

# Retaining nurses in the workforce: a mixed methods

Vari M Drennan,  
Co-authors Mary Halter, Julia  
Gale, Ruth Harris



This project was commissioned and funded in two parts by NHS Health Education South London part of Health Education England ( 2014 –July 2015, 2016-2017 ). A steering group advised on different aspects of the project.

The views expressed in the report and presentation are those of the authors alone and not those of the funding body (HESL ) , Health Education England or the NHS.

# Background

- Retaining nurses in the workforce is a concern in health care systems internationally .<sup>1</sup> .
- The United Kingdom National Health Service constitution ensures there is a strong suite of human resource policies,<sup>2</sup> but the rate of nurses leaving their jobs has focused attention on retention strategies.
- This study addressed questions of evidence concerning turnover and strategies to retain nurses in a metropolitan area.

1. World Health Organisation (2015) Health Workforce 2030. URL [www.who.int/hrh/documents/strategy\\_brochure2014/en/](http://www.who.int/hrh/documents/strategy_brochure2014/en/) Accessed 1-11-2017

2. Department of Health. (2015) The NHS Constitution. URL [www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england) Accessed last 01-11-2017

# Aim & Research Questions

**Aim** Identify the issues and the interventions to improve retention of adult (field) nurses and reduce the rate of their leaving jobs ,known as turnover.

## Research questions

What is the evidence for the determinants and consequences of adult nurse turnover ?

What evidence is there for effective interventions in retaining adult (field) nurses? And in particular, in NHS acute hospital organisations in a metropolitan area ?

# Theoretical framing :

Rottenberg S. (1956) On choice in labor markets.  
Industrial and Labor Relations Review 9 (2), 183–  
199.



# 5 parts to the study

1. **A systematic literature review** to examine evidence of determinants , costs and interventions of adult nurse turnover,
2. **Analysis of adult nurse workforce data** to identify trends and rates in sub-groups of nurses and by characteristics of their employment context ,
3. **Interviews with senior nurse and human resource managers** across Acute NHS Trusts in South London for views and examples of initiatives to reduce turnover
4. **Interviews with adult nurses and front line nurse managers** across Acute NHS Trusts South London as to their views on the issues and initiatives that might help retain nurses.
5. **Testing workshops with ward managers on action to improve retention of nurses.**



## THE LANCET COMMISSION ON NURSING.

THE Final Report of THE LANCET Commission on Nursing was issued to-day.<sup>1</sup> It will be remembered that the Commission was appointed in December, 1930, to inquire into the reasons for the shortage of candidates, trained and untrained, for nursing the sick in general and special hospitals throughout the country, and to offer suggestions for making the service more attractive to women suitable for this necessary work. The members of the Commission were:—

The Earl of CRAWFORD and BALCARRES, P.C., K.T., F.R.S. (Chairman).

Miss M. D. BROCK, O.B.E., M.A., Litt.D., Headmistress, the Mary Datchelor Girls' School.

Miss L. CLARK, M.B.E., R.R.C., Matron, Whipps Cross Hospital.

Prof. HENRY CLAY, M.A., D.Sc., late Professor of Social Economics in the University of Manchester.

Miss R. E. DARBYSHIRE, R.R.C., Matron, University College Hospital.

Prof. F. R. FRASEL, M.D., F.R.C.P., Professor of Medicine in the University of London, Physician to St. Bartholomew's Hospital.

Mr. A. LISTER HARRISON, J.P., Chairman, Committee of Management, Metropolitan Hospital.

Dr. ROBERT HUTCHISON, F.R.C.P., Physician to the London Hospital and to the Hospital for Sick Children, Great Ormond-street.

Mrs. OLIVER STRACHEY, Chairman, Employment Committee, London and National Society for Women's Service.

Miss EDITH THOMPSON, C.B.E., Member of Council, Bedford College, University of London.

Sir SQUIRE SPRIGGE, M.D., F.R.C.P., Editor of THE LANCET, with

Dr. M. H. KETTLE, an assistant editor, as honorary secretary.

Report and the Introduction. Other excerpts from the Report will appear next week.

### Table of Contents.

#### I.—PREFACE.—INTRODUCTION.

Adaptation rather than Reconstruction—Dependence of the Hospitals on Student Labour—Effect of Shortage of Nurses on the Patient—Safeguards against Over-employment of Nurses.

#### II.—EVOLUTION OF BRITISH NURSING.

Mediæval Developments—The General Decline in Nursing—The Decline of Nursing in this Country—The Part of Certain London Hospitals—Early Efforts at Reform—The British Nursing Orders—Florence Nightingale—Modern Times.

