Report on Workforce Retention
Community Partnership Hub demonstration research project
Sarah Morgan-Trimmer, Jane Smith, Charlotte Reburn, Sophie Davison, Lindsey Anderson. University of Exeter, 2024

Executive Summary

What does this report cover, and why is this study important?
Workers are currently leaving the NHS and the health and care sector at unprecedented rates. Maintaining and enhancing staff retention rates has become a key challenge for the sector. This study examined factors affecting workforce retention in the UK and globally, as well as interventions aimed at improving workforce retention in the UK health and care sector.

What did we do?
Our study conducted a narrative review of primary studies and systematic reviews, to identify factors affecting workforce retention and the effectiveness of any interventions to improve workforce retention.

What did we find?
Factors affecting individuals which contribute to poor workforce retention include burnout, stress, exhaustion, low sense of personal accomplishment, and fear of litigation (for GPs). Organisational factors affecting retention included flexibility, salary and mental health/well-being support.

Several findings have relevance to Devon's rural context. Retention is reported to be higher in doctors and nurses from a rural area, or where staff had positive experience of undergraduate training or felt integrated in an area. Interdisciplinary team support is also associated with retention rural areas. Several studies provided evidence that provision of education and training, and financial incentives, can be effective in improving retention in rural health workforces.

Acronyms

ESR	Electronic Staff Record
FTE	Full time equivalent
IAPT	Improving Access to Psychological Therapies
ICSD	Integrated Care System for Devon
NHS	National Health Service
SN	Staff nurse
VCSE	Voluntary, Community and Social Enterprise

Introduction

This report summarises a three-month demonstration study for the Community Partnership Hub. The Hub connects public, voluntary, community and social enterprise (VCSE) sector organisations in Devon and the South-West with researchers and students at the University of Exeter. Its aim is to establish long-term, sustainable relationships which support partnerships through research projects, student placements, internships and volunteering.

A demonstration research project was conducted during the summer of 2022, to test ways of working between the university and local organisations. The projects conducted research in three areas which had been identified as priorities by the Healthy Exeter Panel in order to inform

opportunities for more strategic collaboration across the sector. The Healthy Exeter Panel was a task-and-finish group comprising representatives from NHS and voluntary organisation health and wellbeing providers. This report presents findings on one of these areas: workforce retention in the health and care sector. Workers are currently leaving the NHS and the health and care sector at unprecedented rates and maintaining and enhancing staff retention rates has become a key challenge for the sector. The study examined factors affecting workforce retention in the UK and globally, as well as interventions aimed at improving workforce retention in the UK health and care sector.

Methodology

A narrative review of primary studies and systematic reviews was conducted, from the academic literature, to identify factors affecting workforce retention and the effectiveness of any interventions to improve workforce retention.

Search strategy

Several databases were searched to obtain primary studies and systematic reviews for this evidence review. These included Google Scholar, Medline, Embase, APA PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Web of Science. This was not a systematic search, and a search strategy was not defined prior to searches taking place. For an example of search terms, see table 1 below**.** As well as searching databases for titles, the references of included studies and reviews were also used as sources for relevant titles. All studies and reviews were published in English.

Table 1: Search strategy for this evidence review

Topic area	Search terms
Contributing factors	Burnout, morale, job satisfaction, work-life balance, workload, capacity, stress, autonomy, moral distress
Outcomes	Leav*, quit*, career break, early retirement, retention, retain*, career intention*, career interruption*, career decision*

Data extraction

Key characteristics and findings of papers were extracted onto a framework using Microsoft Excel. Characteristics included the date of publication, healthcare setting, and study methodology. More in-depth data extraction included the extraction of aims of the study, outcomes of the study, and key findings.

Analysis of findings

Findings for each study were analysed narratively, using key themes which were generated by one reviewer (CR) after detailed readings of the findings. Factors pushing individuals away from their roles (push factors), factors keeping individuals within their roles (pull factors), and interventions to increase retention were the three main categories of findings, and all themes sat within these categories. Push and pull factors as well as interventions were analysed with the aim of mapping the existing evidence, and detailing, where applicable, the effectiveness of interventions.

Other members of the research team were consulted to ensure that the categorisation of the findings into these themes was logical and useful to stakeholders. Findings, where applicable, were

also analysed taking into account the professions to which they referred, for example some interventions were effective in some healthcare professions, but not tested in others.

