Evidence Brief: Attrition

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

Date of publication: Month and year

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Key publications – the big picture

[NHS medical staffing data analysis](#) August 2023, BMA
The most valuable resource the health service has is its staff. Yet the NHS is in the midst of a chronic workforce crisis, driven by years of insufficient investment in training new staff, inadequate workforce planning, and lack of government accountability. The result is a vicious cycle of mounting pressures, declining staff wellbeing and poor retention. This page provides analysis on the secondary care workforce and is updated monthly with new data. View more on the [general practice workforce](#).

[Attrition in the medical workforce](#) April 2023, BMA
Improving retention first requires understanding which retention issues affect which groups of doctors, at which points in time, and to what extent. This page summarises existing GMC reports and presents key data on medical attrition across the medical career pipeline.

[Retaining NHS nurses: what do trends in staff turnover tell us?](#) April 2023, The Health Foundation
During the decade to 2021/22, the majority of those who left NHS registered nursing (but stayed in work) took up other jobs within health and social care. Nearly 2 in 5 (38%) moved on to nursing jobs outside of the NHS and adult social care, including in private hospitals, agencies and charities, with a further 5% moving to adult social care nurse roles. Other common moves were to alternative health and care occupations, such as nursing auxiliaries and assistants (11%) and midwives (10%), most of which were within the NHS.

While the proportion of moves to the independent and other sectors was largely unchanged over the decade to 2021/22, the NHS risks losing more nurses to the independent sector if the absolute number of NHS nurse leavers increases.

[Should I stay or should I go? NHS staff retention in the post COVID-19 world: Challenges and prospects](#) February 2023, Zenodo
The research aims were to provide human resource strategy and policy relevant insight into:
• The impact of the COVID-19 experiences and its legacy on employees' strength of attachment, commitment and capacity to remain in NHS employment;
• The relative salience and strength of push and pull variables on staff stay versus leave intentions and behaviour;
• What might need to change to motivate/enable current employees to remain in NHS employment; and
• The need, nature and scope for intervention to maintain/enhance retention rates.

[The long goodbye? Exploring rates of staff leaving the NHS and social care](#) February 2022, Nuffield Trust
The proportion of hospital and community health staff who left the NHS increased last year, but remains relatively low. In total, around 140,000 of these staff – equivalent to one in nine (11%) – left active service in the year to September 2021. In particular, one in 10 nurses and one in 18 consultants left active service, which includes those going on maternity leave or a career break. But for most staff groups, these rates are generally around pre-pandemic levels after a notable fall in leavers across nearly all professions in the year to September 2020. Comparisons over time do of course have to be treated with caution due to, for example, the changing age profile of the workforce.

The 'Impact of COVID-19 on Students' Survey: Key Findings
May 2020, Heath Education England

- Most students are concerned about the impact of COVID-19 on their careers with BAME students slightly more concerned.
- The reasons behind students thinking about leaving are: academic concerns; being overwhelmed and stressed by the situation they find themselves in; and doubting their clinical ability.
- Student nurses and student midwives are particularly concerned about catching up with their clinical skills.
- White nursing students are concerned about the lack of HEI support whereas BAME AHP students are concerned about mental health challenges.

A critical moment: NHS staffing trends, retention and attrition
February 2019, The Health Foundation
As well as assessing the implications of the trends in NHS staffing, this report also focuses in more detail on a critical 'pressure point' – the retention and attrition of both student nurses and NHS staff. Improved NHS staff retention (that is, lower attrition and turnover rates) has understandably been identified as a main area for policy attention, as it offers the promise of faster and cheaper methods of reducing staff shortfalls than training or recruiting new staff.

In our last annual workforce trends report, we highlighted that the turnover of NHS staff was increasing, and that most NHS trusts were exhibiting reductions in workforce stability rates. These retention measures suggested that the problem of retaining staff was increasing, despite it being regarded as a policy priority. This year we look at this in more depth, and focus specifically on two main areas of retention and attrition:
- trends in the stability of the NHS trust workforce
- student nurse attrition

Reducing Pre-registration Attrition and Improving Retention
2018, Health Education England
There is no single nationally agreed method of measuring attrition. In the absence of a standard definition of attrition, HEE established the new and separate definition of pure attrition, solely for the purpose of the RePAIR baseline. Pure attrition is the number of students who did not complete on time using the standard pathway for that programme, i.e. non-completers/starters x 100.