#### III.—THE PRESENT POSITION.

The Barrier to Coöperation—Misconceptions on Both Sides—"What More do They Want?"—The Value of Routine—A Conflict of Ideals—Criticism from Within—Responsibility without Trust—The Traditional Outlook and the Modern Outlook.

#### IV.—SHORTAGE OF CANDIDATES FOR THE NURSING PROFESSION.

(A) *Extent of Shortage.*

(B) *Kind of Shortage.*

Wastage—Suitability a Relative Term—Unpopularity of Nursing among Secondary School Girls.

(C) *Reasons for Shortage.*

The Age of Entry—Hours On and Off Duty—Work and Study—Physical Strain—Social Life and Restrictions—Uniform, Food, and Accommodation—Pay—Superannuation—Professional Status—The Adjustment Required.

#### V.—DISCUSSION OF MAIN REASONS FOR SHORTAGE AND RECOMMENDATIONS.

(A) *The Gap between School and Hospital.*

Classification of the Possible Recruits—Schemes to Provide Continued General Education—Schemes to Provide Special Education: (a) Pre-nursing Courses (Preparatory) (b) Pre-nursing Courses to Give Exemption from the

HOME JOURNALS SPECIALS THE LANCET CLINIC

# THE LANCET


Online First Current Issue All Issues Special Issues

All Content

Previous

Feb 20, 1932

Volume 219  
Number 5660  
p381-434  
Originally published as  
Volume 1, Issue 5660



# Review of the literature

---

A preliminary assessment of potentially relevant literature and its size for review identified approx. **300 published reviews**

Approach:

**Systematic review of systematic reviews**

Review aims:

- to identify high quality evidence of the **determinants and consequences** of turnover in nurses working in the field of adult health care services
- To investigate the evidence for **interventions to reduce rates** of nurses leaving adult health care services

# Review of systematic reviews : determinants - findings

- Nine reviews, reporting 159 primary studies in the nine systematic reviews (23 in more than one review), of observational and/or qualitative designs
- Moderate quality reviews (n=7), poor quality (n=2)

Quality items											Study		
		1	2	3	4	5	6	7	8	9	ID.	First Author, Year	Overall quality score (AMSTAR rating)
Was an 'a priori' design provided?		1	2	3	4	5	6	7	8	9			
Was there duplicate study selection and data extraction?		3	5	8	1	6	7	2	4	9	1	Chan, 2013	Moderate (5/11)
Was a comprehensive literature search performed?		1	2	3	4	5	6	7	8	9	2	Coomber, 2007	Moderate (6/11)
Was the status of publication (i.e. grey literature) used as an inclusion criterion?		1	2	3	4	5	6	7	8	9	3	Cowden, 2011	Moderate (7/11)
Was a list of studies (included and excluded) provided?		8	1	2	3	4	5	6	7	9	4	D'Ambra, 2014	Poor (4/11)
Were the characteristics of the included studies provided?		1	2	3	4	5	6	7	9	4	5	Flinkman, 2010	Moderate (7/11)
Was the scientific quality of the included studies assessed and documented?		1	2	3	4	5	6	7	8	9	6	Li, 2013	Moderate (6/11)
Was the scientific quality of the included studies used appropriately in formulating conclusions?		2	3	5	7	1	4	6	8	9	7	Schluter, 2008	Moderate (6/11)
Were the methods used to combine the findings of studies appropriate?		6	1	2	3	4	5	7	8	9	8	Toh, 2012	Moderate (7/11)
Was the likelihood of publication bias assessed?		1	2	3	4	5	6	7	8	9	9	Wagner, 2007	Poor (3/11)
Was the conflict of interest included?		1	2	3	4	5	6	7	8	9			

Yes
  No
  Can't answer



# Determinants and consequences

---

## Picture of multiple determinants of adult nurse turnover:

- at the individual level - nurse stress and dissatisfaction being important factors
- and at the organisational level - managerial style and supervisory support factors holding most weight.

