

## Mullen Lowe Research Summary – June 2020

### 1. Research Aim and Objectives

- 1.0 Research into nurse retention was commissioned by NHS England & Improvement and conducted by Mullen Lowe. Mullen Lowe are a consultancy who use behavioural science and data science to understand how people behave to various workforce stimuli and environments, and then use this insight to move forward.
- 1.1 The overall aim of the research was to identify and understand the career journey of nurses and why nurses leave the NHS. It was intended to develop an understanding of the nursing journey focusing on retention of nurses. This insight into the journey from satisfaction to dissatisfaction and subsequently leaving a nursing career would then help inform channel choices, content and messaging at key stages of the decision-making journey.
- 1.2 Research objectives were:
- Understanding context and comparisons (drivers to becoming a nurse; mindset and expectations; and a detailed understanding of the journey from satisfaction to dissatisfaction and then leaving or remaining)
  - Understanding any important influencing factors such as career stage, setting, speciality, seniority, support from team, culture and leadership
  - Understanding spontaneous ideas for retention and support
  - Identifying responses to 'motivation themes'
  - Identifying responses to ideas/case studies of interventions to encourage retention; for example, induction, wellbeing support, mentoring, technology (such as wellness apps), coaching approaches
- 1.3 Interviews were conducted with nurses in primary and secondary care across nine different locations in England. Nurses were categorised as satisfied; neutral to dissatisfied; actively considering leaving; reformed leavers; and actual leavers (see Appendix 1).

## 2. Research Conclusions

### 2.1 Nurse Satisfaction

- 2.1.1 There isn't a fundamental difference between a satisfied and a dissatisfied nurse;
- They are not characterised by age, length of time in the profession, place or setting or where they are working
  - There is no set 'journey' from satisfaction to dissatisfaction
  - There are no easy answers or quick fixes
  - Rather, the differences reflect the specific experiences and satisfaction with their current role at any point in time.
- 2.1.2 Satisfied nurses, in common with all nurses, depict a rollercoaster experience of ups and downs, peaks of satisfaction tempered with troughs of despair, and plateaus in-between.
- 2.1.3 Satisfaction is transitory and can change as a result of factors both outside nurses' control such as changes to management, teams, ward closures etc, as well as changes brought about by nurses themselves by moving wards or settings.

### 2.2 Nurse Dissatisfaction

- 2.2.1 Conversely, dissatisfied nurses and those who are actively considering leaving are also subject to changes in circumstances (again either imposed or self-directed). These similarly can bring about changes in their mindsets from those who are unhappy and intending to leave into satisfied and committed nurses.
- 2.2.2 We have also learnt from leavers, those considering leaving and reformed leavers that for some it is the cumulative effect of the pressure/stress over a period of time vs for others a specific incident that can lead to the decision to leave nursing.
- 2.2.3 Individuals all have their own 'stress points' and levels of resilience and there are wide variations in how these are played out and experienced.

## 2.3 Nurses Leaving

- 2.3.1 Nurses are, by and large, hugely committed to their roles and profession, are keen to make the job work for them and there is a high degree of resistance to leaving. They frequently try several moves within the system in other roles and settings before deciding to leave.
- 2.3.2 The evidence that so many nurses are struggling and have at some point considered leaving, even if they have not done so, is a warning sign and must be taken seriously.
- 2.3.3 They also learnt that this transition or 'journey' from one state to another is complex with many factors at play. There is not one factor that can be identified that will make the difference, but it is the complex interplay of these within a dynamic system that will ultimately help to create impact and change.
- 2.3.4 Interventions and solutions will need to be used at different points throughout the 'system' and nurses career journey to have maximum impact on their mindsets and to help foster a sense of greater appreciation and validation for them as professionals.

## 2.4 Factors that influence desire to stay and thinking of leaving

- 2.4.1 A detailed analysis of the key factors that directly and indirectly influence satisfaction and desire to stay as well as dissatisfaction and thinking about leaving, is revealing and paints a consistent picture. At the heart of both is how these factors (either individually or in combination) impact on their feelings of being validated as a nurse and once they feel undervalued and unappreciated it can plant seeds of doubt, leading to a negative spiral of dissatisfaction.
- 2.4.2 Positive affirmation comes from an ability to give good quality care, a strong supportive and cohesive team, good leadership, training and development and finding the right role.
- 2.4.3 There are three overriding themes that together lead to dissatisfaction and evoke feelings around being undervalued and underappreciated:
  - Capacity and workforce shortages underpin many of their day to day stressful experiences and create pressure, an inability for nurses to do their jobs with pride which leads to feelings of powerlessness, a lack of control and anxiety that can build over time.

