

# **Why do nurses leave or stay?**

## **Nurse retention - a global issue.**

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# County of Dorset



- Global factors impacting on nurse retention; relevance to education providers
- Why do nurses leave the profession?
- Burdett funded project: Exploring a universal, evidence-based model for improving nurse retention: TRACS
- Next steps
- Transferability





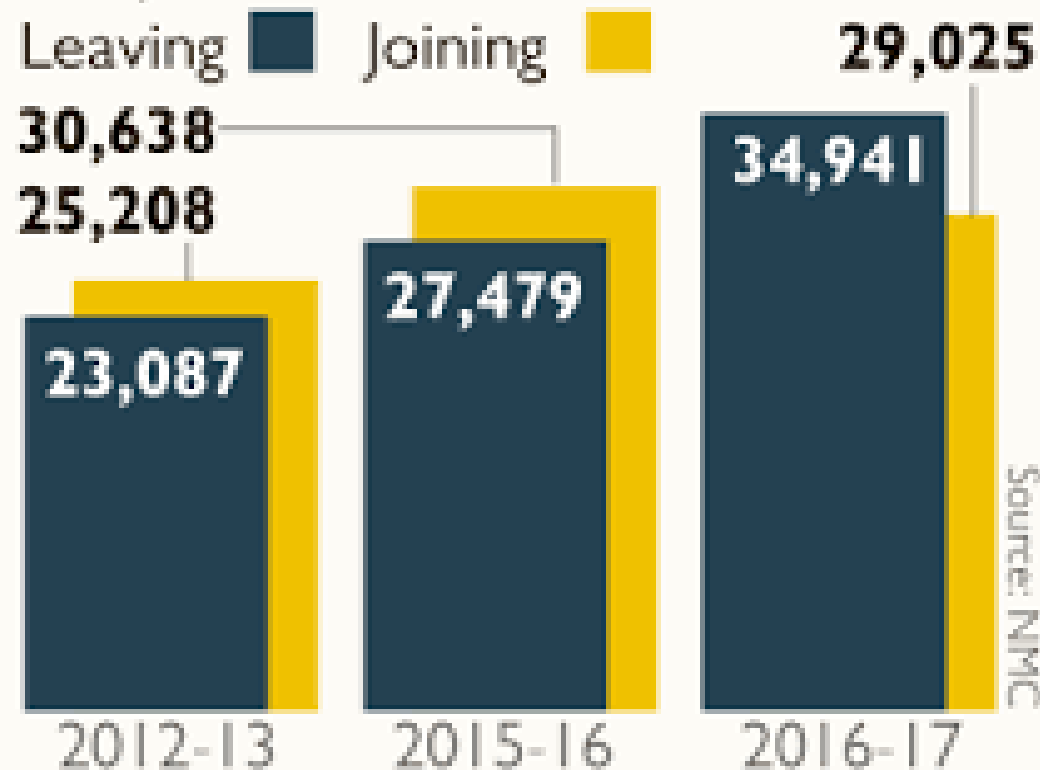
# Why is the relevant for education providers?

1. **Reputation**
2. **Impact** on next generation of nurses and academics
3. Universities and Service Providers supporting **career development**
4. Need for **joint solutions**

# UK Context

## Leaving the profession

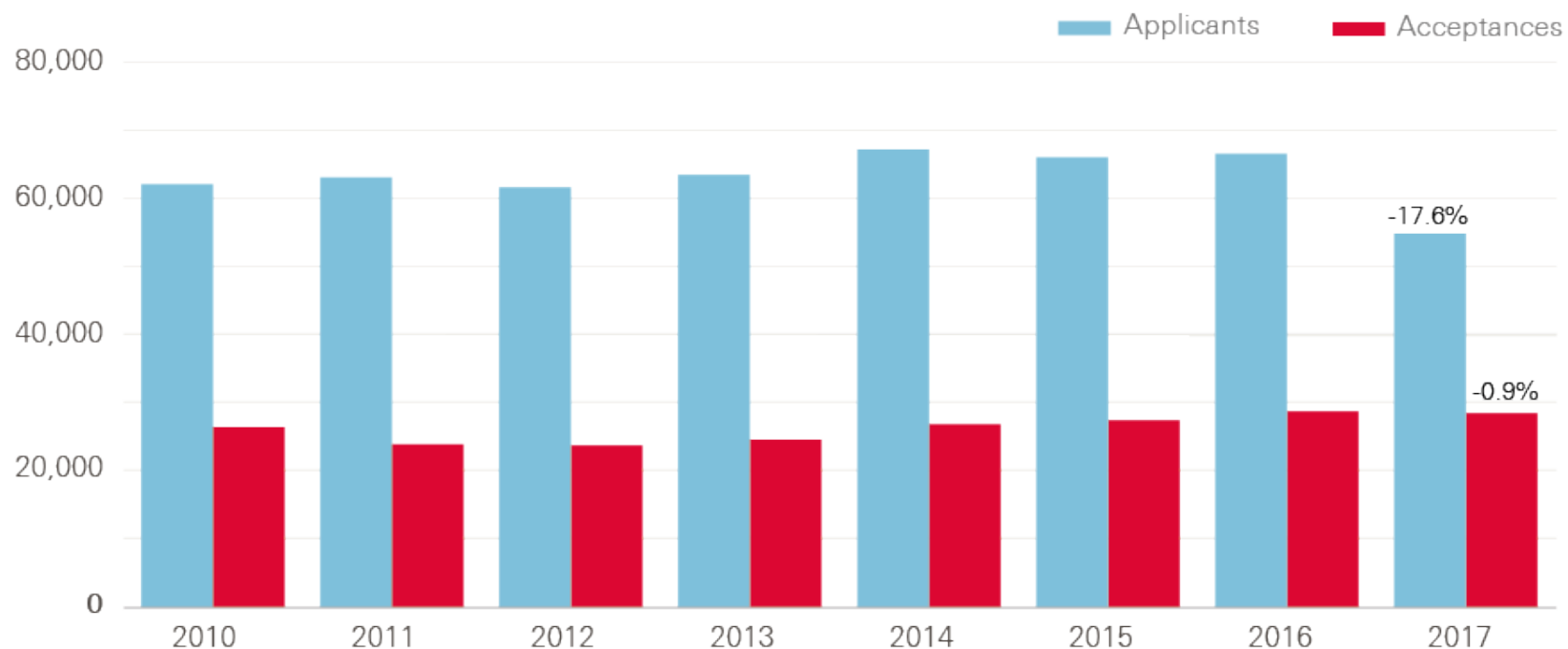
Nurses and midwives registered  
**690,773** end of March 2017





