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The TRACS project: A mixed method study exploring a universal model for improving nurse retention

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- Nurse retention – a global crisis
- Reviewing the evidence
- Developing the TRACS conceptual model
- Mixed method design
- Findings: Phases 1-3
- Project outputs
- What now?



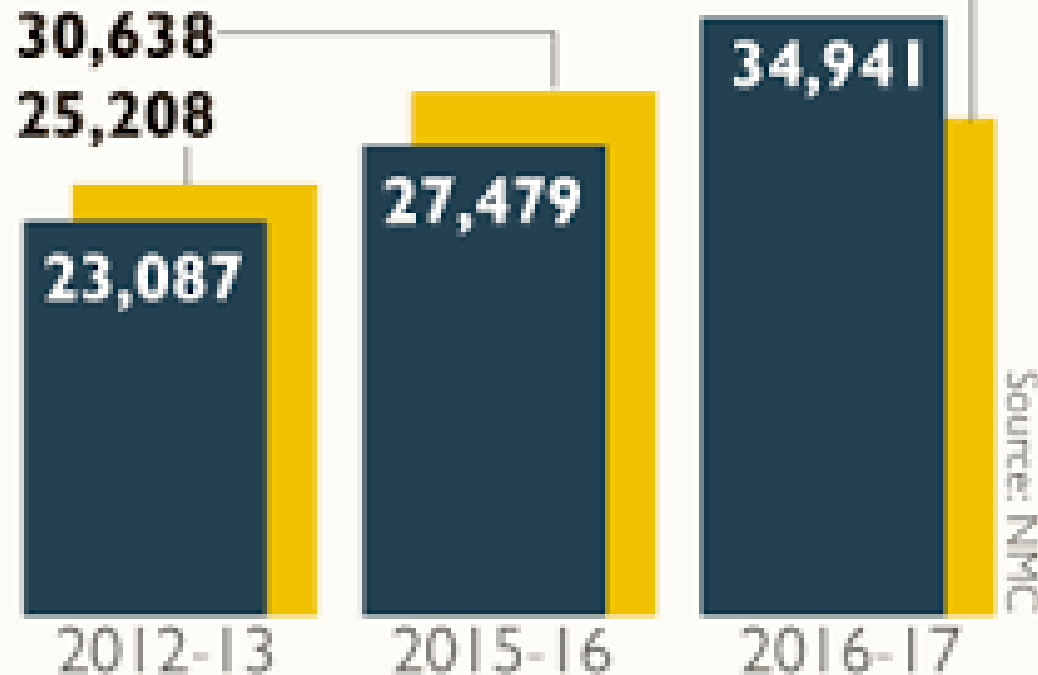
UK Context

Leaving the profession

Nurses and midwives registered

690,773 end of March 2017

Leaving  Joining  **29,025**



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.

