



UHMBT RECRUITMENT AND INDUCTION RESEARCH

What drives people to work at UHMBT?

How can their narratives help us to improve
marketing and recruitment?

A summary report of survey and interview research data

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Background and aims

1. Three aims

This research had three clear aims:

1. To get a better understanding of the recruitment experience when applying to work at UHMBT and to identify ways to improve the application and induction processes (via an online staff survey)
2. Focus more on the experiences of trainee doctors – how might we better support them and improve numbers applying and retention? (Via survey data plus one to one interviews)
3. Focus more on the experiences of student nurses – how can we better support them and improve their experiences of learning here? (Via survey data plus one to one interviews)

2. Using the Kano Model

We encourage the reader to consider The Kano Model whilst reading the findings of this research. This can help us to identify whether we are offering current and future staff:

- **The basics** – e.g. being able to park somewhere near work, or giving new recruits a staff card within a week of starting. Failing to provide the basics leads to extremely bad experiences.
- **Satisfiers** – e.g. flexibility around shift patterns for student nurses or new starter 'meet and greet' events. Satisfiers are not vital, but they do impact greatly on the experience and could significantly reduce drop-out.

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- **Delighters** – e.g. a designated teaching consultant to support trainee doctors on ward. These are very unexpected extras that can really boost your competitive edge.

We can ask ourselves: is UHMBT meeting the basic expectations that new and current staff have? What are the potential satisfiers and delighters, and do we offer any of these? Are there low effort or low-cost satisfiers or delighters that we could offer?

A: Understanding the recruitment experience

3. Who completed the all-staff survey?

- 526 staff; 36% nursing/midwifery, 25% administrative/clerical, 16% allied health, 9% medical/dental
- 20% have worked at UHMBT for a year or less, 20% for 1 to 2 years, 30% for two to three years, and 30% for over three years
- 86% identified as White, 78% as female
- All ages, mainly those aged 30 to 59
- 11% consider themselves to have a long-term illness or disability
- 33% have children under the age of 18 who live with them

4. Applying to UHMBT

- The top three things that were most important to people when looking for a job were: joining a good team of people, salary & benefits, and a challenging role
- When asked how they heard about their job, 42% said it was via an advert, 25% chose 'other method', 19% said via word of mouth and 9% via a recruitment agency (common 'other' answers were retire and return, and TUPE/transfer)
- Before applying, 66% looked at various UHMBT websites, 36% discussed the Trust with other professionals (online or in person) and 23% visited the area. 18% said they looked at the UHMBT social media sites
- Feedback on the application process was positive: 75% agreed it was relevant and professional, 72% agreed it was helpful and friendly, 67% agreed it was efficient and organized, 62% agreed it was timely and responsive

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- 28% said they were offered a job elsewhere but chose to come to UHMBT (for some, it was a job outside of the NHS)
 - 12% said living near the Lake District National Park influenced their decision to accept a job a lot, and 13% said it influenced them a bit. 75% said it had no influence on their decision

Application process – areas for improvement

Respondents were asked if there was anything they wished had been better about the application process. Answers most related to:

- The process taking too long (4+ months)
- Poor and inconsistent communication
- Delays to getting occupational health clearance
- Inflexibility (especially in relation to needing to visit in person for repeated identity checks)
- Too many people handling recruitment so no consistency of communication and contact
- A lack of information / honesty about career structure and opportunities

Comment: There are people keen to work for UHMBT who are facing significant obstacles, and this may be putting some off applying, or cause drop-out, or cause them to not recommend you. How could these be reduced/removed? This is particularly important as their application experience is all about first impressions.

Possible basics: Regular updates (weekly? Fortnightly?)

Possible satisfiers: Reduce length of time from application to start?

Follow-up call one week and one month into role?

Possible delighters: Personal calls from named single contact and from future line manager before starting?

5. Induction process

- Staff experience of the induction process was not as positive as the application process, nonetheless most agreed with the three statements: 66% agreed that induction was engaging and friendly, 56% that it was well organized, and 52% that it was relevant to the role

Induction – areas for improvement

When asked what they wished had been better about their induction experience, common themes included:

- Local induction was often non-existent
- No proper induction because of recruitment during Covid (everything online and very impersonal, little or no contact with line manager)
- Corporate induction was often considered good
- No contract given
- Poor IT set-up
- Wishing there was more relevant, f2f and less online quiz and learning modules
- Difficulties in getting a staff pass / Smart card

Are there any easy wins that could improve the induction experience? Many staff mentioned that they often have questions in the months after starting – could there be a fast route to answers? e.g. designated support Twitter account?

