

Staff engagement, job complementarity and labour supply of the hospital workforce: Panel data evidence from the English NHS

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EEA-ESEM Summer congress, Milano - August 2022

This research project is funded by the Health Foundation under the «Efficiency Research Programme – Round 3» award scheme.

1

Background



Healthcare workforce crisis in the English NHS...



NHS needs thousands of overseas doctors to plug GP shortage

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England

.ast updated: 26 February 2018

Staffing crisis in NHS laid bare, as new BMA analysis shows that three quarters of medical specialities face shortage of doctors

Shortage of doctors 'means nurses will have to do their work', as experts warn there's not enough qualified medics to fill the gaps in NHS workforce crisis

- · Royal College of Physicians said there are 'nowhere near enough' doctors
- Number of medical school places needs to double to meet patients' needs
- · Benchmarks will be piloted within NHS hospitals so trusts can map staffing levels



By KATE PICKLES FOR THE DAILY MAIL
PUBLISHED: 00:15, 13 July 2018 | UPDATED: 00:29, 13 July 2018

THE

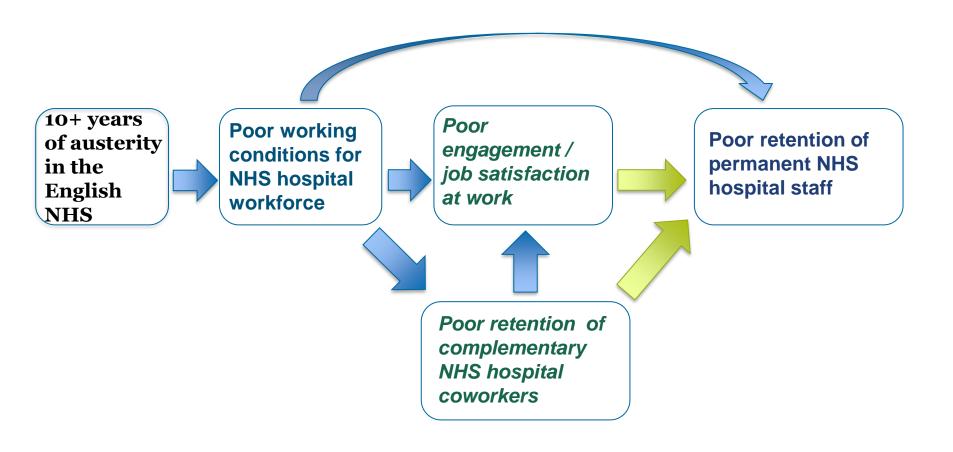
Most junior doctors leave after training

Britain braces for an exodus of E.U. doctors and nurses feeling hurt by Brexit

- ... But also elsewhere:
- projected shortfall of 18 million health workers by 2030 worldwide (WHO 2016)
- In the US about 1.1 million new registered nurses are needed by 2030 (Bureau of Labor Statistics, U.S. Department of Labor, 2021).

DGP and relationships to test





This study – Research Questions (RQs) SURREY

- RQ1: Staff engagement as an output of working conditions and management input
- RQ2: Effect of own occupational group engagement on workforce retention (outcomes: stability index; leaving the NHS) - What is the relationship between staff engagement and the retention of hospital workers?
- RQ3: Effect of own and complementary group retention on workforce retention (outcomes: stability index; leaving the NHS) - What is the relationship between retention of nurses and doctors?
- RQ4: Effect of engagement and complementarities on labour supply intensive margins

This study – key features



✓ Long longitudinal study:

- aggregate data on NHS Trust-level variables from micro-level datasets on administrative staff records
- using high-quality payroll data on universe of NHS hospital employee
- using the largest healthcare staff survey in the world (NSS)
- linkage of NHS workers payroll data with staff survey data
 - Limiting measurement error bias in engagement score
 - consistency in time measurement between retention indicators and engagement indicators

✓ NHS hospital workers' pay is regulated at national level

→ little/no scope for confounding & endogeneity due to more skilled workers' negotiating higher salaries & being more engaged & with higher retention

