



Transition, Resilience, Authentic leadership, Commitment, Support: Making TRACS for retention - Testing a universal, evidence-based model for improving nurse retention

Final report



“I’m very passionate about what I do. I’ve worked here for three years now and I couldn’t even imagine doing anything else. ... I had my consolidation as a student nurse here and I had a really good team and that’s what made it for me. I’m really passionate about this client group now but I never used to be. It wasn’t really like something I’ve always aspired to be, an older person’s nurse, it’s just something I’ve grown into and developed a passion for.”

(Registered nurse, Older Person’s Medicine)

“Obviously you need the humanised care framework, [it] is big in terms of the care, but for me I think perhaps that needs to be looked at in terms of the staffing and for people to feel...I mean how are they expected to give humanised care if they don’t feel humanised themselves?”

(Registered nurse, Older Person’s Medicine)

EXECUTIVE SUMMARY

Nurse retention: a global and national concern

Globally there is a shortage of registered nurses (RNs). The World Health Organisation predict 9 million more nurses will be required worldwide by 2030. Currently within NHS hospital and community health services in England, there are approximately 40,000 reported vacancies in substantive nursing posts. It is of concern that the Nursing and Midwifery Council (NMC) register revealed that more nurses were leaving the register than joining it. Whilst this has since stabilised slightly, one in three nurses in the UK are due to retire within the next ten years. The situation is further compounded by attrition in pre-registration nurse education programmes, in places up to 25%. Nurses account for 50% of the healthcare workforce and are central to care provision. With unprecedented demand for healthcare arising from people living longer with multiple physical and mental health conditions, the contribution of RNs is vital. High nurse turnover and absences quickly affect quality of care outcomes.

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to evaluation. None the less the project case study approach provided an in-depth insight into factors influencing retention in one large hospital. Whilst the project objectives were achieved, it would be valuable to revisit their impact after a year.

As the project unfolded, it became increasingly apparent that the factors that impacted on nurse retention were complex and multifaceted, influenced by personal, organisational and societal factors meaning in reality no one solution was likely. In short nurse retention could be portrayed as 'a wicked problem', made more challenging by the heavy physical and emotional workload associated with nursing in OPM. National initiatives have emerged since project commencement and it is encouraging to note that similar issues featured within our research.

TRACS study recommendations:

- 1) support and nurture leaders who build team relationships based on and mutual respect (Authentic leadership);
- 2) develop organisational working processes that engage staff at all levels and overtly value their contribution (Valuing staff);
- 3) prioritise staff development and training, ensuring adequate resources to release RNs from clinical duties and promote career development resources and support (Staff development);
- 4) provide opportunities for flexible working and embed staff work/life balance as a key measure of job satisfaction (Supporting health and wellbeing);
- 5) provide readily accessible and up to date information to support coping for day to day workplace challenges, signposting additional help.

Limitations

The project timeframe left a very limited amount of time to embed the project interventions and evaluate their impact. Further work is required to explore this. In addition caution is required in interpreting the research findings due to low participant numbers probably as a result of extenuating contextual factors such as the imminent Trust merger as well as winter pressures at the time of data collection which impacted on the achievement of a more rigorous and extensive evaluation of the implementation of the web-based resource and other interventions. None the less the collaborative process of the project implementation as described in the narrative, indicates that the project acted as a catalyst and focus for Trust nurse-led activities around nurse retention, leading to personal and organisational