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## Applicants & acceptances for nursing courses in the UK



 **The Health Foundation**  
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Source: UCAS 2017 End of Cycle Report

# Why do nurses leave the profession?



- The RN4Cast European Study
- **42% of nurses** in England suffering burnout, the highest level by country
- Burnout is associated with certain care settings including working with older people
- **Leadership styles** based on *relationships* as opposed to *task* were associated with job satisfaction and increased retention
- Poor nursing leadership was linked with *staff stress/low resilience*.
- Key factors in intention to stay - Engagement and Burnout



# Why do nurses leave the profession, other than retirement?

**Working conditions**  
(eg. staffing levels, workload) **44%**

**A change in personal circumstances**  
(eg. ill-health, child care responsibilities) **28%**

**Disillusionment with the quality of care provided to patients** **27%**

**Concerns about being able to meet revalidation requirements** **26%**

**Leaving the UK** **18%**

**Poor pay and benefits** **16%**



Nurses who left the profession but then decided to return:

**Top reason for initially leaving:**

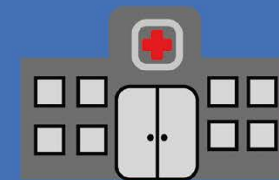
**Lack of flexibility**

**Other reasons:**

**Ongoing education and training opportunities**

**Pay**

**Pressure of work**



Source: The NMC survey of people who had left the register between June 2016 and May 2017.

Total number of respondent: 4,544

Of these, 2,240 did not cite retirement as a reason for leaving.

For this group, these are the top reasons for leaving.

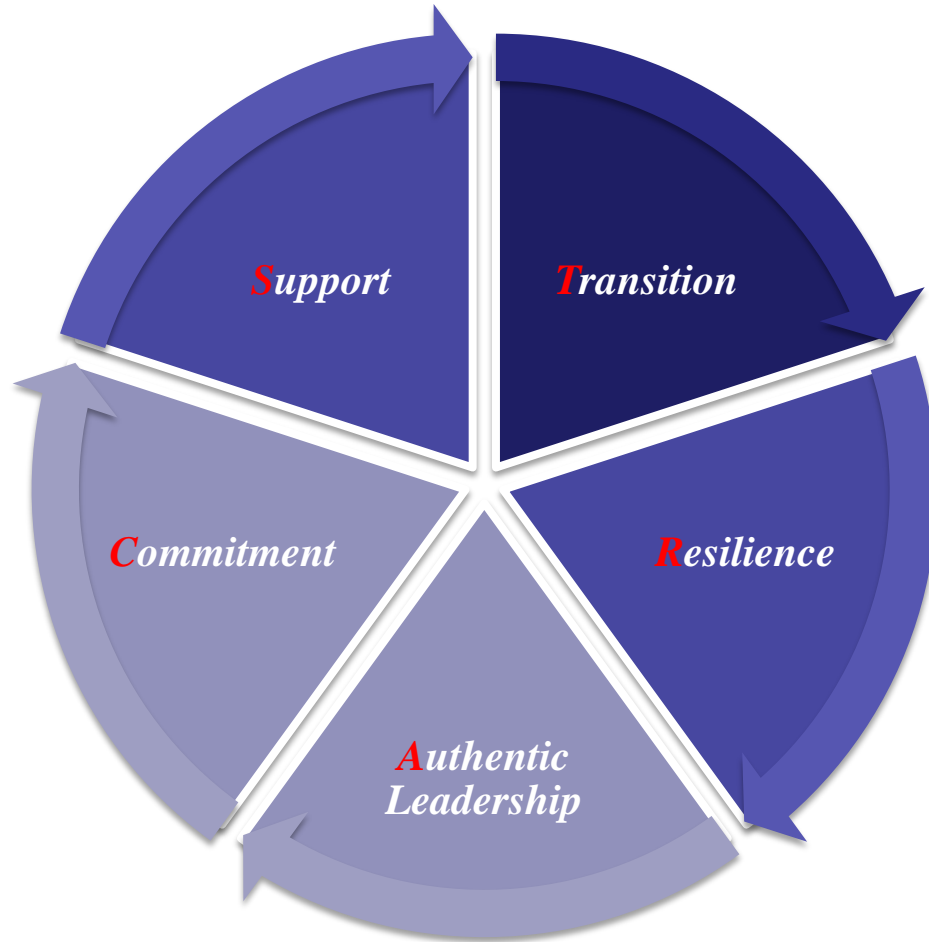
Source: Health Education England – oral evidence