This study – related literature



- Labour supply (Blundell and MaCurdy, 1999)
- Labour supply, retention of workers in the English NHS (Shields 2002; Crawford et al 2015; Propper et al., 2021)
- Engagement (Schaufeli et al., 2002; Schaufeli, 2013)
 - Shaufeli (2013): "In business, engagement is defined as a blend of three existing concepts (1) job satisfaction; (2) commitment to the organization; and (3) extrarole behavior, i.e. discretionary effort to go beyond the job description."
- Job satisfaction (Clark and Oswald, 1996; Oswald, 1997; Bockermann, Bryson et al. 2013, 2020)
- Health care organization (Propper and Van Reenen, 2010);
 management (Hoffman & Tadelis, 2020; Friebel et al., 2021)
- Impact of co-workers (Jarosh, Oberfield, Rossi-Hansberg 2021)



RQs 2 & 3: Methods

Definition: stability index



Following the NHS workforce statistics, we measure retention with stability indices, S_{ht}^{J} , at staff group and Trust level. We only use staff on active assignments.

$$S_{ht}^{j} = \frac{\sum_{i} I_{i}(\text{worker } i \in \{\text{staff group } j; \text{hospital Trust } h\} \text{ in } [t, t + \tau])}{\sum_{i} I_{i}(\text{worker } i \in \{\text{staff group } j; \text{hospital Trust } h\} \text{ in } t)}$$

- The stability index is the percentage of staff group j working in Trust h at time t and remain in the Trust under same staff group until $t + \tau$.
- We use the overlapping annual measure of retention, where $\tau = 12$, and we use the September_{t+1} stability indices.
- For example, Trust A had 100 nurses in March 2013 and 90 of those nurses remained in their posts in Trust A until March 2014, then nurses' stability index at Trust A for March 2014 is 90%

$$(1-S_{ht}^{j})*100 = %$$
 Workers from group j leaving Trust $h = %$ Churn + % Workers Leaving NHS

What drives hospital workforce retention? A simple framework



A model of workforce retention

$$S_{ht}^{j} = f\left(S_{h,t-1}^{j}; Eng_Score_{h,t}^{j}; S_{h,t}^{-j}; X_{h,t}^{j}; Z_{h,t}^{j}; \mu_{h}; \lambda_{t}\right)$$
(1)

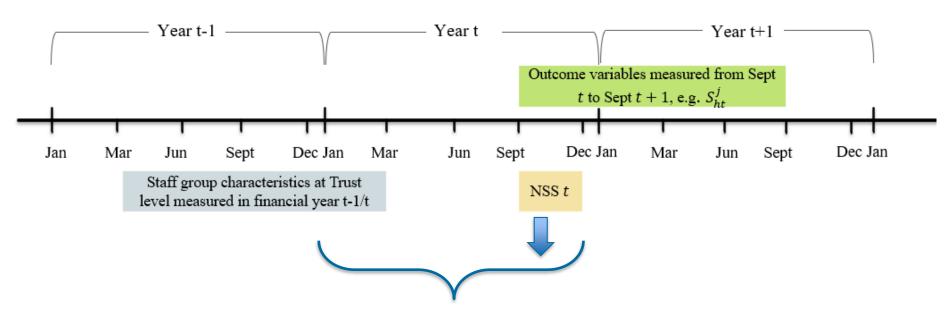
- S_{ht}^j : stability index for occupational group $j=\{\text{nurses, consultants}\}\$ in hospital Trust h, year t
- $Eng_S_{ht}^j$: engagement score for occupational group $j = \{\text{nurses, consultants}\}\$
- $S_{h,t}^{-j}$: stability index for the complementary occupational group in hospital h, year t
- μ_h : hospital time-invariant characteristics;
- λ_t : time trends;
- $Z_{h,t}^J$, time-varying demographic & supply-side controls:
 - \Box % female, average age, Nationality, Ethnicity of group j workers in Trust h at year t
 - Number of competitor hospitals (NHS Trusts or IS sites) within a 30km radius
- $X_{h,t}^j$, time-varying Trust-level controls:
 - \square average hours worked of group j workers in Trust h at year t
 - \Box Gender Pay Gap: male/female monthly pay ratio of group j workers in Trust h at year t
 - \square % Discrimination at work from manager/colleague in last 12 months (j, h, t)
 - \square % respondents doing at least 11 additional **unpaid working hours** per week (j, h, t)

