey) for understanding the relationship and dual nature of satisfaction/dissatisfaction and intrinsic and extrinsic motivation (Sachau, 2007).

Given that this thesis has mentioned similarities between two theories or constructs it is worth discussing very briefly several other theories which tend to overlap with the Magnet and Motivator-Hygiene theories. Sachau (2007, p.384) argues that there are parallels with a number of other theories such as "intrinsic motivation, income-satisfaction relationship, and simplicity".

In relation to intrinsic motivation, it was proposed that employees might become interested in their work and related activities when they provide a mental challenge and that people are more interested in their job when they complete tasks that provide a sense of competence and self-determination (Sachau, 2007). People are generally more motivated when they feel a sense of

efficacy and it was noted by Herzberg that job enrichment can make jobs more enjoyable. This is achieved by incorporating more motivating factors into their work.

It was noted by Sachau (2007) that a number of researchers have demonstrated that wealth is unrelated to long term satisfaction. Wealth under Herzberg's theory is a hygiene factor. Sachau (2007) commented on the large meta-analyses completed in the United States which showed a consistently low correlation between income and satisfaction of US citizens (an r of .17). It was also argued that those employees inadvertently seeking satisfaction through hygiene rewards such as money, status, nice homes, etc. will be perpetually miserable. As theorised by Herzberg, hygiene factors do not lead to satisfaction and job enrichment, rather, if addressed they lead to a lack of dissatisfaction or at the best contentment (Mawoli & Babandako, 2011). As hygiene needs escalate, for example always seeking an additional pay rise or working towards the next bonus as means of motivation, these people will not find enough hygiene to make them happy (Sachau, 2007).

Finally, as discussed above, Herzberg argued that hygiene needs continue to increase over time to continue to motivate staff. Sachau (2007) discusses that there are two methods of managing this; one is to continue to fulfil the continuously escalating hygiene needs by seeking that next bonus, working longer hours, etc. or de-escalating the hygiene. De-escalating the hygiene can be completed by the person lowering their hygiene expectations. This is referred to as 'Simplicity' and is not a well-developed theory and in a practical sense, in my view would be extremely difficult to operationalise and would really rely on an individual lowering their expectations rather than an organisation constructively developing strategies to lower an employee's expectations.

Satisfaction, Dissatisfaction and Intent to Leave an Organisation

The literature review in this thesis has demonstrated that dissatisfied nurses may leave the organisation in search of a more satisfying work environment. It is, therefore, important to understand what factors lead to nurses being satisfied or dissatisfied with their position, their career, their professional environment, the organisation they work for and so on. As such, it is important to understand both what factors lead to nursing job satisfaction, dissatisfaction and intent to leave as these are important considerations in recruitment and retention.

If there is a better understanding of what factors lead to increased satisfaction, attraction and retention strategies can be developed to attract staff (Hausknecht, Rodda & Howard, 2008). Further, having a better understanding of the factors that lead to satisfaction and dissatisfaction might support the attraction strategies measured in the current research or validate some of the motivating factors for applying for a nursing position stated by the participants of the survey carried out.

It is also important to compare and contrast the theory on Magnet Hospitals, dissatisfaction and intent to leave and the motivator hygiene theory in the context of recruitment and retention as there are a number of features that overlap and are consistent across Herzberg's theory on Motivator Hygiene and Magnet Hospitals. There were a range of factors identified by the Productivity Commission (2005) that influence job satisfaction and ultimately a nurses' desire to leave the nursing workforce. These include:

- Lack of career path and inadequate recognition of skills;
- Unsupportive organisational and workplace culture;
- Inadequate access to training and professional development;
- Mentoring and support;

A systematic review of factors influencing satisfaction of front line nurse managers undertaken by Lee and Cummings (2008) indicated that recruitment and retention may be enhanced by addressing those factors which have a positive influence on job satisfaction for front line nursing managers. In predicting front line managers' job satisfaction, there were five categories of determinants noted, "organisational change, organisational support, job characteristics, the managerial role and educational development" (Lee & Cummings, 2008, p.774).

The systematic analysis undertaken by Lee and Cummings (2008) was comprehensive in identifying those factors that improve nurse manager satisfaction. As mentioned throughout this chapter, it is important to understand those factors that contribute to nurse satisfaction so that strategies can be developed or validated to meet the needs of professional nurses. The factors identified above that contribute to nurse satisfaction were also consistent with the literature found on Magnet Hospitals.

The inclusion utilised by Lee and Cummings (2008) in undertaking the systematic review centred on three main themes:

- Peer reviewed research that measured job satisfaction of front line nurse managers in all types of healthcare facilities;
- Studies that measured job satisfaction; and
- Studies that addressed the relationship between job satisfaction and its determinants amongst frontline nurse managers (Lee & Cummings, 2008).

From the 1874 articles reviewed, 48 abstracts and titles were included. This was a sound method of reviewing articles for inclusion in the study which resulted in only those papers that met specific criteria including "theoretical framework, design, setting, subjects, sampling method, measurement instruments, reliability, validity, analysis, job satisfaction measures, determinant measures and significant and non-significant results" being included in the

systematic review (Lee & Cummings, 2008, p.770). Of the original 48 articles, only 14 were retained for final analysis.

In addition to the five determinants of job satisfaction, the following outlines the findings from Lee and Cummings' (2008) systematic review in more detail. These five determinants are similar to the forces of Magnetism found in the Magnet Hospital Recognition program and Magnet Hospitals. The following five points of job satisfaction, which are consistent with the Magnet concept, provides further evidence and support of the effectiveness of Magnet accredited facilities in providing a professional nursing environment for nursing staff leading to higher rates of job satisfaction, better quality of care, higher rates of retention and more success in recruitment than their non-Magnet designated facilities.

1. Organisational Change

Two studies noted in the systematic review reported that decentralisation was linked to increases in job satisfaction related mainly to "changes in communication channels" and "changes in the number of employees supervised" (Lee & Cummings, 2008, p.773). However, one study found that decentralisation had no effect on job satisfaction (Sikosana, 2009). This is consistent with the literature on Magnet Hospitals. Force 2 of the forces of Magnetism in Magnet designated facilities refers to flat organisational structures with decentralised decision making with nurse participation in key organisational committee structures.

2. Organisational Support

The authors found that the level of support perceived by nurse managers was found to positively and significantly relate to nurses' job satisfaction (Lee & Cummings, 2008). This was found in two articles reviewed and a third article found that managers who actively participated in organisational decision making reported increased job satisfaction (Lee & Cummings, 2008).

Force 3 of the forces of Magnetism refers to Management style. It was noted that nurses in management and leadership positions are visible, accessible and valued and encouraged feedback from staff at all levels of the organisation (Finkelman & Kenner, 2012).

3. Job Characteristics

The third determinant of clinical nurse manager job satisfaction noted in the systematic review were namely three job characteristics – empowerment, power and job autonomy (Erickson, Hamilton, Jones & Ditomassi, 2003). Autonomy is Force 9 of the essential forces of magnetism discussed earlier in the paper, which stated that autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise, and knowledge consistent with professional standards.

One study in the systematic review cited that "managers who were empowered, both structurally and psychologically, and had the resources to do their job reported significantly higher job satisfaction" (Lee & Cummings, 2008, p.774). Managers who had the independence and freedom to implement change within their sphere of influence reported higher rates of satisfaction.

Hart (2001) found that where nurses feel a perceived loss of control over ones work environment, it leads to decreased satisfaction and increased turnover. It was reported that 53% of employed nurses and 70% of nurses who considered leaving nursing were dissatisfied with the lack of engagement and consultation into decisions that affected them (Hart, 2001).

The literature on Magnet Hospitals demonstrated that those health facilities that could provide a work environment which encouraged and supported autonomy of practice led to higher levels of satisfaction amongst its staff. Hart (2001) noted that a lack of autonomy may contribute to the difficulty in attracting new recruits and retaining those who are already in the workforce.

In this paper, power was linked with organisational support. Laschinger, Almost, Purdy and Kim (2004) stated that "structural empowerment indicates that a manager has the resources to meet the needs of the unit and staff, while psychological empowerment refers to congruence between the values and direction of the manager and the healthcare organisation".

4. Managerial Role

The systematic review found in three separate studies that just being in the front line manager role was more satisfying than being a staff nurse and agreement with the managers' use of time were significantly and positively correlated with job satisfaction (Lee & Cummings, 2008). It is unclear whether the nurse manager's responses to this specific question may have been distorted by the nature of their position and loyalty to the organisation.

5. Educational Development

As critiqued earlier, the systematic review discussed the Gould article which has already been discussed in this thesis. The other paper noted in the systematic review was also discussed (Boeglin, 1996) which drew inconclusive evidence and found that there was no significant relationship between educational preparation and job satisfaction.

The systematic review was limited as the majority of the literature cited was pre 2000. This is despite the systematic review being published in 2008. Given that robust inclusion criteria were applied to those papers included in the systematic review, this may suggest that in recent years there have been few papers published of good quality that measures clinical nurse and nurse manager job satisfaction.

Employer of Choice

As discussed in the workforce shortage sections of this thesis on both a global, national and state level, it is widely accepted that there is a shortage of nurses to fill much needed clinical positions (Masters, 2007). As such, there are countless organisations vying to attract qualified

nurses which results in direct competition for appropriately qualified and competent nurses. One of the strategies outlined by Wickham and O'Donohue (2009) to address this direct competition is for organisations to develop themselves as Employers of Choice (EOC) within their respective industries (Herman & Gioia, 2001).

Wickham and O'Donohue (2009, p.78) outlines that EOC strategies are simply an attempt for an organisation to construct a "unique employer brand identity based on an Employment Value Proposition (EVP) that is deliberately constructed to set an organisation apart from competitors in some meaningful way" (Sizler & Dowell, 2009). EVP is the value perceived by an employee working for a particular organisation which they determine for themselves the extent to which this value is competitive. If it is considered less competitive than other similar organisations, the employee may leave the organisation or reduce their level of commitment to that organisation (Hegar, 2007).

Wickham and O'Donohue attempted to address the literary gaps between understanding the employment relationship and how organisations might improve their management of it to increase employee engagement. Wickham and O'Donohue does this through his proposal of the 'Extended Marketing Mix' as a way of strategically framing the employment relationship with EVP and the role it can play as the organisation works towards an EOC position (Wickham & O'Donohue 2009).

The extended marketing mix is a key component of marketing theory and is formally defined as the "combination of all of the factors at a marketing manager's command to satisfy the [needs of the] target market" Wickham and O'Donohue (2009, p.79). This links to the now widely known 4 P's of marketing: Product, Price, Place and Promotion. This provided a structured and consistent process an organisation could follow in developing strategies for the provision of goods that the market would perceive as valuable (Wickham & O'Donohue 2009).

Wickham and O'Donohue then linked the extended marketing mix concept to the employment marketing mix and explains that organisations wishing to reach EOC status are required to develop, present and market features designed to "attract, retain and motivate its target employees" (Wickham, 2009 & O'Donohue p.79,80).

Using the four P's within the extended marketing mix theory, Product in the Employment Marketing Mix are the range of motivating factors or inducements which comprise the EVP. This involves the organisation having a good understanding of the core needs and requirements of the target market (Wickham & O'Donohue, 2009). This relates back to the Motivator-Hygiene theory, and the Magnet Hospital concept, and which features would contribute positively to an employees' EVP, for example, motivators leading to job satisfaction, career development opportunities, professional development, and so forth. The better the understanding of the core needs of the employees that an organisation is wishing to attract, the better the organisation can tailor its actual product offering.

In relation to price, whilst the nursing workforce is largely governed by specific award payments, in Australia, consideration needs to be given to the opportunity costs borne by employees which do not directly benefit the organisation, such as time spent away from the family, shift work, weekend work, etc. (Wickham & O'Donohue, 2009). Where organisations are faced with immense competition or workforce shortages such as the case with the nursing workforce, the person selling the resource, that is, the nurse, has more bargaining power and can be more selective in choosing which organisation to work for (Wickham & O'Donohue, 2009). So the more competitive a market is or where resources are scarcer, organisations must include more value adding features to its EVP in order to make their organisation attractive enough to attract and retain employees.

It is the responsibility of an 'aware' organisation to understand what product features it must offer in its EVP, and be confident that the benefits outweigh the price employees perceive they have to 'pay' to access it (Wickham & O'Donohue, 2009). Organisations are able to increase their value proposition to target employees by effective management of all the elements in the employment Marketing Mix which can be achieved by an organisation most of the time without incurring material costs (Wickham & O'Donohue, 2009). This can be achieved by offering non-material enticements such as flexible work hours, flexible rostering, and work from home arrangements.

This is featured in the Magnet criteria where non-material low cost changes can be made to the organisation's work environment which are proven to increase EVP such as increased autonomy, flatter organisation structure to facilitate participation in shared decision making, participatory management style. In unfavourable competitive markets organisations seeking to develop a sustainable EOC status must construct an EVP that delivers greatest value to the employee at a price that the organisation finds acceptable (Wickham & O'Donohue, 2009).

In relation to Place within the 4 P's, as part of the employment MM framework, place is not always only referred to as the geographical location but may be where features of the EVP can be accessed (Wickham & O'Donohue, 2009). If training and education is a key feature contributed to EVP, an organisation may retain direct control over some on the job training and outsource non-core, off-the-job training (Wickham & O'Donohue, 2009). Other EVP may include off site subsidised child care facilities (Cascio & Boudreau, 2010). This all needs to be considered as contributing and affecting the EVP, as a bad choice of partner for the above examples, may diminish the value of the EVP. Where it may have been marketed as an attractor, it may in fact have a negative impact in the longer term.

In relation to the Promotion element, this is critical for the extended marketing mix as good communication is essential for an organisation's product so that the target market is aware of its existence, features, location and price. With the rapid expansion of information technologies over the last two decades, there is now an abundance of electronic media options that organisations can access to market their products (Opel, Diekema, Lee & Marcuse, 2009). In relation to the Employment marketing mix, promotion also plays a key role as organisations need to expend effort in communicating their EVP effectively, so that the intended target audience is well informed of what differentiates one organisation from another (Wickham & and O'Donohue, 2009)

The Magnet recognition criteria are probably more inadvertently consistent with the Employment Marketing Mix theory than deliberate. Although the Wickham and O'Donohue paper does not specifically describe what an organisation must do to achieve a more desirable EVP, it provides another theoretical understanding of what an organisation must broadly do to be competitive in attracting its target market and describes that an organisation must be aware of the EVPs that attract its target market and devise strategies to ensure that the target market is aware and understands the EVP that the organisation is attempting to market. Wickham and O'Donohue (2009) also stresses the importance of actually delivering on those promises and outlines the importance of demonstrating the physical evidence in the workplace.

The Employment Marketing Mix Theory provided a good theoretical grounding and really provided further evidence about what the Magnet recognition program is setting out to achieve in a more practical environment. The Magnet recognition program provides a recognised framework to operationalise culture change and formally develop an organisation as an employer of choice. Whilst the Magnet concept does not refer to the 4P's there is an underlining consistency with the approach to Magnet recognition and positioning a Magnet recognised organisation as an employer of choice.

E-recruitment

Building on the theoretical section of the thesis, which briefly described the importance of product placement and promotion, it is worth discussing the medium in which the majority of positions are advertised in the current research, and exploring, briefly, the evidence behind the effectiveness of e-recruitment.

There is some evidence to suggest that information in relation to recruitment provided on hospital websites is an effective recruitment strategy. In a survey conducted by the National Association for Healthcare Recruitment in 2001 (published on the Medzilla website), 720 members were asked to identify which strategies they were using to recruit nurses (Medzilla, 2002).

Newspaper advertisements were used by 97% of respondents, 94% used jobs fairs and 91% used internet job postings (Medzilla, 2002). The respondents noted that the most effective method of recruiting staff was via the hospital homepage, followed by job posting on an internet site and then newspapers (Medzilla, 2002). Non-healthcare magazines and billboards were ranked as the least effective strategies (Medzilla, 2002).

There are a number of theories documented in the literature outlining particular recruitment sources and identifying motivations which lead people to apply for positions within an organisation. Such theories describe the effects of providing realistic information for applicants and the effects this has on attraction, analysing perceptions from applicants and their potential fit with an organisation and the job based on information provided by the organisation (Marr, 2007). This research tests this by providing information on a dedicated Liverpool Hospital recruitment website of attractor strategies which the literature has identified as being effective in attracting staff to an organisation or is demonstrated to increase staff satisfaction which may also lead to staff applying for positions at Liverpool Hospital.

Bingham et al. (2002) notes several key advantages for the internet as a recruiting tool and emphasises the importance of organisations investing time and resources into their recruitment webpage. Bingham et al. (2002) on page 61, noted that the webpage is usually a "low cost alternative to traditional recruitment strategies", unlike job advertisement boards, an organisation's dedicated recruitment website can place greater emphasis on the unique qualities of an organisation which might attract staff and allow the prospective employee to begin assessing whether they and the organisation may be suitable for one another. Websites provide a "first impression" for prospective applicants which may influence someone's intention to pursue the position (Bingham et al., 2002, page 61).

A good website provides the job seeker with relevant information including an overview of its culture and other features which might highlight the strengths and benefits for working in the organisation. This allows the prospective applicant to assess whether they might fit into the organisation's culture (Bingham et al., 2002).

Feldman and Klaas (2002) conducted a survey of graduate business school alumni of a university in the south east of the United States. There were 755 surveys mailed out and 256 were returned, a response rate of 35%. The low response rate was a limitation of the study, but nonetheless respondents were asked to advise which job search strategy was most helpful to them. Feldman and Klaas (2002) reviewed the literature and found that web-searching, newspapers, professional journals and associations, personal contacts and networking, head hunters and search firms were the most common mediums for job searching among professionals and managers. The study found that 40% of the respondents found that professional networking was the most helpful strategy, searching the internet ranked second with 29%, head-hunters ranked third with 17% and newspapers ranked fourth with 10% (Feldman & Klaas, 2002).

It was also found that internet search engines and websites received positive comments and were noted to be useful in providing applicants with good general information about companies and jobs (Feldman & Klaas, 2002).

A study by Rozelle and Landis (2002) found that websites which were dynamic and displayed an array of information allowed the user to collect and analyse information most relevant to them unlike other sources of information such as brochures, video, newspaper advertisements which are more inflexible and may only present the most positive aspects of the organisation. A website which publishes a broad amount of information may allow applicants to form a more realistic view of the organisation and may influence their decision to apply for a position (Breaugh & Starke, 2000).

Gautam (2005) stated that all employers should have their own websites, which, if effective can attract both internal and external candidates. Gautam (2005) supports the idea that websites should publish organisational attributes including "organisational history, mission, culture, community information, career prospects and compensation and benefits" (p. 261). It was further noted that the website must contain current content, be easy to find (i.e. have an intuitive URL) and be easy to browse (Gautam, 2005). These features have been incorporated in the Liverpool Hospital recruitment website.

In the study by Marr (2007), Human Resource Practitioners from eight organisations were interviewed. The number of Human Resource Practitioners surveyed was not stated which was a limitation of the study, however, two major themes arose from the survey; the first, more obvious theme was ease of access to information on the internet in comparison to other media from both the organisational and applicant perspectives. The second major theme noted by Marr (2007), was the general consensus amongst survey respondents that nearly all job seekers utilise the internet to locate additional information specifically about the job and/or

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organisational relevant information confirming that the internet is a medium which does generally reach the desired target market. Dineen, Noe and Ash (2002) found that providing information about the organisation which is perceived by prospective applicants as being personally and positively relevant to them may assist in their assessment of being suited to a job and to the organisation and ultimately lead the prospective applicant to apply for a position within the organisation. Chyna (2001) supported this comment also noting that job seekers research potential employers prior to applying for positions.

Sherrod (2007) noted that with the baby boomers ageing, nurse recruiters need to focus their attention on the recruitment of Generation X and Y. These generations have grown up using computer technology which has rapidly evolved over the past two decades. Sherrod (2007) acknowledges that most healthcare organisations are now using internet sites to post job vacancies in addition to providing generic information about the facility and its culture, but notes that this is insufficient on its own as an attractor strategy to entice Generation X and Y applicants. Employers need to provide a more comprehensive inside view of the organisation to give human resources a marketing advantage (Pfeffer, 1998). In addition to the specific attractor strategies noted throughout this thesis that were advertised on the Liverpool Hospital recruitment website, a number of other features were added to the website including video testimonials from staff from a range of professional disciplines (Sigala, Mich & Murphy, 2007). These staff members outlined personally why Liverpool Hospital is a great place to work for them. Videos used from both staff testimonials and showcasing the new facility were published on websites such as YouTube. Sherrod (2007) noted that marketing has moved towards this medium with success as Generations X and Y consistently frequent the internet looking for information.

This chapter supports the development and implementation of e-recruitment strategies as a means for attracting staff and validates the development of the Liverpool Hospital recruitment

website as a means for publishing the attractor strategies and other informative information

about Liverpool Hospital, which is measured as part of this research.

CHAPTER 3 – THE CASE HOSPITAL

This Chapter focuses on the case hospital – Liverpool Hospital – and gives an overview of the significant recruitment challenges faced at the State, local and at Hospital levels, within the global context. Building on from the theory and evidence base from Chapter 2, this Chapter provides an overview of the specific attractor strategies that the Hospital marketed on the website and discusses the research questions, aims and objectives.

The NSW Health Context

The workforce challenges for the health system will increase in the coming years and the ability to continue to provide a world class service will be challenged due to a number of factors including:

- Burden of disease – As noted by KPMG (2009), the burden of disease in the Australian population is contributing to the rising demand for health services and is influenced by a number of factors including an ageing population and an increase in the prevalence of chronic diseases due to environmental and lifestyle factors (KPMG, 2009). Occurrences in the incidences of Type II diabetes, coronary heart disease, dementia, cancer, depression and asthma are all increasing and all require particular skill mixes within the health workforce (KPMG, 2009). NSW Health estimated that between 2001 and 2026, the "incidence of diabetes will increase by 176%, dementia by 107%, vision disorders by 93%, hearing loss by 87% and chronic musculoskeletal disorders by 79% (Productivity Commission)

- Changes in service delivery – The introduction of new technologies and pharmaceuticals leads to changes in the skill mix required in the workforce (KPMG, 2009). For example, same day hospital admissions and reduced length of stay has led to increasing acuity within the hospital system which influences the skills required of the acute workforce (KPMG, 2009). Similarly, the increasing prevalence of chronic disease and its

subsequent management in the community increases the requirement in the community workforce (KPMG, 2009).

- Community expectations – The Australian population has an expectation that high quality care is provided in a timely manner. For example, the community expects that elective surgery waiting time targets are met together with access to care within emergency departments or waiting time to see a GP. Workforce shortages in the future will pose challenges to ensure that this high level of service does not deteriorate (KPMG, 2009)

- Workforce specialisation – The health workforce has become increasingly diversified and specialised. This is due to a number of factors including "professionalisation, scientific and technological developments, credentialing and changing models of care" (KPMG, 2009). This puts further demands on a limited health workforce.

- Workforce expectations – Employee perceptions are changing in relation to the hours they are prepared to work and the type of work they are prepared to do (KPMG, 2009). Workers are opting to work fewer hours which is more conducive to a balance social and family life (KPMG, 2009). There are a number of factors contributing to this change including an increasing feminisation of the workforce, different work ethics of "Generation Y and an increased cultural interest in work life balance" (KPMG, 2009).

The NSW Health Department employs approximately 85,000 people, and is the largest healthcare employer in Australia and according to IPART delivers care at a standard comparable with the best health systems in the world (IPART, 2003).

Similar to the rest of Australia, and many countries, NSW has a "shortage of doctors, nurses and allied health staff that is expected to worsen in the future" (IPART, 2003). According to IPART (2003), this is due to a number of factors including:

- Uneven distribution of health care professionals across the State;

- Insufficient university places for health care professionals; and

- Uncoordinated education and training places that are not aligned to NSW Health's future needs;

- New models of care are difficult to develop due to distinct professional boundaries within its workforce;

- Communication between professional groups is often poor and this insular approach reflected by award structures and inflexible professional associations have resisted attempts to introduce new approaches to the way the workforce is organised and services are delivered (IPART, 2003).

Although health workforce arrangements have evolved in response to changing healthcare needs, after KPMG consulted with various professional groups, they found that the skills of many health workers are not being used to full advantage to a large extent. This is because of a number of systemic impediments which preclude healthcare workers from fully developing, assessing, recognising and utilising their competencies (Productivity Commission, 2005). This is known to reduce job satisfaction making "recruitment, retention and re-entry more difficult" (Productivity Commission, 2005). In the Productivity Commission Report (2005) participants described the factors which they felt adversely affected their job satisfaction, their productivity and their decision to remain in the health workforce. In New South Wales, one estimate put the number of registered nurses not working in the profession at 30,000 with a lack of job satisfaction, poor pay and working conditions viewed as key causes (Productivity Commission, 2005). There were a range of factors identified by the Productivity Commission (2005) that influence job satisfaction and ultimately a nurses' desire to leave the nursing workforce. These include:

- Lack of career path and inadequate recognition of skills;

- Unsupportive organisational and workplace culture;

- Inadequate access to training and professional development;

- Mentoring and support.

Although stated as a limitation earlier, there has been an increase in education places; the Australian Labour Market is forecasted to grow by 0.8% (to 2016) in comparison to 1.7% forecasted growth for the health workforce labour market, suggesting that the pool in which to recruit from will not keep up with demand (KPMG, 2009). This suggests that regardless of the increase in training numbers for health professional occupations such as nurses, there will not be sufficient numbers of professionals trained and available to deliver services within existing service and workforce models (KPMG, 2009). This reinforces that Liverpool Hospital will not be able to fill vacancies based solely on recruiting new graduates. The Hospital will be required to develop attraction strategies to lure staff away from their current workplace or to entice nurses back into the nursing workforce (Lafer, 2005).

As mentioned on page 12, a shortage occurs where an "imbalance exists between the requirements for nursing skills (usually defined as a number of nurses) and the actual availability of nurses" who are willing to work as nurse for an agreed payment (Buchan & Calman, 2004). It is important to qualify the last point as there are a number of qualified nurses who choose not to work in the nursing profession. The shortage cannot be described as simply a numerical score; rather, it is contributed by individual choice, meaning that the shortage is not just about a shortage of numbers, but a conscious decision of qualified nurses not to work in the profession. As such, it is important to determine why nurses leave the profession or their current workplace and to look for solutions which focus on those factors that nurses have themselves identified will encourage them to stay with the organisation or attract them to work at Liverpool Hospital (Baumann, 2007). It is widely acknowledged that the global nursing shortage is firmly

on the agenda on most policy agendas in most countries with government searching for strategies to ensure that they have a sufficient number of nurses working in the profession to meet the needs of their populations (Clifford, 2000).

About Liverpool Hospital and its Workforce Challenges

Liverpool Hospital was used as the case study for this research to ascertain what motivates applicants to apply for nursing positions and to determine which attractor strategies are most successful in attracting staff. This section provides an overview of the Hospital and outlines both the common and unique challenges for Liverpool Hospital in staffing the hospital both in the present and the near future.

Liverpool Hospital the tertiary referral trauma hospital for South Western Sydney, New South Wales (NSW) provides medical, surgical, emergency medicine, intensive care, oncology, mental health, women's health and newborn care services, and is one of four major trauma centres for NSW (SSWAHS Liverpool Hospital Website, 2010). The hospital currently has an average of 760 beds, 11 operating theatres and 2 endoscopy suites (SSWAHS Liverpool Clinical Services Plan, 2006).

Liverpool Hospital experiences many of the same challenges in workforce as other Australian Hospitals and hospitals abroad. These factors include:

- A diverse workforce;
- Access to a declining and ageing national labour pool;
- Declining participation (nurses choosing to opt out of the profession as well as junior medical officers choosing to leave hospital and take up positions in other facilities);
- An increasing demand for services;
- Changing workforce generation (SSWAHS Clinical Services Plan, 2006).

As with many hospitals across the country and internationally (Imison et al., 2009; Marriott & Mable, 2001; Productivity Commission, 2005), Liverpool Hospital's challenges focus on increasing its capacity to compete for scarce talent against a backdrop of diminishing national workforce supply whilst in the midst of generational change, and access to available pools of talent (SSWAHS Clinical Services Plan, 2006 & SSWAHS Healthcare Services Plan, 2007).

There is an escalating demand for health workforce and there are a number of factors expected to escalate demand for health services more broadly, which will have an impact on Liverpool's ability to attract additional staff within a competitive market for scarce resources. These include the burden of disease in the Australian population community expectations, workforce expectations and workforce specialisation (KPMG, 2009).

Liverpool Hospital's workforce challenges are exacerbated by the fact that the Hospital is undergoing a massive expansion, which will see it become Australia's largest hospital. As services expand to meet the demands of a rapidly growing population, the nursing workforce will need to increase by approximately 45% over the next 5 years and it will be a significant challenge for the Hospital to recruit to these vacant positions as they arise. The management of Liverpool Hospital and the SWSLHD are faced with the challenge of trying to adequately staff the new Liverpool Hospital with appropriately skilled and talented nurses to ensure that the expanded clinical services can be delivered safely and effectively (South Western Sydney Local Health Network, 2012).

Liverpool Hospital is growing more rapidly than any other Hospital in NSW and as such it was important for the Hospital to explore additional attraction strategies and to formally assess their effectiveness of attracting nurses to apply for positions with the Hospital. This was critical for the Hospital executive to get an understanding as to whether these attractor strategies were

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successful and whether additional attractor strategies might be required to fully staff a growing a hospital to be able to provide all services safely and effectively.

The re-development will result in a significant increase in health service delivery at the hospital. When stage II of the redevelopment is completed, the hospital will be the largest tertiary facility in NSW and will include:

- 855 beds;

- 23 operating rooms;

- 60 intensive care beds;

- Major new Ambulatory Care Centre;

- An increase in Nuclear Medicine and Imaging capacity;

- An increase in Interventional Radiology;

- Dedicated palliative care beds;

- Sleep disorders and respiratory failure centre; and

- Diagnostic and treatment centre (SSWAHS Liverpool Website, 2010).

