

# Identifying the movement of the workforce around the health sector

*Working Paper*

**A report to Skills for Health by the MacKinnon Partnership**

## Foreword

Skills for Health are delighted to present this first in a series of working papers covering key research themes across the sector.

This working paper is the first attempt by Skills for Health to draw together the information that is available on the movement of the workforce around the Health Sector, investigating not only the range of datasets and literature that are available across the sector but also looking at what they tell us about the movement in and around the health sector.

In general, levels of movement around the sector are high and movement out of the sector is low the reasons for this could be:

- There are good Terms and Conditions of Employment across the sector, with transferability of these across the NHS, making people reluctant to move and lose benefits by breaking their length of service etc.
  
- The health sector has a 'closed labour market' in respect of health professionals. There are few opportunities for these individuals to work in non-health sectors without changing career direction or retraining. Health professionals include doctors, nurses, therapists etc. and are estimated to make up over 50% of the UK health workforce.

The full results that are presented are the starting blocks for meaningful debate about future research in this area as well as attempting to help organisations across the sector understand the dynamics of workforce movement.

Skills for Health welcome your feedback on the content of this report and seek contributions from across the sector that further enhance our knowledge and understanding of this key theme. Please contact [lmi@skillsforhealth.org.uk](mailto:lmi@skillsforhealth.org.uk).

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## Executive Summary

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1. In March 2009 Skills for Health commissioned The Mackinnon Partnership to produce a scoping study to investigate the movement between jobs of the health sector workforce. The research involved a desk-based review of existing data and literature.

### Defining workforce movement

2. Workforce movement from a sector's point of view can be categorised as **turnover** (moving employer or job role with the same sector), **wastage** (leaving employment in the sector), **new entrants** (starting employment in the sector for the first time). At an organisational level employers often do not distinguish between turnover and wastage. They often use the term staff turnover and measure the number of employees leaving their organisation irrespective of their destination. This makes it difficult to use data collated by employers to provide a picture of movement across a sector as a whole.

### Measuring workforce movement

3. The Labour Force Survey suggests there is relatively little movement out of the health sector (wastage is equivalent to around 2% of the workforce). The health sector is a net importer of jobs from other sectors, with 37,400 people joining from other sectors in 2008, whilst 6,500 left for employment in other sectors. The main exchange of employees is with the social care and retail sectors, although the sector also recruits from hospitality, cleaning and other business services and other public administration employers. However, when those leaving to become economically inactive are taken into account the number joining from other sectors is very similar to the total number leaving the sector.
4. More detailed data is available in relation to the NHS, although each home nation collects and presents its data differently. Assuming that the general findings for one nation are typical of the whole UK the NHS data suggests that:
  - staff wastage is around 8%, although wastage amongst non-medical staff is likely to be higher. This rate is higher than for the sector as a whole as it includes movement to non-NHS health sector employers;
  - turnover varies between geographies. In Northern Ireland it is 3%, but in Scotland it is 9%;

- staff turnover is more likely to be a result of movement between NHS organisations (7%) than movement between staff groups (1%). Very small numbers move NHS organisations and staff group;
- nursing and midwifery staff account for the largest number of leavers and movers, but this does not represent a large proportion of the staff group. Leaving rates tend to be highest amongst ancillary and administrative, clerical and manager staff groups.

### **Impact of workforce movement**

5. Workforce movement can have positive and negative impacts on an organisation, although it is difficult to calculate the full costs and benefits. It is more straightforward for organisations to calculate the direct costs and opportunity costs associate with replacing a leaver, but it is more difficult to identify other factors such as productivity losses and gains which may occur over a longer period. However, using the lower estimate of the average cost of staff turnover per employee identified by the CIPD survey (£5,800) and assuming turnover in the sector is 11% (2% wastage and 9% turnover) then we estimate that workforce movement costs the sector at least £1.36bn.