# Review of systematic review: interventions - findings

- Seven reviews, reporting 164 primary studies (18 in more than one review), of quasi experimental or experimental designs
- Moderate quality reviews (n=6), poor quality (n=1)

Quality items	Study							Overall quality score (AMSISAR Rating)
	1	2	3	4	5	6	7	
Was an 'a priori' design provided?	1	2	3	4	5	6	7	
Was there duplicate study selection and data extraction?	1	6	4	5	7	2	3	
Was a comprehensive literature search performed?	1	2	3	4	5	7	6	
Was the status of publication (i.e. grey literature) used as an inclusion criterion?	1	2	3	4	6	5	7	
Was a list of studies (included and excluded) provided?	1	2	3	4	5	6	7	
Were the characteristics of the included studies provided?	1	3	4	5	6	2	7	
Was the scientific quality of the included studies assessed and documented?	1	2	3	4	5	6	7	
Was the scientific quality of the included studies used appropriately in formulating conclusions?	1	2	3	4	5	6	7	
Were the methods used to combine the findings of studies appropriate?	2	6	1	3	4	5	7	
Was the likelihood of publication bias assessed?	1	2	3	4	5	6	7	
Was the conflict of interest included?	5	1	2	3	4	6	7	

ID.	First Author	Year	Overall quality score (AMSISAR Rating)
11	Chen, 2014	2014	Moderate (7/11)
22	Cowden, 2011	2011	Moderate (6/11)
33	Larley, 2013	2013	Moderate (6/11)
44	Park, 2010	2010	Moderate (6/11)
55	Rush, 2013	2013	Moderate (5/11)
66	Salt, 2008	2008	Moderate (7/11)
77	Swenty, 2011	2011	Poor (3/11)

# Review: Interventions - findings

Interventions reported to decrease turnover in moderate/high quality reviews:

At the individual level :

- Supportive programmes of transition or development for newly qualified nurses
- Supervision support

At the organisation or group level

- Group cohesion
- Team orientated intervention

Limitations - interventions: narrow range of interventions reported and tested with a narrow range of nurses

Halter M, Pelone F, Boiko O, et al. Interventions to Reduce Adult Nursing Turnover: A Systematic Review of Systematic Reviews. *Open Nurs J.* 2017 Aug 15;11:108-123. doi: 10.2174/1874434601711010108. eCollection 2017.

# Workforce data analysis: methods

## Data sources

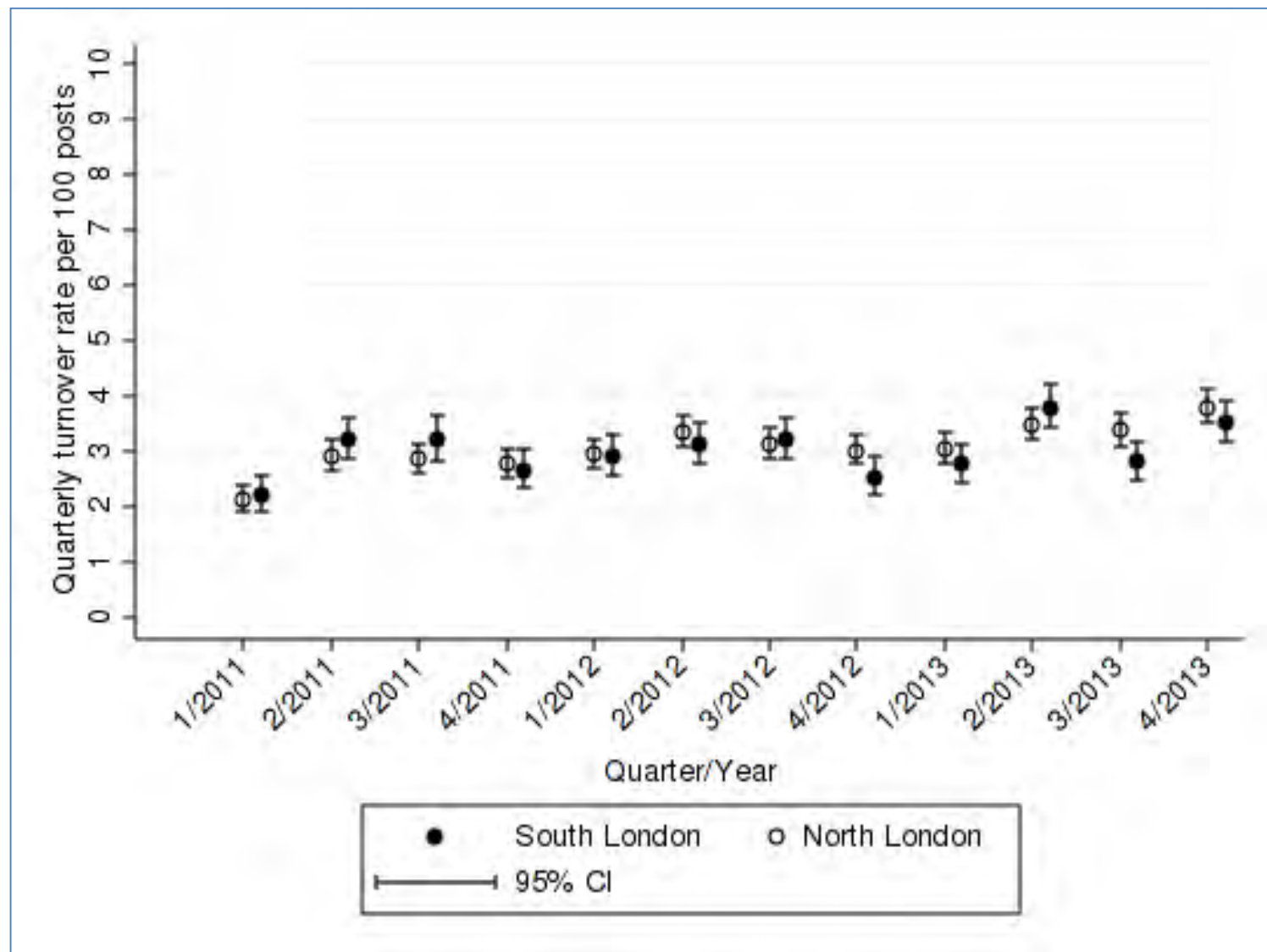
- Anonymous data from the electronic personnel record (EPR) for registered nurses provided by the funder ,
- Data files for all leavers from nursing posts in London between March 2011 and March 2014 were cleaned and reduced to relevant roles.