Findings

Factors associated with increased or reduced retention

The review search identified 40 studies and reviews, from which a narrative synthesis of evidence was produced (see methodology, above). Twenty-four reviews were international, including studies from any country, eight were UK based, three were set in the USA, and four were set in other countries, including Australia, Iran, North America and Nigeria. The search focused on factors associated with workforce retention in health and social care settings, and interventions to increase workforce retention. Findings are reported in two broad categories: individual factors, which refers to characteristics of individuals, and organisational factors, which refers to policies or practices of organisations. Findings are also reported in terms of factors which increase or decrease workforce retention.

The table below summarises the number of reviews found on individual and structural factors which increase retention:

Table 2: Factors associated with increased workforce retention

Individual factors	Number of reporting reviews
Rural origin	3
Community integration	2
Increased autonomy	2

Organisational factors	Number of reporting reviews
Interdisciplinary team support	4
Increased flexibility	4
Salary	2
Reduced workload	3
Improved work-life balance	2
Social support	2

Individual factors associated with increased retention

Rural origin
Being of rural origin was associated with increased workforce retention in rural areas, and was featured in three reviews (1–3). One was focused on nurses in the United States, one on rural doctors, and one on undergraduate medical students. It was found that primary care nurses had a 'sense of service' to the rural and underserved communities in which they grew up, which increased retention (1). Another review into rural general practice found that rural origins were predictive of doctors' retention long-term (2). Similarly, a third review found that recruiting undergraduate medical students with rural origins was predictive of higher long-term retention in primary care in a rural setting (3).

Community integration
Two reviews reported that community integration was associated with increased retention (1,2). Both reviews were set in rural healthcare, and increased integration was defined differently in both reviews. In a review on doctors in rural areas, community integration was defined as families of doctors being happy in the local area (2). In a second review, community integration for primary care nurses was referred to as nurses having a good relationship with the community within which they live and work.

Increased autonomy
Two reviews focused on primary care nurses reported that increased autonomy was associated with increased retention (1,4). In rural primary care nurses in the USA, it was found that increased autonomy was important for increasing retention. This was reported as the ability of nurses to work in a variety of ways, and make decisions for themselves (1). In the other review of international studies, autonomy was mentioned alongside flexibility and control over decisions, when reporting factors that increased workforce retention in nurses (4).

Organisational factors associated with increased retention

Interdisciplinary team support
Integrated team support was reported as being associated with increased workforce retention in four reviews. These reviews were focused on General Practitioners (GPs) in rural areas, rural practice nurses, and GPs. One review of general practice doctors found evidence that doctors working in rural areas need the support of specialists from other teams to increase retention (2). In rural practice nurses, it was found that having effective support teams in place to support nurses was important for retention (1). A large study of retention in GPs in the UK (ReGROUP) found that effective support mechanisms for GPs was important for increased retention. Finally, a fourth review found that interdisciplinary support for doctors was associated with increased retention in GPs working in rural and remote areas (5).

Increased flexibility
Increased flexibility was reported as a factor to increase retention in four reviews, covering GPs, primary care nurses, and nurses working in all healthcare settings during Covid-19 (4,6–8). 'Flexibility' here included the ability to change work schedules when needed, and having flexibility whilst building a career, for example the ability to build varied portfolio careers. In all reviews, increased flexibility at work was linked to increased retention. In two reviews focused on nurses, this was also linked to increased job satisfaction, and reduced burnout (4,8).

Salary
Salary was reported as a factor to increase retention in two reviews, which focused on primary care nurses and GPs. Salary was cited as a factor that employers could control to increase nurse retention (1). In GPs, it was found that adequate pay, to match that of hospital staff, may increase retention (7).

Reduced workload
In three reviews, focused on GPs as well as rural healthcare workers, reduced workload was reported as a factor associated with increased retention (7,9,10). In GPs, it was suggested that a reduction in workload would increase retention, although this hasn't been corroborated by any

studies (9). In a review based on a range of healthcare workers in rural areas, it was reported that retainer schemes which involve reducing working hours may be effective at increasing retention (10).

Work-life balance
Work-life balance in GPs was reported as a factor in increasing workforce retention in two reviews (5,6). The first review looking at rural GPs in a range of locations suggested that, at a practice level, GP retention could be improved by improving work-life balance, which may also reduce burnout (6). The second review, focused on rural GPs, also reported that strategies to improve work-life balance, such as work-life balance retreats, may increase retention (5).