- Culture and management issues discourage development of cohesive and supportive teams. Together with a lack of positive leadership, this creates a culture of blame, which is frequently referred to as undermining nurses' self-belief.
- The lack of consistent investment in training and development and progress can further erode their satisfaction.

2.4.4 The research provides examples from individuals that vividly bring to life how these dissatisfactions and issues are experienced by nurses and the impact this has on them as both individuals and about how they feel about their career as a nurse.

2.4.5 At the core of these feelings is the sense of injustice and unfairness – that they as nurses deserve better and a dissonance with their own values around quality of care and the compromises they are being forced to make. The job then simply becomes untenable and other factors such as hours, pay etc. simply reinforces this decision.

## **2.5 Point of leaving vulnerability**

2.5.1 Conversations with the reformed leavers as well as identifying the key points of vulnerability across nurses' career journeys have helped clarify: when to focus attention to ensure nurses needs are being fully met; the range of interventions that might ultimately help to make a difference; and journeys consistently highlight clear points such as Year 2 in training, starting a first job as well as transition moments, such as searching for the right job, promotion moments, life-stage changes, or organisational changes imposed on them.

2.5.2 Focusing attention on these vulnerable points and considering appropriate interventions will help to reinforce the positives and mitigate the resultant stresses and strains associated with these times.

2.5.3 Early stages would benefit from support provided by well thought out and planned placements, good, consistent mentoring and preceptorships would all help to encourage them to continue their training, help to find and enjoy first jobs and support progress and progression.

## **3. What will make a difference?**

3.1 There is a very high degree of consistency in what nurses believe will make a difference to their working lives and these are expressed both spontaneously and in response to the wide range of initiatives shown.

3.2 The interventions that would help to reinforce their sense of value are based on the consistent themes that have emerged across the research such as:

- **Skills and training development** – there is strong interest in individual career style coaching and input to help guide them through their career, a ‘nursing possibilities resource’ and training for emergent leaders who are transitioning from senior clinical roles to leadership with managerial input.
- **Culture** – support to create strong teams and responsive management and more open culture, to set the tone from above especially for when things go wrong.
- **Health and wellbeing** – welcomed as good support to wider initiatives, but basic changes to working conditions and breaks as key good foundations.
- **Benefits** (significantly) always positioned as of least relevance, but desire for flexible working and ability to achieve work life balance is important and offering any special treatment/discounts is likely to be well-received.

