

Pre-print version

Nurse retention: Will I stay or will I go?

For many nurse students this is an exciting time of year when those that started their course three years ago will be completing their final consolidation placement ready for registration in September. At present the job market is very buoyant. Due to a nurse shortages both in the United Kingdom (UK) and globally, most students should have little difficulty gaining their first post. Whilst we are pretty good at recruiting nurse students and bringing many through to qualification, there is a significant problem in retaining them. Nowadays it not so much about 'shall I get a job' but more about 'shall I stay in nursing'?

We have an ageing population globally and with advances in medical technology, an increase in those living with life-limiting long term conditions (Attree et al 2011). Whilst care need is increasing there is also a worldwide shortage of nurses. This threatens the stability of healthcare systems but also the wellbeing of workers and ultimately compromises the quality and safety of patient care.

Nurses leave the profession for a variety of reasons. In parallel with the general UK population, the nursing workforce is also ageing (HEE 2014). It is also a female dominated profession and therefore care responsibilities are likely to contribute to attrition. Aside from this, unfortunately job dissatisfaction is a key factor. In a literature review about nurse retention, HEE (2014) identified that stress and burnout were high in young newly qualified nurses and that turnover rates were not only high in the first year but increased during the second year post qualification before stabilising. Of particular concern however is that in a survey of nurse workforces in 10 European countries (Heinen et al 2012), the highest report of burnout was reported in the UK – 42% as compared to the European average of 28%.

Stress and burnout are strongly associated with intention to leave (RN4CAST 2012). HEE (2014) argue that in health professional education, students are trained to put others needs before their own, but yet are expected to deal with the emotional strain of illness, death and dying on a daily basis, in an increasingly resource constrained health service. However in the current Standards for pre-registration nursing education (NMC 2010), stress is solely mentioned in relation to service users. Only in the final appendix the Essential Skills Clusters highlights this issue: it is stated that the outcome of the programme should be that 'People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times' (NMC 2010: 109). Given the levels of stress in nursing, the topic is not being given the priority it requires by the statutory body for nursing.

Clearly the nurse education programme needs to prepare students to cope with the realities of professional practice. Whilst there is no mention of the term resilience in the education Standards, most nurse education programmes cover this topic. Resilience is a complex term that is about the ability to 'recover' from adversity; resilient nurses are argued to be reflective, optimistic and socially competent, with good problem solving skills and a sense of purpose (Grant and Kinman 2013). Emotional intelligence is therefore commonly in the curriculum as a means of developing self-insight as well as the ability to be socially aware. Reflective essays and support sessions are also useful to develop personal reflective skills and peer support. In the behavioural science section of the programme the topic of resilience and the link to stress and burnout should be a central theme throughout the three years.

However 50% of the programme occurs in clinical practice. The research on retention indicates that five factors in the practice environment are particularly linked to job satisfaction and increased levels of nurse retention (RN4CAST 2012): participation in hospital affairs, nurse led care, supportive leadership, resource adequacy, good collegial relationships. However the Good Governance Institute (2015) found that, despite some positive initiatives, poor workforce morale persists leading to high attrition rates. They recommend that universities and health care providers collaborate more effectively to ensure that best practices are adopted. In particular strengthening student mentorship, improving opportunities for constructive feedback and improving support and supervision including the use of online communities and resources.

Nursing can be a very rewarding profession with a wide range of career opportunities both in terms of specialty and location. However it comes with a health warning around stress and burnout. It is important that we are up front about this issue with potential recruits, students and nursing staff. Those in the profession need to feel empowered to openly discuss stress and to take control of the issues to move forward to address them. Increasing care need and diminishing resources are two factors that are not going to go away any time soon.

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