## Analysis

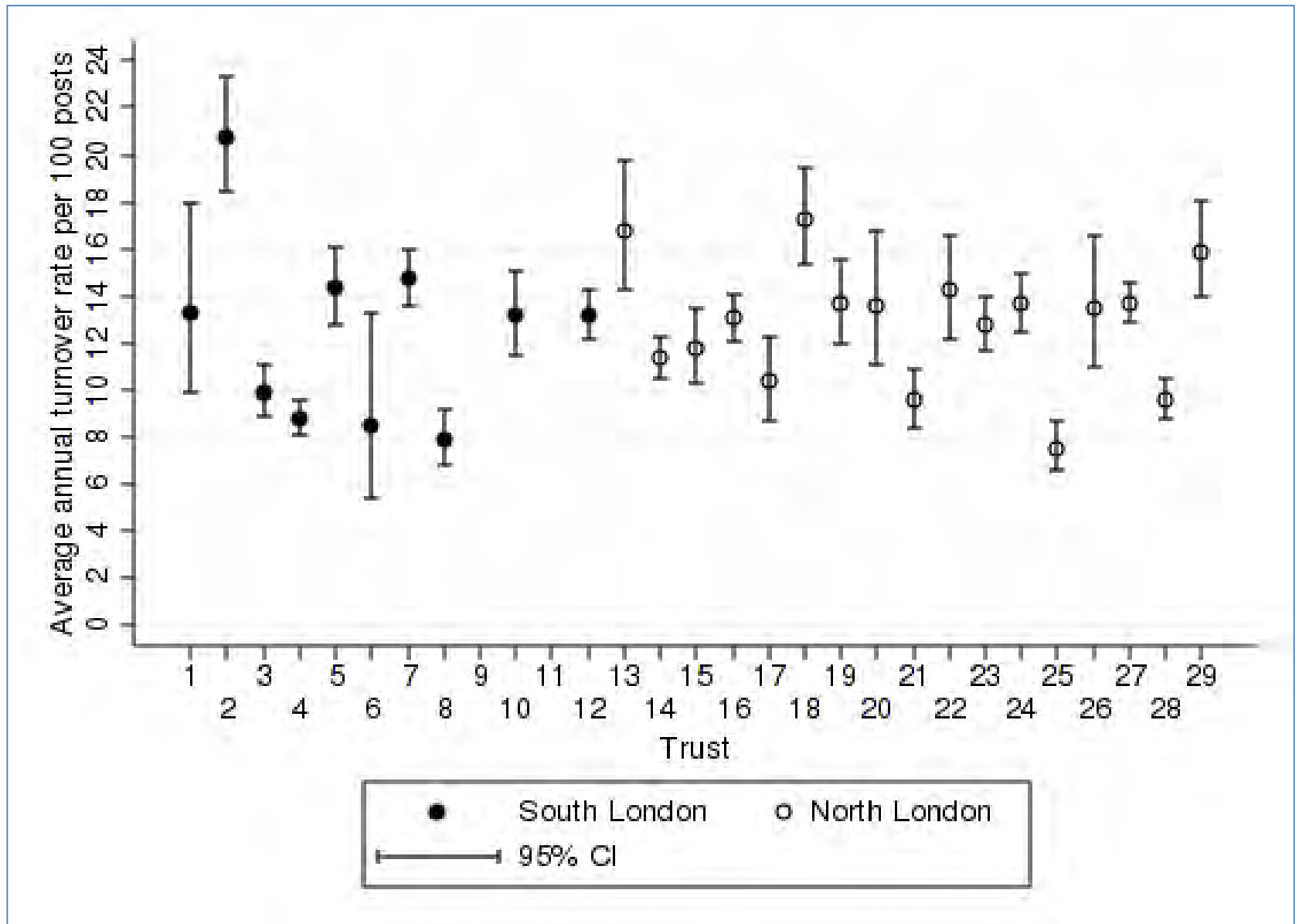
- Rates of leavers, leavers within 6 months, and leavers within 1 year , by: organisation , age , sex , ethnicity , speciality,
- Poisson regression was used to adjust for potentially confounding factors