Social support
Social support was linked to workforce retention in two reviews, one of which focused on all healthcare professionals and the other on nurses in all healthcare settings (11,12). Social support was linked to reduced burnout across all healthcare professionals (11). In nurses, social support, whether at home or at work, was also linked to reduced work-related burnout (12).

Individual factors associated with reduced retention

The table below summarises the number of studies and reviews found on individual and organisational factors which decreased retention:

Table 3: Factors associated with decreased workforce retention

Individual factors	Number of reporting reviews
High burnout	7
Reduced morale	2
Increased stress	2
Exhaustion	2
Depersonalisation	2
Low personal accomplishment	2

Structural/organisational factors	Number of reporting reviews
Increased workload	6
Fear of litigation	2

High burnout
Reported in seven reviews, high burnout was the factor that was most frequently reported for healthcare professionals (8,13–18). High burnout was linked to anxiety and depression in nurses, and was associated with having a higher workload. High burnout was also linked to lowered career satisfaction and loss of motivation in surgeons, and reduced working capacity in nurses. GPs and medical students were also found to have experienced high levels of burnout.

Reduced morale
Reduced morale was reported in two reviews, both focused on GPs (19,20). In one study, just 15% of GPs surveyed reported that they had high morale (19).

Increased stress
Stress was a factor reported in two reviews. One was focused on mental health care professionals, and the other was focused on experienced GPs in primary care (17,21). In mental health care professionals, it was found that stress had increased in recent years, and was linked to emotional labour and underfunding, amongst other factors (17). In experienced GPs, work-related stress was a direct 'push factor' which was attributed to GPs leaving general practice.

Exhaustion, depersonalisation and low personal accomplishment
An element of burnout, GP exhaustion levels were reported in two reviews, both aiming to explore the prevalence of burnout amongst GPs (16,22). In both reviews, high to moderate levels of exhaustion were reported. In a review of global burnout prevalence in GPs, it was found that GPs experience high levels of emotional exhaustion (16). The same two reviews reported on depersonalisation, the second element of burnout, which is a state of feeling you are not yourself and are watching your own actions from a distance (16). High to moderate depersonalisation was reported in both reviews. Low sense of personal accomplishment was reported by the same two reviews. This is the final element of burnout.

Organisational factors associated with reduced retention

High workload
A high workload was a common factor, reported in six reviews (4,8,14,20,21,23). These were focused on GPs, surgeons, and nurses. One review of GPs found that the workload facing doctors was 'undoable and unmanageable' (20). In experienced GPs, it was found that high workload was a direct 'push factor' that contributed to doctors leaving general practice (21). In surgeons, it was reported that long working hours contribute to burnout, linked to lowered career satisfaction and loss of motivation (14). Similarly, in another review of surgeons, it was found that burnout was increased by increased workload during the Covid-19 pandemic (23). In registered nurses, the admin workload was found to be a factor that reduced job satisfaction (4), while increased numbers of patients on a nurse's workload led to increased burnout (8).

Fear of litigation
Fear of litigation was reported in two reviews, one focused on GPs in the South West of England (14), and one on surgeons in the US (24). In GPs, it was found that fear of risk, included being litigated against, was a factor for GPs leaving direct patient care (24). In surgeons, it was found that fear of litigation contributed to burnout among trainees and practicing surgeons, which was linked to lowered career satisfaction (14).

Interventions to improve workforce retention

The table below summarises the number of studies and reviews found on approaches and interventions designed to increase workforce retention:

Table 4: Interventions to increase workforce retention

Interventions to increase retention	Number of reporting reviews
Professional development support	7
Positive undergraduate training	5
Mental health support	5
Wellbeing interventions	3
Financial incentives	3
Educational opportunities	3
Portfolio careers	2
Individual interventions	2

Professional development support
Support for healthcare professionals' professional development was the most commonly reported intervention to increase workforce wellbeing and retention, reported in seven reviews and studies (1,3,4,9,10,17,25). One review reported that the offer of education programmes in rural areas was effective at increasing nurse retention (1). Retainer schemes that allowed GPs to take up education programmes were well-received in rural areas (3). Similarly, in two studies focused on GPs, protecting GPs' ability to have a portfolio career (where multiple job roles are taken to widen the professional scope of the GPs) was linked to increased retention (9,21,25). In two reviews focused on rural healthcare workers, increasing opportunities for education and training were also reported to be effective at increasing retention (10). Educational interventions were also effective in mental health care workers, but effect sizes were small (17).