The Stage III redevelopment will see the hospital expand its capacity to 955 beds. The massive expansion will require a significant investment in additional labour to ensure that the expanded services can be delivered safely and effectively. In 2007/08 Liverpool Hospital had an average of 2,829 FTE staff made up of 1,276 FTE nurses (includes all nursing classifications) (Blenman, 2010). In 2009/10 as at May 2010, Liverpool Hospital had an average of 2,872 FTE made up of 1,262 FTE Nursing staff. As you will note, the Hospital actually decreased in nursing staff and increased in medical staff.

In 2011/12, in line with the increase in service delivery, the projected nurse staffing requirements of the hospital will significantly increase from 1,262 FTE in 2009/10 to approximately 1,896 FTE in 2011/12 (Blenman, 2010 and Wong, 2006a). This represents an

increase of approximately 33% but is dependent on NSW allocating recurrent operational funding for this stage.

Between 2008/09 to 2016, occupied bed days are expected to increase by 16% whilst Non-Acute Patient Occasions of Service (NAPOOS) are expected to increase by 12% (Wong, 2006b). By 2016, it is projected that nursing staffing requirements will increase to approximately 2,298 FTE, an increase of 45% in the nursing workforce from the 2009/10 baseline. Given the global workforce shortages noted earlier, it will be a challenge to recruit to all vacant nursing positions.

It should also be noted that the former SSWAHS (now South West Sydney Local Health District) had a number of strategies in place generally to attract people to work in the Area Health Service. This includes the promotion of career and job opportunities within local communities, schools and universities, Healthjobs website, NSW Health recruitment page and the SSWAHS recruitment website (SSWAHS, 2006). These existing strategies will not be further explored in this thesis.

A number of strategies for filling vacancies have been documented in the literature; however, they were devised and implemented from the national and state level (Productivity Commission, 2005 and IPART 2003). A summary of emerging strategies are outlined briefly below, however, this Chapter primarily focuses on proposed strategies to improve the attraction of nurses at the hospital level, and specifically for Liverpool Hospital due to its emerging staffing needs.

A number of initiatives have been implemented to increase the workforce from a State and National perspective. These include:

- Increases in the number of undergraduate and postgraduate university training places for health professionals;

- Other new workforce innovations have been implemented which has led to new types of health care workers such as healthcare assistants and nurse practitioners (KPMG, 2009)

- New models of service delivery including same day hospital procedures;

- Providing paid training for nurses to re-enter the workforce (the Nurse Reconnect Program).

However, there was limited empirical research found in relation to the successful recruitment/attraction of nurses to acute tertiary facilities. There was a scarcity of research which actually documented vacancy rates and quality of applications before and after recruitment initiatives were implemented. The most overwhelming evidence found in the topic area was in relation to the Magnet Hospital concept which was discussed in Chapter 2. As discussed in Chapter 1, there are a large number of qualified nurses not currently working in the profession, and Chapter 2 provided an overview of the factors that lead to dissatisfaction and ultimately an intent to leave their position or the profession altogether (Juravich, 2009). Thus, it is important to highlight why nurses intended to leave their current positions, so attraction strategies could be developed or existing strategies highlighted and better promoted to address some of these issues.

Factors Influencing the Attraction of Nurses

There is an abundance of research, which outlines that the attraction and retention of nurses can be best achieved where nurses are provided with a strong professional nursing environment resulting in a positive and engaging culture for nurses (Salmond et al., 2009). Demonstrated features of a strong nursing environment include the following features:

- Organisations providing opportunities for nurses to grow professionally by providing promotional opportunities;

- Demonstrated professional recognition and respect for nurses;

- Working in an autonomous environment (responsibility and related authority for the care of a group of patients) and freedom to provide quality health care;

- The emphasis and importance the organisation places on professional education and teaching;

- Positive perceptions of the image of nursing by all professional disciplines of the organisation;

- Participating in hospital decision making with fair remuneration (Buchan & Calman, 2004).

- Of particular importance is that the organisation places a focused effort and emphasis on the development of staff in improving the quality of nursing care. This includes in-servicing and continuing education and formal education.

Organisation related factors (external to the nurses' control) can be a key component in the attraction and retention of nurses.

The Attractor Strategies

A number of attractor strategies were marketed on the dedicated Liverpool Hospital designed to attract nurses to apply for positions. A subsequent analysis was undertaken to ascertain what factors motivated an applicant to apply for a position with the case Hospital. The study also sought to answer the question as to whether any of the specific attractor strategies marketed on the Liverpool Hospital website influenced the applicants' decision to apply for a job and how much did it influence?

The development of the website and the marketing of the attractor strategies could fall under the employer of choice status and in particular the employment marketing mix theory. Liverpool Hospital set out to achieve, that is, to make the Hospital an employer of choice for nursing staff through the launch of a number of strategies, the main being, to gain Magnet Hospital

accreditation. In embarking on this independent accreditation process, Liverpool Hospital would become the first public hospital in NSW, Australia and the third public hospital in the country to have achieved Magnet Hospital designation.

The marketing of the Liverpool Hospital attractor strategies were consistent with the literature and consistent with Promotion as part of the Employment Marketing Mix framework. As discussed throughout this paper, Liverpool Hospital made a concerted effort to promote some of its main EVPs on the Liverpool Hospital website and the Liverpool Hospital dedicated recruitment website. These EVPs were consistent with the evidence, about promoting the Hospital's values and culture framework, professional education opportunities, working towards Magnet recognition as a formal culture transformation process, and the brand new redeveloped facility (Kelly, 2011).

The following section describes the attractor strategies that were marketed on the dedicated Liverpool Hospital recruitment website. Given the amount of available and compelling evidence on the success of the Magnet Hospital concept and the fact that Liverpool Hospital was working towards Magnet status, it was fitting to use Magnet Hospital theory in the study. This provided a structured approach of framing the attraction strategies and putting into context the factors that motivate employees to apply for nursing positions within the case Hospital.

The Magnet Hospital framework was then used to test whether the solutions were successful in attracting nurses to work at the case Hospital. In this case it was studied at Liverpool Hospital, a large tertiary referral hospital, an exemplar of a hospital with recruitment difficulties which are exacerbated by the fact that the Hospital is undergoing a massive redevelopment which requires a significant investment in additional labour.

Magnet Hospital Accreditation

Magnet Hospital accreditation was discussed at length in Chapter 2. There is an abundance of research on Magnet Hospitals, which demonstrates that the recruitment and retention of nursing staff and optimum patient care can successfully be achieved and maintained where an organisation possesses the features of Magnet Hospitals (Vollers, Hill, Roberts, Ambaugh & Brenner, 2009).

Recruitment Attractor: The Liverpool Hospital is embarking on a Magnet Accreditation Program as one of its strategies to ensure that it can attract the required number of nursing staff as the capacity of the Hospital increases. Magnet Accreditation is a lengthy process. For the purposes of this research project, it was advertised on the Liverpool Hospital website that the Hospital was working towards Magnet accreditation.

Whilst the following attractor strategies are discussed and measured as standalone strategies in their own right, they are features of Magnet Hospitals.

Professional Education

Professional development is one of the essential forces of Magnetism, a key component in creating a positive work environment, increasing job satisfaction and is a proven success in recruiting staff. McClure & Hinshaw (2002) stated that the organisation's attention to professional development was an important characteristic of Magnet Hospitals. This included a focus on multiple facets of education, such as:

- Orientation;
- Continuing education;
- Formal educational support; and
- Career development.

It was concluded that "access to CPD is one of the most important factors influencing the job satisfaction and the recruitment and retention of qualified nurses" (Gould et al., 2000, p.13). The Magnet literature noted a number of factors together which increase the ability to recruit staff (including education); however, there is limited evidence available to support whether professional education opportunities for qualified nursing staff is an effective recruitment strategy (Contino, 2004). This research project has tested this concept.

The study by Gould et al. (2000) examined the professional education needs outlined by clinical nurse managers and aimed to identify the gaps in education required to perform the role competently and confidently. The study set out to identify a link between adequate professional development and job satisfaction of clinical nurse managers. Consistent with the Magnet literature, Gould identified that a lack of autonomy and poor communication were major factors in influencing nurses to leave their position suggesting that stress and inadequate support may be related to attrition (Gould, et al., 2000). As discussed earlier, increased job satisfaction leads to a decreased intention to leave a position.

The study used a mixed methodological approach, which included interviewing a random group of 15 clinical nurse managers to gather data on the activities performed by the clinical nurse manager on the ward. The themes arising out of the interviews were used to develop a survey, which was distributed to 197 clinical nurse managers across four Trusts in the National Health Service in the United Kingdom. The response rate was 65%. A list of 28 activities were developed and published in the survey for the clinical nurse managers to complete, which outlined the broad list of clinical nurse manager's duties on the ward. The clinical nurse managers were then asked to indicate the extent to which they were trained to complete those duties. The responses were used to get an understanding of the extent to which a clinical nurse manager was prepared for their role (Gould, et al., 2000). It should also be noted that the

responses were similar between the four Trusts who participated in the study and that there was no relationship found between socio-demographic factors and the levels of staff satisfaction.

It is acknowledged that there is limited research into the benefits of offering a wide range of professional education opportunities for staff as a means of attracting them to the organisation. However, the literature published in relation to Magnet Hospitals and the research papers noted above does provide some evidence that this area should be further explored and justifies the use of the SSWAHS Centre for Education and Workforce Development (CEWD) as one of the attractor strategies to be measured as part of this research paper (Adily & Ward, 2004).

The CEWD within SSWAHS offers a diverse range of clinical and non-clinical courses with the aim of ensuring that SSWAHS staff have the "knowledge, skills and attitudes to provide high quality services to our population" (Haramis, 2009). The CEWD is the primary delivery site for the NSW Health Registered Training Organisation (RTO) and offers an extensive range of Vocational Educational, Training Advisory Board (VETAB) accredited, nationally recognised, competency based courses and qualifications predominantly free of charge to SSWAHS staff (Haramis, 2009).

The extensive education programs offered to nursing staff fall within the following categories:
- Leadership and Management;
- Postgraduate Leadership and Management;
- Clinical Quality and Safety;
- Workplace and Administration Skills;
- Occupational Health and Safety; and
- Nursing Speciality Courses.

The areas of dissatisfaction linked to inadequate education in preparation for clinical leadership roles noted by Gould et al. (2000) earlier are all addressed by the nationally recognised courses provided by the CEWD.

An overview of the courses provided is listed in Appendix 1. All CEWD courses are VETAB accredited, and the majority of courses are provided at no cost to the employee. There was limited information available on the SWSLHD or Liverpool Hospital website to advise potential recruits of the extensive range of courses on offer to Liverpool Hospital staff. As part of this research, the full range of education opportunities provided by CEWD were marketed on the Liverpool Hospital dedicated recruitment website and measured separately to Magnet as an attractor for staff.

Recruitment Attractor: Within the Liverpool Hospital dedicated recruitment information webpage, all professional development opportunities offered were documented. This included a comprehensive outline of the courses that potential staff have access to should they choose to work at Liverpool Hospital.

Workplace Culture and Values in Attracting Staff

The Magnet literature indicated that a positive workplace culture was also effective in attracting and retaining staff, as a good, supportive workplace culture leads to greater job satisfaction (Spiers, 2007). There is limited evidence in support of advertising workplace culture as an attractor; however, there are some studies that indicate a positive correlation between culture, and recruitment and retention as noted in Chapter 2 by researchers including Mulcahy and Betts (2005), Marzlin, (2011), Naude and McCabe (2005), Stordeur et al. (2006) and Trevino and Nelson (2010). Some of these studies have shown that an improvement in nursing recruitment and retention can be achieved by engaging staff and embarking on culture change within the

unit (Marzlin, 2011). One study achieved zero nurse vacancies and a waiting list of applicants for nursing positions (Mulcahy & Betts, 2005).

As described earlier in the paper, it was identified by Naude and McCabe (2005) that ethics and values are a contributing factor for some employees when choosing to work and remain at a hospital. It was noted that some staff look for a hospital reflecting their own values, ethics and philosophy as important in selecting to work in the right hospital in line with their own value system (Trevino & Nelson, 2010

In 2009, following the Special Commission of Enquiry into NSW Health Services, Commissioner Garling recommended (recommendation 42, 43 a, b and c) NSW Health to embark on a workplace culture improvement program based on Just Culture Principles (Caring Together, Health Action Plan for NSW, 2009). Mr Michael Wallace, the then Chief Executive, SSWAHS, engaged a consultant (Mr Larry Marlow) in 2009 to undertake an intervention to address a culture of bullying and harassment. Rather than focusing on the negative aspects, the senior members of SSWAHS and Mr Marlow agreed that to achieve greater sustainability, an approach through redefining and re-building a strong organisational culture was required (Marlow and Stonham, 2009).

All staff were invited to attend workshops and were requested to identify the five most important values for the Hospital/service that they worked in and to develop behavioural descriptors for each value. It was agreed that SSWAHS would adopt the values that 10 or more groups in the study stated as being important to them. These are listed in Table 5.

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Table 5: SSWAHS Values

Value	Number of Groups Identifying Value as Important
Communication	25
Patient Centred Care	24
Respect	22
Accountability	19
Team Work	16
Innovation	10
Supporting and Valuing Staff	10

In May 2010, the values and associated descriptors were unanimously endorsed. It was agreed that the values would be applied across all education courses, listed as agenda items on department meetings and incorporated into all performance appraisals / performance management processes within all facilities. It was agreed that the values would be enforced using the relevant SSWAHS disciplinary and grievance policies and breaches of the SSWAHS values were to be treated similarly to breaches in the SSWAHS 'Code of Conduct'. This was designed to enforce compliance with the values.

The study had a number of limitations and was not designed as an empirical research study. Marlow and Stonham (2009) did not state the number of staff (sample/participants); however, approximately 37 groups participated comprising of 6-8 staff members in each group.

Recruitment Attractor: Within the Liverpool Hospital dedicated recruitment website, the values (and associated descriptors) were displayed so potential applicants were aware of the Liverpool

Hospital organisational values. All position descriptions within the online recruitment website list the Liverpool Hospital values also.

New Facilities and the Attraction of Staff

There was very limited research found to indicate that staff were attracted to work in new facilities. However, in consulting with various senior managers who have undergone major redevelopments within their facilities or area health services, there is anecdotal evidence that suggests the staff are attracted to work within new facilities (Wiskow, Albreht & de Pietro, 2010).

This attraction could be attributed to a number of factors, including brand new equipment and new amenities (e.g. a staff gymnasium, new retail outlets, childcare), new employment opportunities, or the chance to specialise and build a career in a new facility perhaps quicker than one might be able to in an established facility. There might also be an increase in staff satisfaction and morale when the capacity constraints of a facility are decreased (Chou, Boldy & Lee, 2003). For example, the Canterbury Hospital was a brand new building. The facility was an attractor for both staff and patients and there is no record of recruitment difficulties during the early stages of opening the new hospital.

As described earlier in this thesis, it was identified by Naude and McCabe (2005) that having adequate equipment available, a good physical environment and being well equipped with the latest equipment was a contributing factor for staff choosing to work at a particular hospital (North American Quitline Consortium, 2010). On the Liverpool Hospital recruitment website, there is a link to the Liverpool Hospital redevelopment webpage, which provides a comprehensive overview of the new Hospital, a video was also developed for the Liverpool Hospital recruitment website as part of this body of research which provides commentary and imagery - the aim being to educate prospective new staff on the new Liverpool Hospital.

<u>Attractor Strategy</u>: Within the SWSLHD recruitment website and the Liverpool Hospital dedicated recruitment information webpage, a video was developed which provided a comprehensive overview of the new hospital (with commentary from staff) of the new Hospital. The aim was to educate prospective new staff on the new Liverpool Hospital and this study measures whether providing prospective new staff with this information influences their decision to apply for a position at the Hospital and whether the new hospital will attract an increased number of staff to fill vacant positions.

Other features that were published on the Liverpool website to attract staff

There were a number of other factors briefly mentioned in the literature which have been shown to be contributing factors in the attraction and retention of staff. These have also been measured as part of the success of the attraction strategies at Liverpool Hospital and include:

- The Hospital being easily accessible from all over Sydney via multiple public transport access points as well as several motorways

- Employment Conditions including (Naude & McCabe, 2005)

    o salary packaging

    o access to generous study leave,

    o parking,

    o new gymnasium,

    o child care, etc.

For the purposes of the research, these variables will be considered as confounding variables as they are not specific attraction strategies being tested or measured but do need to be considered.

Recent research has focused on nursing job satisfaction, which is correlated with nurses' intention to leave (Larrabee et al., 2003). If attractors can be created or better advertised that

are known to increase nurses' job satisfaction, then one can argue that this can also be used as an effective attraction strategy for prospective new staff at Liverpool Hospital.

The literature identified several significant strategies that were deemed implementable by Liverpool Hospital that that have been demonstrated to be effective in the recruitment (and retention) of staff. These included:

- Marketing its workplace culture and values;

- Marketing Liverpool Hospital's access to Professional Education opportunities;

- Marketing the fact that Liverpool Hospital is working through Magnet Hospital accreditation;

- Marketing the brand new Liverpool Hospital with state of the art facilities.

Incorporated into one of the accreditation sub-scales for Magnet is a focus on continuing education and providing professional education opportunities for its staff (American Association of Colleges of Nursing, 2010). These were marketed separately and in addition to Magnet accreditation, Liverpool Hospital has marketed its diverse range of clinical and non-clinical nationally recognised qualifications available to all staff. As discussed throughout this thesis, there was some evidence which suggested that providing educational opportunities to develop skills and provide a continuous learning environment was a factor considered by many applicants when deciding whether to apply for a position at a hospital (Sachdeva, 2005).

Workplace culture and values had also been found to increase the attraction (and retention) of staff as it leads to greater job satisfaction. The former SSWAHS and Liverpool Hospital underwent an intervention to address a culture of bullying and harassment throughout NSW Health and as a result, developed a core set of positive workplace values that had been embedded into the organisation. Although, limited by evidence available in the literature, this was also tested as one of the recruitment attractors for nursing staff.

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Finally, this research assessed whether the new Liverpool Hospital redevelopment is an attractor. There was some evidence to suggest that having adequate equipment available, a good physical environment and being well equipped with the latest equipment was a contributing factor for staff deciding whether to work at a hospital. This also encompassed a marketing message of the opportunity to build and advance careers with a growing number of new opportunities that may become available in the largest hospital in the country.

The abovementioned attractor strategies were marketed on a dedicated Liverpool Hospital recruitment website from February 2011 and were subsequently tested for their effectiveness in influencing the dependent variables.

CHAPTER 4 – THE RESEARCH QUESTIONS

As with many hospitals across the country and internationally, Liverpool Hospital's challenges focus on:

- Its capacity to compete for and retain scarce talent against a backdrop of diminishing national workforce supply;

- A shrinking workforce due to an ageing population;

- Increasing demand for services;

- Declining participation in the workforce whilst in the midst of generational change; and

- Access to available pools of talent.

There is no single solution that has been demonstrated in the literature to increase the attractiveness and retention of nurses to hospitals. Previous research studies have shown that successful facilities implement a range of strategies and modifications to the organisation structure, working environment and culture to improve its attractiveness to staff.

This research has sought to determine what strategies are most successful in attracting staff to Liverpool Hospital so as to begin to determine whether the Hospital will be able to meet this significant recruitment challenge. This research has sought to expand current understanding in the area by addressing the following questions:

1. Within a finite nursing workforce, what attractor strategies does Liverpool Hospital have to meet its workforce needs and how are these operationalised?

2. What additional attractor strategies will Liverpool use to entice nurses to work in the expanded hospital and will this:

   i.   Increase the average number of nurses applying for positions; and

   ii. Reduce the number of unfilled positions?

3. What are the most important factors that motivated nurses to apply for a position at Liverpool Hospital?

There is a paucity of research that directly focuses on recruitment success, vacancy rates and other dependent variables that are measured in this study (Backes-Gellner & Tuor, 2010). This includes the number of applications for positions, the number of applications that meet the essential criteria for a position and the number of applications which meet the criteria and are placed on the eligibility list for a vacant position.

This research has determined whether the number of quality nursing applications can be increased based on an already limited health workforce and decrease vacancy rates. This included directly measuring and assessing whether the intervention:

- Increased the number of nursing applications;

- Increased the number of applicants offered an interview;

- Increased the number of applicants interviewed and the number offered a position on the eligibility list;

- Decreased the number of positions requiring readvertising as there were no appointable suitable applicants.

This study also sought to expand on current knowledge in the area by attempting to develop a greater understanding of what motivated applicants to apply for a position at Liverpool Hospital. Gathering this information together with data on the actual number of applicants applying for positions at Liverpool Hospital provides an indication as to whether the existing and new attractor strategies were effective in attracting staff to apply for vacant positions at Liverpool Hospital. The research may also be of value to other NSW and Australian Hospitals.

This research study is an important piece of management research. The expected utility of the research is the development of additional, and the validation of current initiatives for attracting an increased number of appropriately skilled and experienced nursing staff to work at Liverpool Hospital as the capacity of Liverpool Hospital increases through to the year 2016. This research gives the executive of Liverpool Hospital and SWSLHD an indication as to whether they will be able to fill an increasing number of available positions at Liverpool Hospital as the Hospital expands or whether additional strategies need to be developed and further research undertaken.

The research determines whether the attractor strategies identified in the literature, with demonstrated success in attracting staff, are successful locally in enticing nurses to apply for positions at Liverpool Hospital. As no previous studies have been conducted in the area, the project has contributed to knowledge in the area of human resource management recruitment strategies and provides the executive of Liverpool Hospital and SWSLHD with information regarding the success or otherwise of recruitment strategies at Liverpool Hospital and provided valuable additional information on the most prevalent motivators for applicants choosing to work at Liverpool Hospital.

CHAPTER 5 – METHODOLOGY

This chapter outlines the methodological framework adopted for answering the research questions posed in this thesis. It provides an overview of the research design, the study participants and explains how they were recruited for the study and the procedures followed to ensure maximum participation. The Chapter also explains the methods by which the researcher acquired information from respondents to assist in answering the research questions.

The chapter presents the study design and an explanation of the dependent variables that were collected to assist in determining whether the attractor strategies were successful in attracting staff to work at Liverpool Hospital. The Liverpool Hospital website and the Liverpool Hospital Recruitment website were used in this study to market the specific and non-specific attractor strategies to potential applicants to determine whether they were successful or were an influencing factor in applicants choosing to apply for a position at Liverpool Hospital. An overview is provided explaining how this was completed.

Research Design

The Website

The Liverpool Hospital Recruitment Website was designed to illustrate and market the specific attractor strategies that the literature indicates are successful in the attraction and retention of staff. As described in Chapter 3, providing information in relation to recruitment on hospital websites is an effective recruitment strategy for both internal and external applicants (Bingham et al., 2002, Gautam, 2005 & Medzilla, 2002). It was noted by Marr (2007) that nearly all job seekers use the internet to locate additional information specifically about the job and Gautam (2005) supported the idea that websites should publish organisational attributes including "organisational history, mission, culture, community information, career prospects and compensation and benefits" (p. 261).

As such it was determined that creating a specific recruitment website was required which linked in with the main Liverpool Hospital website. The researcher formed a working group to design the website influenced by the evidence in the literature which included industry experts such as the Director of Media and Communications (SSWAHS), Manager, Information Management and Technology Department (SSWAHS), General Manager of Liverpool Hospital and Associate Director of Clinical Operations (SSWAHS). Screen shots of the Liverpool Hospital Recruitment Website can be found at Appendix 2 of this thesis which illustrates the main layout of the site, and the attractor strategies page by page. The attractor strategies were published on the website together with other information noted above by Gautam (2005).

Whilst the evidence in the literature and the subsequent attractor strategies strongly influenced the content of the website, the design and layout of the website was influenced by the working group conducting an international search of various hospitals and other industry websites that were aesthetically pleasing to the user and simple to navigate.

The main Liverpool Hospital webpage was also updated and provided a link to both the dedicated Liverpool Hospital recruitment website and the hospital redevelopment webpage (one of the key attractors). This meant that the current study could look at the real time effect of the introduction of the new website and whether this influenced prospective applicants to apply for a position within Liverpool Hospital. The study design relied on whether applicants searched for additional information on the internet prior to applying for a position, and specifically whether they visited the Liverpool Hospital website.

The Liverpool Hospital website was updated and improved in late 2010 and the new dedicated Liverpool Hospital recruitment website was completed and launched in February 2011.

Data Collection

To answer the research questions, there were two parts to the data gathering, a pre and post data collection process and a survey questionnaire for nursing applicants.

<u>Pre and Post Data Collection</u>

The pre and post data collection involved collecting data on a range of variables prior to and following the launch of the Liverpool Hospital Recruitment website. This was completed to assess the effect of the introduction of the website. The data collection process was continuous, commencing in June 2010 and concluding in September 2011.

The pre and post data collection points were distinguished by the launch of the Liverpool Hospital Recruitment website in February 2011. Therefore any data collected prior to February 2011 was collated as pre-launch and data collected from February 2011 onwards was collated as post launch of the website. To assist in addressing the second research question of this thesis, *"What additional attractor strategies will Liverpool use to entice nurses to work in the expanded hospital and will this increase the average number of nurses applying for positions and reduce the number of unfilled positions?,* data was collected for the following dependent variables:

- Total number of advertised positions;

- Number of applications received for all nursing positions;

- Average number of applications per position;

- Average number of interviews per position (minus any withdrawals);

- Positions left unfilled after the recruitment exercise;

In addition to determining what factors most motivate nursing staff to apply for positions at a major tertiary hospital in Sydney, this research has sought to determine whether the number of quality nursing applications can be increased, and whether the vacancy rates can be

decreased. The following variables were used to contribute to the data required to answer the first question "*Within a finite nursing workforce, what attractor strategies does Liverpool Hospital have to meet its workforce needs and how are these operationalised*". This was completed by reviewing whether the hospital was able to:

- Increase the total number of applications received for all nursing positions;

- Increase the average number of applications per position;

- Increase the average number of interviews per position (minus any withdrawals);

- Decrease the percentage of positions left unfilled after the recruitment exercise.

Survey Questionnaire

In order to understand what issues and motivations were driving applications for nursing positions at Liverpool Hospital, applicants needed to be questioned? Indeed, how to question applicants required careful consideration. A number of approaches were considered; applicants could have been required to attend a meeting as part of the application process, and participate in a semi-structured interview. However, this would have presented informed consent and ethical issues and applicants would not have had the opportunity to respond anonymously. It would have also created an unmanageable amount of additional work when this process was unnecessary in the efficient processing of applicants. A questionnaire sent to all applicants, that they could either ignore or return anonymously resolved these issues. A questionnaire may lack the depth of information that is afforded by a semi-structured interview, but this possibility was off-set to some extent by the inclusion of open-ended (qualitative) questions. The questionnaire (Appendix 3) described in the Instrument and Measure section below was carefully designed to address all of the research questions, and thus included a range of question and response types – from typical Likert responses, to ordered responses, and on to open-ended questions. Each research question is catered for, as can be seen in the following section and the response rate insured a fair representation of nursing applicants.

The survey was developed and distributed to capture views and opinions on what attracted applicants to apply for a job at the case hospital (Appendix 3). It was designed to measure whether some or all of the attractor strategies were successful in attracting applicants to apply for a position at Liverpool Hospital, what other factors contributed to a nurse's decision to apply for a position and to ascertain what factors were the key motivators influencing people to apply for nursing positions at Liverpool Hospital.

To coincide with the launch of the website, and following ethics approval from both the University of Tasmania (UTAS) and the SSWAHS Ethics Committees, the survey was launched and data gathering from the SSWAHS Recruitment Unit continued simultaneously for the next seven months (to September 2011). It was envisaged that this would allow enough time for a meaningful comparison of the variables pre and post-implementation of the attractor strategies that were marketed on the website.

Instrument and Measure

The survey was designed to address all of the research questions, and thus included a range of question and response types – from typical Likert responses, to ordered responses, and open-ended questions. Each research question is covered by the questions in the survey and the response rate ensured a fair representation of nursing applicants. Given that there was limited literature available which directly asked the research questions as set out in this thesis, the researcher was limited to the extent that alternative studies influenced the development of the questionnaire developed in this thesis. However the most influencing bodies of work used in the development of the questionnaire was from Naude and McCabe (2005).

The survey questions were specifically designed around what attracted nurses to apply for a position, the Liverpool Hospital attraction strategies and other factors that may have motivated staff to apply for a position with Liverpool Hospital.

The survey instrument was split into three sections and asked a total of 47 questions:

1. Demographic questions

In this section gender and age was established, qualification levels, country of birth, experience, and the type of position being applied for. A range of questions were asked in this section to get an understanding of the diversity of applicants applying for a position with Liverpool Hospital. All of these initial questions gave the researcher an understanding of the demography of the sample and can potentially identify additional population groups to target in future studies. The questions provided the platform to gather valuable information on skill levels and whether these were attracted in sufficient supply, working habits such as the number of staff applying for full time or part time employment. Number of years in the nursing profession (experience) was also asked which provided some valuable information on the experience range of the applicants applying for positions which contributed to the data required on whether positions requiring varying levels of experience and skills in the organisation were filled.

Given the importance placed on the development of the website in the research, it was important to ask applicants how they became aware of the position and whether they looked for additional information after learning about the available position. If the applicant did search for additional information, the applicant was asked to indicate where they searched for that additional information. Applicants were also asked whether they were currently employed as a practicing nurse to determine whether the applicant was currently in the nursing workforce or whether they were attracted by Liverpool Hospital to return back to the nursing workforce.

2. Specific questions about motivation and the effectiveness of the attractor strategies in applying for a position.

Applicants were asked why they were leaving their current position to apply for a position at Liverpool Hospital as this would contribute to answering two research questions in relation to

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what motivated the applicant to leave their current position and what was the attractor that led the applicant to applying for a position with Liverpool Hospital. To determine whether the applicant may have seen the attractor on the Liverpool Hospital recruitment website the following question asked whether the applicant perused the website. This would provide some insight into whether the marketing of the attractor strategies onto the website was effective in attracting staff.