Case Studies

Nurse mentor scheme reduces turnover at trust by almost 90%
June 2023, Nursing Times
A nurse leader has said that the "senior intern" mentorship scheme that she introduced has slashed the attrition rate at her NHS trust by nearly 90%.

Dartford and Gravesham NHS Foundation Trust: Working together to transform the role of Healthcare Support Worker (HCSW) (no date), NHS England
The trust sought to reduce vacancy rates and improve HCSW morale throughout the trust. The trust utilised several methods including; producing a series of resources including 'a day in the life of a HCSW', a Facebook campaign featuring photo storyboards and a large survey for both HCSWs and non-HCSWs, the results of which were announced at a 'HCSW huddle' (an event designed to provide HCSWs with a voice). Whilst the project is still in its infancy, the trust has noticed an improved atmosphere and an increase in applications for the HCSW role.

[North Devon Healthcare NHS Trust: Workforce model for support workers](#) (no date), NHS England
Northern Devon Healthcare NHS Trust experienced significant problems retaining its workforce, particularly Healthcare Support Workers (HCSWs). The trust covers 800 square miles in a rural area with high levels of deprivation, and its population doubles during summer due to tourism. Turnover rates were high, and people in the local community perceived being an HCSW as difficult and disruptive to lifestyle, without many career possibilities. A solution the trust found to this was creating a sustainable workforce model for support workers to improve retention.

[New data science solution enables NHS organisations to predict which employees are at risk of leaving](#) (no date), NHS Shared Business Services
Medway NHS Foundation Trust worked alongside data scientists and workforce experts from NHS SBS to analyse historic data from staff and leavers over a five year period. The aim was to prove that statistical modelling could be used to accurately predict an employee departure.

The subsequent Workforce Analytics solution was developed to analyse employee information - predominately from the NHS Electronic Staff Record (ESR) - and produce a forecast of expected leavers.

The model identifies and assigns a weighted numerical risk score to a range of primary and secondary factors, which when combined can determine the probability of an individual leaving.

To increase the accuracy of the predictive analytics, a large number of factors are analysed. These include an employee's salary, the length of time they have been in their current role, the distance they travel to work, the area they work (e.g. hospital ward), and personal circumstances such as recorded stress or special leave taken.

As part of the solution, analytical reports are provided to the Trust identifying those at increased risk of leaving and including actionable insights to address the risks.

The Star for workforce redesign

More resources and tools can be accessed by searching for **attrition** in [the Star](#)

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse (NDL)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

[Satisfaction and attrition in the UK healthcare sector over the past decade](#) April 2023, PLoS One
This study quantitatively investigated whether working conditions in the NHS have deteriorated significantly over the past decade. Our results suggest that while overall job satisfaction in healthcare has been relatively high, there is significant evidence that satisfaction levels have declined over the past decade, particularly in terms of work-life balance and leisure time. Work-life balance accounted for almost three times as many NHS job leavers in 2021 than it did in 2011. Low satisfaction with the amount of one's leisure time has become increasingly more predictive of a future outside of the healthcare sector as the past

decade has progressed. Additionally, satisfaction with amount of leisure time for healthcare workers has fallen by three times the amount that it has fallen for non-healthcare workers between 2010 and 2020.

Our study has implications for both policy and additional research. Our findings support a need for structural change within the UK healthcare sector to improve working conditions. This seems necessary both to attract and to retain staff, given the increasing income and leisure time disparity between healthcare work and employment outside the sector. There may also be scope for smaller-scale well-being interventions at the 'ground level' that could provide temporary respite to healthcare workers. Future work on this topic should focus on identifying specific causes for the deterioration in work-life balance, understanding how working conditions in healthcare differ across the four devolved UK NHS systems, and testing workplace interventions that may boost well-being and retention in the short-term as larger-scale policy changes are being implemented in the longer-term.