Data structure & empirical strategy I



Empirical specification of interest :

$$S_{ht}^{j} = \gamma_{1} S_{h,t-1}^{j} + \beta E S_{h,t}^{j} + \gamma_{2} S_{h,t}^{-j} + \theta_{1} X_{h,t-1}^{j} + \theta_{2} Z_{h,t-1}^{j} + \theta_{3} R R_{h,t}^{j} + \mu_{h} + \lambda_{t} + \epsilon_{h,t}$$
 (2)



Engagement measured in *t* (from NSS) describes engagement retrospectively, from December *t-1* to November *t*

Estimation:

- ☐ Fixed effect linear regressions: account only for time invariant unobserved heterogeneity
- GMM IV regressions: account for possible feedback effects, e.g. more engaged nurses will be more likely to be retained, but also a Trust with higher retention rate will have more engaged, less burned-out workers

Empirical strategy II: dynamic panel data models



<u>Problem</u>: What if $\mathbf{ES}_{h,t}^{j}$ and $\mathbf{S}_{h,t}^{-j}$ are not strictly exogenous given fixed effects μ_h ? Time-varying endogeneity due to:

- Reverse causality between Engagement and Retention of the same group of workers
- Simultaneity of S_{ht}^{j} and S_{ht}^{-j}
- Self-selection into responding to staff surveys $RR_{h,t}^{j}$

Solution: estimate dynamic panel data model with hospital fixed effects

Empirical strategy III: dynamic panel data models



GMM estimation of

$$S_{h,t}^{j} = \gamma_{1} S_{h,t-1}^{j} + \beta E S_{ht}^{j} + \gamma_{2} S_{h,t}^{-j} + \theta_{1} X_{h,t-1}^{j} + \theta_{2} Z_{h,t-1}^{j} + \theta_{3} R R_{h,t}^{j} + \mu_{h} + \lambda_{t} + \epsilon_{h,t}$$
(2)

- System-GMMs a la Blundell & Bond (1998) with Forward Orthogonal Deviations (FODs)
- Endogenous variables: $S_{h,t-1}^j$, ES_{ht}^j , $S_{h,t}^{-j}$, $RR_{h,t}^j$;
- Predetermined variables: $Z_{h,t-1}^{j}$;
- Exogenous variables: $X_{h,t-1}^{j}$ (demographics char.'s), μ_h , λ_t
- 3 lags of all variables used as "internal instruments" to remove endogeneity bias;
- Two-step estimation with small sample adjustment correction on SEs
- Estimation of Unconditional Quantile Regressions with Trust FE, to investigate the effects of ES_{ht}^j and $S_{h.t}^{-j}$ over the unconditional distribution of S_{ht}^j .





Data

Data sources:

workforce retention



 NHS Electronic Staff Records: monthly administrative collection of NHS organizations staff payroll systems (financial years 2009/10 – 2019/20)

□Information on staff characteristics: gender, age range, ethnicity, perm/temp contract, date of start/end of employment, hours worked, pay, NHS organization, area of work

Monday, 22 August 2022

Data sources



From ESR:

- % female of group j workers in Trust h at year t
- average age of group j workers in Trust h at year t
- % UK/EU/Overseas workers of group j in Trust h at year t
- % BAME workers of group j in Trust h at year t
- average hours worked of group j workers in Trust h at year t
- Gender Pay Gap: male/female monthly pay ratio of group j workers in Trust h at year t

From NHS National Staff Survey (NSS):

- Engagement score and its components (advocacy, motivation, inclusion)
- % Discrimination at work from manager/colleague in last 12 months (j, h, t)
- % respondents doing at least 11 hours additional unpaid hours per week (j, h, t)

From ESR + ONS postcodes + NHS ODS records:

• Number of competitor hospitals (NHS Trusts or IS sites) within a 30km radius

Monday, 22 August 2022

Descriptive stats



Table 1: Summary Statistics

	Nurses				Senior Doctors				
	Standard deviation					Standard deviation			
	Mean	Overall	Between	Within	Mean	Overall	Between	Within	
Outcomes									
Stability index (rate), %	86.397	3.730	2.842	2.425	87.602	4.839	3.248	3.607	
Leaving the NHS rate, %	7.249	2.502	1.839	1.702	6.407	3.317	2.190	2.502	
Sickness absence rate, %	4.495	0.849	0.760	0.384	1.499	0.853	0.667	0.534	
Other lost days absence rate, %	2.521	0.925	0.758	0.532	0.930	0.646	0.473	0.440	
Engagement and components									
by staff group									
Overall engagement score	6.961	0.426	0.302	0.302	7.021	0.602	0.425	0.428	
Component: motivation score	7.373	0.315	0.196	0.247	7.507	0.495	0.293	0.400	
Component: advocacy score	6.584	0.754	0.612	0.444	6.646	0.939	0.725	0.599	
Component: inclusion score	6.930	0.345	0.186	0.291	6.909	0.633	0.400	0.492	
NSS response rate	47.729	8.965	5.889	6.771	47.723	8.964	5.885	6.769	



Yearly pairwise correlations of workforce retention outcomes at NHS Trust level



Years	2010	2011	2012	2013	2014	2015	2016	2017	2018
	Stability Index (Nurses)								
Stability Index (Doctors)	0.16**	0.19**	0.20***	0.15**	0.29***	0.32***	0.23***	0.16**	0.03
NHS Leaving Rate (Nurses)	-0.72***	-0.72***	-0.84***	-0.74***	-0.75***	-0.73***	-0.77***	-0.71***	-0.78***
NHS Leaving Rate (Doctors)	-0.13*	-0.05	-0.19***	-0.09	-0.16**	-0.11	-0.20***	-0.08	-0.02
-	Stability Index (Doctors)								
NHS Leaving Rate (Nurses) NHS Leaving Rate (Doctors)	-0.24*** -0.56***	-0.32*** -0.78***	-0.24*** -0.83***	-0.25*** -0.85***	-0.37*** -0.79***	-0.27*** -0.69***	-0.22*** -0.75***	-0.20*** -0.78***	-0.06 -0.64***
-	NHS Leaving Rate (Nurses)								
NHS Leaving Rate (Doctors)	0.30***	0.27***	0.29***	0.26***	0.32***	0.23***	0.37***	0.25***	0.14*

Notes: Based on a sample of 190 NHS Trusts. *p<0.1; **p<0.05; ***p<0.01.

 Mostly weak correlations (<0.3) between retention indicators of nurses and senior doctors

Back

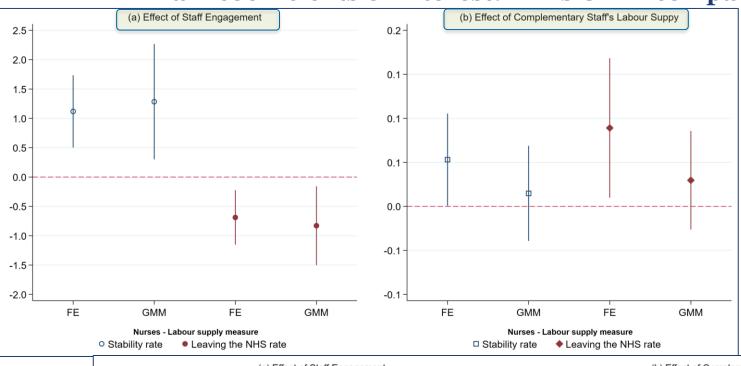
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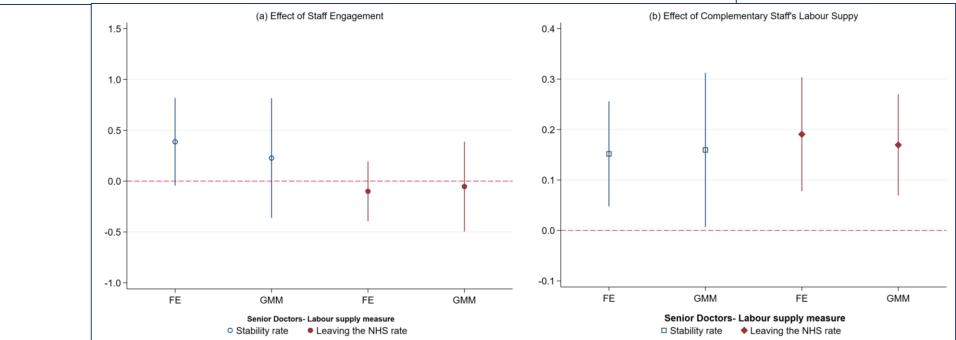