The next set of questions asked applicants directly about whether the attractor strategies influenced their decision to apply for a position with Liverpool Hospital. Using five point Likert scales, six questions required respondents to indicate their level of agreement with an attractor strategy influencing their decision to apply for a position, from "strongly agree" to "strongly disagree".

3. Other factors which may have influenced an applicant's decision to apply for a position together with the specific attractor strategies.

Whilst the applicant may have agreed that one of the specific attractor strategies influenced their decision to apply for a position, the next section of the survey included other factors which may have influenced an applicant's decision to apply for a position together with the specific attractor strategies. Similarly, using a five point Likert scale, fifteen questions required respondents to consider how much an attractor strategy or other motivating factor was considered important by the respondent before applying for a position. This ranged from "was not an issue at all", "was one of a number of considerations", through to "was the only issue that was important". The objective of this section was to ascertain how much a range of different motivators influenced their decision to apply for a position and to try and determine what the most important factor was for the applicant applying for a position with Liverpool Hospital. The five-point scale gave respondents the choice of not selecting any of the extreme response categories, which a four-point scaling system enforces.

To ensure that the most important factors for an applicant applying for a position with the case hospital were captured, or to capture additional information that was not previously asked, two open ended questions were also asked. The first was to ascertain what motivated the applicants to leave their current position. This was designed to look at motivation from two aspects. The first being what led the applicants to want to leave their current organisation and the second being what motivated the applicants to apply for a position with Liverpool Hospital rather than other hospitals. This was designed to contribute to answering the third research question. The second open ended question was to determine the top three reasons for the applicant applying for a position with Liverpool Hospital. This question was asked to ensure that all possible additional and applicable information regarding why an applicant applied for a position with Liverpool Hospital was captured. This was essential in answering research questions 1 and 2 and addressed a potential limitation in the study if only forced choice questions had been asked. Forced choice questions may be limited to the researcher's knowledge in the area.

Validity of the survey

Content and criterion validity were an issue in the development of the survey. Content validity was established (as far as it can ever be established) by developing a body of questions that tap every aspect of the domain - in this case, the possible attractors for nurses. The first part of this process is a thorough coverage as possible of the relevant literature on attractor strategies. This led to the development of a draft questionnaire that was shown to content experts to further expand the scope of items included and to ensure nothing was missed. In this thesis, the draft questionnaire was reviewed by the Chief Executive, Director of Clinical Operations, Director of Human Resources, Manager of the Recruitment Unit, General Manager Liverpool Hospital and the A/Professor Health Services Management.

The questions were framed to minimise bias (as per Schwarz, 1999) in accordance with Schaeffer & Presser (2003). Criterion validity is typically established by correlating the

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dependant variable/s with some exogenous behavioural criteria which manifestly represents the most unequivocal evidence that the dependant variable (though indirect) is fairly reflecting the actual construct being inferred by the research (Rosnow & Rosenthal, 2005). In this research, the ultimate criteria or evidence for attractors is the fact that nurses take the time to apply for a position. The most fundamental inclusion criteria for participants was therefore the very criteria by which this aspect of validity could be judged.

No latent variable (and associated sub-scales) were (nor were intended to be) developed. So the typical issues of convergent, discriminant and particularly construct validity were not relevant to this research – nor were any associated internal reliability estimates (e.g. Chronbach's alpha).

Procedure

The survey was distributed between February and September 2011 following the launch of the Liverpool Hospital recruitment website. All respondents were emailed an invitation to participate in the survey using the email address provided by applicants during the online application process. The invitation to participate included an "html link" to the online survey as well as an attached Portable Document Format (PDF) version of the survey to give respondents the option of completing the survey in hardcopy. Any surveys completed in hardcopy were to be forwarded to the SSWAHS Recruitment Unit along with any other application paperwork that may have been required. It should be noted that only one survey was received in hardcopy.

To maximise the response rate, all applicants were encouraged to complete the questionnaire within a week (but no later than two weeks) of applying for a position. Also, to increase the return rate, a follow up reminder email was sent between one or two weeks after the initial email.

An informed consent sheet as required through the Liverpool Hospital Research Ethics Committee was provided to all respondents on the front of the questionnaire, which advised respondents that the survey was designed to capture their views and opinions of what attracted them most to apply for a job at Liverpool Hospital. The questionnaire assured respondents that the responses provided were confidential and at no time would their responses influence their application for employment at Liverpool Hospital or SSWAHS (or as it was later to become known as - the new South West Sydney Local Health District). At no time were any of the survey responses provided to any staff at Liverpool Hospital.

The questionnaire provided the contact details of the Chief Investigator if respondents had any questions regarding the project, and participants were given the contact details of the Ethics Officer from the Human Research Ethics Committee (Western Zone) in the event that any respondents had any ethical concerns with the conduct of the research. The questionnaire also provided a brief description of the purpose of the project and the expected benefits so respondents could make an informed decision as to whether they wanted to assist in contributing to this area of research.

Method of Analysis

The data received from the online survey was automatically fed into a local SQL secure online database. The database was password protected and stored on the SSWAHS secure server and backed up every 24 hours. The one survey received in hardcopy was entered into the database. The data was then fed into the statistical program SPSS for analysis. The method of analysis was largely descriptive driven primarily to directly address the research questions. The scale of the data also drove the choice of categorical verses continuous estimates of both variability and central tendency. Most of the research questions were exploratory in nature, and appropriate statistics were applied.

A t-test was performed to demonstrate that there was no significant difference in the number of applications per position pre and post launch of the attractor strategies. Where only two conditions exist, there is little to distinguish the use of a t-test over an ANOVA (or vice versa). T-tests are regarded as being marginally more reliable with smaller samples (Rosnow & Rosenthal, 2005). As a post-hoc exercise, the equivalent ANOVAs were run, and the results were the same (including the relative estimate of effects sizes).

Data collected by the SSWAHS Recruitment Unit on the dependent variables (total number of advertised positions, number of applications received for all nursing positions, average number of applications per position, average number of interviews per position (minus any withdrawals), and positions left unfilled after the recruitment exercise) was collected by a Recruitment Unit Administrative Officer by extracting the information from the Mercury Online Recruitment System and transcribed into a Microsoft Excel spread sheet and then submitted to the researcher on a fortnightly basis for collation.

To facilitate analysis of the open-ended questions within the survey, a thematic analysis was undertaken to group the responses into assessable themes to determine which ones were the most influential in motivating respondents to apply for positions at Liverpool Hospital. To ensure the reliability of the themes created, an inter-rater reliability test was done which successfully validated the themes used. The analysis of the qualitative data was simply completed by using Microsoft Excel whereby the researcher created a number of themes from the nodes. The nodes were then grouped into the relevant theme as determined appropriate by the researcher. A separate list of the themes and nodes (ungrouped) were submitted to the A/Professor of Health Services Management, UTAS whereby he independently undertook the same analysis grouping the nodes with the relevant themes.

The steps employed in the thematic analysis were (Lee & Peterson, 1997):

a) To transcribe the responses to the questions into electronic text;

b) To identify individual quotes (nodes) that carried a single meaning in relation to their response. It was important that a node carried only one meaning, as allocating these nodes to themes would be impossible if they carried more than one meaning. This step also insured that:

- No response that was irrelevant to the question was included; and

- No response that was repetitious from a single respondent was used (so as not to artificially magnify the frequency of emergent themes.

c) To develop a set of themes which were clearly distinct from one another (so as to avoid confusion about where a node may be allocated.

d) To allocate the nodes to the themes.

e) To establish inter-rater reliability of the classification.

Potter & Levine-Donnerstein (1999) examined a number of approaches to establishing the reliability and replicability of qualitative results. To have ignored this issue would have left the research open to criticisms that the qualitative findings may be nothing more than an idiosyncratic interpretation of the data. Inter-rater reliability assessment was used to address this issue by establishing a concordance between the researcher's thematic classification of themes and the nodes belonging to each theme, and that of an independent rater. Having established this, the qualitative results are certainly replicable, but this of course does not mean this is the only replicable interpretation. The results of the inter-rater reliability tests are discussed further in Chapter 6 - Results.

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<u>Sample</u>

As stated earlier, the respondents in the study were applicants applying for nursing positions at Liverpool Hospital. A total of 480 surveys were distributed and 196 responses were received resulting in a response rate of 41%.

The issue of determining the ideal sample size is a convergence of the need for representativeness, obtaining sufficient variability for statistical results to be reliable (statistical power), and the logistics of recruiting the participants (Bartlett, Kotrlik & Higgins, 2001). In relation to representativeness of the sample, the sample size calculator provided by the National Statistical Service (http://www.nss.gov.au) was used. Given that all the nurses that applied for a position at Liverpool hospital were invited to take part in the survey, the population for that period was 480. The confidence level was set at the usual balance between mitigating type I and type II error (95% confidence); while the desired confidence interval for the derived results was set at +/- 1% accuracy; and the proportion of the population deemed to have the study attribute (in this case an opinion about what motivated them to apply) was deemed to be 99.9%. The resulting computation indicated an adequate sample would have been 36 respondents or more (assuming the sampling was random). In this regard, everyone was invited to take part. The second issue that influences the adequacy of the sample size is the issue of statistical power (Aberson, 2010). For this, Cohen's (1988) classic equation (in its a priori form) was applied in relation to each inferential test. This suggested a minimum reliable sample size of 128. Hence the actual sample of 196 respondents (or 41%) is deemed to be adequate from both a generalisability and reliability of result perspective. The characteristic of the sample are presented in Chapter 6.

The sample captured people applying for positions from the following nursing classifications:

- Registered Nurses (RN);

- Enrolled Nurses (EN);

- Endorsed Enrolled Nurses (EEN);

- Nurse Unit Managers (NUM);

- Nurse Managers;

- Nurse Educators;

- Clinical Nurse Consultants (CNC);

- Clinical Nurse Specialists (CNS);

- Assistant In Nursing (AIN).

Focus Group

Following a review of the research findings, the Chief Executive of the SLHD requested that a focus group be organised to discuss the findings and recommendations from this thesis and assess the feasibility of whether the recommendations could be implemented in the SLHD (Appendix 4).

When deciding on an appropriate methodology for the refinement of the recommendations that were to flow from this research, it was clear that industry content experts would be an ideal cohort. The only logistical difficulty of this was gaining sufficient time in their busy schedules. This could have involved a relatively brief questionnaire, but this may not have yielded the depth of responses required to critically evaluate the recommendations made. Another possibility was a brief semi-structured interview with each participant. While valuable from a quality of data perspective, this would have taken more time and precluded the possible synergy of a semi-structured focus group (Kitzinger, 1995). The focus group was thus considered the best methodological approach, and in the end, this reasoning was vindicated by the topic-focused dialogue that occurred between respondents.

Taking place in September 2012, the Focus Group was well represented by the relevant senior executive with content knowledge in the area and included the following:

1. Dr Teresa Anderson, Chief Executive, SLHD;

2. Ms Katharine Szitniak, Director of Nursing and Midwifery Services, SLHD;

3. Mr Mal McClelland, A/Director, Workforce and Human Resources, SLHD;

4. Ms Joanne Edwards, Director of Nursing and Midwifery Services, Royal Prince Alfred Hospital;

5. Ms Jackie Mills, Director of Human Resources, Royal Prince Alfred Hospital;

6. Ms Hayley Sciuriaga, Operational Nurse Manager, Canterbury Hospital;

7. Ms Alison Trotter, Director of Nursing, Balmain Hospital;

8. Ms Debbie Masters, Graduate Health Management Trainee working as Executive Officer to the Chief Executive, SLHD;

9. Ms Hannah Barrington, Graduate Health Management Trainee working as Executive Officer to the Director of Operations, SLHD.

The focus group was coordinated by the A/Professor Jeff Patrick, Health Services Management, University of Tasmania, and supported by the author of this thesis. The focus group discussion was recorded to ensure that all information was captured. Participants were advised that the session would be recorded and that they would be identified as respondents but any comments in relation to each of the recommendations would be de-identified. All participants consented to the results being utilised in the current research, though no individual comments were attributed to any individual participant. Signed consent forms can be found in Appendix 6 "Consent Forms for Focus Group".

Focus Group Procedure

The author of this thesis presented a brief overview of the research to date to orientate the participants to the topic. This information was also provided to participants prior to the Focus Group session.

From the ten recommendations/findings, the A/Professor of Health Services Management asked the participants of the focus group two main questions against each of these so as to stimulate discussion: "do you foresee any barriers to implementing this recommendation" and "how might this recommendation best be enacted"? In addition, a 'catch all' final question at the end of the focus group was asked to give the participants an opportunity to raise any comments or questions that the researchers did not ask that should have been considered in relation to recruitment strategies.

Similar to the technique used with the two open ended questions in the survey, a separate thematic analysis was completed for each of the ten recommendations to group similar responses in order to categorise, analyse and then determine which of the themes occurred most frequently. The findings and discussion arising from the focus group are discussed in Chapter 8.

CHAPTER 6 - RESULTS

This Chapter summarises the results gathered from the data collected from the questionnaires completed by the respondents and the dependent variable data collected throughout the study period. The results from the online survey were automatically uploaded into an excel spread-sheet to facilitate subsequent analysis. Data checking was undertaken. Duplicate entries were removed prior to transferring the information to the SPSS statistical package. No more than 5.17% of responses were missing from any one question.

Demographic Information

Of the survey respondents, 78.6% were women and 21.4% men. The age of respondents ranged from 19 to 61 with a mean age of 34 years. Tables 6 summarises the decade that applicants immigrated to Australia.

Table 6: Immigration (decade)

	Frequency	Percent
1960s	1	.9
1970s	4	3.5
1980s	14	12.2
1990s	10	8.7
2000s	52	45.2
2010s	34	29.6
Total	115	100.0

The survey respondents were culturally diverse, with responses from people from 34 different countries. More than 75% of applicants were born overseas. The most frequent six countries (accounting for 3% or more of respondents) were Australia 24.6%, India 22%, Philippines 11.3%, Fiji 6.1%, Nepal 3.6% and China 3.1%. These six countries accounted for 70.7% of the survey respondents.

For those respondents who were born overseas, many were new immigrants to Australia. The results demonstrated that of those born overseas, 45.2% migrated to Australia after the year 2000.

Applicants were asked to state their highest level of qualification attained. This varied across the respondents from 'up to and including Grade 10' to a Masters level qualification. No survey respondent had completed a PHD or Doctorate. For those respondents who answered 'other', responses included working towards a bachelor's degree, one respondent did not understand the question, one responded 'emergency', and another stated 'nursing college'. Table 7 shows the highest level of qualification attained.

Table 7: Highest level qualification attained

	Frequency	Percent
Up to and including Grade 10	2	1.1
Grade 12 (or equivalent)	3	1.6
Diploma/certificate from TAFE	47	25.1
Undergraduate Degree / post grad certificate	74	39.6
Honours Degree/Postgraduate Diploma	26	13.9
Masters	19	10.2
PHD / Doctorate	0	0
Other	16	8.6
Total	187	100

The positions that applicants were applying for during the sample period varied markedly across the organisation, ranging from Assistants in Nursing to the Hospital's Director of Nursing position. Table 8, below, illustrates the range of positions applied for and the frequency in which these classifications of positions were applied for during the sample period. The Registered Nurse classification was the most frequent position that respondents applied for, accounting for

more than 50% of the responses. Four respondents answered 'other' for this question and the responses included "Director of Nursing, midwife, stroke liaison nurse and undergrad".

Table 8: Classification of position

	Frequency	Percent
Assistant In Nursing / Health Care Ass	40	21.4
EN	4	2.1
EEN	9	4.8
RN	100	53.5
NE	4	2.1
CNS	2	1.1
CNC	10	5.3
NUM	7	3.7
NM	8	4.3
Other	3	1.6
Total	187	100.0
System	8	
Total	195	

Table 9 illustrates the applicants' nursing experience which varied considerably from a minimum of 0 (i.e. new to nursing) to a maximum of 35 years. The mean nursing experience was 8.80 years. It was found that 62% of respondents indicated that they were currently employed as a practicing nurse. Of those respondents, 58.62% of nurses had worked as nurses for 4 years or less.

Table 9: Years' experience in nursing

	Frequency	Percent
1 or less	37	31.9
2-4	31	26.7

5-9	27	23.3
10-14	7	6.0
15-19	3	2.6
20	5	4.3
Missing data	6	5.2

How did Applicants become aware of the position at Liverpool Hospital?

The respondents were asked a series of questions to try to ascertain how they became aware of the position, whether they searched for additional information and where they found this information.

Respondents were asked how they became aware of the position at Liverpool Hospital (more than one response was allowed for this question). As indicated in Table 10 below, more than 84% of the respondents found the position on the Internet, under either Healthjobs, the NSW Health website or the Liverpool website (although this latter website only accounted for 7.6% of the total). It should also be acknowledged that 10.5% were advised about the position via word of mouth, that is, the position was recommended by a staff member at Liverpool Hospital or the SWSLHN. Four respondents answered 'Other' to this question. Of those four, three stated that they heard about the position via a friend, for example by word of mouth. The fourth respondent stated that they were aware that the previous incumbent has resigned, as such; the respondent knew that the position was vacant. If this is added to the combined word of mouth figure above, a total of 11.67% of respondents heard about the position via word of mouth.

A total of 63.3% of respondents indicated that they searched the Liverpool Hospital Recruitment Website when looking for a nursing position and 8.2% of respondents indicated that they were recruited as part of an overseas initiative.

Table 10: How applicants became aware of the position at Liverpool Hospital

Source	Frequency	Percent
Internet (Health Jobs)	83	35.0
Internet (Liverpool Website)	18	7.6
Internet (NSW Health Website)	99	41.8
Professional Assoc or Other publication	2	.8
Newspaper Advertisement	1	.4
Position recommended by staff member of Liverpool	20	8.4
Position recommended by staff member of SWSLHN	5	2.1
University	4	1.7
Other	5	2.1
Total	237	100.0

Respondents were asked whether they searched for additional information after finding out about the vacancy and if so where did they look. The results indicated that 65.2% of respondents stated that they did search for additional information after finding the job, and of those, 73.8% indicated that they searched the Liverpool Hospital Website, 13.1% contacted the convenor, 8.5% contacted the Human Resources Department ,and 4.6% indicated that they searched other information sources.

For those that answered other (n=7), the sources stated were the CANR website, Career One, DoHA Website, from a friend, internet and spoke to other staff at Liverpool Hospital.

Analysis Addressing Research Questions

Section 2 and 3 of the survey sought to determine what the key motivators were for the applicants applying for a position at Liverpool Hospital and whether Liverpool's key attractor strategies (as well as other non-specific strategies) influenced their decision to apply for a

position at Liverpool Hospital. Table 11 below illustrates how much the attractor strategies influenced an applicants' decision to apply for a position at Liverpool Hospital.

Table 11: Participants level of agreement with whether the attractor influenced their decision to apply for a position at Liverpool Hospital

Factor	Percent				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Hospital working towards Magnet accreditation	32.6	39.0	20.3	4.8	3.2
Opportunity to work in a new hospital	39.6	39.6	12.3	7.0	1.6
New amenities in the new hospital	27.3	35.3	24.1	11.2	2.1
Career progression opportunities	43.9	40.1	9.6	4.8	1.6
The Hospital's values	37.4	41.7	16.0	2.7	2.1
Professional Development Opportunities	47.1	35.8	11.8	3.7	1.6

Applicants were asked whether the Hospital working towards Magnet accreditation influenced their decision to apply for a position. As illustrated in Table 11, 71.7% strongly agreed or agreed that Liverpool Hospital working towards Magnet status influenced their decision to apply for a position with the Hospital. Just 8% disagreed or strongly disagreed with this statement. The survey also asked respondents how they became aware of the attractor. In relation to Magnet, it was found that 41.8% of respondents saw Magnet advertised on the Liverpool Hospital recruitment website.

Participants were asked their level of agreement with the statement that the Liverpool Hospital re-development influenced their decision to apply for a position with the Hospital because of the opportunity to work in a brand new facility, which is well equipped, has a good physical environment and the latest equipment. As illustrated in Table 11, 79.1% strongly agreed or agreed with the statement and 8.6% disagreed or strongly disagreed while 12.3% remained neutral.

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Applicants were asked whether the new amenities that resulted from the redevelopment such as the staff gym, retail outlets, child-care and parking influenced their decision to apply for a position with the Hospital. As shown in Table 11, 62.6% strongly agreed or agreed with the statement and 13.3% disagreed or strongly disagreed while 24.1% remained neutral.

Respondents were asked their level of agreement with the statement that they were attracted to apply for a position with Liverpool Hospital because of the career progression opportunities that will become available as the Hospital undergoes a massive expansion. Referring to the results from Table 11, 84% strongly agreed or agreed with the statement. 6.4% either disagreed or strongly disagreed while 9.6% remained neutral.

Respondents were also asked whether the newly launched Liverpool Hospital values (Patient centred care, Open Communication, Respect for patients and each other, Accountability, Teamwork, Innovation and Supporting and Valuing Staff) were an influencing factor in their decision to apply for a position with the organisation. As noted from Table 11, 79.1% strongly agreed or agreed with the statement. Just 4.8% either disagreed or strongly disagreed while 16% remained neutral. When asked whether respondents saw the values on the Liverpool Hospital website, 59.4% advised that they did while 40.6% did not.

Respondents were asked their level of agreement with the statement, that the nationally recognised professional development opportunities (ranging from certificate level courses to Post-Graduate Masters courses) offered by Liverpool Hospital influenced their decision to apply for a position. The results indicated in Table 11 that 82.9% either strongly agreed or agreed with the statement. 5.3% either disagreed or strongly disagreed while 11.8% remained neutral. When asked whether respondents saw the Professional Development education opportunities on the Liverpool Hospital website, 55.1% said yes, while 44.9% did not.

Specific and Non-specific motivators or other factors which may have influenced an applicant to apply for a position at the case hospital

Whilst the first part of the questionnaire asked respondents to indicate how much they agreed with the various statements posed, the following section described here asked applicants to advise how much the attractor strategy actually influenced them in applying for a position with Liverpool Hospital. The options presented in a sliding scale ranged from 'was not an issue at all' to 'was the only issue that was important'. Applicants were asked to respond how much the statements in Table 12 influenced their decision to apply for a position with the Hospital.

Table 12: Attractors influencing a respondent's decision to apply for a position at Liverpool Hospital

Factor	Percent				
	Was not an issue at all	Was a minor consideration	Was one of a number of considerations	Was a major consideration	Was the only issue that was important
Close to home	39.6	14.4	29.4	15.0	1.6
The Hospital is convenient to travel to	36.4	15.0	31.0	17.1	0.5
Salary increase	44.9	20.3	26.7	7.5	0.5
Brand new Hospital with new equipment	31.6	11.8	41.7	14.4	0.5
Priority access to child care	69.5	6.4	15.0	8.6	0.5
Opportunities for professional development	7.5	7.5	34.2	49.7	1.1
Access to staff parking	34.8	17.6	30.5	16.6	0.5
Liverpool Hospital's values	12.3	11.2	37.4	37.4	1.6
Right job at the right time	8.6	8.1	33.3	45.7	4.3
Good opportunities for career advancement	7.0	5.4	29.6	51.6	6.5
Challenging work	9.7	5.9	41.9	37.6	4.8
Opportunity to use their abilities	2.2	3.2	29.6	59.1	5.9
Interesting work	3.8	4.8	30.6	55.9	4.8

Hospital being close to home	80.1	4.8	10.2	4.8

Respondents were asked how important the hospital being close to home influenced their decision to apply for a position. Table 12 demonstrated that more than half of the respondents (54%) said 'it was not an issue' or 'was just a minor consideration'. Almost one-third (29.4%) said 'it was one of a number of considerations' while 15% said 'it was a major consideration'.

Respondents were asked how important the travel to and from the hospital (including good public transport and close to bus stops and train stations) influenced their decision to apply for a position. As indicated in Table 12, more than half of the respondents (51.3%) said 'it was not an issue' or 'was just a minor consideration'. Almost one-third (31%) said 'it was one of a number of considerations' while 17.1% said 'it was a major consideration'.

Respondents were asked how important the position they applied for being a salary increase was an influencing factor in the respondent applying for a position with the Hospital. As illustrated from Table 12, 44.9% said 'it was not an issue at all' and a total of 65.2% said it was either 'not an issue at all' or 'was a minor consideration'. A total of 92% of the answers ranged from 'was not an issue all' to, 'it was one of a number of considerations'. Just 0.5% stated that a salary increase was 'the only issue that was important'.

Respondents were asked how important the brand new hospital with new equipment was an influencing factor in the respondent applying for a position with the Hospital. As noted in Table 12, almost one-third of the respondents (31.6%) said 'it was not an issue at all'. As illustrated in Table 12, the most frequent response to this question was that 'it was one of a number of considerations' accounting for 41.7% of the responses.

When asked how important having access to a child-care centre with priority placement influenced their decision to apply for a position with the hospital, 69.5% indicated that it 'was not

an issue at all' and 6.4% said it 'was a minor consideration. Table 12 illustrates the breakdown in greater detail.

Respondents were asked how important having good opportunities for professional development was an influencing factor in the respondent applying for a position with the Hospital. The results illustrated in Table 12 demonstrated that, almost half of the respondents (49.7%) felt that access to professional development opportunities 'was a major consideration' in applying for a position with the Hospital and 34.2% stated it was 'one of a number of considerations'. 83.9% stated that access to professional development opportunities 'was a major consideration' or 'one of a number of considerations' in apply for a position at Liverpool Hospital.

As noted earlier, Table 11 showed that 47.1% 'strongly agreed' that the professional development opportunities available influenced their decision to apply for a position with the organisation and 82.9% either 'agreed' or 'strongly agreed' the same. Whereas, Table 12 indicated how important it was in the context of other influencing factors when considering whether to apply for a position.

In relation to how important having access to staff parking either was to respondents, 52.4% replied that it was either 'not an issue at all' or was only a 'minor consideration' when considering an application for the position. One respondent advised that it was the only issue that was important.

Respondents were asked whether Liverpool Hospital's values were an influencing factor and how important this was to them in applying for a position within the Hospital. As Table 12 illustrated, 37.4% advised the Liverpool Hospital values were a major consideration when applying for the position and when combined, 74.8% advised that it was either 'one of a number of considerations' or 'was the only issue that was important'. Three respondents advised that it

was the only issue that was important. This is consistent with the results from Table 11 which demonstrated that 79.1% either 'agreed' or 'strongly agreed' that the Liverpool Hospital Value's influenced their decision to apply for a position with the case Hospital and Table 12 illustrated how important it was in the context of other influencing factors when considering to apply for a position.

Respondents were asked how important the position applied for was because it was the 'right job at the right time'. Table 12 indicated that 50% of the respondents stated that it was either a 'major consideration' (45.7%) or 'was the only issue that was important' (4.3%) while 16.7% stated that it was either 'not an issue at all' or 'was a minor consideration'.

Respondents were asked how important opportunities for career advancement were as an influencing factor when applying for a position at the case Hospital. As noted from Table 12, 58.1% stated that it was neither a 'major consideration' nor 'was the only issue that was important'. When 'was one of a number of considerations' was included the cumulative percentage increased to 87.7%. Table 11 demonstrated that 84% either Strongly Agreed or Agreed that the career progression opportunities that will become available as the Hospital undergoes a massive expansion influenced their decision to apply for a position. A cumulative 12.4% stated that it 'was not an issue at all' or 'was a minor consideration'.

Respondents were asked how important was the fact that the position was going to be challenging work. The results found in Table 12 demonstrated that 15.6% stated that it was 'not an issue at all' or 'was a minor consideration'. A cumulative total of 42.4% stated that it was neither a 'major consideration' nor 'was the only issue that was important'. In applying for the position, respondents were asked how important was the fact that the position would give the applicants an opportunity to use their abilities. Table 12 illustrated that 65% stated that being able to use their abilities was neither a 'major consideration' nor 'was the only issue that was

important'. When combined with 'was one of a number of considerations', the cumulative percentage increased to 94.6%.A cumulative 5.4% stated that it 'was not an issue at all' or 'was a minor consideration'.

In applying for the position, respondents were asked how important it was that, in their opinion, the position would be interesting work. Table 12 showed that 60.7% stated the work being interesting was neither a 'major consideration' nor 'was the only issue that was important'. When combined with 'was one of a number of considerations', the cumulative percentage increased to 91.3%.A cumulative 8.6% stated that it 'was not an issue at all' or 'was a minor consideration'.

Applicants were also asked to consider how important the hospital being close to schools for their children was in deciding to apply for a position with the Hospital. It was shown that a cumulative 84.9% said that this was neither 'not an issue at all' nor 'was a minor consideration'. Just 4.8% said it was a major consideration and nil applicants stated that it was the only issue that was important.

Tables 13 and 14 provide a summary of those items that respondents rated as being most influential to them in applying for a position, from most important to least important. As demonstrated in the tables below, the results remain similar when 'one of a number of considerations' is removed.

Table 13: Level of Importance combined by - was one of number of considerations, major consideration and was the only issue that was important

Ranking	Attractor	Percentage
1	Opportunity to use abilities	94.60%
2	Interesting work	91.30%
3	Career advancement opportunities as a result of the new hospital	87.70%

4	Professional development	85.00%
5	Challenging work	84.30%
6	Right job at the right time	83.30%
7	Hospital values	76.40%
8	Brand new hospital	56.60%
9	Convenient to travel to	48.10%
10	Access to parking	47.60%
11	Salary increase	34.70%
12	Access to Child care	24.10%
13	Close to home	15.00%

Table 14: Level of Importance combined by – was a major consideration and was the only issue that was important

Ranking	Attractor	Percentage
1	Opportunity to use abilities	65.00%
2	Interesting work	60.70%
3	Career advancement opportunities as a result of the new hospital	58.10%
4	Professional development	50.80%
5	Right job at the right time	50.00%
6	Challenging work	42.40%
7	Hospital values	39.00%
8	Convenient to travel to	17.60%
9	Access to parking	17.10%

10	Brand new hospital	14.90%	
11	Access to Child care	9.10%	
12	Salary increase	8.00%	
13	Close to home	4.80%	

Why applicants were planning to leave their current position

Section 2 of the survey also provided respondents with an opportunity to explain in their own terms why they were planning to leave their current position. A thematic analysis was undertaken to group similar responses in order to categorise, analyse and then determine which of the themes occurred most frequently as an influencing factor for the respondents deciding to leave their current position and apply for a position with the case Hospital. An inter-rater reliability test was undertaken for the thematic analysis. The result was 86% and so it was deemed that the themes used to group the nodes were reliable. Table 15 provides a summary of the results.