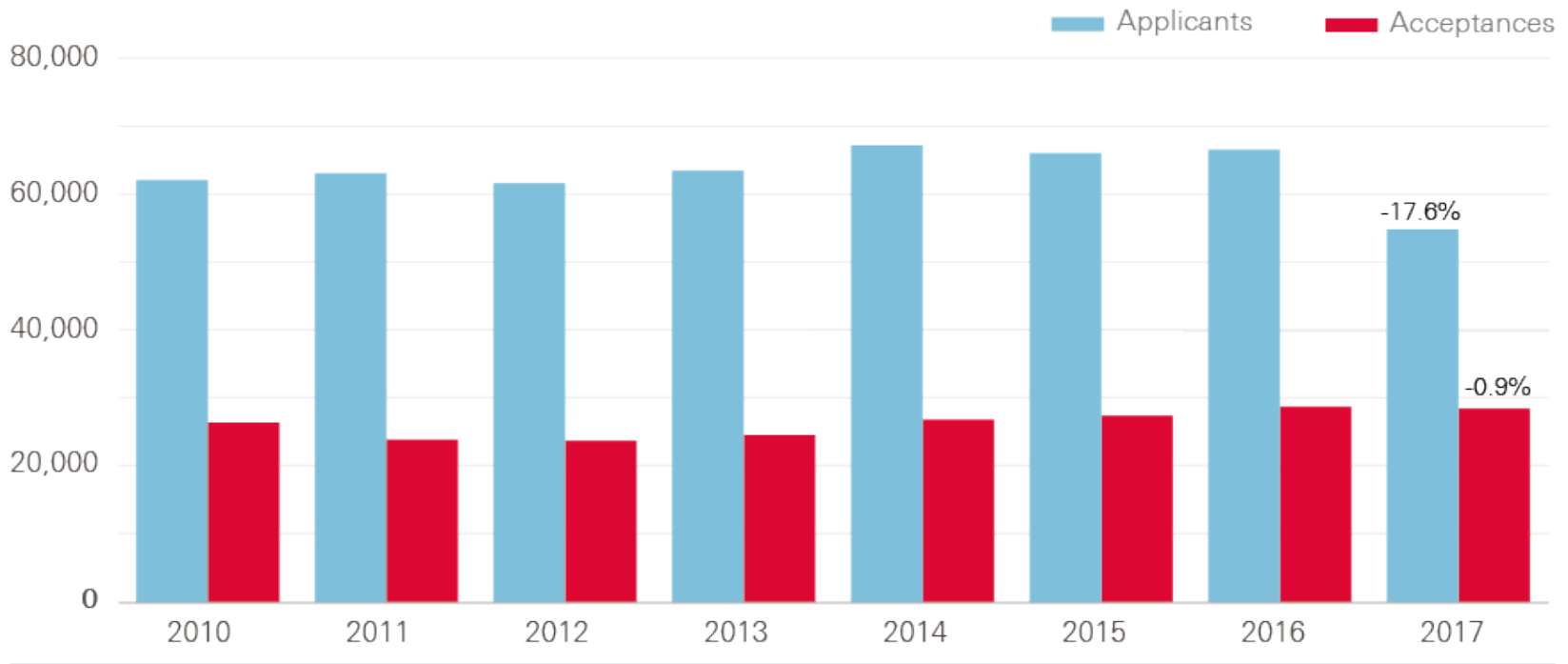
Total number of respondent: 4,544

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

Applicants & acceptances for nursing courses in the UK



Evidence base around nurse retention identified five recurring factors: basis for new conceptual model



Leadership based on *relationships* not *task*

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



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Design: mixed methods

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

- **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

Phase 2: Pre-intervention survey

- 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.

Phase 3: Consultations



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

Project outputs

- Research evidence
- TRACS conceptual model
- One-stop-shop for information:
<http://support4nurses.uk/>
- TRACS portal and data from pre-registration nurses: curriculum

Catalyst to streamline retention interventions within the Trust:

Joint career clinics

Practice educator OPM

Closed facebook group

PRIDE pathway

Inform preceptorship

Nurse retention strategy

Joint publications

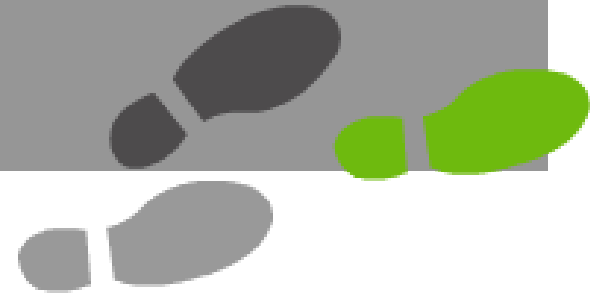
Joint conference presentations

Summary: Nurse retention is a complex and multi-faceted problem



‘A **wicked problem** is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. It refers to an idea or problem that can not be fixed, where there is no single solution to the problem.’

What now?



- Dissemination conference and video:
<https://www.bournemouth.ac.uk/news/2019-07-07/improving-nurse-retention-conference-2019>
- Embed portal in RBCH IT systems
- Presentation *Our Dorset Retention: Call to Action*
- Interest from UK Royal College of Nursing
- Project report; academic and professional journal publications
- Website; twitter
- Infographic and Podcast
- Academic and professional Conferences

Transferability





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Any questions?

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TRACS website:

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





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