

# Overview



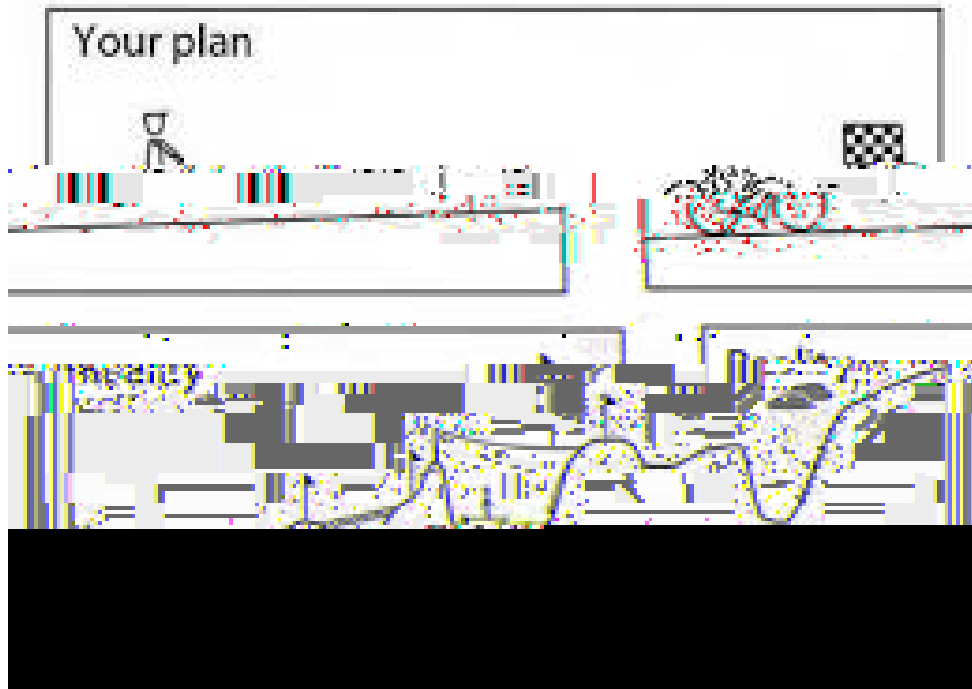
- Why undertake a collaborative project on nurse retention?
- Reviewing the evidence; developing the TRACS conceptual model
- What we planned to do and what we did
- What did the research find?
- Challenges of working collaboratively
- Project outputs
- What now?



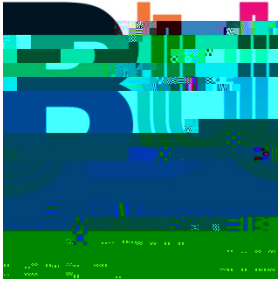




# What we planned to do and what we did...



- Measure-intervene-measure: result
- Engaging in real-world research
- Engaging with 'wicked problems'
- Scope-measure with 'control'-consult-collaborative interventions-measure...
- Rapid contextual change



# Case study

Aim:

To investigate whether retention of registered nursing staff in one hospital can be improved through the development and implementation of an evidence-based retention model (TRACS).