# Quarterly turnover rate of adult nurses 2011-2013



Average annual turnover rate of adult nurses by Trust





Area of work	Annual turnover rate per 100 posts
Primary Care	14.36 (10.85 to 19.02)
<b>General Medicine*</b>	14.87 (13.55 to 16.31)
Clinical Haematology	14.97 (11.77 to 19.04)
<b>Elderly Care Medicine*</b>	16.10 (14.05 to 18.45)
<b>Neurology*</b>	16.55 (13.56 to 20.19)
<b>Cardio-thoracic Surgery*</b>	16.97 (13.69 to 21.03)
Stoma Care	17.02 (6.52 to 44.41)
Infectious Diseases	17.33 (9.96 to 30.14)
<b>Palliative Medicine*</b>	18.97 (12.61 to 28.52)

Table 4.3. Turnover rate by NWD secondary area of work by rank order in South London

\* = significantly higher than the overall South London figure of 12.43

# 12668 nurses leavers

- 2578(20%) for 'negative reasons'
  - i.e. pushed from their post



- 5589 (44%) 'positive reasons'
  - i.e. pulled to another post



**BUT 4501 who could not be classified (36%)**

# Interviews with senior nurse and human resource managers of NHS acute Trusts across South London for views and examples of initiatives to increase retention /reduce turnover

	Numbers	
	Inner London	Outer London
Senior nurse managers	8	4
Senior human resource managers	4	4

# Findings: senior nurse and HR managers

- Turnover as a positive but problematic concept

*“Nurses have many choices in what job they do and where they work at the moment”.*

- Recruitment and retention as seen as priority to reduce cost and human consequences
  - The need to retain experienced nurses in their workforce, and grow their senior nurse cohort and successors,
  - To keep vacancy rates as low as possible because of the consequences for colleagues (see ‘the vicious circle’),
  - Reduce the costs of use of agency nurses to cover vacancies ,
  - Reduce the costs of recruitment and induction to their Trust.

# Senior nurse and HR managers

- Focused on both filling vacancies and also improving retention as there was seen to be '*vicious circle*' of vacancies impacting on retention.
- Senior nurses segmented their nursing workforce to address different types of retention issues over:
  - the life course
  - the career course of nurses.



# Key elements in Trusts:

- Strategy and leadership
- Use of data and information to understand the local issues (ward dashboards , reasons for leaving analysis, nurse engagement strategies ).
- Examples were given of actions addressing issues in:
  - a) remuneration and cost of living,
  - b) progressing a nursing career and progression across the different types of nursing work,
  - c) the work environment.





# Actions on remuneration

- High cost area supplements - e.g. parity between sites in the same Trusts,
- **Myth-bust on agency salaries – e.g. modelling long term earnings and pensions in NHS,**
- Grading of clinical specialist posts,
- Grading within band 5 – e.g. band 5.5 posts ,
- Affordable housing – discussions with Local Authorities .



# Progressing a nursing career and work environments

- All had preceptorship programmes for newly qualified,
- One year rotation programme for newly qualified nurses,
- Programmes/mentors for newly recruited overseas nurses,
- Making it easier to change jobs within the Trust without re-applying to the organisation
- Development programmes for band 6 and aspiring band 7 staff
- Team building activities

Drennan, V, Halter, M, Gale, J, Harris, R (2016) Retaining nurses in metropolitan areas : insights from senior nurse and human resource managers. *Journal Of Nursing Management*, *J Nurs Manag.* 2016 Jun 13. doi: 10.1111/jonm.12402



#### 4. Interviews with adult nurses and front line nurse managers in Acute NHS Trusts across South London as to their views on the issues and initiatives that might help retain nurses.