Table 15: Why applicants chose to leave their current position

Theme	Frequency	% of responses	Node examples
Career progression	25	22.32%	• Always been interested in specialising and particularly interested in the field advertised, so applied for the job when there was an opportunity • Further my career • Improved position, looking for the challenge • Upgrading myself • To better myself in the nursing field. I used to work in the BIU
Secure employment	17	15.18%	• Because I'm only employed as temporary with my current job and I want a long term permanent full time job • Because I'm working as casual, now I want a full time job
Location	13	11.61%	• It's close to home. good career opportunity • Travel distance and working hours • Want to relocate back to Western Sydney

			• Moving back to Australia after working in the UK
In need of a change	12	10.71%	• after 8 yrs I feel I need a change • change of work environment • I hate my current job. Have tried to make it work for past 3 years, it's not working
Current or previous positive experience working at the Hospital	11	9.82%	• I am working in Liverpool hospital • I did my AIN training with SWSAHS and did my practical training at Liverpool Hospital
Skills development	8	7.14%	• I need exposure to different conditions in order to broaden my knowledge and skills • I want to gain more knowledge, nursing skills and experiences, since Liverpool Hospital is one of the metropolitan in NSW, I believe I will able to learn many in here and utilize my nursing knowledge. • To learn and to expand my skills.
Desire to work in a tertiary Hospital setting	8	7.14%	• I currently work in a medical centre and I missed working in a hospital environment. • like to work in a hospital • Working in aged care. moving towards that area and also wants to work in hospital along with aged care • I wanted to work in the hospital setting because learning is limitless through different cases that you encounter each day.
Hospital expansion	6	5.36%	• Hospital is expanding it has lots of facilities different health departments and is located close to home • Liverpool Hospital is a fast developing hospital and I shall may have some opportunity become a NUM • Liverpool hospital is big and has new buildings with fully equipped. Good working environment.
Hospital reputation	5	4.46%	• Because this is a Reputed health care organisation as I am doing bachelor of Nursing in future I can get a chance to work as RN • I want to work in Liverpool hospital • Liverpool hospital is one of the best hospitals
Education opportunities	2	1.79%	• Professional Development and relocating to Western Sydney
Opportunity to use my abilities	2	1.79%	• I want to implement my theoretical knowledge into professional practice in the best way I can
Working Hours	2	1.79%	• I'd like to work in a job that didn't require me to work shift work
Pay increase	1	0.89%	• it is a clinical nurse consultant position which means an increase in pay rate
Total	112	100%	

Applicants' top 3 reasons for applying for a position with Liverpool Hospital

Section 3 of the survey provided respondents with an opportunity to explain in their own terms the top three reasons in order (one being the most significant) for why they applied for a position at the case Hospital. This was designed to gather additional information on motivating factors not already covered in the survey and to validate some of the assumptions made by the researcher. Assumptions is referring here to the range of attraction and motivating factors for applicants choosing to leave their current position and apply for a position with a different organisation as cited in the literature. This was an additional contingency plan to give the respondents an opportunity to state in their own terms other factors which may have led them to apply for a position rather than relying on the various options throughout the questionnaire which may have limited the results.   A thematic analysis was undertaken to group similar responses in order to categorise, analyse and then determine which of the themes occurred most frequent as an influencing factor for the respondents choosing to apply for a position with the case Hospital. In addition to frequency, a score was applied to each of the respondents' responses. A score of three was applied to the most important factor influencing an applicant to apply for a position, a score of two was applied to the second most important factor and a score of one was applied to the third most important reason for the respondent applying for a position within Liverpool Hospital. Therefore, when these scores are totalled the higher score indicates that respondents rated this theme as more important than other themes. The average score per rating indicates the average importance score but as you will note from Table 13, a higher average score does not always translate to a higher overall score. The higher average score may indicate that fewer people scored that particular theme, however, those that did, scored it as more important in comparison to other themes.

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An inter-rater reliability test was undertaken for the thematic analysis. The result was 85% which meant that the themes used to group the nodes was valid and reliable. Table 13 illustrates a summary of the findings.

Table 16: Most frequent motivators for applicants applying for a job at the case hospital

Theme	Frequency	% of responses	Score	Avg Score	Node examples
Career progression	95	18.34%	207	2.18	• Career pathway • It has the opportunity for career advancement • Liverpool hospital has got good career opportunities
Education opportunities	63	12.16%	123	1.95	• Career development opportunities (e.g. postgraduate certificate courses) • Good opportunities for professional development courses • Liverpool Hospital provides a great professional development programs for their staff
Location	53	10.23%	101	1.91	• Liverpool hospital is close to my home • Convenient to travel to, accessibility • cheaper area to live in
Challenging and/or interesting work	52	10.04%	100	1.92	• Challenging role • It will be interesting work • Enjoy challenge
Opportunity to use my abilities	41	7.92%	95	2.32	• Better opportunity to use my abilities • I would like to work in critical care area where I can use my skills effectively
Hospital reputation	43	8.30%	78	1.81	• It is a big and a well renowned hospital • Good working environment • Reputed and big organisation
Liverpool Hospital Values	25	4.83%	58	2.32	• Respect of own values and beliefs • values of the Hospital
Right job at the right time	24	4.63%	53	2.21	• Right job at the right time • There was an opening in a specialty area that I want to pursue
Current or previous positive	24	4.63%	46	1.92	• Already work here and love working with other committed

					staff
experience working at Liverpool Hospital					• I have done placements in Liverpool hospital and I really liked the working environment
Hospital expansion	25	4.83%	44	1.76	• Liverpool hospital is an expanding hospital • It's a brand new facility, big hospital and more opportunities
Skills development	18	3.47%	44	2.44	• To help me sharpen my skills so that I can remain knowledgeable nurse • Further my nursing skills
Desire to work in a tertiary hospital	13	2.51%	28	2.15	• To gain hospital experience for undergraduate study • Liverpool is a larger tertiary hospital
Pay increase	10	1.93%	17	1.70	• Increase of income • Good Salary
Working hours	7	1.35%	16	2.29	• I wanted a part-time job • I wanted a job that wasn't shift work
In need of a change	7	1.35%	14	2.00	• I am ready for a change in direction within my nursing career and I feel that I will be able to consolidate my post graduate studies by moving in the area of nursing unit management. • Looking for a new job
Secure employment	6	1.16%	13	2.17	• I need a full time job to plan my life
Good amenities	6	1.16%	10	1.67	• Good infrastructure • Child care facilities are important to me • Facilities and support for the staff
Transport accessibility	4	0.77%	6	1.50	• Available public transport
Magnet accreditation	2	0.39%	2	1.00	• State of the art facility and working to Magnet status
TOTAL	518				

With the two thematic analyses illustrated at Tables15 and 16, an inter-rater reliability test was undertaken for both. The result was 86% and 85% respectively which meant that the themes used to group the nodes were reliable. Within the thematic analysis, if respondents said the same thing more than once, it was removed, and if respondents did not list their top three reasons, only one score was applied allocating points in the sequence that they responded. For example, if a respondent gave one response only, a score of three would be applied.

As outlined in the Methodology Chapter 4, to determine whether the Hospital's attractor strategies were successful, data was collected for the following variables between June 2010 and September 2011:

- Total number of advertised positions;

- Total applications received per position;

- Number of applicants interviewed per position;

- Number of successful applicants;

- Positions left unfilled after the recruitment exercise.

Table 17 documents the dependent variables gathered pre- and post-launch of the Liverpool Hospital Recruitment Website. As indicated the Table, the percentage of positions left unfilled after the recruitment exercise decreased from 41.57% to 32.86%. While this is a marked difference, no inferential test could rule out a Type I error as these were just two aggregate numbers (Pre and Post) being compared.

Table 17: Dependent Variables pre and post launch of attractor strategies

	Date	Number of positions advertised	Total Applications	Interviewed	Successful	Average applications per position	Average Interviews per position	% of positions left unfilled
Prior to the launch of	Jun 2010 - Feb 2011	178	780	308	104	4.44 (3.85 StdDev)	1.68	41.57%

attractor strategies								
After the launch of the attractor strategies	Mar 2011 - Sep 11	140	683	229	94	4.49 (4.17 StdDev)	1.53	32.86%

A t-test was performed to demonstrate that there was no significant difference in the number of applications per position pre and post launch of the attractor strategies. Applications per Position did not change (t (261)=-.11, n.s.); and neither did Interviews per Position (t (261)=.44, n.s.).

CHAPTER 7 - DISCUSSION

Introduction

As described throughout this thesis, there are critical nursing workforce shortages that exist globally, in Australia and more specifically in New South Wales (KPMG, 2009; Buchan & Calman, 2004; Kingma, 2007; Productivity Commission, 2005). It is widely acknowledged in the literature that Australia's Public hospitals are facing many challenges including staffing their growing facilities (Duffield & O'Brien-Pallas, 2002; KPMG, 2009; Productivity Commission, 2005). This research has focused on one of Australia's largest hospital located in Liverpool in western Sydney.

The recruitment challenges are further exacerbated by the fact that the Hospital is undergoing a massive expansion that will require significant investment in additional labour over the next three to five years to ensure that the expanded services can be delivered safely and effectively. The challenge is within a finite nursing workforce and a national and international nursing workforce shortage, does Liverpool hospital have the attractors it needs to meet its workforce needs?

This discussion chapter reviews the effectiveness of some of those existing recruitment strategies, non-specific strategies and the newly introduced strategies for filling vacant nursing positions. Perhaps more importantly in the development of future additional recruitment strategies, this section will also discuss those factors which most motivated staff to apply for positions and also what factors motivated staff to potentially leave their current position. The discussion section will also talk about the results in the context of the theories presented and the information described in the literature review of this thesis.

This chapter discusses some of the key results associated with those specific attractor strategies developed as part of this research study, which are: Magnet Hospital accreditation, marketing Liverpool Hospital's access to Professional Education opportunities, marketing its workplace culture and values and marketing the brand new hospital as an attractor

Detailed Discussion of the Research Findings

As discussed in Chapter 1 of this thesis, it is important to understand what attraction strategies were most successful in attracting staff and whether the development of additional attraction strategies is required to staff the expanding Liverpool Hospital.

This thesis aimed to determine which strategies were most successful in attracting staff to Liverpool Hospital so as to begin to determine whether the Hospital will be able to meet its recruitment challenges. This study sought to determine:

- Within a finite nursing workforce, what attractor strategies does Liverpool Hospital have to meet its workforce needs and how are these operationalised?

- What additional attractor strategies will Liverpool use to entice nurses to work in the expanded hospital and will this:
    - o Increase the average number of nurses applying for positions; and
    - o Reduce the number of unfilled positions?

- What are the most important factors that motivated nurses to apply for a position at Liverpool Hospital?

- Can the findings from this research be implemented in other hospitals in Sydney?

The degree to which the evidence presented in the results can satisfy these questions will be discussed in turn after a closer look at the demographics of the sample that could influence the interpretation.

Demographics

There were proportionally more men who responded to the survey than suggested by nursing workforce data. This is a relatively high response rate for men as a proportion of their total participation in the workforce. As outlined by the Australian Institute of Health and Welfare (AIHW) in 2011, males comprised just 9.6% of employed nurses nationwide in 2009. Although this might suggest that more men during the data gathering were applying for positions at the Hospital, the result may also be attributable to more men willing to complete the survey or perhaps more men entering the nursing workforce. The proportion of men living in the Liverpool/Fairfield Local Government Area (LGA) is approximately 49.8% of the local population making it a relatively even distribution of men in the local area (Australian Bureau of Statistics, 2011). As such, there was a higher than expected ratio of male respondents to the survey.

More than 75% of the applicants were born overseas. This is higher than the local population according to the Australian Bureau of Statistics, which indicated that 48.6% of the local population were born overseas and 60.7% of households spoke a language other than English at home (ABS, 2011). The most frequent six countries of origin in the survey were Australia (24.6%), India (22%), Philippines (11.3%), Fiji (6.1%), Nepal (3.6%) and China (3.1%), which collectively accounted for 70.7% of the survey respondents. This demonstrated that there was a higher rate of respondents born overseas participating in the occupation of nursing compared to those born in Australia. According to the Australian Bureau of Statistics census, of those living in Australia and born overseas,15% were from south-east Asia, 9.8% were born in either Southern and Eastern Europe and 8.6% were born in North Africa and the Middle East.

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Further, a high proportion of the respondents were new immigrants to Australia, which might explain why a higher proportion were born overseas compared to the LGA average. As illustrated in Table 6, 74.8% of applicants migrated to Australia after the millennium and of this; approximately 30% migrated in the year 2010 or greater indicating that the respondents were very new to the country. A possible explanation for this is overseas trained nurses looking for full-time employment which they cannot find in their home country or the working conditions offered in Australia are superior to their country of origin. Whilst this thesis does not discuss the impact of the Global Financial Crisis (GFC), struggling economies overseas resulting in large spending cuts might also account for the higher proportion of new immigrants applying for nursing positions in Australia (Docteur & Organisation for Economic Co-Operation & Development, 2004).

It was not surprising to find that 40% of applicants had a Bachelor degree, as this is now one of the most common pathways into the profession of nursing. 53.5% of the respondents indicated that they applied for a Registered Nurse (RN) position. This is consistent with the data collected as part of the pre and post launch of the website analysis where 51% of the total actual positions advertised were RN positions. However, when compared to the actual level of qualification attained, it appears that only approximately 40% would have met the basic criteria for the position based on qualifications alone. However, there are still a number of people progressing into the field of nursing by obtaining TAFE qualifications or equivalent (Elliott, 2010). In this study, about a quarter of respondents had this qualification. RNs make up approximately 80% of the nursing workforce at the hospital so the fact that 51% of the positions advertised were classified as RNs was not surprising. These results are consistent when compared to the types of positions applied for as part of the study. 6.9% of respondents indicated that they were applying for an EEN or EN position, which would require a TAFE level

qualification. The actual Enrolled Nurse (EN) / Endorsed Enrolled Nurse (EEN) positions advertised during the study period were 10.8%.

More than 60% of the positions advertised were at the RN level or below. This is consistent with the level of experience described in Table 9 as approximately 32% had less than 1 year experience and a total of approximately 59% had less than 4 years' experience which is relatively inexperienced in the field of nursing. This would be expected as a number of applicants may be new graduates aspiring to get into the field of nursing or had only recently graduated in the last few years.

The Liverpool Hospital attractor strategies and their effectiveness in attracting staff to work at Liverpool Hospital

<u>E-recruitment</u>

The survey results validated the use of e-recruitment or online advertising as an effective tool in informing applicants about positions vacant. The majority of respondents (84.4%) found the job they were applying for online through Healthjobs (35%), the Liverpool Hospital website (7.6%) or the NSW Health website (41.8%). The literature supports this finding. Medzilla (2002) found that 91% of respondents accessed available positions through internet postings, and the literature review by Feldman and Klaas (2002) found that 40% of the respondents found professional networking was the most helpful strategy, with searching the internet ranking second with 29%. Similarly, the study by Marr (2007) indicated the internet as the preferred form of accessing job openings due to the ease of access to information in comparison to other media from both the organisational and applicant perspectives.

The research conducted by Medzilla (2002), which found that respondents indicated the most effective method of recruiting staff was via the hospital homepage, was not consistent with the findings in this research. As discussed, applicants searching the Liverpool Hospital webpage for

a position ranked fourth. Similarly, Feldman and Klaas (2002) and Medzilla (2002) both found that job seekers searching newspapers was one of the most common sources for job searching among professionals and managers. This also was not consistent with the findings in this thesis. As noted in Table 10, only one respondent (0.4%) advised that they searched the newspaper for a position. The evidence in the literature varied in relation to job seekers searching professional journals, magazines and billboards. Medzilla (2002) found that this was the least effective strategy whereas Feldman and Klaas' (2002) literature review found that professional journals and associations were one of the most effective recruitment strategies. In this study, just two respondents indicated that they sourced the job from a professional journal or association, indicating that this marketing strategy was not effective in this study.

There were 10.5% of respondents who indicated that they heard about the position through word of mouth (i.e. the position was recommended to them). This occurred more frequently than applicants searching the Liverpool website and is supported by the Feldman and Klaas (2002) study where 40% of the respondents found that professional networking was the most helpful strategy.

The strategies that were shown to be ineffective in this research but more effective in others may be because health job seekers in NSW Health are more aware that job postings are generally placed on Healthjobs or the NSW Health internet site. The results of this study do support the literature that the use of the internet as a tool is the most effective form of job advertising and the information clearly reached the target market in this research paper. Given the fact that applicants prefer the internet as the tool for searching job vacancies, this research does provide some evidence that other similar organisations should be using the internet for advertising positions vacant (Ricketts & Ricketts, 2010).

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The research findings demonstrated that the vast majority of applicants accessed the internet to seek out available positions. This provided new evidence that organisations should be using this medium as an advertising tool if they wish to remain competitive and attract new recruits in sufficient numbers. Whilst it is acknowledged that most organisations would be using the internet in some form or another to advertise positions, organisations wishing to remain competitive will need to broaden out these strategies (Rosato, 2011). In addition to simply posting positions vacant on the internet, the use of the internet as an effective marketing and advertising tool is an effective strategy which could be attributed to the fact that Generation X and Y have grown up utilising computer technology, which has rapidly grown over the past two decades and is likely to keep growing. The use of the internet, email, social networking sites and Twitter is now common use amongst Generation X and Y. In many cases, this is the preferred form of education and communication. Generation X are those people born between 1965 and 1980 and Generation Y's were born between 1981 and 2000 (Sherrod, 2007). This is largely consistent with the age profile of respondents in this research study. The age range was between 19 and 61 years with a mean age of 34.17 years. It was found that 154 (or 85%) of the respondents fell into either the Generation X or Y categories which supports the findings in this study that Generations X and Y are likely to search for information using the internet. As such, marketing has progressively moved towards this type of advertising with good results.

With a finite amount of resources available for marketing and advertising, additional strategies could be developed by similar organisations to better market positions on the internet and perhaps forego some of the more traditional out-dated strategies such as newspaper advertisements and journals, which tend to be very expensive and incur further costs when readvertising is required. With the increasing use of social media as a communication tool, organisations may wish to consider using this method as a strategy for reaching their target market (Brogan, 2010).

The use of internet recruitment sites has become the norm, and as such organisations will need to be more creative and invest in other areas to attract applicants once they have identified a potential position (Davis et al., 2009). This may include the enhancement of their organisation's internet site and the use of social media.

The Liverpool Hospital website and the Liverpool Hospital Recruitment website were used in this study to market the specific and non-specific attractor strategies to potential applicants to determine whether they were successful or were an influencing factor in applicants choosing to apply for a position at Liverpool Hospital. Firstly, before considering whether the specific or non-specific attraction strategies were an influencing factor in applicants applying for a position with the Hospital, it was important to determine whether respondents actually searched for additional information on either the Liverpool Hospital website or specifically the Liverpool Hospital recruitment website where the attraction strategies were marketed. The results indicated that 62.6% said that they searched for more information after finding the job and of those, 73.8% searched the Liverpool Hospital website, and 61% searched the Liverpool Hospital dedicated recruitment website.

The majority of respondents in the study took the time to peruse the specific websites to find out more information about the organisation prior to submitting an application. This study supports and contributes to the evidence in the literature and demonstrates that it is important for organisations to invest in a website that provides information to prospective applicants (Cober, Brown, Blumental, Doverspike & Levy, 2000). As Marr (2007) stated, nearly all job seekers use the internet to locate additional information specifically about the job and/or information relevant to the organisation. The evidence found in this research study supported the views of Marr (2007), Dineen, Noe and Ash (2002), and Chyna (2001), that providing information about the organisation that is perceived by prospective applicants as being personally and positively relevant to them may assist in their assessment of being suited to a job and to the organisation.

This may ultimately lead the prospective applicants to apply for positions within the organisation. Similarly, Bingham et al. (2002, p. 61) noted that websites provide a good "first impression" for prospective applicants, which may influence someone's intention to pursue the position.

This thesis has demonstrated that it is highly important to develop a website that provides useful information to potential applicants so that they can make an informed decision as to whether there is a perceived match between the applicants' expectations and what the organisation is structured to deliver. For example, does the organisation's marketed attributes align with the applicants expectations of the organisation? Does the organisation look as though it will be in a position to provide a positive work environment that will lead to a positive work experience?

Specific attractor strategies

The previous section of the discussion outlined that the results of this research supported the literature that a website is effective in providing additional information to potential applicants. The next part of the discussion focuses on what information was most important to applicants and influenced them to apply for a position with the case hospital. These specific and non-specific attraction strategies were marketed on the Liverpool Hospital recruitment website with varying results.

The results of the study demonstrated that 41.8% of respondents saw Magnet advertised on the Liverpool Hospital recruitment website, 59.4% saw the values and 55.1% saw the Professional Development education opportunities advertised on the Liverpool Hospital website. These results are consistent with the other data gathered which showed that 61% of respondents searched the Liverpool Hospital recruitment website where these attractor strategies were placed. Therefore, the study was able to determine that a significant number of potential applicants did see some of the specific attractor strategies marketed on the website. This is consistent with the literature, which supports the idea that websites should publish

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organisational attributes and features as it gives prospective applicants an inside view into the organisation and is potentially a marketing advantage (Evans, Glover, Guerrier & Wilson, 2007). However, to assist in answering some of the questions that this thesis poses, it was critical to determine whether the attractor strategies and other non-specific attractors were effective in influencing a respondent to apply for a position. If so, how much did it influence an applicant's decision to apply, that is, how important was it that the organisation possessed that particular attribute?

Magnet Hospitals

There was an abundance of literature on Magnet Hospitals, which demonstrated that the recruitment and retention of nursing staff and optimum patient care could successfully be achieved and maintained where an organisation possessed Magnet characteristics or is Magnet accredited (Gullatte & Jirasakhiran, 2005). Given that the case Hospital was working towards Magnet accreditation, it was relevant to test whether this influenced respondents to apply for a position with the organisation and how significant was the influence. Even though much of the literature claimed that Magnet accredited facilities were successful in increasing the attraction of staff to a facility, there was a paucity of research that directly measured the success of recruitment initiatives or research that directly determined whether applicants applied for a position with a hospital because it was Magnet accredited (or vying for Magnet accreditation). In addition, there was limited discussion in relation to recruitment efforts once Magnet accreditation was achieved. Most of the literature centred on retention rates and mainly used turnover as a success factor in determining whether Magnet accredited facilities were more successful in attracting and retaining a full complement of professional nurses (McClure, 2005).

This study has contributed to the empirical evidence on this subject matter by determining whether the facility working towards Magnet accreditation influenced an applicant's decision to apply for a position with the case hospital. As discussed in Chapter 6, the results from this study

demonstrated that 71.7% strongly agreed or agreed that Liverpool Hospital working towards Magnet status influenced their decision to apply for a position with the Hospital and just 8% either disagreed or strongly disagreed with this statement. The findings from Huerta (2003), and Havens and Aiken (1999) were consistent with these findings. Similar to this study, they noted that using the Magnet logo during recruitment campaigns or marketing was effective in recruiting staff.

However, applicants were also asked, in an open-ended question format, what were the top three reasons for applying for a job at the case hospital? The results were then thematically analysed and are presented in Table 16. The results demonstrate that just two respondents stated that one of their top three reasons for applying for a position with Liverpool Hospital was because the Hospital was working towards Magnet accreditation. Magnet accreditation scored a total score of 2 and an average score of 1, ranking it last out of 19 listed themes

As discussed, there was limited empirical evidence on whether the marketing of Magnet accreditation would be effective in attracting staff to an organisation. The findings from this research paper did not support the limited evidence available on the topic and found that whilst almost three quarters of respondents generally agreed with the statement that it might have influenced their decision to apply for a position with Liverpool Hospital, it did not feature in the top three motivators for submitting an application. As such, it can be concluded that whilst almost three quarters of applicants agreed that the Hospital working towards Magnet status influenced their decision to apply, the influencing factor was so small that the vast majority of applicants would have applied for a position regardless of the hospital pursuing Magnet accreditation or not. This relates to the organisation's pursuit of Magnet accreditation as recognition of excellence and as such applicants may have been forming a view purely on the badge of recognition (The Joint Commission Accreditation, 2009).

There is ample research (Armstrong, 2005; Brady-Schwartz, 2005; Buchan & Aiken, 2008; Hinshaw, 2002; Joyce & Crookes, 2008; Kramer, 1990) on the Magnet Hospitals and their effectiveness in reducing vacancy rates and turnover; however, these are more reflective of retention effectiveness. There is a scarcity of research on the ability to attract staff and this research has contributed to knowledge in this area. Whilst the literature talks about recruitment and retention together, they are quite different and require different strategies. The literature frequently linked job satisfaction with the attraction and retention of staff, however the empirical evidence more closely links job satisfaction with retention (and job dissatisfaction with intention to leave) rather than the attraction of staff even though they are frequently grouped together (e.g. AFSCME, No Date; Brady-Schwartz, 2005; Upinieks, 2002).

It may be beneficial to undertake further study of current employees to test whether the facility working towards Magnet accreditation and the changes that have been made to the professional environment in preparation for this is a major influencing factor in nursing staff remaining with the organisation. This is further explored in Chapter 8 in the Implications for Future Research section. Whilst the evidence from this study found that the Magnet accreditation process was not an attractor in itself, the key features that comprise Magnet Hospitals were used in the development of other attractor strategies with more success, as noted in subsequent sections of this discussion. Magnet provided a structured approach for framing the attraction strategies and putting into context the factors that motivate employees to apply for nursing positions.

The new Liverpool Hospital as an attractor

There was a lack of empirical evidence found in the literature to indicate that staff were attracted to work in new facilities; however with Liverpool Hospital undergoing a major expansion, there was an opportunity to potentially contribute to the literature in this area. The results from the survey indicated that 79.1% either strongly agreed or agreed that the opportunity to work in a

new hospital influenced their decision to apply for a position with the Hospital, and 62.6% either strongly agreed or agreed that the new amenities (gym, retail outlets and parking) influenced their decision to apply. In this instance, the results indicated that the new Hospital was important to applicants applying for a position with the Hospital. It was important to get an understanding of how important the new hospital was to applicants in influencing their decision to apply for a position with the case hospital. The results showed that 56.6% said it was one of a number of considerations, was a major consideration or was the only issue that was important when considering an application. The brand new hospital as an attractor ranked eighth in terms of the amount of influence it had over applicants choosing to apply for a position. Further, when applicants were asked to rate their top three reasons for applying for a position with the case Hospital, the results of the thematic analysis indicated that hospital expansion and new amenities ranked 10th and 17th respectively. These both related to the new hospital build so when they were combined, hospital expansion and new amenities ranked seventh out of nineteen overall. This then accounted for 5.98% of total responses and an average score of 1.74 out of three in the importance rating.

These results have contributed to the limited literature on the topic and indicated that more than half of the respondents noted that the new facility was an important consideration when applying for a position. The results also showed that whilst the hospital expansion and associated features is not the most important factor for applicants choosing to apply for a position, it was an important consideration that was consistent with the Naude and McCabe (2005) paper where environment and equipment ranked fourth as a contributing factor for staff choosing to work at a particular hospital. Other organisations undertaking an expansion that will require the investment in additional labour may also wish to consider marketing the new facility and amenities on their website as in this study it did prove effective in attracting applicants to apply for a position with the Hospital. As Liverpool Hospital will also be undertaking another phase in

its massive redevelopment, these results do provide evidence that further marketing of the next phase of capital works should take place to further inform current and future staff.

Career progression opportunities

Closely linked with the new hospital expansion, 84% either strongly agreed or agreed that the career progression opportunities that will become available as the hospital expands influenced their decision to apply for a position. Whilst the majority of respondents agreed that career progression opportunities were an influencing factor in applying for a position, it was also found to be one of the most important factors influencing respondents to apply for a position. Career progression opportunities ranked third in terms of the amount of influence it had over applicants choosing to apply for a position. It was found that approximately 88% said career progression was either the only issue that was important (6.5%), was a major consideration (51.6%) or was one of a number of considerations (29.6%) when applying for a position.

Career progression opportunities were the most frequent responses by the applicants both in terms of why applicants chose to leave their current position (22.32%) as well as the top three reasons for choosing to apply for a position with Liverpool Hospital. It was found that career progression made up 18.34% of responses with an average score of 2.18 out of 3 in respondent's top three reasons for applying for a position with Liverpool Hospital.

The findings indicate that career progression was one of the most prevalent motivating factors for applicants applying for a position with Liverpool Hospital. These findings were also consistent with the literature found on Magnet hospitals, which had a clear emphasis on career development and progression. It was noted that providing opportunities for career progression was a key feature of Magnet Hospitals and was later incorporated into Force 14 – Professional Development that also encompasses professional education (McClure et al., 1983, Upenieks, 2005 & Huerta, 2003).

These findings add to and support the empirical evidence in this area. Other healthcare organisations should consider how they are able to promote career progression opportunities to potential applicants and give some consideration to the development and marketing of career progression pathways.

Liverpool Hospital Values

There was limited evidence available in the literature, which attempted to create a direct link between the promotion of an organisation's values and whether this has a significant influence on attracting staff to apply for a position with the organisation. The results indicated that approximately 60% saw the values advertised on the website, and overall 79.1% either strongly agreed or agreed that the Hospital's values were an influencing factor in their decision to apply for a position. The Hospital values ranked seventh in terms of the amount of influence it had over applicants choosing to apply for a position and about three quarters of respondents found the values were a key consideration in applying for a position with the hospital. This was validated when respondents were asked to list their top three reasons for applying for a position with the hospital. In the thematic analysis, the Liverpool Hospital values ranked seventh overall in prevalence with a frequency count of 25. These collective results demonstrate that the Hospital's values were a key consideration in applicants applying for a position with the hospital and given that about 60% saw the values on the website, the results do provide evidence that other organisations should consider marketing their institution's values online. Marketing this information on the website gives applicants an opportunity to compare and determine whether the organisation's values are in congruence with their own set of values.