Possible basics: A local induction (relevant to role)

Possible satisfiers: Any time support for questions after starting

Possible delighters: A buddy system with someone who cares about helping new starters? A free weekend walk or monthly (pub) meeting in Barrow or Lancaster for new starters?

6. Working at UHMBT

- In summary: good values and strong communication from Trust HQ, but on the ground, it comes down to which team you end up in. Several had concerns about some managers and some wards. In these cases, some staff talk about a lack of support, bullying, racism.
- 66% said their job is as they expected, 22% say it's better than expected and 13% that it is worse than expected: about 8% of medics and nurses say it's worse than expected in comparison with about 16% of allied health professionals and administrative staff
- Overall, 71% of staff agree or strongly agree that they hope to work here for at least the next three years; for certain roles it is lower. Only 69% of nurses and 66% of medics expect to be at UHMBT in three years

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- "Feeling part of a great team" is UHMBT's (and the NHS's) strength
 - 75% agree or strongly agree that they would recommend this organization as a place to work
 - 69% agree or strongly agree that they can access useful training and development at UHMBT

Persona type and relocation

Multivariate statistical analysis revealed there were three broad groups of staff:

- **Those who didn't relocate** when they came to work at UHMBT were typically on lower pay grades, lived locally before applying for a job, often had children, didn't care about living near the Lakes, and felt salary was especially important to them. They were more likely to be administrative staff.
- **Those who relocated from elsewhere in the UK:** were more likely to be attracted to The Lakes and an outdoor lifestyle, were on higher pay grades, were most interested in lifestyle, work/life balance and research opportunities. They were more likely to be allied health professionals. Only 7% were offered accommodation as part of their appointment and of these, half declined it, so providing accommodation is not that important for these people. 34% had a partner who needed to find a new job; 93% of whom didn't work within the NHS. Of the 7% who did, half found it hard to get a job in UHMBT. 57% had close family or friends in the area, and for nearly all of these people, being nearer to family/friends was an important reason for their

decision to move to the area. Joining a good team of people was more important than salary and benefits, and 32% said that the opportunity to live near the Lake District National Park influenced their decision to accept a job here a lot and a further 32% said it influenced them a bit.

- **Those who relocated from abroad:** were more likely to be male, more likely to want to live near a city, and more likely to be medics. 29% had a partner who needed to find a new job. A third had a partner who could work in the NHS but who had found it hard to find a position in the NHS. 60% were offered accommodation by the Trust as part of their appointment: and only 6% of them declined it, so accommodation is clearly important for these people. Salary and benefits was as important as joining a good team of people. 63% of those relocating from abroad said they travel to work by cycling or walking and 17% by public transport – in stark contrast to overall pattern of travel to work. Only 29% use their own car to get to work. Car ownership is low, so living near work is important to these people.

Lack of parking is a significant issue

76% of staff said they drive to work, 24% cycle or walk and 7% use public transport (some use more than one method).

Many staff feel upset and let down by the lack of access to parking. They are just trying to get to work. They often find the uncertainty around gaining access to parking very stressful. There are concerns about safety - both in terms of coming in early to try to find a space, and parking offsite where lighting is low, and vandalising

may occur. Some feel that this is a direct indication of how they are not valued by the Trust. Quotes include:

- *“Car parking is an often talked about thing. It seems like a small thing, but doctors often have to commute between three and four hospitals, so parking is really important. Many commute up to an hour. If you’ve done a 12 hour shift you want to get to your car fast and not pay loads to park”*
- *“Parking at RLI, no staff permits available, those that have can rarely park on site, street parking has its risks as residents have damaged cars parked in the neighbouring streets, on occasion there’s been verbal abuse from some residents, parking in car parks nearby is approximately £8 per day or £800 for a yearly permit”*

Comment: Many staff find driving far more convenient. Some are working unusual hours and/or across sites. Being able to park safely near work is a basic expectation for many people. Do you want to better meet this need, or work to change their expectation? You could work towards better support for cycling: some are interested but would want access to shower facilities and safe bike storage.