	Number of nurses	
	Inner London	Outer London
Group interviews	7	3
Type of nurses in the group		
Newly qualified nurses and band 5	30	20
New to the UK (band 5)	5	37
Nurses band 6 (junior ward managers, specialist nurses)	3	19
Ward managers/sisters/charge nurses	40	0
Community nurses	13	0
Total	91	76

# 'Good reasons' for leaving a post = the pull

---

1. Increasing their experience ,skills , knowledge of other clinical specialities ,
2. Opportunities for training and development,
3. Improved chances of a grade 6 career pathway,
4. Better balance between work and life outside work
5. Promotion,
6. Increased pay for a similar post in the NHS either graded differently elsewhere or on higher scale points,
7. Higher pay rates for the same work as an temporary staffing agency nurse.



# Examples of suggestions for counteracting the 'good reasons ' to leave

---

- Create an internal job rotation scheme for qualified nurses so they gained experience of different specialities or part of specialities in the same Trust ,
- Map out a pathway that led to progression to a grade 6 post , or the next graded post, within that Trust,
- Ensure the opportunities for training and development are articulated for every speciality and all grades in a Trust,
- Offer opportunities for short term project work for more experienced nurses looking to build a specialist or management career.

# Talking to nurses and ward managers

## Negative factors that push nurses from their jobs:

- Remuneration and the cost of living ,
- Management practices,
- The impact of nurse vacancies,
- Working patterns, patient acuity and staffing,
- The attitudes of patients and relatives,
- Different sub groups of nurses have some specific factors :
  - the older nurses,
  - the new to the profession ,
  - the international nurses,
  - and the community nurses.





The newly qualified nurses pointed to combinations of factors being likely to make nurses leave rather than one:

*“ you know you are going to be new and having to learn , working shifts and that , not great money for London . Then you find the shifts are short staffed , you’re working with agency nurses who won’t do things, relatives start complaining , someone is not nice to you ...and then on top of that you’re given a rota with all nights and weekends – it’s that one extra thing on top of the rest” .*

# Talking to nurses

- Adult nurses and their immediate front line nurse managers offered solutions, many of which resided **in good management practices and equal and full implementation of the human resource policies.**

*'If you work as a team everything is easier'*

- Given the layering of factors that were thought to influence the decision to stay or leave – perhaps the following are ones that make the tipping point and could be addressed:
  - **perceptions of equitable treatment with others,**
  - **being involved in decisions that affect their work and working environment,**
  - **being valued as a team member,**
  - **being supported and praised and**
  - **simply being treated kindly.**



# Retention workshops with ward managers

---

- They were able to compare and contrast ward nursing organisation and practices now with previous points in their working lives and in other countries .
- Did the ward level organisation/practices promote the concept of the 'team' (group cohesion ) or promote individualistic nursing within a shift, and across time ?

# Summary

- Enduring issue (NB NHS Improvement work on Retention & Capital Nurse),
- We have to understand the nursing workforce within the wider labour market ,
- Some evidence of interventions that make a difference for some groups e.g. newly qualified,
- Senior nurse leaders and managers – key role in understanding local data , local issues and developing organisational solutions e.g. career pathways, as well as demonstrating good management practices ,
- Front line nurses and managers – key role in demonstrating good management practices for the individual and for the group,
- Questions :
  - as to whether the organisation of nurses/nursing work at the ward level promotes team working (group cohesion ) or the opposite ?
  - If the organisation of the nurses/nursing work promotes group cohesion – does that help improve job stickiness , particularly in the specialities with the highest turnover rates ?



# Thank you – thoughts, observations ?

Vari Drennan , Professor of Health Care & Policy Research  
[v.drennan@sgul.kingston.ac.uk](mailto:v.drennan@sgul.kingston.ac.uk)

## Full report

<http://eprints.kingston.ac.uk/33053/7/Drennan-V-33053.pdf>

### *Also published*

Drennan, V, Halter, M, Gale, J, Harris, R (2016) **Retaining nurses in metropolitan areas : insights from senior nurse and human resource managers.** Journal Of Nursing Management, J Nurs Manag. 2016 Jun 13. doi: 10.1111/jonm.12402