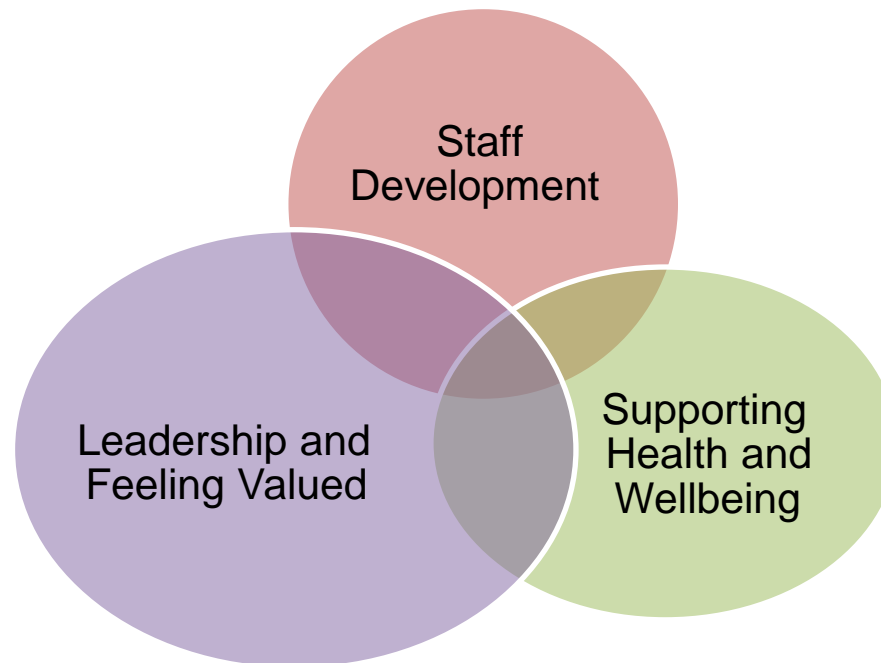
# Design: Mixed methods

Phase 1 Collate baseline data (NHS staff survey) Aug-Sept 2017		
Phase 2	Pre-intervention Survey of RNs from two directorates using Maslach Inventory and Practice Environment Scale Nursing Worklife Index (PESNWI)	Oct-Nov 2017
Phase 3	Consultation exercise to inform development of retention strategy	Dec'17-May '18
Phase 4	Implementation of TRACS approach: Older Person's Medicine (OPM) directorate	July'18 –Feb '19
Phase 5	Post intervention survey	April-May '19
Phase 6	Dissemination	May-Sept '19



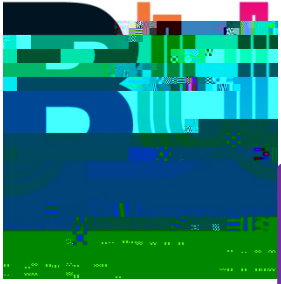
# Findings: Themes

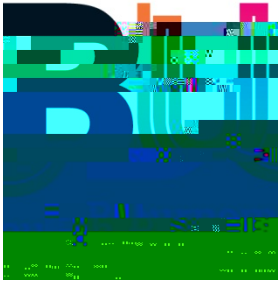
- Leadership and feeling valued
- Staff development
- Supporting health and wellbeing





