RECRUITMENT AND RETENTION IN THE NHS

A study in motivation

In the December issue of *Nursing Management*,
Mabel Joshua-Amadi examined what is sometimes needed to keep staff in the NHS.

Here, she recommends practical ways of improving retention based on the verbatim transcripts of nurses about to leave the service.

NURSES AND OTHER WORKERS traditionally complain about their pay and conditions of service. To gain insight into these complaints and ascertain the critical incidents that drive staff to leave the NHS, excerpts from nurses’ exit interviews are presented verbatim.

These could be dismissed as the feelings of disgruntled workers about to leave their employment. But careful study of the interviews reveals important statements that nurses rarely make during official inquiry.

Recommendations are based on these excerpts. It is hoped that managers and nurse leaders heed the messages from these dissatisfied, fearful and helpless nurses.

**Method**

The literature is awash with quantitative research that typically reduces data to numerical relationships in a ‘formal, disembodied fashion with a standardised form and style’ (Eisner 1981). But this has not led to an understanding of nurses’ plight or problems from their own perspectives.

The high profile of nurse recruitment and retention in the media makes it an important research topic worth undertaking. So I decided to explore this area, fill gaps in the literature, and shed light on why nurses quit. The qualitative nature of the study provides what Denzin (1988) calls ‘lived experience’ of people’s lives rather than abstract generalisations.


Two teaching hospitals in central London, each serving three boroughs, were chosen. Only nurses at the point of leaving voluntarily had their stories recorded. Nurses leaving for family reasons, retirement or compulsory departure were excluded from study. Reasons for leaving were confirmed by colleagues.

The ten interviewees who were chosen were experienced and well-trained senior staff nurses, a grade lower than management and on average 32 years old. They were all mothers, single or had non-contributory partners. None had family responsibilities that conflicted with their work schedules. All loved nursing as a profession but not the low pay and prevailing working conditions.

I wanted to interview nurses without official protocol. Nurses often resent formal interviews, so I decided that my research had to be informal in order to gain the trust and confidence they needed to tell their stories.

Possible interview techniques included the use of questionnaires, telephone, email or face-to-face sessions. Face-to-face interviews were chosen as most appropriate because:

- Decisions to leave the NHS are personal and private.
- Nurses resist questionnaires as they fear that complaints will fall into the ‘wrong hands’ with dire consequences.

To gain insight into these complaints and ascertain the critical incidents that drive staff to leave the NHS, excerpts from nurses’ exit interviews are presented verbatim.
The method is in line with using the critical incident process to discover why nurses leave. Interviews allow for the collection of data-rich information but are difficult to manage, interpret and conceptualise.

My experience enhanced my awareness, knowledge and sensitivity to issues encountered but may have blinded me to things observed. As Bateson (1984) noted: ‘The informed eye has its own blindness as it takes for granted things that are bizarre.’

Attempts were made to remain objective and circumspect, and to ask interviewees questions ‘again and again until they begin to speak’ (Malcolm 1987).

My role as participant-observer allowed me to build rapport and trust, and to observe nurses closely. Maintenance of marginality with guarded intimacy and non-reactive presence let the natural interviewee behaviour surface.

Categories
1. Low pay
Nurses said their pay, compared to that of other healthcare workers such as ambulance workers, does not reflect the amount of work done.

Verbatim transcript quotation
‘By the time I’ve paid the mortgage, transport, food and bought clothes, there is not much left for extras. If I don’t do extra work, I can’t find the ends let alone make them meet. Doing extra work exhausts me and means I have even less leisure time to spend.’

‘How long can I work this way just to keep body and soul together? It is too much to work all hours and still not have enough to spend. I cannot scrimp and scrape all my working life. If I don’t have enough now, what happens in my old age? I don’t want to be destitute then because I refuse to act now.’

‘My kid brother is a police recruit and he earns more than I do after 20 years of nursing. The longer I leave it, the worse it gets. I am not getting younger so if I leave now I might just salvage something for retirement.’

Interpretation
As nurses get older they worry about retirement and pensions. Undertaking extra shift work brings in extra money to meet needs but also leads to exhaustion and loss of leisure time. Compared to the amount of work done and the pay of other workers, nurses feel their low pay is unfair.
Society thinks they pay us to nurse so we must get on with it. Some patients and their relatives take us for maids. No gratitude. Some doctors are so rude it makes you wonder! No one cares, not really. You cannot complain to anyone because good nurses do not complain. So I go home and moan to my husband and he does not understand.”

Interpretation
This reveals a catalogue of poor care and support from stakeholders such as employers, clinical managers, ward leaders and patients, as well as feelings of isolation and being treated inhumanely. It also suggests that poor communication to nurses hinders progress.