- RBCH NHS Trust
  - Serves urban and rural population of 550,000
  - South of England: tourism key industry
  - High % of older people
  - 10% RN standing vacancy
  - Older Person's medicine directorate (OPM) - highest staff turnover (11.72%)
- Staff survey data
  - Low participation rate OPM nurses
  - Absentee (sickness), monthly staff turnover, % of vacant posts higher in OPM
  - Key issues: resources, valuing work, appraisals, communication

# TRACS study

- Aim: to investigate whether retention of registered nursing staff in one hospital can be improved through the development and implementation of an evidence-based retention model (TRACS).
- Collaborative ‘bottom-up’ approach designed to engender staff empowerment in the process
- Joint project - Bournemouth University Faculty of Health and Social Sciences (FHSS) and the Royal Bournemouth and Christchurch NHS Foundation (RBCH) Trust.
- Funded by Grant from the Burdett Trust for Nursing; project timescale June 2017- May 2019

# TRACS model



# Design: mixed methods

<b>Phase 1</b>	Collate baseline data (NHS staff survey)	Aug-Sept 2017
<b>Phase 2</b>	Pre-intervention Survey of RNs from two directorates using Maslach Inventory and Practice Environment Scale Nursing Worklife Index (PES-NWI)	Oct-Nov 2017
<b>Phase 3</b>	Consultation exercise to inform development of retention strategy	Dec'17- April'18
<b>Phase 4</b>	Implementation of TRACS approach: Older Person's Medicine (OPM) directorate	May'18 – March'19
<b>Phase 5</b>	Post intervention survey	March-April'19
<b>Phase 6</b>	Dissemination	April-June'19



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# Pre-intervention survey results

- Response rate was 39.5% from OPM (58 out of 147) and 48.8% from Surgical (64 out of 131).
- *PES-NWI* composite and 5 subscales scores were similar across both of the directorates, with OPM being slightly more positive which meant greater agreement with the survey.
- *PES-NWI* results showed nurses within OPM reported highest scores (positive impact on work life) that nurses think supportive managers, teamwork, and development through preceptorship are important. Reported lowest scores (negative impact on work life) was the lack of staff.
- The *Maslach* results showed that nurses within the OPM directorate felt a higher degree of burnout than those within the Surgical directorate.



## **Reasons for remaining in job:**

- Convenience, flexibility of work hours, feeling valued and rewarded.

## **Retention aids:**

- Support of a good team and manager
- Feeling heard and appreciated for their hard work.
- Education and further career development resources and support to study.

## **Factors negatively affecting intention to stay:**

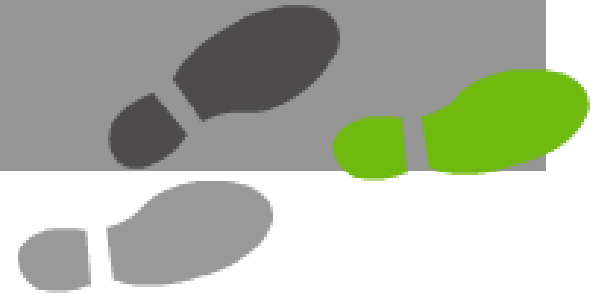
- Poor progression opportunities eg 'Congestion' top of band 5 (junior staff nurse)
- Lack of support with career development and at transition points; appraisals
- Not appreciated for work
- Physical and mental exhaustion
- Culture of 'get the job done' – task focused rather than person-centred
- Inflexible work scheduling
- Voice not heard – top down decision-making

# Implementation of TRACS approach: supporting cultural change





# Next steps



## Phase 4:

*Interactive web portal:* **Add link when available**

-Piloted with senior nurse students

-Implemented Trust-wide; promoted within OPM

*Band 5 development programme*

*Coaching following preceptorship*

*Mindfulness app*

*Action learning sets for nurse leads*

*Retention champions*

*Joint BU/RBCH Career and development clinics*

OPM qualitative data collection

Finalise nurse retention strategy

Phase 5: post intervention survey

Phase 6: dissemination

# Transferability





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# References

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Any questions?

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TRACS website:

<https://research.bournemouth.ac.uk/project/making-tracs-to-improve-nurse-retention/>