In this case, marketing the hospital's values appeared to be a consideration and an influencing factor in respondents choosing to apply for a position with the Hospital. These results have added to the limited evidence available on the topic and were consistent with the empirical evidence. For example, the Naude and McCabe (2005) study ranked ethics and values ninth in

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a list of those factors which influenced an applicant to apply for a position with the organisation and the Magnet literature also claimed that a positive workplace culture was effective in attracting and retaining staff. The Mulcahy and Betts study (2005) showed that following the implementation of new work place values in the study, vacancy rates decreased to zero and there was a waiting list to fill positions.

It can be stated from the results in this research study, which are consistent with the literature on the topic, that values are a contributing factor for some applicants when choosing to work at a hospital. It is difficult to explain from the results why this is so but it may be due to staff looking for a hospital reflecting their own values, ethics and philosophy, which may lead to higher levels of satisfaction for staff and intent to stay with the organisation (Chew, 2004). When answering the open-ended question in the survey, most respondents simply stated 'Liverpool Hospital values' in their top three reasons for applying. A few respondents slightly elaborated by saying that the values were encouraging or exciting or that they believed in the Hospital's values, which is consistent with the literature. From these responses it was challenging to acquire any more detail other than what has been discussed.

Conversely, and as stated in the literature, those organisations whose values are not consistent with the employees may lead to dissatisfaction and intent to leave a position (Hunjra et al., 2010). Whilst retention was not in scope for this study, organisations should be mindful that the marketed values are operationalised throughout all levels of the organisation and embedded into practice. The underlying values should be understood and practiced by all staff, led by all tiers of management and feature in position descriptions, performance management exercises, as agenda items in staff meetings, and in grievance and disciplinary procedures. There is a risk to the organisation that if the values are simply a marketing tool and not truly part of the organisation's culture, then this may actually lead to dissatisfaction amongst employees.

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<u>Professional Development / Education Opportunities</u>

There was a paucity of evidence available in the literature that directly tested whether the various attractor strategies were effective in attracting staff to an organisation. The literature focused more on the effectiveness of the various attractors on retention. This thesis sought to contribute to the empirical evidence by directly asked applicants what most attracted them to apply for a position with Liverpool Hospital. The results of this study indicated that the marketing of professional education opportunities was one of several key motivators for staff applying for a position with the hospital.

Briefly summarising the results, it was found that approximately 83% of respondents either strongly agreed or agreed with the statement that the professional development education opportunities offered by the hospital influenced their decision to apply for a position. The results were consistent when the respondents were asked how much it influenced them to apply for a position, with professional development ranking fourth. It was found that 85% said it was either one of a number of considerations (34.2%), was a major consideration (49.7%) or was the only issue that was important (1.1%). As demonstrated, professional education opportunities in terms of level of importance as an influencing factor clearly topped this category with more than 50% saying professional education was a major consideration or was the only issue that was important. These results were supported when applicants were asked to rate their top three reasons for applying for a position with the Hospital. The results of the thematic analysis revealed that education opportunities ranked second in frequency with 63 responses and accounted for 12.16% of overall responses with an average score of 1.95 in the ranking of importance. From the thematic analysis, staff made various comments as to why they selected education opportunities as one of their top three reasons for applying for a position, including "Liverpool Hospital provides a great professional development programs for their staff", "good

opportunities for professional development courses", "excellent learning opportunities" and to "make me a better nurse with more training available".

There was a scarcity of literature available that attempts to ascertain whether an applicants' decision to apply for a position within a healthcare organisation was influenced by their perception of the continuing education courses provided by the institution. The results of this study have contributed to the evidence available on the topic and demonstrated that available professional development education opportunities offered by the organisation are a significant influencing factor in an applicant choosing to apply for a position. Whilst the literature was limited in demonstrating actual quantifiable results in this area, there were a number of studies which are consistent with the findings of this study. Access to education opportunities are one of the key essential forces of Magnetism found within the Magnet construct and was noted to be a key component in creating a positive work environment and a proven success in attracting staff.

Naude and McCabe (2005) as well as Gould et al. (2000) both found that staff chose to work in a hospital and remain working there where good education programs available. Gould et al. (2000) discussed that one of the most important factors influencing the job satisfaction and the recruitment and retention of qualified nurses is access to continuing education. This was supported by the results of this study, which has provided further evidence for the literature by clearly demonstrating that access to professional development opportunities was an important motivating factor with applicants choosing to apply for positions within the hospital (Department of Education, Employment and Workplace Relations, 2008).

The results of this study also provided evidence that the marketing of professional education opportunities as an attractor was effective in the recruitment of staff, which is consistent with the Murphy (2000) article stating that marketing professional education opportunities and providing a learning environment was a predictor of recruitment success. Organisations might have more

success in the attraction and recruitment of staff if they are able to provide a comprehensive overview of the education programs offered by the organisation on their website (Weiss, 2006).

Whilst some organisations are limited by their the ability to offer a comprehensive suite of education programs, given the level of importance that applicants have attributed to this, an organisation should outline what education programs they are able to offer employees. This could include both accredited and non-accredited courses, for example, orientation programs, in-house courses and formal education courses for example certificate, diploma or degree level qualifications. This will allow applicants to make an informed decision prior to applying for a position and gives an organisation an opportunity to highlight the education opportunities provided which has proven to be an influential factor in the attraction of staff.

This study also measured both specific and non-specific attractor strategies to test the most influential factors motivating applicants to apply for a position with Liverpool Hospital. It also enabled analysis of the specific attractor strategies to test whether they were more or less successful in the attraction of staff to Liverpool Hospital over other strategies or other factors that might be outside the control of the Hospital. This included things such as the transport network or personal factors to applicants such as being the 'right job at the right time' or the position being close to home.

The determination of the most influential factors leading applicants to apply for a position at the Hospital was performed in several ways. The first was to ask applicants how much a factor influenced them in applying for a position. This section consisted of the specific attractor strategies as well as a set of common factors that were commonly cited in the literature and other surveys such as salary, working hours (e.g. shift work), the position being close to home, and ease of transport. Secondly, to ensure the majority of attractors were identified and to determine the level of importance of each attractor.

With the exception of the Hospital working towards Magnet accreditation, these results demonstrated that the specific attraction strategies were successful as an influencing factor for applicants in choosing to apply for a position at Liverpool Hospital. The non-specific attractor strategies are discussed below.

Non-Specific Attractors

In the thematic analysis, the job being an opportunity to use ones' abilities was ranked fifth in frequency but was ranked as the most important overall consideration when applicants were considering applying for a position. A total of 94.6% of applicants stated that having an opportunity to use their abilities was either one of a number of considerations, a major consideration or was the only issue that was important. This was not directly linked to a specific attractor strategy but may be a by-product of a number of factors including; the Hospital's values, the expanding hospital that will require additional skilled staff or career progression as the hospital expands. This might draw in more trained staff that may not have been given an opportunity to apply their newly acquired skills in other facilities or people that are new to nursing and want to apply their newly acquired skills. Examples from the thematic analysis noted by respondents included:

- "Liverpool Hospital is a place where I can use my skills to its fullest potential and where it can be used the greatest"
- "It will provide me with a better opportunity to use my abilities"
- "It will be an opportunity to utilise my skills and knowledge"; and
- I want to utilise my knowledge and skills which I have learned from university environment".

It could be argued that this is linked to applying for a position so one can apply the skills that they have been trained to perform or respondents could be referring to applying for a job, which has an environment and structure set up in a way that facilitates more effectively applying their abilities to the job.

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The literature refers to autonomy in the context of the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise, and knowledge consistent with professional standards (McClure, et al., 1983). In addition to autonomy, other factors are included such as empowerment and power. Lee and Cummings (2008) stated that empowered nurses reported higher levels of job satisfaction and similarly Hart (2001) reported that where nurses feel a perceived loss of control over ones work environment, it leads to decreased satisfaction, increased turnover and difficulty in attracting new recruits and retaining those who were already in the workforce. The literature on Magnet Hospitals provided further evidence to this and noted that a work environment that encouraged and supported autonomy of practice led to higher levels of satisfaction amongst its staff. When choosing an organisation to work for, allowing nursing staff to use their abilities in a professional and autonomous environment is clearly an important factor. The results from this study revealed that the opportunity for prospective staff to use their abilities was the most influential factor in choosing to apply for a position with Liverpool Hospital.

Hospitals could consider addressing this factor on their promotional websites and ensure that position descriptions accurately reflect the key duties and responsibilities that will be expected of the successful applicant. Whilst the results of this research did identify this as a key factor in staff applying for a position, additional research could be undertaken in this area to get a better understanding of the expectations of staff.

Similarly and possibly related to applicants having an opportunity to use their abilities is the level of importance attributed to the fact that the work must be interesting and challenging. The results of the thematic analysis demonstrated that the work being challenging or interesting ranked fourth in frequency (10.04%) when applicants were asked to rank their top three reasons for applying for a position. Applicants were also specifically asked how important to them was the work being interesting and challenging when considering to apply for a position. The work

being interesting ranked second with 91.3% of applicants saying that it was one of a number of considerations, was a major consideration or was the only issue that was important. Using the same criteria, challenging work ranked fifth with 84.3%. The results from this study clearly demonstrate that these two factors were very important to applicants when choosing to apply for a position. It is not clear how applicants formed their view that the work would be challenging and/or interesting but they may have accessed the website to learn more about the clinical services that the hospital provides or it might have been because of the hospital reputation or desire to work in a tertiary hospital. As Table 16 illustrates, Hospital reputation ranked sixth in frequency (8.3%) and desire to work in a tertiary hospital ranked twelfth (2.51%); however, this is speculative and was not specifically asked of respondents. There may have been a number of other factors that led to applicants forming this view.

These results are consistent with the literature and theory, in particular the literature published on satisfaction and dissatisfaction and Herzberg's motivation-hygiene theory. The literature made numerous links to the fact that for employees to feel more satisfied with their work, the organisation must use motivators (Adair, 2006, Aydin, 2012 & Furnham et al, 2009). If they do not, it may lead to higher rates of dissatisfaction and ultimately intent to leave an organisation. Staff may be attracted to work within an organisation where there are sufficient motivators or attractors, which the applicant believes will lead to satisfaction in the job (Ramlall, 2004)

Consistent with the findings in this research study, Ramlall (2004) stated that employees are more satisfied with their job when you address those factors that lead to greater job enrichment such as making ones job more challenging, stimulating, more responsibility, providing career progression opportunities, recognition and personal growth. Satisfaction and dissatisfaction is discussed in more detail in a later section, together with some of the other theories which have contributed to the development and/or validation of the attractor strategies used in this thesis.

It is a common misconception that salary in itself would be an attractor for prospective applicants (Adair, 2006). Salary was ranked twelfth out of thirteen (refer Table 14) as an overall consideration when applicants were considering applying for a position with just 8% saying that it was a major consideration or was the only issue that was important. These results are consistent with the literature. For example, Eley et al. (2010) noted that in Australian studies and other studies in the UK and Sweden, remuneration is not a factor in influencing departure from a workplace. The results of this study do contribute to the literature and provides some evidence that organisations may not need to market salary extensively to attract staff. However, in the Australian context and especially in the public hospital sector, awards govern remuneration and in most cases, people across New South Wales performing the same position would be remunerated similarly. This may have contributed to Australian based nurses not factoring in salary as a key motivator when choosing to apply for another position.

From the thematic analysis, the hospital's location being a reason for applying for a position with Liverpool Hospital was the third most frequent theme (n=53) with an average importance score of 1.91. Items commonly cited in this theme included the applicants' proximity to home, convenience to travel to and because they liked the area and the area was cheaper to live in; however, this was not consistent with similar questions where applicants were asked to rate their level of importance. For example, "the hospital is convenient to travel to" ranked ninth in level of importance and the hospital being close to home ranked last in thirteenth position when asked how much of a consideration the location was in choosing whether to apply for a position at the hospital. This was not consistent with the Naude and McCabe (2005) paper where the hospital being close to home was the most common identified reason for selecting a hospital to work at. A possible explanation for this is although 'location' ranked third in frequency count, it actually ranked twelfth in the average importance score. The results of the study demonstrated

that whilst location was a contributing factor for applicants, it was not one of the most important factors for applicants in choosing whether to apply for a position.

The results from this study indicated that location is one of a number of considerations for applicants when choosing to apply for employment within an organisation, which is consistent with the literature found on the topic. The Liverpool Hospital website and video provides some information on the location of the hospital including the type of transport available, so it may be useful for other organisations to provide information on their websites showing applicants how to access the facility.

Intent to leave and job satisfaction

Factors that lead to satisfaction or dissatisfaction and intent to leave a position amongst nurses has been discussed throughout this thesis. It was important to understand why applicants chose to leave their current position so the researcher could potentially identify those factors within the applicant's current organisation, which may lead to dissatisfaction and ultimately intent to leave. Mitigating those factors might lead to the development of additional attractor strategies and influence future research. In addition, it was also important to identify those factors that might draw applicants away from their current place of employment into applying for a position with the case Hospital.

Respondents in this study were asked why they were leaving their current position. As this was an open-ended question, a thematic analysis was undertaken to group similar responses into themes. As noted earlier, career progression was the most common response in terms of applicants choosing to leave their current position which was followed by secure employment, location, being in need of a change and a current or previous positive experience working at Liverpool Hospital comprised the top five. When combined with determining why applicants chose to apply for a position at the case Hospital, the findings from the research study

contributed to the empirical evidence. The Ramlall (2004) study supported the results from this research study and discussed providing jobs that are perceived to provide greater job enrichment such as making ones job more challenging, stimulating, more responsibility, providing career progression opportunities, recognition and personal growth can lead to greater job satisfaction (Ramlall, 2004 & Sachau, 2007). This was also consistent with the literature found on Magnet Hospital, which made mention of nurses feeling more satisfied when working in an environment that encourages personal development, professional development and career development opportunities (Hunter, Laursen & Seymour, 2006). In addition, the findings were consistent with the Productivity Commission (2005) findings which noted that most common factors leading to dissatisfaction and intent to leave amongst nursing staff were:

- Lack of career path and inadequate recognition of skills;
- Unsupportive organisational and workplace culture;
- Inadequate access to training and professional development;
- Mentoring and support;

The results from this research demonstrated that some of the key motivating factors for applicants applying for a position within Liverpool Hospital were because they perceived that the organisation would provide additional career progression opportunities, professional development opportunities, the job will contain interesting and challenging work and that it would provide employees with an opportunity to use their abilities. These motivating factors were consistent with the literature on job satisfaction and dissatisfaction.

Conversely, Herzberg's Motivation Hygiene Theory argued that eliminating the causes of dissatisfaction through hygiene factors would not lead to satisfaction amongst workers; rather, it may remove employees feeling dissatisfied and result in a neutral state (Ramlall, 2004). Secure employment would be classified as a hygiene factor, and as such addressing this factor might prevent dissatisfaction but according to the theory would not lead to satisfaction amongst staff

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(Fukuda, 2010). The results from this research demonstrated that the search for secure employment was the second most frequent response for nurses deciding to leave their current position. This is in contrast to the most frequent factors that led applicants to apply for a position, which were all motivators. This could be due to a number of factors. Given that the global economy is experiencing a recession and many of the applicants are new migrants to the country, secure employment may be more important than other factors (Gill, 2001). Another possible explanation is that a number of the applicants were new to the field of nursing and as such may be new graduates in search of secure permanent employment.

Nevertheless, these results have contributed to our understanding of the area as previous studies about job satisfaction have focused more on retention and intent to leave rather than on whether positive attributes of a job, which are shown to improve employee satisfaction, can specifically attract applicants to an organisation (Schneider & Smith, 2004). The results of this study demonstrated that these factors can lead to applicants intending to leave their current position to apply for a position at an organisation that the applicants perceive will be a more positive work environment which will better meet their motivation needs.

The results of this study have provided a deeper understanding of what factors motivate staff to apply for nursing positions at a tertiary-level facility. These specific and non-specific attractor strategies may apply to other metropolitan and regional hospitals but the utility of this study may not be transferable to non-hospital settings such as community health centres and General Practice Medical Centres because of the notably different working environment in these non-hospital environments.

Summary
This section has provided a detailed review of the effectiveness of the specific and non-specific attractor strategies in attracting respondents to apply for a position with Liverpool Hospital. To ensure that the data was explored in a number of different ways to improve the reliability and

validity of the responses, the data was collected using several different methods which included assessing the respondents level of agreement with a statement, how important the item was to them and also asked specifically for the top 3 reasons for applying for a position. This latter strategy also enabled the researcher to determine the frequency of responses and to calculate a total score. There was no single factor identified that is shown to unequivocally attract staff to an organisation, rather the results in this study have demonstrated that it is a number of factors which are identified differentially as motivators for applicants.

To summarise the top 5 attractors from Table 13: Level of Importance and Table 16: Most frequent motivators for applicants applying for a job at the case hospital, it was found from Table 13 that the following attractors were most prevalent:

- Opportunity to use abilities
- Interesting work
- Career advancement opportunities
- Professional development
- Challenging work

From Table 16, the following attractors were cited most frequently and contained the highest cumulative score:

- Career progression
- Education opportunities
- Location
- Challenging and/or interesting work
- Opportunities to use my abilities

Of the specific attractor strategies, only professional development opportunities (education opportunities) were cited in the top 5 by the respondents, however, as discussed throughout this

section, the attractor strategies within the exception of the Magnet Hospital concept were effective in contributing to ones decision to apply for a position with the organisation but when they were ranked or when their level of importance was tested with the respondent, they were outshone by the attractors stated just above.

Was Liverpool Hospital able to increase the average number of nurses applying for positions and reduce the number of unfilled positions? The impact of the recruitment strategies pre and post launch of the website

Data on a number of variables were collected pre- and post-launch of the website in order to answer whether the hospital was able to increase the average number of applications, increase the average number of interviews, and decrease the percentage of positions that remain unfilled after a recruitment exercise.

The data had to be aggregated which is unusual in a pre and post study design. This was done because there was a different number and type of positions over different periods in the pre- and post-intervention periods. Perhaps in future studies this could be controlled more effectively. If the hospital could control for the number and type of positions, the pre and post analysis may have been more effective. The results of the study showed significant differences with the average number of applications and the average number of interviews per position pre- and post-launch of the website. Also, the various classifications of nursing positions such as Registered Nurse, Enrolled Nurse, Assistant In Nursing, Nursing Unit Manager, etc. applied for were consistent in the pre- and post-launch periods.

Following the launch of the website, the results of the study indicated that the number of positions that remained unfilled after a recruitment exercise markedly decreased from 41.57% to 32.86%, which may provide some evidence that the quality of applications per position actually improved post launch of the website. In this instance, it could be concluded that the attractor strategies launched on the new website did have some success in reducing the number of

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unfilled positions and as such, the number of vacant nursing positions at Liverpool Hospital. It

was not possible to conclude that there was a direct relationship between the two factors;

however, the results from the survey were encouraging and did provide support for the use of

the attractor strategies in influencing applicants to apply for a position. As the number of

applications per position remained stable pre- and post-launch, it could not be concluded that

the attractor strategies were successful in increasing the number of applications per position.

However, in an intensely competitive market for suitably qualified nurses, without the launch of

the website and additional attractor strategies, the number of applications may have decreased

during the same period (Khosrow-Pour, 2006). The evidence from this research does support

the development and implementation of e-marketing strategies on the website as one of the

tools in attracting staff and demonstrated that the development of the Liverpool Hospital website

and recruitment website was an effective tool in marketing the various attributes of the Hospital

that may be effective in attracting staff.

CHAPTER 8 - IMPLICATIONS FOR COMPARABLE PUBLIC HOSPITALS AND FOCUS GROUP

Based on the findings from the study, this chapter provides a number of recommendations for comparable public hospitals that hospital administrators may wish to consider to address the international nursing shortage. The Chapter discusses the feedback from a Focus Group discussion which was arranged to test the feasibility and barriers to implementing some of the study recommendations within the Sydney Local Health District (SLHD), which geographically resides next to the SWSLHD and has a similar mix of hospital services.

Can the findings from this research be implemented in other hospitals in Sydney? Implications for Comparable Public Hospitals

The findings from this research identified a number of factors that might be generalisable to other hospitals when trying to attract staff to their facilities and as such, there are a number of potential implications for similar public hospitals. The following are the main recommendations that other hospitals may wish to consider to improve the attraction of staff. This list of recommendations gives comparable hospitals an insight into those factors that motivate or are important to people when deciding whether to apply for a position. A description of each of the recommendations can be found in Appendix 5.

- Recommendation 1: Invest in a facility-specific 'work for us' website (including social media).

- Recommendation 2: Include on each hospital's website their organisational attributes and features.

- Recommendation 3: Reconsider undergoing Magnet accreditation if this is only being pursued on the basis of attracting staff to the hospital.

- Recommendation 4: Promote career progression opportunities.

- Recommendation 5: Market the hospital's values online.

- Recommendation 6: Provide an overview of the hospital's education programs online.

- Recommendation 7: Ensure that position descriptions accurately reflect the responsibilities of the position.

- Recommendation 8: Market a positive and challenging work environment.

- Recommendation 9: Note that salary is not an attractor and does not need to be extensively marketed.

- Recommendation 10: Market the hospital's location and how to access the facility.

Focus Group

As stated in Chapter 5, following a review of the research findings, the Chief Executive of the SLHD requested that a focus group be organised to discuss the findings and recommendations and assess the feasibility of whether the recommendations could be implemented in the SLHD (Appendix 4). A small focus group was organised to test the recommendations with industry experts and to see how the recommendations from this research and the literature are viewed by operational health service managers who would be responsible, in one form or another, for overseeing the implementation of recommendations should the Chief Executive of SLHD decide to implement them.

The focus group took place in September 2012 and was well represented by the SLHD senior executive.

Focus Group Results

To ensure the reliability of the themes created, an inter-rater reliability test was undertaken by the researcher and the A/Professor Health Services Management, Sydney Local Health District for each of the questions where required which successfully validated the themes used. The following outlines the inter-rater reliability for each of the ten recommendations. The results illustrate that the themes used to group the nodes had an acceptable level of reliability.

- Recommendation 1 - 20/22 = 91%
- Recommendation 2-10/10 = 100%

- Recommendation 3 - 2/2 = 100%

- Recommendation 4 - 12/12 = 100%

- Recommendation 5 - 7/9 = 78%

- Recommendation 6 - 9/11 = 82%

- Recommendation 7 and 8 - 4/4 = 100%

- Recommendation 9 - 2/2 = 100%

- Recommendation 10 - 5/5 = 100%

Tables 18 to 26 illustrate the results of the thematic analysis from each of the questions raised.

Table 18: Recommendation 1 - Invest in a facility-specific 'work for us' website

Themes	Freq	% of responses	Node examples
Computer Literacy	1	4.5%	• Biggest dispute for me is for those staff who are not particularly computer literate
Access to technology	3	13.6%	• Numbers of people who do not have access (TO A COMPUTER).
Current 'up to date' information	1	4.5%	• Making sure that if you are using this media that you are keeping it current and up to date and sometimes that is about maintaining a focus, it's about maintaining an investment of resource.
Generational gaps	1	4.5%	• A certain generation would definitely access the social media, but may perhaps be older generations may not, that that is not as they will be seeking information out.
User friendly	7	31.9%	• People expect that those systems will be efficient and will work in a timely way and not have multiple, or a million steps • It can have the opposite effect because if you go through and it is clunky, they are going "oh that is really indicative of the organisation • These are some of the things that we have to take into consideration, to make it easily accessible so people do not have to navigate and get sick of doing it because I think we have all been through those experiences where you know we have to spend 15 minutes finding something that should have taken you 1, so I think it is a really important recommendation.
Strategic planning	3	13.6%	• I think it is important to have a strategy around it that considers all of the factors, you know, and a very clear plan and then that there is an investment in that strategy • Which policies are going to be driving it? What are the risks

			of actually doing it from an IT perspective, as well, and it has to make it clearly a NSW Health Policy, as well as our own
staff education and training	2	9.1%	• We also need to be in collaboration of particular ways of applying of what we have already spoken about. That component is going to be important. We need the Managers to be on board in relation to how they train the people in education.
Marketing and Branding	2	9.1%	• People are actually more associated with an individual department, an individual service, than they are a large organisation ... for me what is really about and there is no doubt that our Board wants to know is that we have consistent branding, that the individual nature of each of the facilities is still able, with that branding, still able to be really highlighted. What is special about each facility? You know, that people need to know that Balmain is a great facility. There are lots of fabulous things that are happening, that makes it unique
Resources	2	9.1%	• There has actually got to be some investment behind that, as in follow through, and not just a one off, it has got to be ongoing and it has to be evaluated and feedback has to be sought as to feasibility (or usability).
Total	**22**		

Table19: Recommendation 2 - The website should include their organisational attributes and features

Themes	Freq	% of responses	Node examples
Available expertise	1	10%	• We have had to do that using a group of nurses and we had media involved, but it has been a slow process because you know there is a number of competing priorities, you know, the IT people have competing priorities, the media unit have competing priorities, and so it is about fitting into that and then it's because you need the expertise of those people and it is about going out and making sure that you can set it up, because it does require some expertise to make sure that your messages and your visuals are right
Investment of resources	1	10%	• Well given that it is about investment, it is about having a strategy and it is about committing to that and making an investment into to making sure that the information is there because it is difficult. I think it is important to really have a very clearly defined strategy around it and a commitment to it and a real thought process, an action plan if you like about how it is actually going to happen
Consultation	1	10%	• She has got a small group who are really interested in this that are driving it with Katharine leading it and going back to first your question, how to make it happen? You need to have someone who is going to be designated to drive the process and a working group that is really interested in getting that to happen. That has to involve not only the senior staff, but I would introduce some of the junior staff who are able give that different perspective because we all think a little bit differently and it will be good to get some of the groups that we know who are challenged, like environmental services, etc, to see how they might be able to, you know, link in with this
Marketing attributes	7	70%	• The Liverpool website is clever the way they have used the different classifications of staff to speak about the hospital and I think it gives a really human touch and is quite healing in that they are talking about the attributes of the hospital, why they like working there and for people trying to get an opinion for what the place is about, I think that it is a very useful tool • Like there is no use in having a website that is not attractive to people, so you have to find out what people, what they are actually looking for, so when they go into the site straight away, it appeals to them • Needs to be fully expressed that there is a District when people are looking at RPAH or wherever. Once they do click onto say, Gynae, and that looks wonderful here, you also need to say, do you know we have a Gynae at Canterbury, so some easy links to other points within the District
Total	**10**		

Table 20: Recommendation 3 - Organisations should reconsider undergoing Magnet accreditation if they are pursuing it only on the basis of attracting staff to the organisation

Themes	Freq	% of responses	Node examples
Lack of awareness	1	50%	• I think that people at a certain level have heard about it. So you know, researchers and administrators and so on, but I think a lot of Nurses on the ground have not heard about it. Front line clinical staff, I do not think that there is a widespread knowledge of Magnet. They would have a widespread knowledge of some of the principles that are, you know, espoused in the Magnet accreditation process, but not purely about Magnet because we have not talked about it a lot in terms of that sort of regular dialogue about you know what it actually all means and what we should do and what it would take and what are the benefits and so on
Lack of relevance to current environment	1	50%	• That is only because it is not current in our environment. If we decided in the LHD that we were going to work towards getting everyone of our facilities accredited and if there were other places around Australia that were doing the same thing, the profile would change and it would become more of a marketable labelling. So I think right here, right now, it is not really relevant in terms of marketing an organisation, but if people decided that they were going to go through this process and achieve accreditation, I think it would be potentially a very different environment.
Total	**2**		

Table 21: Recommendation 4 - The promotion of career progression opportunities

Themes	Freq	% of responses	Node examples
Clear marketing	1	8.3%	• I think it is really important. We need to be more definitive and more transparent and you know websites are a good place to do that
Defined strategy for promotion	2	16.7%	• I think we need to have some significant focus about how we create those opportunities. You know, through various things, common opportunities, rotate management, rotation programmes, leadership programmes and so on, you know I think there is a potential here of a little bit of hit and miss and if you have not got a well-defined strategy you'll miss the mark and I think in itself it is very important to have a well-defined strategy about, you know, this is what we do in this organisation, and this is what we do in this organisation and clearly market it.
Promotion of career pathways	2	16.7%	• Market it as what these opportunities look like. How/where the organisations support people through those opportunities and what we expect of them as making a contribution to that, as well.