7. Brainstorming potential solutions – general recruitment

We ran a workshop at the end of July to collectively brainstorm issues to address. These are available to view at:

https://padlet.com/tabetha_newman/sc1skdb9vrws093l

B. Student nurse survey and interviews

8. Student nurse survey

We ran a separate version of the staff survey that was specifically for student nurses. We found that:

- 92% are female, 91% identified as White, 14% are apprentice nurses
- 94% did not have to relocate to come and work at UHMBT
- 42% have children under 18 who live with them
- All agree that they enjoy working on ward with another student nurse
- When asked whether the reality of being a nurse meets their expectations at the start, 56% felt the job was as they expected and 41% said it was better than expected

What students like about working at UHMBT

- Students say that most people are very welcoming and enthusiastic, the teams are great to work with, the Trust is small, so you get to know people well and there is a family feel, there is a variety of opportunities and patient groups
- Most are working near home, close to family and friends, so they tend to know people in and out of work
- They want to work for the NHS to make a difference to my local community and access secure jobs and pensions

What students don't like about working at UHMBT

- Student nurses talked about sometimes being treated badly or clearly just tolerated because they are students (both by consultants and other nurses).
- Several mentioned the difficulty in getting all student paperwork completed as ward staff are often so busy (why not digital!)
- Degree students spoke of their frustration that ward staff don't provide them with training and sometimes use them as CSWs when they are paying fees to learn. These students also mentioned the difficulties of trying to work to a 24/7 rota when they may have second jobs or childcare at weekends
- Those with children complained about the lack of flexibility around childcare and the difficulties in getting childcare cover if they were working weekends or nights
- Lack of parking was often mentioned, as was the experience of being on ward where there was a lack of staff – being counted in the ward staff numbers when only a student
- Some mentioned that they were rostered on as a trained nurse or on weekends or bank holidays which they perceived as a cost saving exercise, but which would then prevent them from e.g. working bank or going to their second job
- Distance to placement has significant cost implications and might create public transport nightmares for non-drivers
- On placements students don't get a parking permit and parking on streets feels unsafe especially in winter

Quotes include:

- *"Lack of flexibility for shifts - I have had to stay in a hotel overnight to start at 7am or stay in a hotel as shift finishes 10*

minutes before last bus (bus station is more than 10 minutes away). Allowing students to finish or start 15-30 minutes earlier / later would change this."

- *"It's an hour from home, so makes long days (14hr shifts) a 16hr day as we get no allowance for travel"*

Coaching wards

- 34% said they had worked in a coaching ward in the last two years. Of these, 85% of student nurses agreed that working on a coaching ward gave them confidence and 77% agreed it helped make them feel part of a team
- However, only 56% agreed it provided better skills opportunities in comparison to other wards, and only 42% agreed it made them want to work on those wards in future
- Positive experiences appear highly dependent on the ward and team as well as the context of the coaching (e.g. mix of student years in the group)

Quotes include:

- *"While all the wards were supposed to be coaching wards, on one of them I never worked with another student, on another one it was hit and miss, but when it worked, it worked well... On the third one I always worked with 2 other students, but we were all 1st years who had never worked in healthcare, so we didn't really learn much from each other."*

24/7 shift patterns

- Students understand they should experience working 24/7 shifts: 95% agree that it teaches you about the realities of the job, 73% agree it makes you more likely to feel part of a ward team and 71% agree it is helpful to experience it as a student
- However, there are significant issues with it, notably: other jobs and family commitments are not considered, fitting around university work is hard, travel time isn't included and some students live quite far away, it prevents working bank (which might be vital income to support student status) and it can be annoying when other staff are on enhanced pay
- If they need to work 24/7 sometimes then many ask for flexibility to schedule this into other commitments

9. Interviews with student nurses

Interviews identified the following key issues:

- Most student nurses are living locally before they decide to train – so UHMBT happens to be the local NHS employer rather than a Trust they choose to come to
- Some are second career students, and this could be good as they are settled in the area, but this also means they are likely to have family commitments that should be considered
- Some identified Westmorland as a draw because it is nurse-led: this could be attractive to potential recruits?
- Several said it is frustrating to learn about skills like cannulation or IV but then be blocked from doing this because UHMBT requires nurses to go on a course after qualification to do it – they want to practice whilst learning

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- Several commented about the importance of the support provided to them through the Trust's team of PEFs.