3. The work environment
Some nurses have ‘attitude’ that ‘freezes out’ staff.

Verbatim transcript quotation
‘The bitchiness, innuendoes, too much hassle, lack of support when working together, failure (of colleagues) to help when asked to and silent treatments. Some nurses are critical of others, (with a) “It’s my way or no way” attitude. They think that everyone else is incompetent and stupid.

Some spend all the time on the phone, dealing with private matters and leave you to get on with the work. You cannot report them because they are in league with ward managers.

Some ward sisters make you stay on if you finish early. Yesterday I finished 15 minutes early and was not allowed to go. What about the times I left here an hour late because we were too busy? Who gave me back my time or paid me for it?

Some people are just too bitchy and narrow-minded, and they are in charge or have been here far too long. (Being in charge and employed on the same ward too long) is the problem really. Territorial wars.

Some people gossip behind you. They lack consideration for people’s feelings. In the end, you get to hear all about it and they deny it of course. No home training and bad attitude, that is what I say.

Yesterday a nurse got into argument with another one and she was so angry she slapped her. When the nurse slapped her back, the charge nurse came to separate them or a fight would have ensued. They are all angry, every one of them. The manager came and sent them to different wards.’

Interpretation
Conflict, innuendoes, hassles, a lack of cohesion and an improper use of authority can contaminate working environments. There is also inappropriate ‘attitude’.

4. Decline in the quality of care
Interviewees felt there was little time to plan, prepare and undertake their work efficiently due to interruptions and increased workload.

Verbatim transcript quotation
‘There is so much paper work to do that there is no time for the patients.

‘I do not see the need for all this paper work. It adds nothing to patient care and distracts from routine. I can spend 24 hours on my feet and still not get to all the patients properly. Like tonight, there are no wipes to clean with, no linen and no blankets.

‘One spends so much time chasing after things and less time caring for patients. Nurses leave and are not replaced. So we are always short staffed. Why? It disheartens me to know that patients do not get the care they deserve.’
Interpretation
Workers leaving means more work for those who remain. Lack of equipment detracts from patient care and leads to a poor service image.

5. Constant tension
Some interviewees reported concerns about the safety of helpless and weak patients in their care.

Verbatim transcript quotation
‘You hear of intruders everywhere these days. Look at this place. The doors are wide open; anyone can walk in at any time. It is worse at night with only the security men guarding the whole hospital.
Tonight there are only two of us who are high dependency unit trained. I am responsible for the lives of all these patients and it humbles you really, I have to check and cross check everything. No time to relax and for what? No place to go anyway except the toilet.
I am luckier than most since I went on part-time. Now I earn more than I did on full-time and have more time to spend at home! Less responsibility too. I do not go home and think of all the things I could have done. Let others worry about them. I am off to my coffee shop.’

Interpretation
Constant alertness and emotional tension make nurses unable to relax.

Discussion
The main finding of this research is that nurses at the point of leaving the NHS feel isolated, overworked and underpaid for the amount of work they do. Managers offer little support and the work environment is hostile and tense.
The work itself is physically taxing and emotionally exhausting. They feel they have no voice to complain and cannot remedy the situation so the only choice left is to leave.
Poor communication of organisational intentions and unit objectives limit staff effectiveness and lead to misunderstandings.
These problems can be corrected if only managers and nurse leaders could co-operate and share best practices from their wards.

Recommendations
1. Leadership
Consistently clear messages and two-way communication between managers and the workforce on organisational intentions, objectives and proposed changes reduce uncertainty and promote trust. This openness fosters loyalty as well as compliance with numerous government initiatives and the change processes that pervade the NHS.
Managerial supervision to recognise good work, correct mistakes and redeem erring youths will improve hostile relationships, reduce anger and frustration, and increase retention.
The currently widespread command, control, intimidate and punish style demotivates staff.
A lack of self-awareness among managers makes them defensive and can bring out the worst aspects of human nature in terms of alienating staff. Prospective managers and leaders should be trained and equipped with skills that allow them to become more self-aware and manage themselves before managing others.
Nurses with leadership potential should be nurtured, developed and supervised instead of being left to get on with ward administration before promotion. Leadership should be about facilitation, delegation and appreciation. It should also provide direction, inspiration and motivation, and not criticise constantly (Alimo-Metcalf 2000). Simple gratitude for a job well done goes a long way to encourage staff and boost morale to do more. It shows caring. According to Crouch: ‘Effective leadership makes for a happier, productive workforce and better quality staff retention’ (Crouch 2002).

2. Equitable Pay
Regular performance related pay that is based on competence, rather than the post occupied, will enhance nurses’ morale, or mental attitude, and their perceived reputation, or image. Inflation adjusted pay perceived as comparable with that of ambulance staff and police officers will boost status, or social standing, and self-esteem, or opinion of self, and improve staff retention.
Incentive schemes involving financial motivators, such as efficiency rewards and personal or team bonuses, encourage staff to reduce waste and become more efficient and productive. Other extrinsic reward policies, such as those involving discount vouchers, canteen facilities and free or subsidised meals, help motivate staff, make attitudes positive and reduce staff focus on pay.

