

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

Final report



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“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.

Whilst evidence exists concerning factors and interventions linked to nurse retention, the research is on a small scale and has mixed results. Recent surveys suggest that apart from changing personal circumstances, the top reason for leaving the profession is working conditions, including staffing levels, high workload and disillusionment with care quality provided to patients. Although top-down interventions have their place, approaches that empower nurses at all levels to highlight factors that support intent to stay and ways to support this, would appear to be a positive way to make improvements that genuinely affect job satisfaction. TRACS was a collaborative nurse-led project with this ethos at its heart.

TRACS: a new evidence-based conceptual model to improve nurse retention

Following the award of a grant from the Burdett Trust for Nursing, the team at Bournemouth University conducted an extensive literature review; they identified five recurring factors related to nurse retention and created a new evidence-based conceptual model (TRACS) to be tested in one care setting with the potential for transferability across the NHS.

Bournemouth University (BU) collaborative project with Royal Bournemouth and Christchurch NHS Foundation Trust (RBCH) to support nurse retention in the Older Person's Medicine (OPM) directorate.

This study answered the Burdett Trust for Nursing's call for research that is *nurse-led*, tackles nurse retention and *empowers nurses* through the process. This two-year case-study used a collaborative 'bottom-up' approach designed to empower staff through engagement with the issues affecting "intent to leave" and create solutions to improve nurse retention. The focus was Older Person's Medicine as this directorate had the highest nursing staff turnover within the Trust.

Project aim and methods

The purpose of this study was to investigate whether retention of registered nursing staff in one hospital (RBCH) can be improved through the collaborative development and implementation of an evidence-based retention model (TRACS). A participative, mixed method research approach involving five phases was used: 1) Test TRACS model in one high-risk directorate (OPM); 2) Construct a web-based nurse retention support resource incorporating the TRACS model; 3) Co-

create evidence-based retention interventions and strategy with key stakeholders using the TRACS model; 4) Evaluate approach and prepare to roll-out to all Trust Directorates; 5) Project output dissemination.

Delivery of project plan: two integrated elements

This two-year ‘real-world’ research project, by its very nature, had to be flexible and responsive to on-going contextual challenges affecting the NHS Trust over the project timeframe. Improving nurse retention was the identified problem and the solutions were generated in collaboration with those affected. Running alongside was a formal research study to evaluate the interventions. Both elements yielded valuable learning; for clarity each is reported separately:

1) Narrative of collaborative processes involved in project implementation

A steering group (SG) representing key stakeholders at all levels within RBCH and beyond was set up at project commencement. As the project progressed it became clear that the factors influencing nurses’ decisions to leave or stay were complex and multifactorial, being both personal and organisational. The team found that whilst RBCH Trust had some innovative developments already in place, many nurses were unaware of these and uptake was low. The SG acted as a catalyst to focus Trust efforts on nurse retention, incorporating contributions from nurses throughout the project at many levels:

Nurse participation	Retention interventions
NHS project manager	Liaised with senior nurse team; encouraged RN participation in dissemination activities; communicated contextual issues (eg effects of winter pressures) to project team
RNs at all band levels: SG and consultation events	Ideas and development of one-stop-shop web-based information and support resource: http://support4nurses.uk/index.php
OPM matrons and Deputy Director of Nursing	Facilitated access to baseline HR data; supported RN survey, interview recruitment; nurse retention strategy steering group
OPM and Surgical directorate RN survey responses OPM RN interviews	Informed development of web-based information and support resource
Ward based RNs from 3rd directorate on SG	Closed face-book support group; advocated clinical educator post for OPM
Trust education department leads	TRACS incorporated into preceptorship, nurse career pathway; joint RBCH/BU nurse career clinics

2) *Evaluative research project method and findings*

A mixed method approach was used, and ethics approval gained from the university and the Health Research Authority (HRA). Four stages of data collection were employed:

Method	Participants	Number
Extract and interrogate NHS survey data	Nursing staff OPM and surgical directorates	2016 and 2017 surveys
Pre-intervention survey: Practice Environment Scale-Nursing Workforce Inventory (PES-NWI) and Maslach Burnout Inventory (MBI) instruments.	OPM directorate RNs (intervention group) Surgical directorate RNs (control group)	n=147 (Response rate 39%) n=131 (Response rate 48%)
Pilot of http://support4nurses.uk/index.php resource	Final year adult nurse students	72 (Response rate 51%)
Interviews	Older Person Medicine RNs	n=18
Post-intervention survey: PES-NWI and Maslach Burnout Inventory	OPM directorate RNs Surgical directorate RNs	n=144 (Response rate 35%) n=141 (Response rate 42%)

All quantitative analyses were performed using the IBM Statistical Package for the Social Sciences (SPSS) v25. Qualitative data from the semi-structured interviews were analysed using a six-stage method of thematic analysis described by Braun & Clarke (2006).

Over the 2 years of the study, the number of unfilled vacancies in both directorates rose by approximately 4% however the overall level in OPM was almost twice that of Surgical. The majority of survey responders in both directorates at both time points had worked in the Directorate for 5 or more years. Overall survey results were similar from both Directorates at both time points. There were significant differences from pre- to post-intervention in all of the Practice Environment Scale Nurse Working Inventory sub-scores with the direction of change indicating less agreement with the statements. An exception to this was “Staffing and Resources Adequacy” which showed a small increase in agreement. The only sub-score in the Maslach Burnout Inventory to show a significant difference from pre- to post-intervention was perception of Personal Accomplishment within both OPM and Surgical directorates.

Thematic analysis of the qualitative data enhanced by insights from the quantitative analysis revealed three inter-related core themes: authentic leadership and valuing staff; staff development; and supporting health and wellbeing.

Discussion

All aspects of the project were undertaken but the overarching aim to improve nurse retention was not achieved. This was due to a significant deteriorating national picture of declining RN recruitment and retention over the project timeframe and a very limited time to embed the retention interventions prior

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 learning in this area.

Project output highlights

- Free access web-based RN resource <http://support4nurses.uk/index.php>: 164 hits in 2 weeks (July 2019).
- Dissemination conference (<https://www.bournemouth.ac.uk/news/2019-07-07/improving-nurse-retention-conference-2019>) with open-access to presentation slides and conference summary video.
- RN retention interventions infographic (Helping Nurses Stay).
- TRACS conceptual model, including its application within nursing pre-registration and preceptorship programmes.
- RBCH nurse retention strategy

- To date 2 peer reviewed publications: 1 academic journal and 1 professional journal blog.
- 3 national conference papers
- 3 international conference papers

Future plans

- Complete project Podcast by November 2019 and make freely available
- Develop <http://support4nurses.uk/index.php> web portal following feedback and promote transferability to other NHS organisations.
- Offer <http://support4nurses.uk/index.ph> to interested parties to develop and promote: current discussions with Royal College of Nursing.
- Work with Dorset CCG to integrate TRACS model into their staff retention strategy.
- Further test TRACS nurse retention model in other settings.
- Further professional and academic publications.