Positive undergraduate training
One approach examined involved giving undergraduate students a positive training experience to improve the attitudes towards remaining in the role. This approach was explored in five reviews focused on GPs (3 studies) and rural healthcare workers (2 reviews) (3,5,7,9,10). Both reviews of rural healthcare workers reported that positive placements and training for undergraduates was linked to increased retention (5,10). There was no clear evidence that undergraduate training increased GP retention although it was suggested as a *potential* way to increase retention (3,9).

Mental health support
In the included literature, mental health support described mainly consisted of Cognitive Behavioural Therapy (CBT). Its use was explored in a range of healthcare students and professionals (17,26,27). In medical doctors, CBT was effective at managing stress, but further intervention in addition to CBT was required to manage burnout (27). In healthcare students and professionals, there was no clear conclusion on efficacy of mental health support (26). In physicians and nurses, individual interventions to manage burnout were most effective, including stress management and mindfulness (28). In mental healthcare staff, CBT was effective at managing burnout, but effect sizes were small (17).

Wellbeing interventions
Wellbeing interventions included physical wellbeing interventions (explored in general healthcare professionals), music interventions (explored in nurses), online mindfulness training, and meditation online (explored in healthcare professionals and students), in three reviews overall (11,26,29). In general healthcare professionals, physical wellbeing and other wellbeing interventions, including

wellbeing care, were efficient and effective (11). In nurses, some RCTs indicate music-based interventions were effective at reducing burnout, but there was not enough evidence to draw a clear conclusion (29). In healthcare professionals and students, there were no clear trends in efficacy for online mindfulness apps, and none were targeted specifically to health professionals (26).

Financial incentives
Financial incentives were reported in two reviews. For medical students, financial retainer incentives were effective at increasing rural recruitment and retention (10). For rural healthcare workers, financial incentives were effective at increasing retention, but only if clinicians were also supported professionally and personally throughout their time in a role (5).

Portfolio careers
Developing a portfolio career involves increasing the flexibility of healthcare workers' weeks, to enable them to have more than one role within their working week. It was explored in two reviews, both focused on GPs (9,21). No evidence linking portfolio careers to retention was reported, but it was suggested as a policy action in the reviewed studies.

Summary

Our review of the published literature found factors affecting individuals which contribute to poor workforce retention include burnout, stress, exhaustion, low sense of personal accomplishment, other options for work, community integration, and fear of litigation (for GPs). Organisational factors affecting retention included workload, flexibility, salary, training and development/progression opportunities, and social support.

The review found some evidence that well-being, flexible working and career development/training interventions can be effective in improving workforce retention for some groups, summarised in the table below:

Table 5: Summary of interventions to improve workforce retention

Type of intervention	Evidence review findings
Staff mental health	Mixed but mainly positive findings on mental wellbeing initiatives, including CBT, for healthcare staff and students
Staff wellbeing	Physical wellbeing and self-care interventions effective. Unclear findings on mindfulness and music-based interventions
Flexible working	The ability to work flexibly was linked to increased retention in all four reviews in which it was reported
Career development and training	Mixed evidence. Education and/or training for rural GPs, nurses and healthcare workers increases retention. Undergraduate placements increase retention in rural healthcare workers
Salary/financial rewards	Effective for retention of medical students. Effective for rural healthcare workers if combined with professional and personal support

Several findings have relevance to Devon's rural context. Retention is reported to be higher in doctors and nurses from a rural area, or where staff had positive experience of undergraduate

training or felt integrated in an area. Interdisciplinary team support is also associated with retention rural areas. Several studies provided evidence that provision of education and training, and financial incentives, can be effective in improving retention in rural health workforces.

Limitations

The evidence review was limited in that it was rapid and non-exhaustive and did not include a formal quality appraisal or a systematic search strategy.

Recommendations

Having support from an interdisciplinary team, as well as having the ability to work flexibly, were both interventions that were most commonly found in the evidence review. At an individual level, healthcare professionals also valued having the ability to develop a professional portfolio, with additional training opportunities. Mental health initiatives were also found to be successful, along with training undergraduates in a positive way.

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