Quotes included:

- *"If it hadn't been for the PEFs employed by the trust I really really would have struggled... Some are seriously overworked but since they took on more they are brilliant, so so helpful. So one message to the Trust is keep ALL the PEFs on because they are so vital. I use them loads. One girl on our course committed suicide and so little from uni but the PEFs came to do welfare check if based in the hospital. It was brilliant of them to do that."*
- *"I have to work bank shifts to help finances as a CSW. But these extra Covid hours mean that I can't work bank as I am too knackered."*
- *"My friend has 3 children is on 3 weeks of nights and no childcare. Nurses doing the rota say "welcome to the world of nursing" but that isn't true! Most know the rota 8 weeks in advance, and they can swap shifts ... so this is just hugely unfair. My friend has had to rely on friends and family to support childcare. If you complain you don't get any help from the rota."*

Degree students are often struggling

- Degree students are paying to learn, so their 'basic need' is to access learning opportunities – they do not expect to be used as a CSW as often as appears to happen. They compare themselves to apprentices (who are being paid) and nurses – who are given more shift flexibility – and they feel this is unfair. They also feel the current system punishes those who choose

to get a university nursing qualification and pits university students against apprentices

- University choice heavily influences the experience for degree students. Lots of very negative comments about the University of Cumbria

Quotes include:

- *"I think 30 people have dropped out because they were sick of the workload, online learning, working and doing uni work, night shifts. There were about 90 started and about 54 left. The uni work is a real extra pressure. I want to be in uni. The online learning is horrid and my grades have gone from 80% to 45% the marking is strict and it doesn't feel as though the markers care. There are no concessions or caring now we are online. My husband has so much support from his employer and in comparison, the wellbeing support is nothing from our uni. If you were feeling wobbly or fragile you had to seek support from them, so bad. They just said don't send an email we are overwhelmed."*
- *"If we are paying for it they should arrange childcare! Not much money to live off and have to fit everything uni work and pay for childcare that is tough"*

10. Improvement opportunities – student nurses

Overall, the research showed that there were a surprising number of obstacles that could prevent people from training as a nurse and/or cause drop-out. It is clearly an uphill struggle for most students, even if they are keen on nursing as a career. Covid has made it worse both because of the reduced university

experience/support and because they have been used on ward as service delivery rather than given training experience.

- How could student nurses be given more flexibility around 24/7 shift patterns so they can accommodate childcare, travel to and from the placement, university work and other paid work commitments?
- How often are student nurses used as CSWs? Is this something that should be discussed with ward managers, with clear expectations set in terms of how often this should happen?
- Could the Trust provide childcare that maps to the shift patterns and hours that nurses work?

11. Brainstorming potential solutions – student nurses

We ran a workshop at the end of July to collectively brainstorm issues to address. These are available to view at:

https://padlet.com/tabetha_newman/zss1kxd7iywd386c

C. Foundation stage doctor interviews

12. Choosing a foundation school

- If based in the UK, trainees make decisions at DEANERY and then HOSPITAL level (not Trust) and the North-West is ranked [sixth overall](#)
- If travelling from abroad, the UK is considered an easy place to get into if you've done a medical degree. These individuals tend to want to live in a big city but avoid London because it is too expensive. Liverpool or Manchester and surrounds feel attractive
- Most trainees stay in the medical school area
- It is hard to 'see' The Trust within North-West Deanery – only the foundation school rankings and then [hospital rankings](#). Track type within a hospital can influence choice
- The Northwest Foundation School website is used heavily and yet it is poorly used. It looks old fashioned in comparison with many others, and it fails to advertise the positives related to coming to the Northwest – with big cities, the coast and national parks all in an hour's radius.

13. Coming to UHMBT

- Coming to FGH or RLI is not the intended plan for most foundation trainees unless they trained at University of Lancaster or lived nearby before med' school
- Some want opportunities to specialize – UHMBT not good for them

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- Those relocating from abroad are nervous and vulnerable on arrival, support is needed and hugely appreciated
 - Some wards have a negative reputation that local medical students are aware of, and will pass on this information to other trainees that didn't train locally

Quotes include:

"Even as a med student [at Lancaster] I knew how bad it was to be a junior doc on the XXX ward or issues with rota team for junior doctors... problems that have been going on for decades. So retention might be hard when that's known."

"For those who do uni locally it is split: either they can't wait to leave because geographically the Trust is very awkward and no real specialist or tertiary centres if inclined to a certain specialty and mainly small local hospitals so not as varied as other areas for training. But others have already got networks and like the area ..."

Hospital 'personalities'

Each hospital has a different 'personality' and it might benefit to make this clearer because trainees often make decisions at hospital level:

Royal Lancaster Infirmary: small city, friendly community and just an hour to Big City life or the wilds of The Lakes

Furness General: friendly community hospital with The Lakes and the seaside on your doorstep

Accommodation

- All foundation students worry about where they will live, and they often have limited time to find it.
- Unless they have a family, living with other foundation students is important: support, informal learning, understanding the job.
- Foundation trainees spend time together outside work, so opportunities for socializing together are very important.