Testimonials	1	8.3%	• I think it is more word of mouth career progression between the facilities. That is just my thing, my experience, so maybe have those personal stories, that is a good way because people can hear how people have progressed
Organisation access to CVs	6	50%	• If people saw that we were an organisation that was actively seeking people with potential, you know, because there are lots of opportunities that come up, but we do not know everybody and you are sort of ask a group of people, but I think if we had a mechanism for being able to use it. I mean, the MBA programme is a good example. • When somebody applies for secondment I am constantly amazed by where they worked in the past and what they have done and the experience seems to be lost. They are just in that particular role and there is nothing else that they have to contribute and a lot of people have a lot of more to contribute, so I think it is a great idea • I think one of the gaps we have is that once people apply for a job with an update CV and then that CV is lost. It just goes into the ether.
Total	**12**		

Table 22: Recommendation 5 - Marketing the Hospital's values online

Themes	Freq	% of responses	Node examples
Facility specific values	1	11.1%	• I think one of the challenges is because you do have the Ministry's values, I think the end is good because facilities need to take those on, but they also need to add to those values. You know, what are the specific special values of Balmain in addition to those core values. I do not think that anyone would disagree with the core values, but there is more to an organisation that those four.
Embedded values vs. espoused values	7	77.8%	• You can put values up everywhere and they look great, but six months down the track if you realise you are working in a bullying culture, you know, it is a real disappointment when you have been promised the world and delivered nothing. To be able to demonstrate that yes we do meet these values. • Embedding the values is more important than saying the values, saying the real thing • In terms of marketing though, coming back to the videos, people's experiences **……** then they have started and in fact **..**what was promised was in fact delivered. That is what I have found and I think that is where we do fall down sometimes, people come in with wonderful expectations and it is not what they thought.
Investment in delivery of values	1	11.1%	• Or if we are not (meeting employees values expectations), are we are prepared to do something about it.
Total	**9**		

Table 23: Recommendation 6 - Provide an overview of the organisations' education programs online

Themes	Freq	% of responses	Node examples
Promotion and awareness of professional development opportunities	3	27.2%	• At Canterbury, I get a lot of enquiries from cleaning, security, nurses and that is one of the questions that they ask: again, what support will I have? What education is available to me? So, that is obviously something that we are not doing well in our Recruitment phase because they always ask that question without fail • Professional development is not always going to a conference or a course, or whatever, but often good people may very well have an expectation to undergo to an annual conference or whatever, but we would promote that there are other ways of doing it, but we do not promote that very well. What do we mean by that? So, again it is about setting those expectations appropriately rather than a broad view of "yes we support professional help". Yes, some of the links that we have already spoken about through the website, but they need to be clearly certain
Access to professional development	2	18.2%	• I have had a few staff sort of just whingeing about things. They are sort of whingeing that they are not getting their leave approved to do courses, but not understanding that the courses are not appropriate for their position and they keep on wanting to do these two week courses where they go and do two weeks at the Uni or two weeks at the TAFE or something, but it is not relevant.
Career mentoring and performance management	2	18.2%	• But it has to be backed up by reality. You know, in terms of the next step because there is no good saying to people come in and you can do X, Y, Z courses and then they are sort of shut down after that. So, sure they can do the X, Y, Z courses, but nobody is having a conversation with them about well, what are you going to do next? What career aspirations do you have? What are your skill sets? Which way are you wanting to go? What can we as an organisation do to support you? Because those messages, the negatives and positives, go beyond the walls of the organisation as, I think Hayley said before you know, that word of mouth stuff is really important and people soon learn that, you know, this organisation encourages equal employment opportunity and encourages growth and promotional opportunities for staff. This other place does not.
Link professional development to career goals	4	36.4%	• So it is about professional development linking in then to career development where people want it to, because there are some people they want to maintain expertise in their particular area and they are happy doing the job they are doing, but there are other people who want to have those professional development activities and they want to be able to use those to progress their career. They want access to being able to progress their career. Have a fair go! • We need to link it with progression as well because the NUMs have actually raised this at some forum that they do not know how to talk to their staff about how to progress and so they ask the question, so how can I best talk to them around to

			progress through the organisation and say yes, we have a list of courses. That would be fantastic, but how does that link to actual progression. While your expectations on senior staff of people moving through the organisation.
Total	**11**		

Table 24: Recommendation 7 & 8 - Ensuring that position descriptions accurately reflect responsibilities & Marketing a positive and challenging work environment

Themes	Freq	% of responses	Node examples
Promotion of career pathways	4	100%	• It's about flagging people's abilities beyond their current role as well, so that we are aware of what people are capable of. I think from a nursing perspective it works for the most challenging, given all the quality improvements we are constantly introducing, challenges from the new MoH, e.g. 'Between the Flags', that was a real challenge to implement, all those sorts of programmes. Leave the challenges everywhere but it is the use of the abilities, I think, where the real challenge comes for us to relook at the best from our staff • Getting it right at the beginning so that people know if you apply for this job it also means that other career opportunities opens up. So it is these sort of, to me, linking that other one and I think if we can get that correct, and keep making it clear
Total	**4**		

Table 25: Recommendation 9 - Salary not being an attractor

Themes	Freq	% of responses	Node examples
Promotion of other employee benefits	2	100	• When you throw in the benefits, like when we advertise our positions, we actually put the salary ranging so it is known, but it is all those other benefits that we need to talk about. You know, the gym, subsidised parking, childcare centre, social club. • I think probably what we miss is the promotion of salary packaging and all those sorts of things.
Total	**2**		

Table 26: Recommendation 10 - Marketing the Hospital's location and how to access the facility

Themes	Freq	% of responses	Node examples
Promotion of accommodation	3	60%	• There is an opportunity with the accommodation that is offered at Sydney Local Health District. There is Stacey House at Balmain, Concord that has something I believe and Rozelle
Promotion of transport options	1	20%	• And that's what people have, on the Liverpool site, you know, we are 5 minutes from the station, there are these buses that come from these directions to get us through these major motor ways that could get you directly to Liverpool within this much time from the CBD. We exaggerate a little bit though.
Provide information re; local services	1	20%	• There was a booklet actually which had the local services and the general accommodation and all those sort of things, and a whole range of things, but now it is resource intensive, it was a really good feature at the time, you know. It was an entire booklet with the history, but it was really useful for people coming her to stay from the country side, to set up, even some real estate sort of guys would come. It has links to everything. The local council still got links that opens up more broadly and I think that would be useful as well.
Total	**5**		

Discussion of Focus Group Findings

This section discusses the results of the thematic analyses and explores the comments made by respondents in detail to provide a clear understanding of the feasibility or applicability of implementing the recommendations of this research. The recommendations were generally well received by the senior executive who attended the focus group. However, as discussed, the respondents were asked whether they foresaw any barriers to implementing the recommendations and how they might best be enacted.

In relation to the first recommendation, respondents generally agreed with the idea of enhancing the facility-specific websites to provide more thorough information about the organisation. They also acknowledged the findings of the research that the majority of job seekers do use the internet to locate additional information specifically about the job and/or information relevant to the organisation. Marketing and branding was deemed important and it was agreed that

although the District should have consistent marketing and branding, each facility is unique and as such their unique attributes should be marketed on the website.

The executive agreed that in order to implement this recommendation throughout the organisation, the District should have a clear strategy in place with clear policies and procedures. This should be backed up by an appropriate investment of resources to complete the project and an ongoing resource to ensure that the information published online is kept up to date and remains current. This is consistent with the literature on this theme, for example, Bingham et al. (2002), who emphasised the importance of organisations investing time and resources into their recruitment webpage.

With a frequency of 7 and accounting for 31.7% of responses, it was stated that when undertaking the review of the websites, the new design must be 'user friendly'. This covers a range of features including the ease-of-use of the system; that there is in-built acknowledgement of job applications, and that contact points are easily findable for additional information about the job or the organisation.

However, as highlighted in the thematic analysis, having access to technology and being computer literate were identified barriers, and it was stressed that organisations need to be mindful of not inadvertently excluding potentially suitable employees because they do not have computer access or would not use the internet when either submitting job applications or searching for additional information. Organisations need to be mindful of this when developing strategies to promote the organisation, and consider additional strategies to ensure that this group of prospective employees do not fall through the 'gap'. Similarly, in relation to the use of social media, it was noted that pre-generation X cohorts may not use social media to search for job related information, and as such an organisation needs to be conscious of the level of investment it makes in this regard.

In relation to social media, the focus group was also cautious about the lack of structure in relation to this from an IT perspective, as well as the lack of NSW Health and District policies in relation to the use of social media in the workplace. It was stressed that education and training of managers will need to take place if a decision is made to embrace social media in the marketing and promotion of the organisation.

In relation to the second recommendation which stated that organisations' websites should include organisational attributes and features, having designated and available expertise was again noted. This was considered by focus group participants to be a challenge as initiatives to improve websites are often conducted in addition to existing workloads. With limited expertise in the District in website redesign, identifying available experts who are able to dedicate a sufficient amount of time to completing these types of projects challenging. This relates to the investment of resources theme which was also stated by the group. The previous recommendation outlined the need for investment of resources; however, what is also important is the leaders of the organisation identifying these initiatives as priorities which will ensure that the expertise needed is available in sufficient number. The focus group also discussed the need for consultation to ensure that the right features are identified and that potential future users of the website find the information useful, relevant and user friendly.

Marketing attributes was the most frequent theme discussed by focus group participants who outlined a number of related ideas including the aesthetics of the website, cross-promotion of services and positions vacant between facilities for available positions, the importance of staff testimonials across a diverse range of position classifications, and promotion of the realistic positive attributes of the organisations. This was consistent with the literature for example, Marr (2007), who described the effects of providing realistic information for applicants on attraction, on perceptions of applicants and on their potential fit with an organisation.

There was extensive discussion by participants on the importance of staff testimonials and this feature was particularly "liked" on the Liverpool Hospital recruitment webpage. This was because of several factors, including the benefits of getting real staff to provide an insight into their experiences and why they have enjoyed working at the hospital and the 'word of mouth' human touch to gaining insights into an organisation, rather than relying purely on the promotion and marketing of the organisations' said attributes.

In relation to recommendation 3, the results of this study did not support organisations undergoing Magnet accreditation if they are pursuing it only on the basis of attracting staff to the organisation. The focus group also supported this recommendation and noted that there is still a lack of awareness of the Magnet model at various levels of the health system. Whilst senior nurses seem to be aware of Magnet accreditation, they did not believe there was widespread knowledge of the concept nor is it discussed throughout various levels of the organisation.

The other theme arising from this recommendation was the lack of relevance of Magnet in the current environment. The SLHD has not made an investment into Magnet promotion and at the time of the focus group, was not planning to explore the concept any further. However, Liverpool Hospital did make a consolidated effort to promote the fact that the hospital was working towards Magnet accreditation and actively promoted it in a number of forums throughout the Hospital, together with the promotion on the website as discussed and measured in this thesis. Despite this investment, the general awareness of the Magnet concept perhaps did not reach potential applicants for positions nor did the applicants place much value on it, which may indicate the general lack of awareness of the Magnet concept in an Australian setting.

Recommendation 4 outlined the need to promote career progression opportunities on the website. This was well received by the focus group and there was general agreement with the recommendation. A number of themes arose from the discussion. The group advised that a

need for clear marketing and a defined strategy for promotion were required to ensure that the organisation initiatives were accurately promoted. In addition to promoting just the career progression opportunities, the group felt that potential applicants would also benefit from and would like an overview of how the organisation would actually support staff in the pursuit and successful completion of these career progression opportunities.

The promotion of staff testimonials was raised again; however, the most frequent theme with six comments was 'organisation access to CVs'. Whilst not directly relating to the recommendation it does have relevance. There was extensive discussion in relation to the perceived benefits of holding CVs centrally in a database so that when potential opportunities arose, the CVs could be analysed to see if there is a potential fit between previous applicants and the current position. This would allow the organisation to also 'head hunt' rather than simply advertise positions and hope that suitable applicants apply. Although speculative, this may increase the number of suitable applicants applying for positions; however, to be conclusive this would need to be measured once implemented. There are Privacy legislation implications with this suggestion, so people would have to give permission for CV's to be held after the position has been filled.

Recommendation 5 outlined the marketing of hospitals' values online. Similar to the previous recommendations, the concept was well received by focus group participants; however, a number of suggestions arose to make the implementation more meaningful. There were also a number of comments with broader organisational significance to consider when advertising the values online. There were three themes documented with nine total nodes. One theme, 'embedded values versus espoused', had a frequency of seven. This is referring to organisations actually implementing values and having them permeate throughout the organisation in contrast to espoused values which are values that the organisation may aspire to have or they actually market them without actually implementing the values in the

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organisation. Bingham et al (2002) found that a good website provided the job seeker with relevant information including an overview of its culture and other features which might highlight the strengths and benefits for working in the organisation allowing the prospective applicant to assess whether they might fit into the organisation's culture. Whilst the focus group agreed with the concept, they commented that the values must reflect the organisation's actual culture and the reality of what is happening in the workplace. If this is not the case, new employees will feel dissatisfied with their new work environment. It was noted that embedding the values is more important than simply stating them and the values may be more believable to new employees if they are backed up by staff testimonials. The group also commented that it would be challenging in large facilities to follow up with new employees and determine whether the organisation's portrayed values are consistent with the experience and the perception of the new employees. The group criticised that the Ministry of Health commenced branding itself as an employer of choice as a marketing strategy without actually implementing anything. The group agreed with the recommendation but cited the importance of ensuring that the advertised values reflect reality.

Recommendation 6 outlined the benefit of providing an overview of the organisation's education programs online. Again the focus group agreed with the recommendation and had a number of suggestions to improve it. It should first be noted that following the restructure of the NSW Health system, the former SSWAHS split into the SLHD and SWSLHD. Some former area-wide services remained as a whole and were hosted by one of the new districts. This was the case with the Centre for Education and Workforce Development. As such, the education programs offered and the associated benefits and entitlements are identical between the districts.

There were four themes identified following the discussion and a total of eleven nodes. The most frequent theme arising was linking professional development with career goals which had a frequency count of four. It was found that the organisation needs to improve both the way it

markets and educates its employees so they know how to better link professional development, education and career opportunities. One of the examples discussed was that some of the Nursing Unit Managers were unsure how they talk to their staff about progressing throughout the organisation. Once this is better structured, a strategy needs to be identified to promote it.

It was acknowledged in the focus group that promotion and awareness of professional development opportunities needs to be improved and the website is one way of doing this. This would be aimed at both potential applicants as well as existing staff. The group advised that this would also involve developing a strategy around defining how the organisation supports professional development and this should be clearly marketed on the website.

A similar theme arising to the previous was career mentoring and performance management. Again the group commented that this needs to be defined more clearly throughout the organisation. The recommendation was endorsed, but the focus group noted that the organisation needs to go beyond simply advertising courses and instead outline a strategy for managers working with employees. This would assist managers to determine and explain the most appropriate career path for their staff, and the courses that the organisation is in a position to offer to assist the staff member in reaching their aspirated career. It was felt that it would be a positive addition if this was also broadly outlined on the website under professional development opportunities. Outlining a clear strategy for the organisation in relation to mentoring and performance management would improve transparency for staff applying for courses.

Recommendations 7 and 8 were discussed together. They are related to ensuring that position descriptions accurately reflect responsibilities and promote a positive and challenging work environment. Again, there was general agreement with the recommendation. The single theme arising from the discussion was the 'promotion of career pathways'. This was similar to career

mentoring and performance management described above, and the importance of flagging one's abilities beyond their current role was explored.

The focus group also discussed the importance of being able to articulate to prospective staff the future opportunities that may arise if they are successful in the position applied for. It was unclear how this could be achieved through a marketing strategy. However, it was discussed again that staff testimonials could assist with this. Specifically, existing staff could describe the various positions they progressed through within the organisation. It was felt that this could be successful as an attractor strategy especially when applicants are still contemplating whether to apply for a position.

The focus group agreed with recommendation 9 that salary itself was not a successful attractor. The Liverpool Hospital recruitment website did market other salary benefits though including salary packaging and it was agreed within the focus group that salary packaging is a good incentive which should be promoted on the website. The group agreed, similar to the Liverpool website, that other non-salary benefits could be better promoted, including the staff gym, child care onsite, the social club and subsidised car parking.

The final recommendation discussed in the focus group was the marketing of a hospital's location and how to access the facility. These impact on prospective applicants' decision to apply for positions. The group agreed with the recommendation and made some local suggestions for improvement. It was found that the SLHD is able to offer accommodation options in Concord, Rozelle and Balmain and this could be better marketed on both the facility and SLHD websites as an attractor. It was discussed that people were generally not aware of the subsidised accommodation options to assist in getting staff established but that this might be an attractor for applicants applying from out of area, as it removes the stress of initially

finding accommodation in Sydney. It was found that SWSLHD has limited accommodation options and, as such, this could not be incorporated into the Liverpool Hospital website.

The group also agreed with the positive benefits associated with the promotion of transport options so prospective applicants can make informed decisions as to whether they are able to get to the facility. The group commented that the organisation previously advertised information regarding local services in a consolidated package such as transport information, local real estate contact details and local council information. It was felt that there should be a similar package developed and advertised on the website.

Overall, the participants in the focus group agreed with the recommendations made in this thesis and made some appropriate suggestions for local incorporation into the SLHD. The focus group provided a good opportunity to determine whether the findings from the literature and the findings from this research paper could be translated into another similar health setting. The focus group contained Nurse Managers, General Managers and Human Resource Directors, and as such a good level of representation in terms of content experts in their field was achieved which meant that every aspect of applying the findings from this research could be considered.

CHAPTER 9 - RESEARCH LIMITATIONS, IMPLICATIONS FOR FUTURE RESEARCH AND CONCLUSION

This final chapter discusses the research limitations that were encountered through the study and also suggests future areas of research to further develop our understanding of the area. The chapter concludes with a summary of the purpose and justification for the research.

Research Limitations

The study was limited by the sampling method: Participants who completed questionnaires were applicants who had already applied for a position with Liverpool Hospital. Both of these factors meant that the researcher was unable to account for non-response bias in terms of the reactions of potential applicants who did not end up actually applying for a position. Furthermore, in the short time between the applicants applying for a position and then receiving the questionnaire, it is unlikely that the applicants would have been offered an interview. As such, they may have been more motivated to complete the questionnaire and answer questions about the organisation positively. Conversely, for those applicants who may have been culled before receiving the questionnaire, they may have answered the questionnaire negatively or not participated in the study. To reduce potential bias, the research aimed to have surveys emailed to applicants within one week of the application submitting their application for the position.

A questionnaire rather than semi-structured interviews may have lacked depth of information, but this was off-set by the inclusion of open-ended (qualitative) questions, and by the follow-up focus group. The study was also limited by the fact that there were a different number of applicants pre and post launch of the new website. However, this was difficult to control for and it may not be feasible for future research to control for the same number of positions in both phases. A greater representation of senior nurses would have been more desirable; however, which positions become vacant during the defined study period was not able to be controlled

for. Nevertheless, given the relatively high response rate and relatively large sample size, there were minimal issues identified with the sampling.

The nature of this exploratory study meant that there was arguably a limited amount of theoretical guidance to the study, and a limited degree to which any theory could be supported or not on the basis of these results alone. Therefore, the opportunity for theory building has been limited and thus, our understanding of attractors is broader and clearly descriptive, but may fall short of deepening our understanding of motivators that relate to nurses.

There is also an issue with the fact that this research largely relied on self-reported information from the participants. That is, there may be a gap between what people say, what they believe and why they actually take a particular course of action. This is always a challenge when trying to determine what motivates people to act in a certain way, such as why they might intend to leave a position and whether they will actually follow through with the intent, and if they do, did they do it for the reasons that they are willing to describe.

A large part of the literature was based on the Magnet Hospital accreditation concept and 71.7% of respondents strongly agreed or agreed with the statement that the hospital working towards Magnet accreditation influenced their decision to apply. This was not supported by the qualitative analysis where just two respondents factored Magnet into their top three. However, unlike other attractors, applicants were not asked how much the hospital working towards Magnet status influenced their decision to apply which is a limitation in this study. If asked, this possibly would have provided more certainty around the results.

Implications for Future Research

There are two main areas recommended for future research, which include a longitudinal exploratory study focused on retention, and a comparative analysis between two tertiary hospitals.

Moving from Attraction to Retention

A large part of the literature has claimed to focus on attraction and retention together, and to make concluding assertions about both (Armstrong, 2005, Backman, 2000 & Brady-Schwartz, 2005). However, the research papers reviewed in this thesis tended to focus on one or the other with the majority focussing on retention.

As the current research focussed on what factors most influenced applicants to apply for a position with the case hospital, to increase knowledge in the area, it is recommended that future research focus on retention. This could involve an exploratory longitudinal study focusing on whether the same attractor strategies and motivators influenced staff to remain within the organisation over a two year period or determining whether there are a different set of factors that motivate staff to remain working at the hospital.

Eligible participants for the study could be all classifications of nursing staff who have been working at Liverpool Hospital for a minimum of two years. They could be recruited using convenience sampling methodology and signed up to the study for a two-year period. Given that Liverpool Hospital employs over 1200 nurses, the research could aim for a sample size of at least 20%, that is, 240 participants, to ensure that the results are broadly representative of the nursing population within the case hospital. Although challenging to achieve, the sample would be more representative if an even cross section of participants by employee classification were recruited relative to the total number of employees within that classification.

The recommended research might involve surveying applicants three times over the duration of the study. The first survey would take place at the beginning of the study and then again at the end of the first and second years. The purpose of the survey tool would be to determine those aspects that are most motivating the participant to remain working at the organisation. The survey should include a section on the specific attractors that are discussed throughout this thesis, a section on other possible motivators and include a question/s on whether the applicant has an intention to leave and if yes, further explore why this might be so.

If any of the participants resign from their position during the study, a mechanism would need to be developed to ensure that the participants receive the questionnaire prior to leaving. Whilst the participants in the study must be identified by the researcher, the survey responses would be de-identified to protect anonymity and reduce the risk of bias.

As discussed frequently throughout this thesis, dissatisfaction is correlated with an intention to leave. There are a number of tools that have been developed to measure satisfaction and dissatisfaction in a nursing environment. A tool should be selected and the indicators incorporated into the survey tool. The objective of this component of the research would be to determine whether there is a correlation between dissatisfied nurses, intention to leave and actual turnover.

A comparative analysis between tertiary hospitals

This study has specifically focused on those attractors and factors which most motivate applicants to apply for a position specifically within Liverpool Hospital. Liverpool Hospital is unique in the sense that it is only one of a few tertiary hospitals working towards Magnet accreditation in the country and is also undergoing a massive redevelopment which will see it become the largest hospital in the southern hemisphere when the expansion is complete. The results of this study demonstrated that the expansion and the flow on career opportunities that

will result and some of the features contained in Magnet Hospitals have been a motivator in staff choosing to apply for a position with the hospital.

To further increase knowledge in this area, the current study could be replicated in both a metropolitan tertiary hospital and a large rural base hospital, which are both qualitatively different to Liverpool, that is, not undergoing a massive expansion and not working towards Magnet accreditation. The purpose of a further study would be to determine which attractors most influenced staff to apply for a position and what factors most motivated them to apply, and to compare the differences. Incorporating a rural facility into a follow-on study would be useful to compare the difference in attractors and motivators between metropolitan and rural hospitals. As discussed throughout this thesis, recruitment challenges are different between rural and city facilities and attraction strategies may also be quite different also so an additional study would contribute further to the literature to get a better understanding of the differences. The research could be set up as a comparative analysis between Liverpool Hospital and the new case hospitals to compare whether the attractors and motivators between facilities were consistent or diverse. This might provide validation or otherwise in relation to the transferability and utility of the results from this study as facility Directors of Nursing contemplate whether to implement some of the recommendations or apply the findings from this thesis.

In order to understand what issues and motivations are driving applications for nursing positions, similar to this study, a questionnaire should be developed and sent to all applicants applying for nursing positions which they could either ignore or return anonymously. A questionnaire may lack the depth of information in comparison to a semi-structured interview; however, this would be offset by the addition of open-ended (qualitative) questions. The open-ended questions would provide an opportunity to capture additional information from participants that might not be covered by the structured questions in the survey. The survey tool would be utilised to capture the views and opinions on what attracted applicants to apply for a

job at the case hospital. The survey should be set up in such a way that it is able to provide the information necessary to determine what factors contributed to a nurse's decision to apply for a position and to ascertain what were the most important key motivators influencing people to apply for nursing positions at the case hospital.

To ensure consistency between studies, eligible participants would be all classifications of nursing staff applying for a position with the case hospitals recruited via convenience sampling. To ensure that the results are representative, the researcher should aim for a sample of size of at least 200 participants from each facility and a response rate of 40% or greater.

Conclusion

This research has been unique in that it focussed specifically on what attracted staff to apply for a position with Liverpool Hospital. It has focused on measuring specific and non-specific attractor strategies to determine how successful they were or how much they influenced applicants choosing to apply for a position with the case hospital. It also focused on assessing those factors which most motivated applicants to apply for a position with the hospital. This research measured the effectiveness of current nurse recruitment strategies and the development of new recruitment strategies at the case hospital for filling vacant nursing positions. The specific attraction strategies marketed included working towards Magnet recognition, professional development (education) opportunities, promoting the newly developed Liverpool Hospital career progression opportunities and the Hospital's values.

There was no single factor identified that is shown to unequivocally attract staff to an organisation, rather the results in this study have demonstrated that it is a number of factors which are identified differentially as motivators for applicants. The most frequent motivators for applicants applying for a job at the case hospital were career progression, education opportunities, location, challenging and/or interesting work and opportunities to use abilities. In

terms of how important the attractor was in deciding whether to apply for a position, on average, opportunities to use abilities was the most important to the respondents followed by interesting work, career advancement opportunities and professional development.

The attractor strategies launched on the new website did have some success in reducing the number of unfilled positions and as such, the number of vacant nursing positions at Liverpool Hospital. It was not possible to conclude that there was a direct relationship between the two factors; however, the results from the survey were encouraging and did provide support for the use of the attractor strategies in influencing applicants to apply for a position. It could not be concluded whether the attractor strategies were successful in increasing the number of applications per position.

The evidence from this research does support the development and implementation of e-marketing strategies on the website as one of the tools in attracting staff and demonstrated that the development of the Liverpool Hospital website and recruitment website was an effective tool in marketing the various attributes of the Hospital that may be effective in attracting staff.

This study has contributed to the scarcity of research on the topic by directly focusing on attraction and has been able to clearly demonstrate and make recommendations in relation to the most effective strategies for the attraction of nurses to the case hospital.

This study also supported the evidence in the literature in relation to what factors most motivated nurses to apply for positions. It was able to show that by addressing factors that lead to job satisfaction, prospective applicants may pursue opportunities elsewhere if they believe that those factors that lead to satisfaction are present in the new work environment. Nurses do seek out new positions in search of those motivation factors that will lead to a more satisfying job.

REFERENCES

Aberson, C. L. (2010). Applied Power Analysis for the Behavioral Science. Routledge: New York.

Adair, J. (2006). In Leadership and Motivation: the fifty – fifty rule and the Eight Key Principles of Motivating Others, 69-86. London: Kogan Page Ltd.

Adams, L. S., & O'neal, E. H. (2008). Nurse Executive: The Four Principles of Management, New York: Springer Publishing Company.

Adily, A., & Ward, J. (2004). Evidence based practice in population health: a regional survey to inform workforce development and organisational change. Journal of Epidemiology and Community Health, 58, 455-60.

Aiken, L. (2002). Superior Outcomes for Magnet Hospitals: The Evidence Base cited in: McClure, M. & Hinshaw, A. (Ed) (2002). Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses, Washington DC: American. Nursing Publishing.

Aiken, L., Havens, D. & Sloane, D. (2000).The Magnet Nursing Services Recognition Program. A Comparison of Two Groups of Magnet Hospitals. American Journal of Nursing, 100, 26-36.

American Association of Colleges of Nursing. (2010). Lifelong Learning In Medicine and Nursing: Final Conference Report [online]. Available https://www.aamc.org/download/92612/data/macy_report.pdf.

American Federation of State, County and Municipal Employees (No Date). Do Magnet Hospitals Really Work? [online]. Available: http://www.afscme.org/publications/2192.cfm?print=1 [2010, 2 June].

Armstrong, F. (2005). Magnet Hospitals: What's the Attraction. Australian Nursing Journal, 12, 14-17.

Australian Institute of Health and Welfare (AIHW) (2011).Nursing and midwifery workforce. online]. Available: http://www.aihw.gov.au/nursing-midwifery-workforce/ [2012, 10 February].

Awang, Z., Ahmad, J. H., & Zin, N. M. (2010). Modelling Job Satisfaction And Work Commitment Among Lecturers: A Case Of UiTM Kelantan. Journal of Statistical Modelling and Analytics, 1 (2), 45-59.

Awenva et al. (2010). From mental health policy development in Ghana to implementation: What are the barriers? African Journal of Psychiatry (Johannesburg), 13, 184-191.

Aydın, O. T. (2012). The Impact of Motivation and Hygiene Factors on Research Performance: An Empirical Study from A Turkish University. International Review of Management and Marketing, 2 (2), 106-111.

Backes-Gellner, U., & Tuor, S. N. (2010). Avoiding Labor Shortages by Employer Signalling - On the Importance of Good Work Climate and Labor Relations. Industrial & Labor Relations Review, 63 (2), Article 5.

Backman, A. (2000). Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System [online]. Available: http://www.health.gov.sk.ca/health-worcs [2011, 3 April].

Barker, A. M. (2009). Advanced Practice Nursing: Essential Knowledge for the Profession, Sudbury, MA: Jones & Bartlett Learning.

Barker, A. M., Sullivan, D. T., & Emery, M. J. (2006). Leadership Competencies for Clinical Managers: The Renaissance of Transformational Leadership, Sudbury, MA: Jones & Bartlett Learning.

Bartlett, J. E., II, Kotrlik, J. W., & Higgins, C. (2001). "Organizational research: Determining appropriate sample size for survey research", Information Technology, Learning, and Performance Journal, 19(1) 43-50.

Baumann, A. (2007). Positive Practice Environments: Quality Workplaces = Quality Patient

Care, Information and Action Tool Kit. International Council of Nurses [online]. Available

http://www.nrgpn.org.au/index.php?element=Positive+Practice+Environment.

Bednarz, H., Schim, S., & Ardith, D. (2010). Cultural Diversity in Nursing Education: Perils,

Pitfalls, and Pearls. Journal of Nursing Education, 49 (5), 253–260.

Beecroft, P. C., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses: a

multivariate analysis. Journal of Advanced Nursing, 62 (1), 41–52.

Bigbee, J. (2009). The Relationship between Nurse to Population Ratio and State Health

Ranking. Nursing Faculty Publications and Presentations [online]. Available:

http://scholarworks.boisestate.edu/cgi/viewcontent.cgi?article=1001 &

context=nursing_facpubs & sei-redir=1 &

referer=http%3A%2F%2Fscholar.google.com%2Fscholar%3Fq%3Dnurse-to-

population%2Bratio%26btnG%3D%26hl%3Den%26as_sdt%3D0%252C5%26as_ylo%3

D2000#search=%22nurse-to-population%20ratio%22.

Bingham, B., Ilg,S., & Davidson, N. (2002). Great candidates fast: online Job Application and

Electronic Processing. Public Personnel Management, 31(1), 53-64.

Blenman, P. (2010) Liverpool Hospital Human Resources Staff Profile Report (Pay 24).

Boeglin, M.J. (1996). Job Satisfaction of First-level Nurse Managers. Unpublished dissertation.

Indiana University, Bloomington, IN.

Bookey-Bassett et al. (2008). Sector Specific Components that Contribute to Positive Work

Environments and Job Satisfaction For Nurses (SSC) [Online]. Available

http://www.nhsru.com/wp-content/uploads/2010/11/NHSRU-Uof-T-SSC-Study-Interim-

Rpt-Final-Jul-081.pdf.