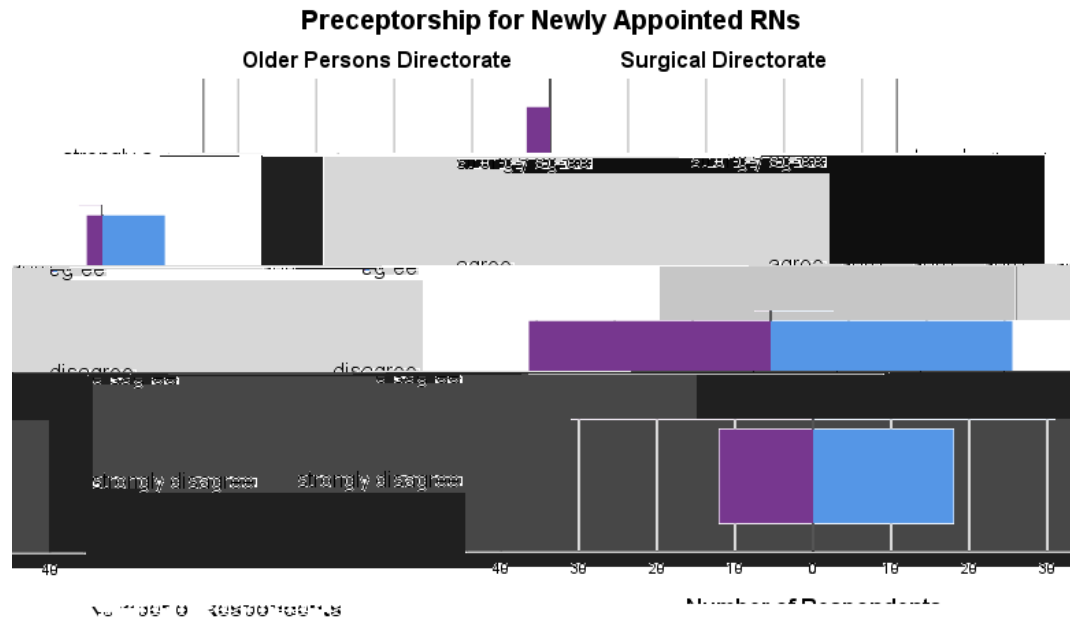


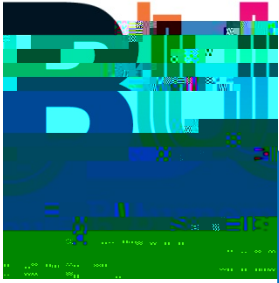




# Staff development

Education is really a key area, because [I'm a mentor] sometimes I struggle to look after my student, the way I really want to look after her because of my workload. I have no time to give to her. And the poor student might be just following me. And I might have no time to stop and talk to her. And we always say we should have one hour, you have to spend with your student, one hour, like free time, to spend with the student every week. I don't think any mentor is getting that.

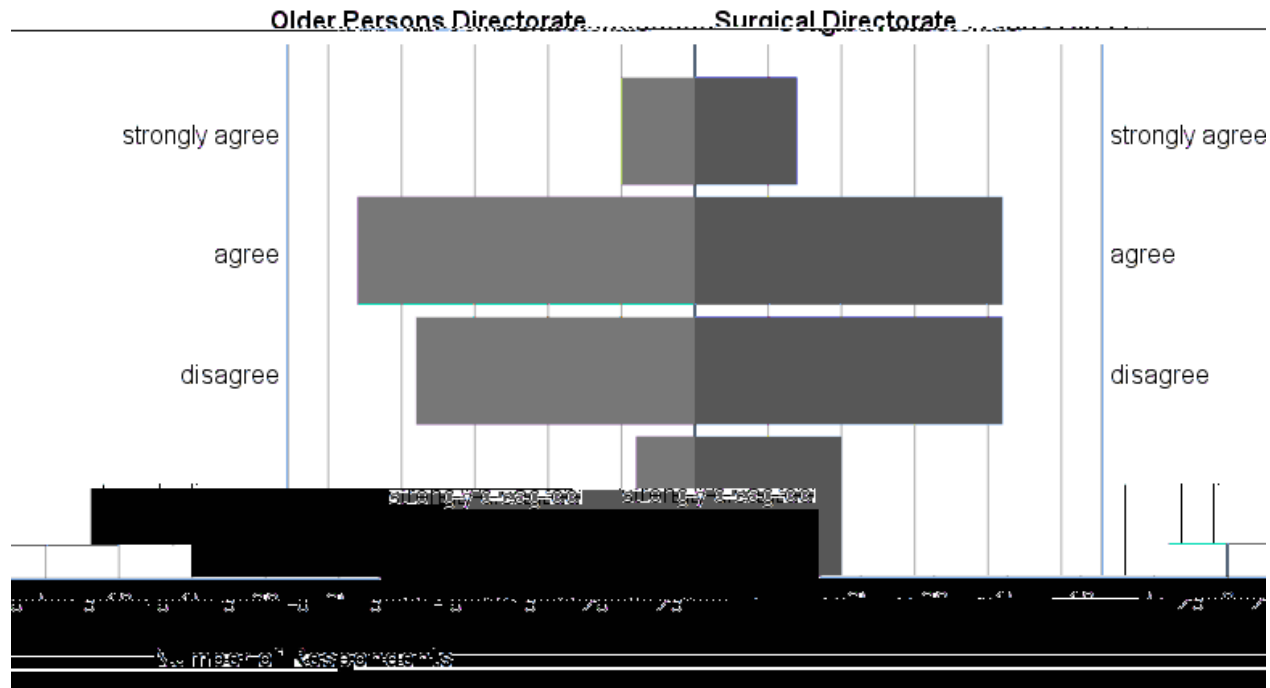




# Support health and wellbeing

Good peer support and offloading and reflect with each other. We've got quite a good network here, a few of us, as in a few of us core people that have stayed throughout. ... Well, more than a few of us. But, you know, we can talk through things, 'cause sometimes you just need someone else, so you don't take it home with you.