Comment: is there anything you can do to facilitate house shares? Could you buy/build accommodation that provides trainees with modern community living spaces?

14. What's good about being a trainee doctor at UHMBT?

- The cohorts tend to bond quickly because they are small so they get to know one another fast
- Trainees are less likely to 'get lost' and feel able to ask for support and help as the system is smaller
- The friendly vibe in the hospitals is mentioned by several people
- Many talk about the hugely positive support they receive from the team in the postgraduate education centre

Quotes include:

*"I was in a hotel waiting for visa and that's when I realized **the kind humans who work in the education centre**. You have no idea how much this meant to me, being in a foreign country and not knowing one, stuck in a hotel, for them to call and think of me. I thought, if these are the people I will be working with, then what a relief. Truly genuine and*

caring people. They had a really big impact on my overall experience."

15. Issues and problems for trainees at UHMBT

- The main issue identified by trainees is that their experience has mainly been one of service provision and not training
- They have experienced working in some wards that are understaffed and sometimes working as a doctor with no support (not as trainee) - far too much responsibility: huge pressure and anxiety
- Trainees see other doctors are busy – they don't want to approach them
- Several mentioned the slow response of HR and admin' teams, with one saying "the recruitment process is so poor I chose to remain on bank rather than accept a regular position"
- Other problems included poor parking, travel distances and split sites, too many processes and managers to get things done or make improvements, lack of support for progression, and a feeling that poor recruitment would mean they would never develop the service they hope for

Quotes include:

- *"Probably to put into one word rather than training we have been surviving. It has been a battle to just keep on top of the job without then trying to reflect o experiences in the day. There is a huge workload, and this has a huge mental health impact as well and this has been really escalated by the pandemic. I understand some of this is covid relevant but also there is a long-standing history of difficulty here in terms of how stretched F1s are working*

on call shifts and lots of anxiety and lots of spare time spent recovering and recuperating and not really learning in the way you want"

- *"I am de-skilling myself because of the job plan and lack of CSER support for my progression"*
- *"Talking to others who are NW reps our trust has the worst ratio of wards where F1s are expected to cover in comparison to the total number of F1s of all hospitals in Northwest. Plus, one in every four weekends we do one in four either nights or days 9 to 9. And weekends not covered with a day team, only the on-call doctors."*

Lack of quality training experiences

- The focus is on minimum viable 'tick skill off your list in order to pass rotation' not a quality learning experience
- The experience of being a foundation student at UHMBT is very rotation/track dependent, some have a very bad reputation and most interviewees had experienced some negative experiences at some point
- Many felt that they had it worse than those training in other areas (Preston was mentioned positively by several)

Where do trainees see themselves in the future?

- Several trainees are considering GP route (because it offers diversity at lower pressure and better flexibility, and fits with what The Trust can offer – few opportunities to specialize.
- Many will move away, especially those looking to specialize

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- Those who never wanted a rural life will go as soon as they can, even if the experience was good. Trying to persuade these people is largely futile

16. Improvement opportunities – trainee doctors

- Websites sell – can you influence the NW/ foundation pages to better advertise the Northwest?
- Trainees make decisions at Trust and hospital levels - could you better market each hospital by promoting their different 'personalities'?
- Could you target those interested in GP/community in future? Create quality training tracks around GP and community care?
- One trainee mentioned that in another hospital they had a consultant rostered on specifically to support trainees. They would facilitate quality learning experiences and be there to answer questions. This was hugely appreciated not only because it provides quality learning opportunities, but also because it changes the nature of the interaction from 'pulling on the sleeve of a busy consultant' (considered to be annoying them) to being welcomed as a trainee ready to learn. Can UHMBT use this model? It is likely to be extremely well received. The trainee quoted said:

"They do it well in Blackpool where they have a consultant on shift various times of the week. They have a different uniform on and are dedicated to portfolio activities with trainees on shop floor. That is a role that is promoted by royal colleges across the UK. Doesn't happen at RLI... They are exclusively for educational leads. I have asked if we can get this in the department and they said that we do have one, but

they have a clinical educator, but their role isn't the same, they spend their time dealing with cesar issues ... but that doesn't benefit any deanery registrars or core trainees or foundation doctors at all."

17. Brainstorming potential solutions – trainee doctor recruitment

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The End.