Main Results

Main coefficients of interest: FE vs GMM comparison





Elasticity estimates



Table 7: Elasticities of labour supply retention

	FE	GMM	Unconditional Quantile Regression					
			Q10	Q25	Q50	Q75	Q90	
(a) Nurses' Stability Rate								
Own group engagement	0.090***	0.103***	0.072	0.148***	0.114***	0.079**	0.015	
	(0.025)	(0.040)	(0.072)	(0.048)	(0.036)	(0.033)	(0.037)	
Complementary group stability	0.054**	0.015	0.091	0.054	0.036	-0.000	0.011	
	(0.027)	(0.028)	(0.059)	(0.038)	(0.029)	(0.019)	(0.023)	
(b) Nurses' NHS leavers Rate								
Own group engagement	-0.724***	-0.847**	-0.465	-0.216	-1.174***	-0.576**	-1.432***	
	(0.271)	(0.350)	(0.362)	(0.321)	(0.358)	(0.284)	(0.498)	
Complementary group NHS leavers' rate	0.081*	0.027	-0.014	0.011	0.019	0.048**	0.100*	
	(0.043)	(0.026)	(0.022)	(0.019)	(0.021)	(0.023)	(0.052)	
(c) Senior Doctors' Stability Rate								
Own group engagement	0.031*	0.018	0.050	0.045	0.016	0.001	0.003	
	(0.018)	(0.024)	(0.068)	(0.031)	(0.017)	(0.019)	(0.019)	
Complementary group stability	0.150***	0.157**	0.176	0.273***	0.129***	0.054	0.031	
	(0.052)	(0.076)	(0.186)	(0.071)	(0.047)	(0.044)	(0.054)	
(d) Senior Doctors' NHS leavers Rate								
Own group engagement	-0.119	-0.063	-0.011	-0.133	0.115	-0.208	-0.124	
	(0.177)	(0.267)	(0.370)	(0.228)	(0.219)	(0.222)	(0.370)	
Complementary group NHS leavers' rate	0.227***	0.201***	0.133	0.064	0.144***	0.238***	0.259**	
	(0.066)	(0.059)	(0.153)	(0.071)	(0.044)	(0.060)	(0.104)	

Notes: There are 190 Trusts, and 1,704 Trust-year observations for nurses and 1,701 Trust-year observations for senior doctors. Standard errors are clustered at Trust level and computed with the delta method. *p<0.1; **p<0.05; ***p<0.01. For Nurses' NHS Leavers rate at 10th quantile only, the specification exclude the control for the share of female nurses. For Senior Doctors' NHS Leavers rate at 10th and 25th quantile only, the specification exclude the control for the number of rival hospitals.

Additional results



Labour supply at extensive margins (retention)

- Complementarities in extensive labour supply margins by grade & age
- Controlling for local outside wages or house prices
- Psychometric-based engagement measure
- Staff engagement vs job satisfaction
- Controlling for Junior Doctors NHS Leaving Rates
- Controlling for local support for Brexit
- Separate estimation of Engagement & Complementarities effects
- Unconditional Quantile regressions
- OLS and FEs
- Correlations of nurses' and senior doctors' retention measures
- <u>GMM estimates by staff Engagement components</u>

Determinants of Engagement

Labour supply at intensive margins

- GMM estimates on absences
- <u>UQR estimates on absences</u>
- GMM & UQR estimates on hours worked

Quantitative impacts



Elasticities of Retention to Engagement

- Nurses' stability rates w.r.t. nurses' engagement: 0.1
- Nurses' NHS leaving rates w.r.t. nurses' engagement: -0.85
- No significant effect of Sr Docs's engagement on their own retention

Elasticities of Retention to Complementary workers' retention

- No significant effect of Sr Docs' stability on Nurses' stability
- Sr Docs' stability w.r.t. Nurses' stability: 0.16
- Sr Docs' NHS leaving rates w.r.t. Nurses' NHS leaving rates: **0.2**

Summary & policy implications & SURREY



Main takeaways:

- Engagement matters for retention of nurses, and also their absence rates
- Retention of nurses matters a lot for retention of Sr Docs (Consultants) too
- Improving engagement and retention of nurses in the first instance \rightarrow +ve spillover effects on the retention of Sr Docs as well







Any question?



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Monday, 22 August 2022