#### 4. Interventions across stages

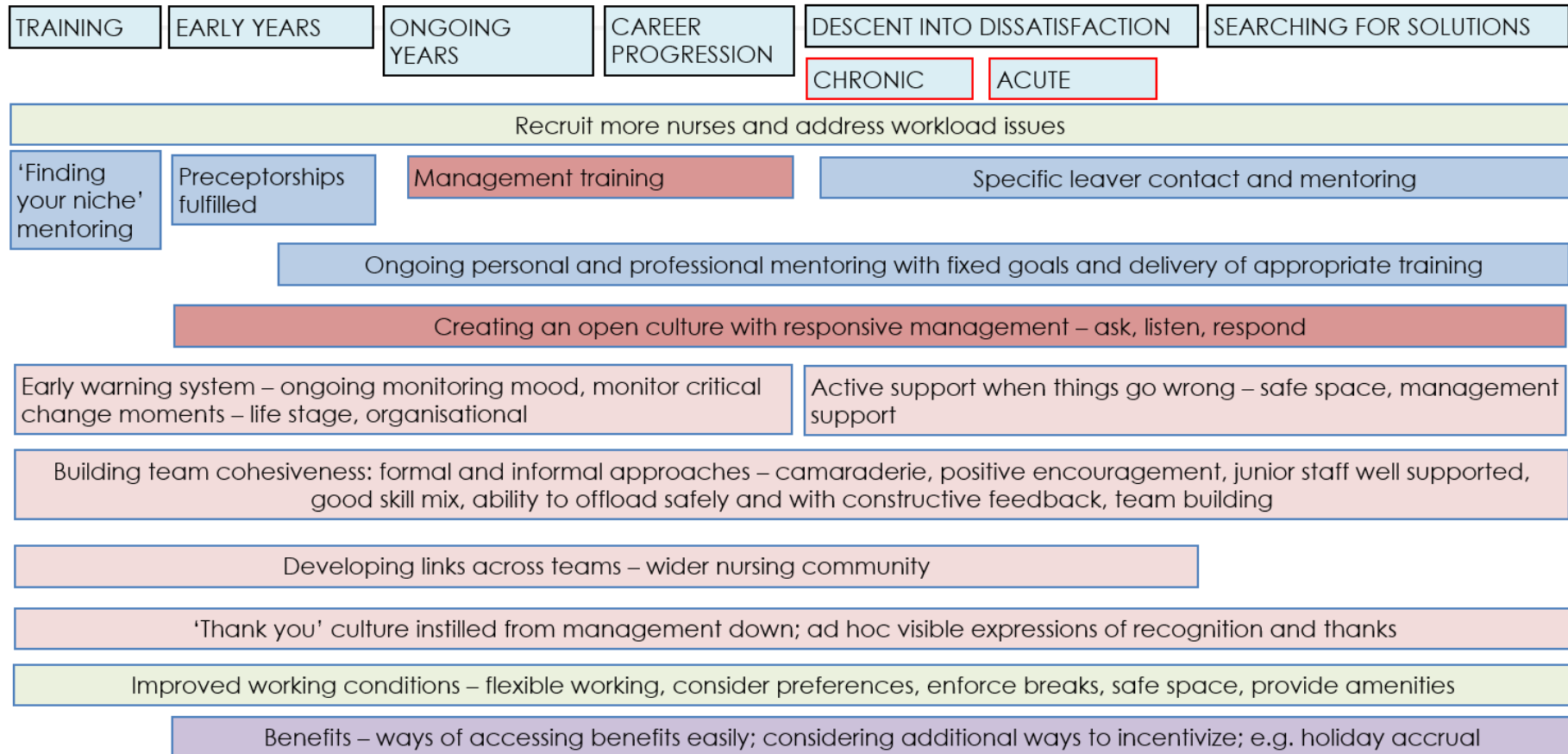
4.1 Interventions need to be integrated throughout the nursing training and the nursing experience and across all settings including community and primary care. It will require a strategic approach that brings together these ideas.

4.2 It will require investment, thought and consistency across the system to implement these so that the positive experiences are a standard part for any nurse working in the NHS irrespective of age, experience and setting.

4.3 Equally important is communicating these changes in a positive way, however nothing will work better than nurses seeing, experiencing and recognizing the commitment to change across the system.

4.4 Tackling these issues will fundamentally help to create improved levels of satisfaction, reduce attrition and improve retention across the nursing workforce.

# Interventions across stages



## Appendix 1 - Sample and Methodology

<p><b>Satisfied x 12:</b>          1 x Quad interview of Nurses, Primary Care          1 x Quad interview of Nurses, Secondary Care 1-5 yrs          1 x Quad interview of Nurses, Secondary Care 5-10+ yrs  <i>Locations: London, Birmingham &amp; Manchester</i></p>	<p><b>Neutral to Dissatisfied x 12:</b>          1 x Triad interview of Nurses, Primary Care          1 x Depth interview of Nurses, Primary Care          1 x Quad interview of Nurses, Secondary Care 1-5 yrs          1 x Quad interview of Nurses, Secondary Care 5 - 10+ yrs  <i>Locations: London, Bristol, Nottingham &amp; Manchester</i></p>
<p><b>Actively Considering Leaving x 8:</b>          3 x Depth interviews of Nurses, Primary Care          2 x Depth Interviews of Nurses, Secondary Care 1-5 yrs          3 x Depth interviews of Nurses, Secondary Care Nurses 5-10 yrs  <i>Locations: London, Watford, Bristol, Manchester, Nottingham &amp; York</i></p>	<p><b>Reformed Leavers x 11:</b>          1 x Triad interview of Nurses, Primary Care          1 x Depth interview of Nurses, Primary Care          1 x Triad interview of Nurses, Secondary Care 1-5 yrs          1 x Depth interview of Nurse, Secondary Care 1-5 yrs          1 x Paired depth interview Nurses, Secondary Care 5 -10+ yrs          1 x Depth interview Nurses, Secondary Care 5 -10+ yrs  <i>Locations: London, Manchester &amp; York</i></p>
<p><b>Actual Leavers x 8:</b>          1 x Paired Depth interview of Nurses, Primary Care          3 x Depth interviews of Nurses, Secondary Care 1-5 yrs Non-Nursing          1 x Paired Depth interview of Nurses, Secondary Care 5-10+ yrs          1 x Depth interview of Nurses, Secondary Care 5-10+ yrs  <i>Locations: London, Watford, Birmingham &amp; two teledepths</i></p>	