An urgent review of the benefits that make up pay and rewards should be undertaken to stem the tide of trained staff leaving. It will also help recruit more high quality staff and so reduce workload and exhaustion.

3. Job redesign

Truly enriching jobs with autonomy, authority and empowerment to perform, not simply enlarging them to take on what doctors, managers and domestics do not want to do, reduces staff workload and their levels of exhaustion. Varying job content motivates staff and improves patient care.

Induction processes that do not exploit newcomers’ lack of awareness around expected procedures reduces anger, and improves trust, loyalty and staff retention. Flexible working, consultations on work schedules, and tried-and-tested employee friendly practices that are shared by ward managers improve staff retention.

4. Caring organisation

The hallmark of successful organisations is the attention given to their staff. The development of caring cultures and friendly atmospheres creates feelings of being part of a committed, satisfied, motivated and empowered workforce.

The NHS will not be seen as a caring organisation unless it invests in workforce training. Most nurses who aspire to attaining higher qualifications train themselves and leave the NHS for higher wages elsewhere.

Investment in staff so they can attain self-actualisation recognises them and ensures a sense of belonging, organisational pride and motivation. It portrays the NHS as a good and caring employer. It attracts high quality staff and reduces excessive workload.

Well-trained, developed and skilled leaders will, by being able to anticipate the needs of frontline staff, be mindful of the emotional support they need. They will value, support and treat them with the respect and dignity they deserve.

Social activities outside the confines of stressful hospital environments also increase a sense of belonging and team cohesion, and sustain cooperative commitment to corporate agendas.

5. Cultural change

The culture of long hours, inflexible shift work and bureaucratic authoritarianism, has left a wide gap between corporate objectives and staff expectations. It has also worsened absenteeism, staff turnover and already poor retention rates due to staff neglect.

For the future of the NHS as a modern employer, management must heed the call of stakeholders to change that culture to bridge the gap between government goals and staff needs and so improve staff retention.

Good work environments and timely communication reduces gossip, improves relationships and social cohesion and motivates staff to help attain corporate objectives. Provision of facilities such as changing and rest rooms for staff will enhance departmental pride and retention.

Fast-track healthcare systems for staff can reduce cost and promote early return to work. For example, when staff are injured at work, instead of being sent off to their GPs for referral letters to await hospital treatment, they could be seen in hospital without the need of GP referral, treated early and returned to work.

One interviewee had to take six weeks off work before being seen as an outpatient in the same hospital that she worked in! Meanwhile, agency staff covered her shifts. She felt badly treated by her employer in her hours of need.

6. Performance appraisals

Systematic reviews of managers and staff are mutually beneficial as long as they are seen as constructive, open and non-punitive. They facilitate promotion and boost morale. Prompt reviews increase trust and co-operation between managers and staff, and ensure workforce effectiveness. They alert managers to problems before they become so critical that they can trigger staff exit.
Difficulties can be discussed and corrected to achieve cohesion. Training needs and skill gaps can be identified and rectified to ensure personal growth and development. Feedback may show appreciation that motivates and creates room for workforce and succession planning. It also communicates to staff that managers have caring interest, and this allays fears and opens doors for further constructive dialogue.

When staff are happy with clarified job objectives, patient care improves, and relationships become less acrimonious and more harmonious as staff motivation increases performance and organisational effectiveness. Openness restores public confidence in the system and improves nurses’ image, status, value and self-esteem for better staff retention.

7. Conflict management

Problems resolved amicably and fairly will benefit protagonists by offering win-win solutions. Work environments should be as free as possible of aggression or inappropriate attitudes if they are to attract high quality staff and reduce the excessive workloads that exhaust existing staff and cause nurses to leave. Leaders and managers need to protect their staff from physical and verbal abuse or attacks. Where there is fear of safety, demotivation reigns.

Conclusion

This study aimed to discover why registered nurses leave the NHS and make appropriate recommendations to stem the exit flow. Critical incidents that trigger their leaving were identified and recommendations made based on exit interviews.

Nurses may leave because they feel isolated, undervalued and overworked. Managers and leaders must therefore co-operate to agree on creative ways of addressing these feelings if they are to retain high quality staff.

On the role of motivation, two pillars are perceived as absent. First, social climates are hostile and tense, and nurses, without the emotional support they need to perform, are afraid. Second, there is inequitable pay and poor reward for effort. Nurses’ graduate status, self-esteem and professional image are tarnished by persistent low pay.

Staff motivation is crucial to retain them, as well as maintain or improve performance and productivity. The NHS is a service organisation dependent on frontline nurses to deliver high quality services to the general public. If nurses are to stay in the NHS, they need to be motivated, trained and rewarded adequately. They must also be valued more so that they are respected by those they serve.

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 references