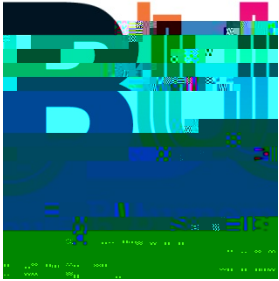
## Enough Time and Opportunity to Discuss Care Problems with Others





## Challenges and benefits of working collaboratively: RBCH project manager

- The benefit of having worked at a senior level within the Trust facilitated the collaborative partnership & the



# Challenges and benefits of working collaboratively: Steering group members

Feelings about being on steering group

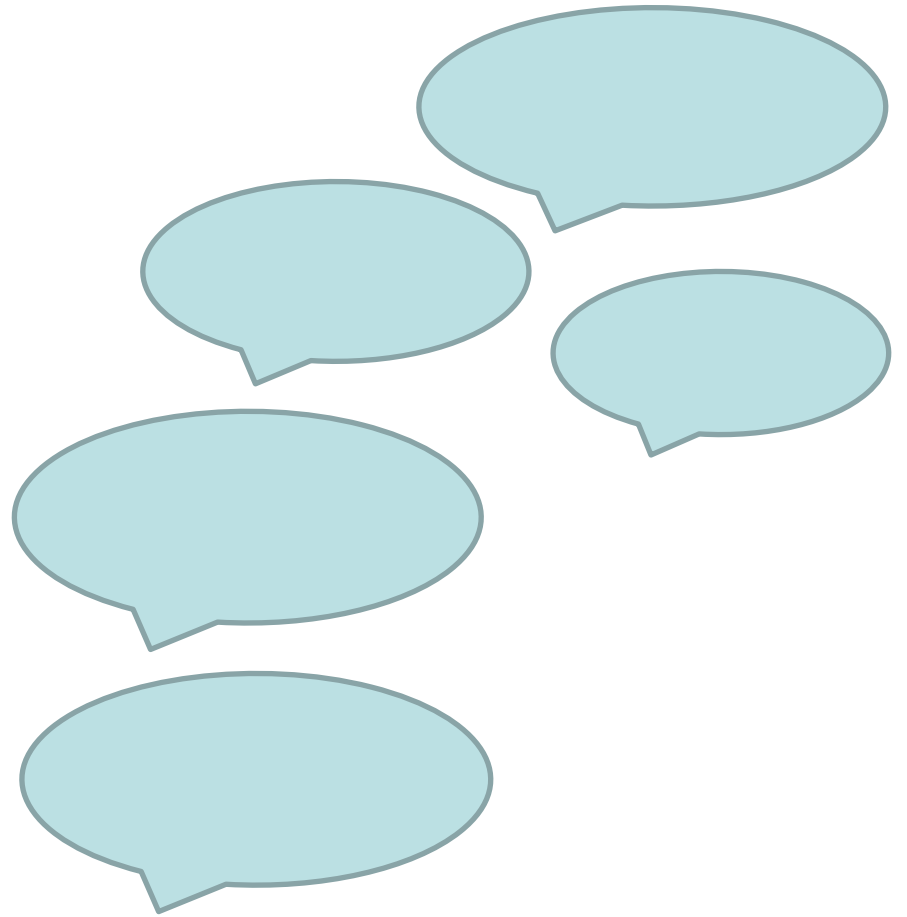
Our contribution



Steering Group

What did we learn?

New experiences



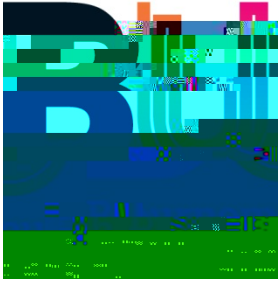


# Summary

- Complex and multifaceted problem
- Our research identified 3 key areas that need to be built into retention strategy:
  - Staff development: flexibility/accessibility, equity, giving priority
  - Authentic leadership and valuing staff: leaders of nursing, people want to feel they count, relationship based leadership
  - Health and wellbeing: work-life balance, organisational support
- Advantages of collaborative working

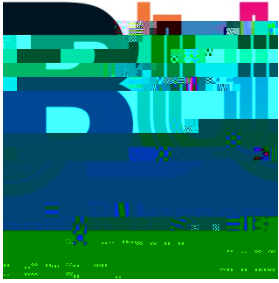






# What now? Transferability





# Any questions?

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TRACS website:

<https://research.bournemouth.ac.uk/project/making-tracsto-improve-nurse-retention/>