Borkowski, N., Amann, R., Song, S., & Weiss, C. (2007). Nurses' intent to leave the profession:

Issues related to gender, ethnicity, and Educational Level. Health Care Management

Review, 32 (2), 160-167.

Bradham et al. (2004).Building a Business Case for Magnet Designation in VHA

[online].Available http://www.va.gov/nursing/docs/FinalBusCasereport11-26.pdf.

Brady-Schwartz, D.C. (2005). Further Evidence on the Magnet Recognition Program. JONA 35

(9),

Breaugh, J. A., & Starke, M. (2000). Research on Employee Recruitment: So Many Studies, So

Many Remaining Questions. Journal of Management, 26 (3), 405–434.

Brogan, C. (2010). Social Media 101: Tactics and Tips to Develop Your Business online, New

Jersey: John Wiley & Sons.

Buchan, J. & Calman, L. (2004).The global shortage of registered nurses: An overview of issues

and actions. Geneva, Switzerland: International Council of Nurses. Retrieved August 13,

2006 from http://www.icn.ch/global/shortage.pdf

Buchan, J., & Aiken, L. (2008).Solving Nursing Shortages: a Common Priority. Journal of

Clinical Nursing, 17 (24), 3262–3268.

Cascio, W. F., & Boudreau, J. W. (2010). Investing in People: Financial Impact of Human

Resource Initiatives, New Jersey: Pearson Education, Inc.

Chew, J. C. (2004). The Influence of Human Resources Management Practices on the

Retention of Core Employees of Australian Organizations: An Empirical Study [online].

Available http://researchrepository.murdoch.edu.au/656/2/02Whole.pdf.

Chou, S., Boldy, D. P., Lee, A. H. (2003).Factors Influencing Residents' Satisfaction in

Residential Aged Care. The Gerontologist, 43 (4), 459-472.

Chyna, J.T. (2001). Recruiting online. Healthcare Executive. 16, 52.

Clifford, C. (2000). International politics and nursing education: power and control. Nurse

Education Today, 20, 4-9.

Cober, R. T., Brown, D. J., Blumental, A. J., Doverspike, D., & Levy, P. (2000). The quest for qualified job surfer: It's time the public sector catches the wave. Public Personnel Management, 29 (4), 479−494.

Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences. (2nd ed.). Routledge Academic: New York

Contino, D. S. (2004). Leadership Competencies: Knowledge, Skills, and Aptitudes Nurses Need to Lead Organizations Effectively. Critical Care Nurse, 24, 52-64.

Courtney, M., Edwards, H., Smith, S. & Finlayson, K. (2002). The impact of a rural clinical placement on student nurses employment intentions. The Collegian, 9 (1), 12-18.

Davis et al. (2009). Building and Recruiting Qualified Candidates for Water Industry jobs . Journal AWWA, 101 (8), 60-66.

Debisette, A., & Vessey, J. A. (2011). Annual Review of Nursing Research, 28: Nursing Workforce Issues, 2010, Volume 28; Volume 2010, New York: Springer Publishing Company.

Department of Education, Employment and Workplace Relations. (2008).Child Care Staff: Learning and Growing through Professional Development [online]. Available http://www.cscentral.org.au/Resources/PSCAPD_Resource.pdf.

Department of Health and Ageing (2009).The State of our Public Hospitals [online]. Available http://www.health.gov.au/internet/main/publishing.nsf/Content/1186FF4200B2B2E6CA2 575D9000F73B8/$File/SoOPH%202009.pdf.

Dineen, B. R., Ash, S.A., & Noe, R.A. (2002). A Web of Applicant Attraction: Person-Organisation Fit in the Context of Web-Based Recruitment. Journal of Applied Psychology. 87, 723-734.

Docteur, E., & Organisation for Economic Co-Operation and Development. (2004). Towards High-performing Health Systems: Policy Studies, Volume 434, Paris, Cedex: OECD Publishing.

Doyle, E. (2010). Back to Business Basics, Bloomington, Indiana: Xlibris Corporation.

Drenkard, K. (2005). Sustaining Magnet: Keeping the forces alive. Nursing Administration Quarterly, 29 (3), 214–222.

Duffield.C., & O'Brien-Pallas, L. (2002). The nursing workforce in Canada and Australia: two sides of the same coin. Australian Health Review, 25(2), 136–144.

Eley, R. Eley, D. & Rogers-Clark, C. (2010). Reasons for entering and leaving the nursing profession: an Australian regional study. Australian Journal of Advanced Nursing. 28(1), 6-13.

Elliott, B. (2010). Identify and respond to children and young people at risk: Participant's Manual [online]. Available http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0020/83054/CHCCHILD401A_Particip ant_Guide.pdf.

Epstein, M. J., & Roy, M. (2001). Sustainability in Action: Identifying and Measuring the Key Performance Drivers. Long Range Planning, 34, 585–604.

Erickson, J. I., Hamilton, G. A., Jones, D. E., & Ditomassi, M. (2003). The Value of Collaborative Governance/Staff Empowerment . Journal of Nursing Administration, 33 (2), 96-104.

Evans, C., Glover, J., Guerrier, Y. & Wilson, C. (2007). Effective recruitment strategies and practices: addressing skills needs and gender diversity challenges in ITEC and related sectors [online]. Available http://www.uoc.edu/symposia/genere_tic/pdf/pres/Recruitment_Strategies__Practices-ebook.pdf.

Feldman, D.C, & Klaas, B.S. (2002).Internet Job Hunting.A Field Study of Applicant Experiences with Online Recruiting. Human Resource Management 41 (2), 175-192.

Finkelman, A., & Kenner, C. (2012). Professional Nursing Concepts: Competencies for Quality Leadership, Sudbury, MA: Jones & Bartlett Publishers.

Finn, C. P. (2001). Autonomy: an important component for nurses' job satisfaction . International

    Journal of Nursing Studies, 38 (3), 349-357.

Flinkman, M., Leino-Kilpi, H. & Salantera, S. (2010). Nurses' intention to leave the profession:

    integrative review. Journal of Advanced Nursing.66 (7), 1422-1434.

Fukuda, K. J. (2010). Japanese-Style Management Transferred: The Experience of East Asia,

    New York: Taylor & Francis.

Furnham, A., Eracleous, A. & Chamorro-Premuzic, T. (2009). Personality, motivation and job

    satisfaction: Hertzberg meets the Big Five. Journal of Managerial Psychology, 24 (8):

    757-779.

Gautam, K. S. (2005). A Summation of Online Recruiting Practices for Health Care

    Organizations. Healthcare Manager 24(3), 257-267.

Gill, T. (2001). Men of Uncertainty: The Social Organization of Day Laborers in Contemporary

    Japan, New York: SUNY Press.

Gould, D., Kelly, D., Goldstone,L., & Maidwell, A. (2000). The changing training needs of clinical

    nurse manager: exploring issues for continuing professional development. Journal of

    Advanced Nursing 34(1), 7-17.

Gullatte, M. M., & Jirasakhiran, E. Q. (2005). Retention and recruitment: Reversing the order.

    Clinical Journal of Oncology Nursing, 9, 597–604.

Haramis, M. (2009). Centre for Education and Workforce Development, Sydney South West

    Area Health Service. Overview of Programs and Courses.

Hart, P. D. (2001). The Nurse Shortage: Perspectives from current Direct Care Nurses and

    former Direct Care Nurses (The Federation of Nurses and Health Care Professionals).

    [online] Available http://www.aft.org/pdfs/healthcare/staffing/Hart_Report.pdf [2012, 20

    November].

Hausknecht, J., Rodda, J. M., & Howard, M. J. (2008). Targeted Employee Retention:

    Performance-Based and Job-Related Differences in Reported Reasons for Staying.

CAHRS Working Paper Series. Ithaca, NY: Cornell University, 34 [online]. Available

http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1485 & context=cahrswp

& seiredir=1 &

referer=http%3A%2F%2Fscholar.google.com%2Fscholar%3Fq%3DImportance%2Bof%

2Bunderstanding%2Bfactors%2Bthat%2Blead%2Bto%2Bincreased%2Bsatisfaction%25

2C%2Battraction%2Band%2Bretention%2Bstrategies%2Bcan%2Bbe%2Bdeveloped%2

Bto%2Battract%2Bstaff%26btnG%3D%26hl%3Den%26as_sdt%3D0%252C5%26as_ylo

%3D2005#search=%22Importance%20understanding%20factors%20lead%20increased

%20satisfaction%2C%20attraction%20retention%20strategies%20can%20developed%2

0attract%20staff%22. [2011, 30 September]

Havens, D. & Aiken, L. (1999). Shaping Systems to Promote Desired Outcomes. Journal of

Nursing Administration, 29, 14-20.

Havens, D. (2001). Comparing Nursing Infrastructure and Outcomes: ANCC Magnet and Non-

Magnet CNEs Report. Nursing Economics, 19, 258-266.

Health Workforce Australia. (2012). Health Workforce 2025: Doctors, Nurses and Midwives.

Volume 1 [online] Available:

http://www.hwa.gov.au/sites/uploads/FinalReport_Volume1_FINAL-20120424.pdf [2013,

6 June]

Heavey, E. (2011). Statistics for Nursing: A Practical Approach, Sudbury, MA: Jones & Bartlett

Learning.

Hegar, B. (2007). Linking the employment value proposition to employee engagement and

business outcomes: Preliminary findings from a linkage research pilot study.

Organisation Development Journal, 25(2), 63-78.

Heijden et al. (2010). The impact of social support upon intention to leave among female nurses

in Europe: Secondary Analysis of Data from the NEXT Survey. International Journal of

Nursing Studies, 47 (4), 434–445.

Herman, R. & Gioia, J. (2001).Helping your organization become and employer of choice. Employment Relations Today, 28 (2) 63-78.

Herzberg, F. (1987). One More Time: How Do You Motivate Employees? Harvard Business Review, Sept-Oct, 87-99.

Hinshaw, A. (2002). Building Magnetism into Health Organisations. In: McClure ML, Hinshaw AS, eds. Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses. Washington, DC: American Nurses Association; 2002: 83-102.

Huerta, S. (2003). Recruitment and Retention: the Magnet perspective. Chart[1], 100

Hunjra et al. (2010). Employee voice and intent to leave: An empirical evidence of Pakistani banking sector. African Journal of Business Management, 4 (14), 3056-3061.

Hunter, A., Laursen, S. L., & Seymour, E. (2006), Becoming a scientist: The role of undergraduate research in students' cognitive, personal, and professional development. Science Education, 91, 36–74.

Imison, C., Buchan, J. & Xavier, S. (2009). NHS Workforce Planning. Limitations and Possibilities [online]. Available: http://www.kingsfund.org.uk/document.rm?id=8473 [2010, 2 June].

Independent Pricing And Regulatory Tribunal (IPART) (2003). NSW Health. Focusing on Patient Care [online]. Available: http://www.ipart.nsw.gov.au/files/ipart_health_report.pdf [2010, 2 June].

Independent Pricing And Regulatory Tribunal (IPART) (2003). Framework for Performance Improvement in Health (2008) [online]. Available: http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0 CCwQFjAA&url=http%3A%2F%2Fwww.ipart.nsw.gov.au%2Ffiles%2F060126b2-2913- 4d6b-a987-9f2f009508eb%2FFramework_for_performance_improvement_in_health_-_Final_Report_-_September_2008_-

---

[1] 'Chart' is a publication of the Illinois Nurses Association

_APD_Website.pdf&ei=m0KxUbXsC4mwiAeEt4CQAg&usg=AFQjCNFi2ZLzxw9QDW99f

TqQJZ4ilEDg0Q&sig2=OeMwU6VIbRtd-K4au5Pu0w&bvm=bv.47534661,d.dGI [2013, 6

June]

JaniszewskiGoodin, H. (2003). The nursing shortage in the United States of America: An

integrative review of the literature. Journal of Advanced Nursing, 43(4). Retrieved August

20, 2006, from http://www.blackwell-synergy.com/doi/pdf/10.1046/j.1365-

2648.2003.02722_1.x#search=%22H%20Goodin%20nursing%20shortage%22.

Jeffreys, M. R. (2004). Nursing Student Retention: Understanding the Process and Making a

Difference, New York: Springer Publishing Company.

Jones, C., Gates, M. (2007). The Costs and Benefits of Nurse Turnover: A Business Case for

Nurse Retention The online Journal of Issues in Nursing, 12 (3), Manuscript 4.

Jordan, Z. (2009). Magnet Recognition and Practice Development: Two journeys towards

practice improvement in health care. International Journal of Nursing Practice, 15 (6),

495–501.

Joyce, J. & Crookes, P. (2008).Developing a tool to measure 'Magnetism' in Australian nursing

environments. Australian Journal of Advanced Nursing, 25, 17-23.

Juravich, T. (2009). At the Altar of the Bottom Line: The Degradation of Work in the 21st

Century, Massachusetts: University of Massachusetts Press.

Kelly, P. (2011). Nursing Leadership & Management, Mason, OH: South-Western Engage

Learning.

Khosrow-Pour, M. (2006). Emerging Trends and Challenges in Information Technology

Management: 2006 Information Resources Management Association International

Conference, Washington, DC, USA, May 21-24, 2006, Volume 1, London: Idea Group

Inc (IGI), 2006.

Kingma, M. (2007). Nurses on the Move: A Global Overview. HSR: Health Services Research, 42 (3), 1281-1298.

Kitzinger, J. (1995). Introducing focus groups. British medical journal, 311 (7000), 299-303.

KPMG (2009). National Health Workforce Taskforce: Health Workforce in Australia and Factors for Current Shortages [online]. Available: http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf [2010, 2 June].

Kramer M, Schmalenberg C. Essentials of magnetism. In: McClure ML, Hinshaw AS, eds. Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses. Washington, DC: American Nurses Association, 25–59.

Kramer, M. & Schmalenberg, C. (2005) Best Quality Patient Care: A Historical Perspective on Magnet Hospitals. Nursing Administration Quarterly, 29, 275-287.

Kramer, M. (1990). The Magnet Hospitals. Excellence revisited. Journal of Nursing Administration. 20(9). 35-44.

Labor Department, Labor Statistics Bureau. (2010). Occupational Outlook Handbook, Washington, DC: Government Printing Office.

Lafer, G. (2005). Hospital speedups and the fiction of a nursing shortage. Labor Studies Journal, 30(4), 27-46.

Larrabee et al. (2003). Predicting Registered Nurse Job Satisfaction and Intent to Leave. Journal of Nursing Administration, 33 (5), 271-283.

Laschinger, H., Almost, J. & Tuer-Hodes, D. (2003).Workplace Empowerment and Magnet Hospital Characteristics. Journal of Nursing Administration, 33, 410-422.

Laschinger, H., Almost, J., Purdy, N., & Kim, J. (2004). Predictors of nurse managers' health in Canadian restructured healthcare settings. Nursing Leadership 17 (4), 88-103.

Lee, H. & Cummings, G. (2008) Factors influencing job satisfaction of front line nurse managers: a systematic review. Journal of Nursing Management 16 (7), 768-783

Lee, F. & Peterson, C. (1997). Content analysis of archival data. Journal of clinical and consulting psychology, 65 (6), 959-969.

Liou, S. (2007). The Relationships Between Collectivist Orientation, Perception of Practice Environment, Organizational Commitment, and Intention to Leave Current Job Among Asian Nurses Working in the United States, Ann Abhor: ProQuest.

Lundmark, V. (2008). Magnet Environments for Professional Nursing Practice [online]. Available:http://www.ncbi.nlm.nih.gov/bookshel.f/br.fcgi?book=nursehb & part=ch46 [2010, 5 September].

Mable, A. & Marriott, J. (2001).Steady State.Finding a Sustainable Balance Point. International Review of Health Workforce Planning [online]. Available: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2002-steadystate-etatstable/2002-steadystate-etatstable-eng.pdf [2010, 20 June].

Marlow, L. & Stonham, C. (2009). Project: Development of a bullying and harassment resistant culture. Report on the Development of Organisational Values of the Area Health Service and its Hospitals / Facilities.

Marr, E. (2007). E-Recruitment: The Effectiveness of the Internet as a Recruitment Source [online]. Available: http://eprints.qut.edu.au/16566/1/Erica_Marr_Thesis.pdf [2010, 22 October].

Marzlin, K. (2011). Educational Dimension: Structuring Continuing Education to Change Practice: A Nurse-Driven Initiative. Dimensions of Critical Care Nursing, 30 (1), 41 – 52.

Masters, J. C. (2007). Job Satisfaction, Job Stress, Burnout, and Intent to Leave Among Accelerated and Traditional Baccalaureate in Science in Nursing Graduates, Ann Abhor: ProQuest.

Mawoli, M. A., & Babandako, A. Y. (2011). An Evaluation of Staff Motivation, Dissatisfaction and Job Performance in an Academic Setting. Australian Journal of Business and Management Research, 1 (9), 1-13.

Maxwell, J. R. (2008). Work system design to improve the economic performance of the firm. Business Process Management Journal, 14 (3), 432-446.

May, R. (1972). Power and Innocence. New York: Del Publishing Company

McClure, M. L. (2005). Magnet Hospitals: Insights and Issues . Nursing Administration Quarterly, 29 (3), 198-201.

McClure, M., Poulin, M., Sovie, M. & Wandelt, M. (1983) Magnet Hospitals: Attraction and Retention of Professional Nurses (The Original Study) cited in: McClure, M. & Hinshaw, A. (Ed) (2002). Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses, Washington DC: American Nursing Publishing.

Medzilla (2002).Healthcare Recruiting Strategies that Work – and Others that Don't [online]. Available: http://www.medzilla.com/press51402.html [2010, 8 June].

Meredith, J. R., & Mantel, S. J. (2011). Project Management: A Managerial Approach, New York: John Wiley & Sons.

Messmer, P. R., & Turkel, M. C. (2010). Magnetism and the Nursing Workforce . Annual Review of Nursing Research, 28 (1), 233-252.

Morgan, S. H. (2007). The Forces of Magnetism: Core Characteristics to Achieve Magnet Recognition [online]. Available http://www.medscape.com/viewarticle/562944?src=mp.

Moumtzoglou, A. (2010). The Greek Nurses' Job Satisfaction Scale: Development and Psychometric Assessment. Journal of Nursing Measurement, 18 (1), 60-69.

Mulcahy, C. & Betts, L. (2005).Transforming Culture: An exploration of unit culture and nursing retention within a neonatal unit. Journal of Nursing Management, 13, 519-533.

Murphy, S. (2000). What to Do Before the Well Runs Dry: Managing Scarce Skills, Ottawa:

National Health and Medical Research Council (2007). National Statement on Ethical Conduct in Human Research [online] Available: http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/e72-jul09.pdf [2010, 20 June].

Naude, M. & McCabe, R. (2005). Magnet Hospital Research pilot project conducted in hospitals in Western Australia. Contemporary Nurse. 20: 38-55.

Naude, M., & McCabe, R. (2005). Increasing retention of nursing staff at hospitals: Aspects of management and leadership. Australian Bulletin of Labour, 31 (4), 426-439.

Nehring, W. M., & Lashley, F. R. (2010). High-Fidelity Patient Simulation in Nursing Education, Sudbury, MA: Jones & Bartlett Learning.

North American Quitline Consortium. (2010). Call Center Metrics: Fundamentals of Call Center Staffing and Technologies [online]. NAQC Issue Paper. Available http://www.naquitline.org/resource/resmgr/issue_papers/callcentermetricspaperstaffi.pdf.

Opel, D. J., Diekema, D. S., Lee, N. R., & Marcuse, E. K. (2009). Social Marketing as a Strategy to Increase Immunization Rates. Archive of Pediatric Adolescent Medicine, 163 (5), 432-437.

Pfeffer, J. (1998). Seven Practices of Successful Organizations. California Management Review, 40 (2), 96-124.

Potter, J. & Levine-Donnerstein, D. (1999). Rethinking validity and reliability in content analysis. Journal of applied communication research, 27, 258-284.

Productivity Commission (2005). Australia's Health Workforce [online]. Available: http://www.pc.gov.au/__data/assets/pdf_file/0003/9480/healthworkforce.pdf [2010, 20 June].

Ramlall, S. (2004). A review of Employee Motivation Theories and their Implications for Employee Retention within Organisations. Journal of American Academy of Business, 5, 52-63.

Ricketts, C., & Ricketts, J. C. (2010). Leadership: Personal Development and Career Success, Mason, OH: South-Western Cengage Learning.

Right Management.(2012). Employee Engagement Maximizing Organizational Performance [online].Available http://www.right.com/thought-leadership/research/employee-engagement---maximizing-organizational-performance.pdf.

Ritter-Teitel, J. (2002). The Impact of Restructuring on Professional Nursing Practice. Journal of Nursing Administration, 32 (1), 31–41.

Robbins, S. (1993). Organisational Behaviour (6ed). Englewood Cliffs: Prentice-Hall.

Rosato, S. (2011). Europe United: Power Politics and the Making of the European Community, Ithaca, NY: Cornell University Press.

Rosnow, R. & Rosenthal, R. (2005). Beginning behavioural research: A concept primer (5th Ed.). Prentice Hall: New Jersey.

Roux, G. M., & Halstead, J. (2009). Issues and Trends in Nursing: Essential Knowledge for Today and Tomorrow, Sudbury, MA: Jones & Bartlett Publishers.

Rozelle, A. L., & Landis, R. S. (2002). An examination of the relationship between use of the Internet as a recruitment source and student attitudes. Computers in Human Behavior, 18(5), 593−604.

Sachau, D. (2007). Resurrecting the Motivation Hygiene Theory: Herzberg and the Positive Psychology Movement. Human Resource Development Review 6 (377-393).

Sachdeva, A. K. (2005). The new paradigm of continuing education in surgery. American Medical Association, 140(3), 264–269.

Salmond, S., Begley,R., Brennan, J., & Saimbert, M. (2009). A comprehensive systematic review of evidence on determining the impact of Magnet designation on nursing and patient outcomes: is the investment worth it? JBI Library of Systematic Reviews 7(26): 1144-1203.

Sanders, T. J. (2009). Coalignment of Observed Versus Expected Practices in an Organizational Change Initiative: A Qualitative Case Study. Journal of Case Research in Business and Economics, 2, 1-18.

Schaeffer, N & Presser, S. (2003). The science of asking questions. Annual review of sociology, 29, 65-88.

Schneider, B., & Smith, D. B. (2004). Personality and Organizations, New York: Routledge.

Schwarz, N. (1999). Self-reports: How the questions shape the answers. American psychologist, 54(2), 93-105.

Scott, A., Sivey. P., Cheng. T., Joyce, C., Duffield, C. & Turner, C. (2012). Patterns and determinants of medical and nursing workforce exits. Adelaide: Workforce Australia.

Scott, J., Sochalski, J. & Aiken, L. (1999). Review of Magnet Hospital Research: Findings and Implications for Professional Nursing Practice. The Journal of Nursing Administration 29(1) 9-19.

Scott, K., & Dunton, N. (2010). Magnet Status: Implications for Quality of Patient Care. The Journal of BSN Honors Research, 1 (1), 59-72.

Sherrod, B. (2007). Using technology to attract the next generation.NursingManagement.38(12) 8.

Shirey, M. R. (2005). Celebrating Certification in Nursing Forces of Magnetism in Action. Nursing Administration Quarterly, 29 (3), 245–253.

Shirey, M. R. (2006). Authentic Leaders Creating Healthy Work Environments for Nursing Practice. American Journal of Critical Care, 15 (3), 256-267.

Sigala, M., Mich, S., & Murphy, J. (2007). Information and Communication Technologies in Tourism 2007: Proceedings of the International Conference in Ljubljana, Slovenia, 2007, New York: Springer.

Sikosana, P. L. (2009). Challenges in Reforming the Health Sector in Africa (Second Edition), Victoria, BC, Canada: Trafford Publishing.

Sizler, R. F., & Dowell, B. E. (2009). Strategy-Driven Talent Management: A Leadership Imperative, New Jersey: John Wiley & Sons.

South Western Sydney Local Health Network.(2012). Research Strategy South Western Sydney

   Local Health District [online]. Available

   http://www.swslhd.nsw.gov.au/sswahs/planning/pdf/IssuesPaperFinal.pdf.

Spiers, C. (2007). A healthy workplace culture – the key to sustainable success. Management

   Services, 18-23.

Stordeur, S., D'Hoore, W., & The Next Study Group (2006). Organisational Configuration of

   hospitals succeeding in attracting and retaining nurses. Journal of Advanced Nursing, 57

   (1), 45-58.

Stratton, T., Juhl, N., Dunkin,J., Ludtke, R., Geller, J. (1992). Recruitment and retention of

   registered nurses in rural hospitals and skilled nursing facilities: A comparison of

   strategies and barriers. Nursing Administration Quarterly, 16 (4), 49-56.

Swansburg, R. C., & Swansburg, R. J. (2002). Introduction to Management and Leadership for

   Nurse Managers, Sudbury, MA: Jones & Bartlett Learning.

Sydney South West Area Health Service (2006).Liverpool Hospital Clinical Services Plan.

   Issued to SSWAHS executive and NSW Health only in February 2006.

Sydney South West Area Health Service (2007).Sydney South West Area Health Care Services

   Plan. Issued to SSWAHS executive and NSW Health only on 9 November 2007.

Sydney South West Area Health Service (2010).Liverpool Hospital Redevelopment [online].

   Available: http://www.sswahs.nsw.gov.au/liverpool/Redevelopment/ [2010, 26 June].

Sylvia, L. M., & Barr, J. T. (2011). Pharmacy Education: What Matters in Learning and

   Teaching, Sudbury, MA: Jones & Bartlett Publishers.

The Joint Commission Accreditation. (2009). Portable Accreditation Manual for Critical Access

   Hospitals 2009: Camcah. Illinois: Joint Commission Resources.

Thissen, M. R., Sattaluri, S., Barber, L. B., & Fisher, C. (2008a). Computer audio-recorded

   interviewing (CARI) as a tool for monitoring field interviewers and improving field data

   collection [online].In Proceedings of the International Methodology Symposium 2008,

Statistics Canada, Gatineau, Canada. Available http://www.statcan.gc.ca/pub/11-522-x/2008000/article/10955-eng.pdf.

Trevino, L. K., & Nelson, K. A. (2010). Managing Business Ethics, New Jersey: John Wiley & Sons.

Turner, D. W. (2010). Qualitative Interview Design: A Practical Guide for Novice Investigators. The Qualitative Report, 15 (3), 754-760.

U.S Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis. (2002, July). Projected supply, demand, and shortage.

Upenieks, V. (2005). Recruitment and Retention Strategies: A Magnet Hospital Prevention Model. Medsurg Nursing; Proquest Medical Library. 21-27.

Vollers, D., Hill, E., Roberts, C., Ambaugh, L., & Brenner, Z. (2009). AACN's healthy work environment standards and an empowering nurse advancement system. Critical Care Nurse, 29 (6), 20-28.

Weinstein, S., & Brooks, A. M. (2007). Nursing Without Borders: Values, Wisdom, Success Markers, Indianapolis: Sigma Theta Tau.

Weiss, G. L. (2006). Grassroots Medicine: The Story of America's Free Health Clinics, Maryland: Rowman & Littlefield.Wickett, D., McCutcheon, H., & Long, L., (2003) Commentary: An Australian perspective Journal of Advanced Nursing, 43(4), 335-350.

Wickham, M.D. & O'Donohue, W, 2009, 'Developing 'employer of choice' status: Exploring on employment marketing mix', Organization Development Journal.

Wiskow, C., Albreht, T., & de Pietro, C. (2010).How to create an attractive and supportive working environment for health professionals [online].Available http://www.euro.who.int/__data/assets/pdf_file/0018/124416/e94293.pdf.

Wong, S. (2006a). Liverpool Hospital Stage II Redevelopment. PDP Financial Impact Statements – Summary Report.

Wong, S. (2006b). Liverpool Hospital Stage II Redevelopment PDP Financial Impact

Statements - Recurrent Costs Estimation Summary Report.

APPENDIX 1 – PROFESSIONAL EDUCATION OPPORTUNITIES

Leadership and Management

The SSWAHS CEWD offer a range of leadership and management courses for staff aspiring to develop themselves into future leaders, or for managers targeting staff for succession plan within their directorates. The courses offered ensure these staff have the skills required for their current and future roles. Haramis (2009) notes the following courses available to enhance management skills:

- Performance Management;

- Managing Workplace Conflict and Mediation;

- Recruit and Select Personnel;

- Coaching for Performance;

- Managing Grievance and Discipline Situations;

- Managing the Risk of Corruption;

- Certificate III, Certificate IV and Diploma level courses through the Supervisor; Development Program and Management Development Program.

Middle managers in SSWAHS also have access to a structured Mentoring Program (Haramis, 2009)

Postgraduate Leadership and Management Programs

SSWAHS has formed a partnership with the University of Tasmania to develop postgraduate programs tailored to meet the needs of SSWAHS and to provide our workforce with the opportunity to undertake postgraduate management qualifications with the support of their workplace (Haramis, 2009).

The aim is to assist in defining a career path for staff and to provide adequate professional development opportunities with the aim of increasing job satisfaction and within a declining workforce, growing staff within, to lead the organisation into the future.

The programs offered are:

- Master of Business Administration (Health Administration);
- Master of Clinical Supervision and Clinical Leadership;
- Masters of Clinical Midwifery and of Clinical Nursing;
- Graduate Diploma in Specialty Nursing, in Acute Care, Child and Family Health and Aged Care;
- Graduate Certificate in Specialty Nursing, in Clinical Nursing and Teaching, Critical Care, Emergency, Mental Health, Neonatal Intensive care, Paediatric, Perioperative, Renal, Special Care of the Newborn.