[More than burnout: qualitative study on understanding attrition among senior Obstetrics and Gynaecology UK-based trainees](#) February 2022, BMJ Open
In this study, the lack of professional identity development in O&G trainees was found to be the single most crucial aspect for leading to attrition. This is in contrast to what has been previously documented, where burnout and a lack of resilience were generally associated with the high rates of attrition in the specialty. While three key areas were identified for facilitating professional identity development, this would require major configurations transcending the current cultural and organisational frameworks. However, with a current attrition rate of 30% in the specialty, and at a time when the NHS faces

great uncertainty, securing the future and prioritising the well-being of its workforce is vital.

[Why do pharmacists leave the profession? A mixed-method exploratory study](#) June 2021, Pharmacy Practice
It may be that a key to moving forward meaningfully and addressing many of the extrinsic areas of dissatisfaction is for experienced pharmacists to provide support and co-design the future of the profession with its younger members. A start has already been made with the recent publication of the findings from an early career pharmacists' consultation by the Pharmaceutical Society of New Zealand which includes ten recommendations for action. One of these pertains to mentoring and another to alternative models of pharmacy service delivery and remuneration, which, although aligning with the future-focussed policy documents, are also associated with additional workplace pressures.

The experience of bullying reported by a small number of respondents is concerning. Research is underway to further explore the issue of bullying in pharmacy in NZ.

[Understanding the impact of professional motivation on the workforce crisis in medicine: a rapid review](#) April 2021, BJGP Open
The current strategies to tackle the workforce crisis focus on hiring more staff, expanding the number of GPs in training, with a target of 15 000 new GPs between 2015 and 2020, as well as adding 1500 new places to medical schools.5 Yet the analysis shows that low job morale, disconnect, lack of personal and professional support, and unmanageable change all contribute to demotivating a workforce.

New strategies need to be developed to continually provide a high quality, safe, and effective NHS for all. Future work should

pay attention to understanding and addressing barriers to the workplace supporting professionals' sense of worth and value, and their ability to exercise their distinct expertise within a broader community of practice. This analysis provides support for the use of the three Ms model in redesigning policy and practice in this area.

[Why do trainees leave hospital-based specialty training? A nationwide survey study investigating factors involved in attrition and subsequent career choices in the Netherlands](#) June 2019, BMJ Open

This study provides insight in factors involved in attrition and in future career paths. Based on our findings, possible interventions to reduce attrition are: (1) enable candidates to develop a realistic view on job characteristics and demands, prior to application; (2) provide individual guidance during specialty training, with emphasis on work-life balance and fit with specialty.

[A rapid review of the rate of attrition from the health workforce](#) March 2017, Human Resources for Health

This paper has examined key issues associated with definitions of, and research on, health workforce attrition. Attrition may also be an indicator of one or more of a variety of work-related problems, such as overwork, poor job satisfaction, uncompetitive pay and career opportunities and lack of effective supervision. One main finding in this paper is the lack of a standardized definition of attrition, both in routine reporting, and more detailed research-based analysis. This represents a major constraint on developing a better understanding of the extent to which the levels and types of attrition vary in different organizations and therefore also limit the scope to use attrition data as a tracer or indicator of other factors and as a source of comparison between organizations and systems.

[Female surgical trainee attrition](#) March 2016, Bulletin of the Royal College of Surgeons of England

From the data collected, it can be seen that sex, region and specialty all impact independently on the likelihood of completing higher surgical training. The information highlights vast variations across the country. This suggests discrepancies in how that training and support (or lack thereof) is received and perceived by the trainees themselves. From informal discussions at conferences and in the workplace, interest from juniors and students indicates that data on attrition may even influence decision-making for future job applicants.

In addition to the results of our study, further data acquisition is necessary. It will be imperative to see whether trainee satisfaction correlates with attrition demographics. In conjunction with this, targets can be identified for the provision of increased trainee support, perhaps reducing overall attrition of higher surgical trainees across the country. So as to glean the necessary data, standardised and enforced employee follow-up by the deanery may be prudent. A simple questionnaire requesting their reason for leaving the training programme along with their intentions for the future seems the simplest and most appropriate approach.

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