Clinical Quality and Safety

This specific training provides staff with an "understanding of the human factors of health care, the dynamics of working in teams and how to apply a system approach when investigating incidents in an organisation … and " includes the application of the tools of clinical quality (Haramis, 2009). The courses offered are:

- Clinical Incidents Management Skills;
- Clinical Indicators;
- Quality Tools;
- Root Cause Analysis;
- Safety Improvement Program;
- Your role in taking a patient complaint;

Nursing Specific Courses

Although designed specifically for nurses, the following programs are offered to all clinicians including Medical and Allied Health, in the following categories, as stated in Haramis (2009):

- Professional Development (e.g. In charge, Preceptor program, Group Clinical Supervision, Documentation);

- Nursing Skills (e.g. Falls Champions, Relieving the Pressure, Venous Puncture and Cannulation);

- Life Support (e.g. Recognising the Deteriorating Patient, Advanced Life Support);

- Specialities (e.g. Diabetes Management, Burns and Plastics, Acute Care Nursing);

- Aged Care (e.g. Advanced Care Directives, Rehabilitation - Promoting Optimal Independence);

- Cardiac/Respiratory (e.g. Interpreting ECG's, Respiratory Nursing);

- Community (e.g. Chronic Disease Self-Management. Counselling for Non-Counsellors);

- Emergency (e.g. Essentials in Emergency Nursing, Triage Nursing and Advanced Emergency Nursing Practice);

- Haematology/Oncology/Palliative Care (e.g. Blood and Blood Products and ABC of Palliative Care);

- Mental Health (Critical Incident Positive Outcome and Suicide);

- Neurosciences (Acute Stroke and Rehabilitation);

- Other speciality courses in the areas of:

  o Operative Services
  o Renal
  o Urology
  o Women's and Child Health/ Midwifery

o Women's and Child health / Neonate

o Paediatric

On-line Learning

There are a number of clinical courses available online for convenience which as outlined by Haramis (2009) include:

- Breast Feeding;

- Caring for a Tracheostomy patient;

- Clean environmental surfaces;

- Hand Hygiene;

- Lung pathology;

- Mathematics for Medication;

- Paediatric Emergency guidelines;

- Waterlow Pressure Ulcer Risk Assessment and Prevention Scoring System;

APPENDIX 2 - LIVERPOOL HOSPITAL RECRUITMENT WEBSITE

Our values

Our values are a statement of the standards and behaviours we will model in our work and how we will interact with our patients, our community and amongst ourselves.

Health — South Western Sydney Local Health Network

NSW GOVERNMENT

LIVERPOOL

Patient centred care	Respect	Accountability	Communication	Teamwork	Innovation	Support
• We are committed to the care of our patients	• We are respectful of others	• We are accountable for our actions	• Our communication is clear, transparent, appropriate and consistent	• Tasks are approached as a team effort with inclusion and contribution expected	• We seek ideas and encourage initiative and innovation	• We support each other
• We are committed to promoting good health	• We are polite and courteous	• We honour promises and commitments	• We are always approachable	• We work together to identify and achieve our goals	• We look for ways to continually improve ourselves and to do things better	• Realistic goals are set
• We provide equitable access to all	• Privacy and confidentiality are maintained	• We strive for excellence	• We actively listen	• Individuals are accountable to the team	• We source suggestions and inspiration for change and improvement	• Bullying and abuse is not tolerated
• We ensure socially disadvantaged groups are catered for	• Everyone is treated fairly	• We set high but realistic standards and we meet them	• Politeness and good manners are highly valued	• Recognition is given to those who apply themselves to accomplish team goals	• Current practices are challenged and an evidence based culture is instilled	• We ask for, give and act upon feedback
• We ensure our patients are always treated with respect, compassion and a professional approach	• We do what we say we will do	• We are honest about limitations and mistakes, while always striving to improve	• Confidentiality is maintained	• Information and skills are shared	• We keep open minds, but apply good judgement when deciding to implement	• A safe and clean environment is maintained
• Effective communication is used between teams, patients, their families and carers	• We consider implications for others when making decisions	• Our roles and expectations are clearly understood and fulfilled	• Professional knowledge is shared	• Respect and understanding are developed between staff	• We have an active research culture	• Achievements are celebrated and recognised
• We are aware of the scope and impact of our role on patient outcomes	• Management decisions are accepted and acted upon	• We create channels to both give and receive honest performance feedback	• Consultation is undertaken where appropriate	• Differences are accepted while proactively striving for the best approach		•
• Patient outcomes are measured against their wants as well as the health service's requirements	• We work co-operatively to resolve issues of conflict	• We work in accordance with professional codes of conduct and established standards of practice and behaviour	• All communication is tailored to cater for cultural diversity	• We are cooperative, flexible, supportive and interested		
	• The needs and rights of individuals and groups are acknowledged					

230

http://www.sswahs.nsw.gov.au/liverpoolRecruitment/benefits.html

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Favorites | Web Slice Gallery ▼

SLHD/SWSLHD Secure Re...   New Liverpool Hospital...

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LIVERPOOL HOSPITAL

Building our future

Home   Our Hospital   Our Values   Our People   Benefits   Training   Jobs   A A A   enter keywords   Search

Benefits

- Located at Liverpool, NSW the Hospital is a comfortable 45 minute drive from the Sydney CBD.

- A central hub of south western Sydney, Liverpool is only an hour's drive from the coast, national parks and a semi-rural lifestyle.

- Liverpool is well served by the Hume Highway (also known as Liverpool Road), the M5 motorway, and the Westlink M7 motorway.

- The Hospital is also within walking distance of two train stations, Liverpool and Warwick Farm.

- There is a bus stop at B entrance as well as other entrances.

- The Hospital is a five minute walk away from the Westfield Shopping Centre, as well as numerous primary and high schools.

- Within walking distance to TAFE and local library.

- The Centre for Education and Workforce Development (CEWD) offers a range of clinical and non-clinical education programs for Liverpool Hospital staff with the majority free of charge.

- World class research facilities: The Ingham Institute of Applied Medical Research is being built at the doorstep of Liverpool Hospital.

- Liverpool Hospital participates and guides research programs with affiliated universities.

- A salary packaging scheme allows staff to use part of their salary toward 'non-cash benefits' such as their home mortgage, personal loan or rent payments.

- Child care is available on site at the Liverpool Hospital Child Care Centre for more information 9828 5802.

- Staff gym.

- Coffee shop, with selected staff discounts.

- Staff discounts on selected items in the food court.

- The Hospital does its best to provide a work/life balance through flexibility. This may be through part-time work, flexible working hours, job sharing and the various leave available.

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http://www.sswahs.nsw.gov.au/liverpoolRecruitment/training.html

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LIVERPOOL HOSPITAL

Building our future

Home   Our Hospital   Our Values   Our People   Benefits   Training   Jobs   A A A   enter keywords   Search

Centre for Education and Workforce Development

The Centre for Education and Workforce Development (CEWD) specialises in the education and training of the health workforce; offering a comprehensive range of clinical and professional skills development programs and qualifications for Liverpool Hospital staff to ensure that the workforce has the knowledge, skills and behaviours necessary to provide high quality health quality services to their population.

The Centre is the primary delivery site for NSW Health Registered Training Organisation (RTO), providing nationally recognised vocational training programs. The Centre also works in partnership with various universities, most notably the University of Tasmania, to deliver graduate certificates and masters programs.

Currently CEWD has around 300 training programs on offer and in the last 12 months has provided over 115,000 occasions of training service to health staff, mostly in the South Western Sydney Local Health Network (SWSLHN). Programs are available to all health occupation groups.

Below is an overview of the courses and programs offered by CEWD.

Leadership and Management

CEWD provides a range of leadership and management programs and courses to ensure that staff at all levels in an organisation have the management skills required for their current and future roles. Management skills courses offered include:

- Performance Management
- Coaching for Performance
- Take The Lead
- Deliver A Service to Customers
- Deal With Conflict
- Recruit and Select Personnel
- Managing Grievance and Discipline Situations
- Managing the Risk of Corruption
- Group Clinical Supervision
- Accelerating Implementation Methodology

Participants have the opportunity to gain management qualifications at Certificate III; Certificate IV and Diploma levels through our Supervisor Development Program and Management Development Program. Also available is Certificate IV or Diploma of Human Resource Management.

At the postgraduate level a Master of Business Administration (Health Administration) and a Master of Clinical Supervision and Clinical Leadership are available.

Vocational Education and Training

Training at Liverpool

APPENDIX 3 – QUESTIONNAIRE

Liverpool Hospital research project Information Sheet

Title: A study about what has attracted nurses to apply for a job at Liverpool Hospital

What is this survey?

This survey is being conducted as part of the Sydney South West Area Health Service (SSWAHS) and University of Tasmania (UTAS) Doctorate of Business Administration Program. There is just 24 questions and the survey is designed to capture your views and opinions on what attracted you most to apply for a job at Liverpool Hospital. Participation is voluntary. This is not a test and there are no right or wrong answers. We are merely interested in your views and opinions.

The responses you give are confidential. At no time will your questionnaire responses influence your application for employment at Liverpool Hospital or Sydney South West Area Health Service. There will be no relationship between your responses and you getting a job at Liverpool Hospital. Answers will only be seen by me in my capacity as a Doctorate of Business Administration student.

Project Description (paragraph)

Liverpool Hospital experiences many of the same challenges in attracting a workforce in sufficient supply as other Australian Hospitals and hospitals abroad. Liverpool Hospital's challenges focus on increasing its capacity to compete for scarce talent against a backdrop of diminishing national workforce supply whilst in the midst of generational change, and access to available pools of talent (SSWAHS Clinical Services Plan, 2006 & SSWAHS Healthcare Services Plan, 2007). Liverpool Hospital is rapidly expanding into one of the largest hospitals in the southern hemisphere. The purpose of this project is to determine if Liverpool Hospital can increase the number of nurses applying for positions in light of an already limited health workforce and to get a greater understanding of why nursing applicants are attracted to apply for positions at Liverpool Hospital.

Expected Benefits (2 or 3 paragraphs)

o This project will be critical in determining whether Liverpool Hospital has the attractors, and whether the development and implementation of additional attractors will entice additional nurses to work in the newly developed Liverpool Hospital.

o The project will seek to determine whether we can increase the number of quality nursing applications on the basis of an already limited health workforce and decrease vacancy rates.

o The project will contribute to the readers knowledge in the area of recruitment strategies and will provide the executive of Liverpool Hospital and SSWAHS with information regarding the success or otherwise of recruitment strategies at Liverpool Hospital.

o Depending on the outcome, this project may influence future study in the area if additional work is required to adequately staff the new Liverpool Hospital with a sufficient number of nurses.

Responses

For each question, you are asked to select the one response that best fits your views. Please answer all the questions as openly and honestly as possible.

Likert scale responses

Some questions require you to indicate your level of agreement with a statement on a Likert scale from strongly agree to strongly disagree (see example one) or from strongly disagree to strongly agree

- In these instances tick the response that best represents your level of agreement with the statement.
- These questions will also give you the option to provide additional supporting evidence. For example, this may be a brief description or uploading of policies, procedures, minutes from meetings etc.

Likert scale example:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Or

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

Who will see my answers?

The responses you provide are confidential and will remain anonymous. Findings will be made available on request to all who participate and complete the questionnaire in full, but the results will be de-identified i.e. it will not be possible for individuals who completed the questionnaire to be identified.

Questions

For additional information about the project, or if you have any questions, please contact the Chief Investigator Tim Sinclair, General Manager Balmain Hospital on 9395 2001 or Tim.Sinclair@sswahs.nsw.gov.au or the Doctorate of Business Administration supervisor A/Professor Jeff Patrick at Jeff.Patrick@sswahs.nsw.gov.au

Concerns

Should you have any concerns or complaints in relation to the ethical conduct of the project, please contact the Human Research Ethics Committee (Western Zone) Ethics Officer Ms RighaSaroo on 9612 0614.

Please submit the survey with your application paperwork to the Recruitment Unit or complete this survey online at http://intranet.sswahs.nsw.gov.au/surveyforms/?survey=Livnurses or alternatively email it to Tim Sinclair at Tim.Sinclair@sswahs.nsw.gov.auor post it to:

Tim Sinclair
General Manager Balmain Hospital
Executive Unit
Booth Street
BALMAIN NSW 2041

Thank you very much for your participation in this important piece of research. It is greatly appreciated.

1. Please indicate whether you are Male ☐ or female ☐   (Please mark one box)

2. What is your age: _____

3. (a) What is your country of birth? _____

   (b) If you were born overseas, what year did you immigrate to Australia: _____

4. What is the highest level of education you have completed? (Please mark one box)

   1. Up to and including Grade 10   ☐
   2. Grade 12 (or equivalent)   ☐
   3. Diploma/certificate from TAFE (or equivalent)   ☐
   4. Undergraduate Degree / Postgraduate Certificate   ☐
   5. Honours Degree / Postgraduate Diploma   ☐
   6. Masters   ☐
   7. PHD / Doctorate   ☐
   8. Other. Please specify _____

5. In what discipline was the highest qualification you have attained?

   _____

6. Approximately, how long have you worked in nursing? _____ years

7. What classification of position have you applied for: (Please mark one box)

   1. Assistant in Nursing   ☐
   2. Health Care Assistant   ☐
   3. Enrolled Nurse   ☐
   4. Endorsed Enrolled Nurse   ☐
   5. Registered Nurse   ☐
   6. Nurse Educator   ☐
   7. Clinical Nurse Specialist   ☐
   8. Clinical Nurse Consultant   ☐
   9. Nurse Unit Manager   ☐
   10. Nurse Manager   ☐
   11. Other. Please specify _____

8. What type of position have you applied for? (please mark one of the following)

    a)   Full time   ☐   Part time   ☐

    b)   Permanent   ☐   Temporary contract   ☐

9. Have you worked at Liverpool Hospital before?

    Yes   ☐   No   ☐

10. How did you become aware of the position at Liverpool Hospital? (please tick no more than 2 of the following)

a) Internet (Health Jobs)   ☐

b) Internet (Liverpool Hospital website)   ☐

c) Internet (NSW Health website)   ☐

d) Professional association or other Publication   ☐

 Please specify which one: _____

e) Newspaper Advertisement   ☐

f) Position recommended by someone:

        Staff member of Liverpool Hospital   ☐

        Staff member of South West Sydney LHN   ☐

        University   ☐

        Please specify which University: _____

        Other   ☐

        Please specify: _____

11. Did you look for additional information after finding the job

    Yes ☐   No   ☐

    If you answered yes above, please indicate where you acquired this information.

a) Organisation Website   ☐

 b) Contacted convenor for additional information   ☐

 c) Contacted Human Resources for additional information ☐

d) Other   ☐

please specify: _____

12. Were you recruited as part of an overseas recruitment initiative?

    Yes   ☐   No   ☐

13. Are you currently employed as a practicing nurse?

    a)   Yes   ☐   No   ☐

    b) If you answered yes above, please state how long you have been there for?

. _____

14. Why have you decided to leave your current position and apply for a job at Liverpool Hospital?

. _____

_____

_____

_____

15. Did you visit the Liverpool Hospital recruitment website when looking for a nursing position?

    Yes   ☐   No   ☐

16. Liverpool Hospital is working towards 'Magnet Accreditation', an international accreditation process to formally recognise nursing excellence at the hospital. The accrediting process evaluates and recognises healthcare organizations for promoting safe, positive work environments for nurses and encourages professional innovations in nursing practice

Please indicate your level of agreement with the following statement:

Knowing that Liverpool Hospital is working towards 'Magnet Accreditation' influenced my decision to apply for a position at Liverpool Hospital

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

17. Did you see the Magnet Advertisement on the Liverpool Hospital recruitment website?

    Yes   ☐   No   ☐   N/A   ☐

18. Liverpool Hospital is undergoing a major redevelopment which has resulted in development of a brand new nine-storey clinical services building. When the development is complete, Liverpool Hospital will be the largest tertiary facility in NSW and will employee over 1800FTE Nurses.

Please indicate your level of agreement with the following statements:

The Liverpool Hospital redevelopment influenced my decision to apply for a job at Liverpool Hospital because of:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) The opportunity to work in a brand new facility which is well equipped, has a good physical environment and the latest equipment	☐	☐	☐	☐	☐
b) The new amenities (including a staff gymnasium, new retail outlets, access to exclusive staff car parking) and access to child care	☐	☐	☐	☐	☐
c) The career progression opportunities that will become available as the Hospital undergoes a massive expansion	☐	☐	☐	☐	☐

19. Following the Special Commission of Enquiry into NSW Health Services, Commissioner Garling recommended NSW Health embark on a workplace culture improvement program based on Just Culture Principles. Liverpool Hospital has developed and implemented its revised culture and values called 'Our Values'. The values are Patient Centred Care, Open Communication, Respect for patients and each other, Accountability, Teamwork, Innovation, and Supporting and Valuing staff.

Please indicate your level of agreement with the following statement:

The Liverpool Hospital 'Values' influenced my decision to apply for a job at Liverpool Hospital

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

20. Did you see the Liverpool Hospital 'Values' on the Liverpool Hospital website?

Yes ☐ No ☐

21. Liverpool Hospital offers and encourages its staff to undertake a range of professional development opportunities, which are nationally recognised, and range from certificate level courses to Post-Graduate Masters courses. The majority of courses are free of charge to Liverpool Hospital staff. Liverpool Hospital staff are also entitled to generous study leave to undertake their studies.

Please indicate your level of agreement with the following statement:

The professional development opportunities offered by Liverpool Hospital influenced my decision to apply for a job.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

22. Did you see the Liverpool Hospital Professional Development opportunities on the Liverpool Hospital website?

Yes ☐　　No ☐

Other factors which may have influenced you to apply for a position at Liverpool Hospital

23. How much did the following influence your decision to apply for a position at Liverpool Hospital

	Was not an issue at all	Was a minor consideration	Was one of a number of considerations	Was a major consideration	Was the only issue that was important
a) It is close to Home	☐	☐	☐	☐	☐
b) It is convenient to travel to (good public transport and close bus stops and train stations)	☐	☐	☐	☐	☐
c) The position applied for will be a salary increase	☐	☐	☐	☐	☐
d) It is a brand new hospital	☐	☐	☐	☐	☐

with new equipment					
e) It has a child care centre with priority placement for my child/ren	☐	☐	☐	☐	☐
f) It has good opportunities for professional development courses	☐	☐	☐	☐	☐
g) I heard about available positions through 'word of mouth'	☐	☐	☐	☐	☐
h) It has good access to staff parking and I need to drive to work	☐	☐	☐	☐	☐
i) Of Liverpool Hospital's 'Values'	☐	☐	☐	☐	☐
j) It was the 'right' job at the 'right' time	☐	☐	☐	☐	☐
k) It has good opportunities for career advancement	☐	☐	☐	☐	☐
l) It will be challenging work	☐	☐	☐	☐	☐
m) It will provide me with a better opportunity to use my abilities	☐	☐	☐	☐	☐
n) It will be interesting work	☐	☐	☐	☐	☐
o) It is close to schools for my child/ren	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

24. Please indicate the top 3 reasons in order (1 being the most significant) for why you applied for a job at Liverpool Hospital and why?

THANK YOU VERY MUCH FOR YOUR COOPERATION AND TAKING THE TIME TO COMPLETE THIS SURVEY. IT IS VERY MUCH APPRECIATED.

The thoughts you have provided today will greatly assist Liverpool Hospital and the South Western Local Health Network in planning for future recruitment initiatives and ensuring that Liverpool Hospital will be able to attract the number of staff required to operate the largest tertiary hospital in NSW.

Health
NSW Sydney
GOVERNMENT **Local Health District**

memo

Chief Executive

TO	General Manager, Balmain Hospital
FROM	Chief Executive
CC	
SUBJECT	Thesis

Dear Tim

Thank you for the opportunity to review your draft thesis on nursing recruitment at Liverpool Hospital, and in particular what strategies were most successful in attracting staff to Liverpool Hospital. Your research provided some useful insights into what most motivated staff to apply for a position with the hospital.

I note that some of your findings and recommendations from your research might be applicable to other hospitals including those within the Sydney Local Health District (SLHD).

As such, it would be appreciated if you could organise a focus group consisting of Directors of Nursing and Human Resources from within the SLHD to discuss and review your findings and recommendations.

I would also like to attend the meeting. Please liaise with Ms Nerida Bransby, Executive Assistant to the Chief Executive on 9515 9641 to organise a mutually convenient time.

Should you wish to discuss this matter further in the interim please do not hesitate to contact me.

Yours sincerely

Dr Teresa Anderson

Date: 10-9-12

APPENDIX 5 - SUMMARY OF RECOMMENDATIONS FOR FOCUS GROUP

Recommendation 1: Invest in a facility-specific 'work for us' website (including social media)

The use of the internet as a tool is the most effective form of job advertising. The results of this study demonstrated that the information clearly reached the target market. This study highlighted the importance for organisations to invest in a website that provides information to prospective applicants. As Marr (2007) stated, nearly all job seekers use the internet to locate additional information specifically about the job and/or information relevant to the organisation. The evidence found in this research study supported this. Organisations wishing to remain competitive will need to broaden out these strategies. With the increasing use of social media as a communication tool, organisations may wish to consider using this method as a strategy for reaching their target market.

Recommendation 2: Include on each hospital's website their organisational attributes and features

Organisations should publish on their website their organisational attributes and features, as they give prospective applicants an inside view into the organisation and are potentially a marketing advantage. This study has demonstrated that it is highly important to develop a website that provides useful information to potential applicants so that they can make an informed decision as to whether there is a perceived match between the applicants' expectations and what the organisation is structured to deliver. For example, does the organisation's marketed attributes align with the applicants expectations of the organisation? Does the organisation look as though it will be in a position to provide a positive work environment that will lead to a positive work experience?

Recommendation 3: Reconsider undergoing Magnet accreditation if this is only being pursued on the basis of attracting staff to the hospital.

Whilst the majority of participants strongly agreed or agreed that Liverpool Hospital working towards Magnet status influenced their decision to apply for a position with the Hospital, in 99.61% of all responses it did not rate in the respondents' top three reasons for applying for a position with the

case Hospital. To the vast majority of participants in this study, Magnet is not one of the most important attractors to applicants but the literature demonstrated that it is clearly effective in the retention of staff. Based on the evidence from this research, organisations should reconsider undergoing Magnet accreditation if they are pursuing it only on the basis of attracting staff to the organisation.

Recommendation 4: Promote career progression opportunities

The brand new hospital was important to applicants applying for a position with the Hospital for a number of reasons, which included the new environment and new amenities. However, it was more closely linked to career opportunities which was one of the most influential factors for both applicants leaving their current position and was the most frequent response for applicants choosing to apply for a position with Liverpool Hospital. Other healthcare organisations should consider how they are able to promote career progression opportunities to potential applicants and give some consideration to the development and marketing of career progression pathways.

Recommendation 5: Market the hospital's values online

Marketing of the Hospital's values was a key consideration in applicants applying for a position with the hospital. Other organisations should consider marketing their institution's values online. Marketing this information on the website gives applicants an opportunity to compare and determine whether the organisation's values are congruent with their own set of values.

Recommendation 6: Provide an overview of the hospital's education programs online

Professional Development is clearly an important factor for prospective applicants choosing to work with a particular organisation. Organisations might have more success in the attraction and recruitment of staff if they are able to provide an overview on their website of the education programs offered. This will allow applicants to make an informed decision prior to applying for a position and gives an organisation an opportunity to highlight the education opportunities provided.

Recommendation 7: Ensure that position descriptions accurately reflect the responsibilities of the position

The opportunity for prospective staff to use their abilities was the most influential factor in choosing to apply for a position with Liverpool Hospital. Other hospitals could consider addressing this factor on their promotional websites and ensure that position descriptions accurately reflect the key duties and responsibilities that will be expected of the successful applicant.

Recommendation 8: Market a positive and challenging work environment

The work being challenging and interesting was also clearly important to applicants. Staff may be attracted to work within an organisation where there are sufficient motivators or attractors, which the applicant believes will lead to satisfaction in the job. The results from this research have shown that factors which improve employee satisfaction (which are normally associated with retention) can specifically attract applicants to an organisation. These include factors such as career progression opportunities, professional development, making ones job more challenging or stimulating, a supportive workplace culture and mentoring and support. The results of this study demonstrated that these factors could lead to applicants intending to leave their current position to apply for a position at an organisation that the applicants perceive will be a more positive work environment which will better meet their needs.

Recommendation 9: Note that salary is not an attractor and does not need to be extensively marketed

It is a common misconception that salary in itself would be an attractor for prospective applicants. The results of this study demonstrated that organisations do not need to market salary extensively to attract staff.

Recommendation 10: Market the hospital's location and how to access the facility

The Hospital's location was one of a number of considerations for applicants when choosing to apply for employment within an organisation. The Liverpool Hospital website and video provides some

information on the location of the hospital including the type of transport available, so it may be useful

for other organisations to provide information on their websites showing applicants how to access the

facility.

APPENDIX 6 - FOCUS GROUP PARTICIPANT CONSENT FORMS

Health
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GOVERNMENT Local Health District
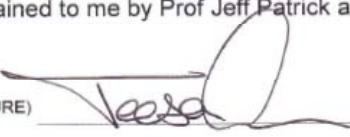
AUDIOVISUAL CONSENT FORM

I, DR. TERESA ANDERSON

of _SLHD_ (Facility)

hereby consent to myself being audio recorded and potentially being named in the research with individual comments being de-identified.

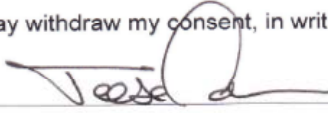I agree to the recordings being taken and used for: (tick whichever is applicable)

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[ ] CLINICAL PRESENTATIONS / MEETINGS

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[ ] TEACHING / TRAINING

[ ] CLINICAL AUDIT

[X] RESEARCH / PUBLICATION JOURNALS

as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _[signature]_   (Date) 18-5-12

_C.E._   _- 0418680060_

(DESIGNATION/POSITION)   (PHONE NUMBER)

I understand that these recordings will only be used for the purpose described

above and that any comments by individuals will remain confidential

I understand that I may withdraw my consent, in writing, at any time in the future.

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AUDIOVISUAL CONSENT FORM

I, KATHARINE SZITNIAK

of SLHD (Facility)

hereby consent to myself being audio recorded and potentially being named in the research with individual comments being de-identified.

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as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _____ (Date) 18/9/12

DIRECTOR OF NURSING + MIDWIFERY 94110493922

(DESIGNATION/POSITION)   (PHONE NUMBER)

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CONSENT FORM

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Local Health District

AUDIOVISUAL CONSENT FORM

I, HAYLEY SCIURIAGA

of CANTERBURY HOSPITAL
(Facility)

hereby consent to myself being audio recorded and potentially being named in the research with individual comments being de-identified.

I agree to the recordings being taken and used for: (tick whichever is applicable)

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[ ]   CLINICAL PRESENTATIONS / MEETINGS

[ ]   QUALITY ASSURANCE

[ ]   TEACHING / TRAINING

[ ]   CLINICAL AUDIT

[X]   RESEARCH / PUBLICATION JOURNALS

as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _____ (Date) 18.9.12.

Operational Nurse Manager _____ 97870243.
(DESIGNATION/POSITION)   (PHONE NUMBER)

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AUDIOVISUAL CONSENT FORM

I, JACKIE MILLS

of ROYAL PRINCE ALFRED HOSPITAL
(Facility)

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[ ] TEACHING / TRAINING

[ ] CLINICAL AUDIT

[X] RESEARCH / PUBLICATION JOURNALS

as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _____   (Date) 18 SEPTEMBER 2012

DIRECTOR HUMAN RESOURCES RPAH   0459 089 769

(DESIGNATION/POSITION)   (PHONE NUMBER)

I understand that these recordings will only be used for the purpose described

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I understand that I may withdraw my consent, in writing, at any time in the future.

SIGNATURE: _____   18 SEPTEMBER 2012
(DATE)

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AUDIOVISUAL CONSENT FORM

I, MAL MCCLELLAND

of SLHD _____ (Facility)

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as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _____ (Date) 18/9/2012

/ WORKFORCE DIRECTOR

(DESIGNATION/POSITION)   (PHONE NUMBER)

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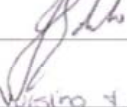
AUDIOVISUAL CONSENT FORM

I, JOANNE EDWARDS

of ROYAL PRINCE ALFRED HOSPITAL
(Facility)

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[ ]   CLINICAL PRESENTATIONS / MEETINGS

[ ]   QUALITY ASSURANCE

[ ]   TEACHING / TRAINING

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[X]   RESEARCH / PUBLICATION JOURNALS

as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _EDWARDS_   (Date) 18/9/12

Director of Nursing & Midwifery RPAH

(DESIGNATION/POSITION)   (PHONE NUMBER)

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AUDIOVISUAL CONSENT FORM

I, ALISON TROTTER.

of BALMAIN HOSPITAL
(Facility)

hereby consent to myself being audio recorded and potentially being named in the research with individual comments being de-identified.

I agree to the recordings being taken and used for: (tick whichever is applicable)

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[ ]   QUALITY ASSURANCE

[ ]   TEACHING / TRAINING

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[X]   RESEARCH / PUBLICATION JOURNALS

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(SIGNATURE) *[signature]*   (Date) 18/9/12

DON BALMAIN

(DESIGNATION/POSITION)   (PHONE NUMBER)

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SIGNATURE: *[signature]*   18/9/12.
(DATE)

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GOVERNMENT Local Health District

AUDIOVISUAL CONSENT FORM

I, DEBBIE MASTERS

of SLHD (Facility)

hereby consent to myself being audio recorded and potentially being named in the research with individual comments being de-identified.

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[ ]   TEACHING / TRAINING

[ ]   CLINICAL AUDIT

[X]   RESEARCH / PUBLICATION JOURNALS

as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) _____   (Date) 18/9/12

GHMPT _____   0417 434 132

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I, HANNAH BARRINGTON

of SLHD _____ (Facility)

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[ ]   TREATMENT

[ ]   CLINICAL PRESENTATIONS / MEETINGS

[ ]   QUALITY ASSURANCE

[ ]   TEACHING / TRAINING

[ ]   CLINICAL AUDIT

[X]   RESEARCH / PUBLICATION JOURNALS

as explained to me by Prof Jeff Patrick and/or Tim Sinclair

(SIGNATURE) HEBarrington   (Date) 18/9/12.

GRADUATE MANAGEMENT TRAINEE   9515 9635.

(DESIGNATION/POSITION)   (PHONE NUMBER)

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