### **Reasons for workforce movement**

6. Workforce movement can occur because push factors at the current place of employment discourage continued employment there, or because the pull of another opportunity becomes more attractive. The final decision on movement can be voluntary or involuntary depending on the circumstances. Broadly staff movement is a result of either:
  - normal retirement. This can be predicted based on the age of the workforce and an employer's retirement policy;
  - an employer's decision. For example, redundancy or early retirement;
  - involuntary circumstances, generally beyond the control of either the employer or the employee. This can include death, ill-health or dismissal;
  - voluntary resignation by the employee for their own reasons. These reasons are of most interest to policy-makers and discussed in more detail in chapter four.

7. The reasons for the latter are generally of most interest to workforce planners and HR professionals as they will hope to be able to influence them. For voluntary movement, key criteria can typically be divided up according to workplace and personal factors, although there is some overlap. Workplace factors might include working conditions, pay, hours, management structure, organisational culture and opportunities for development. Personal factors might include personality, gender, life stage, occupation and career goals.
8. The decision to move jobs is determined by the interaction of workplace and personal factors as well as the availability of alternative opportunities.
9. Some push and pull factors apply to virtually all employees. These include a dislike of excessive bureaucracy and a desire for autonomy and good relationships with peers and management. Others are particular to specific occupations, for instance, nurses' desire to be able to deliver care to patients. Yet other factors tend to influence different categories of employees, for example a stronger emphasis on career development among males.

#### **Implications for health sector employers**

10. The research has focused on issues associated with the sector as a whole, but there are a number of messages for individual employers.
11. The sector has a relatively closed labour market with low wastage rates. This means that where an investment is made by an employer in developing an individual's skills these skills are very likely to remain in the sector. However there is still significant staff turnover within the sector and as a result:
  - there is a risk these skills may be lost to another health sector employer;
  - any replacement is likely to come from another health sector employer.
12. This may result in no net loss of skills, or even a net gain for the employer as it benefits from an injection of new ideas for example. However it is likely to have resulted in significant costs. Staff turnover is estimated to cost the sector £1.36bn per annum. Staff retention policies are therefore financially important and need to include addressing competition from other health sector employers. This may for example include ensuring there are sufficient internal career development opportunities. NHS data from Scotland suggests there is currently little movement of staff between staff groups.

13. The current economic downturn and likely future public sector spending squeeze is likely to mean employers need to pay more attention to reducing staff numbers. The implication of a low wastage rate in the sector is that few staff are likely to leave voluntarily, particularly in a weak labour market. It is therefore likely to be difficult for individual employers to make significant staff reductions through a policy of not replacing voluntary leavers.

### **Future research**

14. More evidence is required to fully understand workforce movement in the sector. We recognise that improving the evidence base is difficult as it requires the ability to track individuals, nevertheless potential areas to consider are for Skills for Health to work with partners:
  - in the four nations to improve the synergy of data collected across the four nations in terms of NHS workforce movement and to undertake more detailed analysis of this data;
  - in Scotland to undertake a more detailed investigation of NHS workforce movement data to investigate the extent of movement between more detailed staff groups than presented in their existing analysis;
  - in England to investigate to what extent the data they have on NHS non-medical staff confirms that the closed labour market model is relevant for these groups;
  - to investigate staff movement within a particular occupation in the sector. This should investigate any difference by gender or geography. It could focus on an occupation that is found in the independent, voluntary and NHS sector.
  - to establish systems for monitoring workforce movement in the independent and voluntary sector. One potential model is Skills for Care and Development's National Minimum Dataset Database.

# 1. Introduction

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## Context

- 1.1 Workforce or labour turnover refers to the movement of employees in and out of an organisation. This can be voluntary, for example to enhance an individual's career progression or enforced, for example due to death or ill-health. Although in every organisation workforce turnover is inevitable, from an employer's perspective it is commonly considered a negative phenomenon as it adds to costs, leads to loss of skills and knowledge and as a result impacts on patient care. However, one employer's loss is potentially another's gain and some workforce turnover is considered positive as it brings in new ideas and skills.
- 1.2 The net benefit or loss to a sector will therefore be different to that of an individual employer and depend on a number of factors including whether the employee leaves the sector or not. Understanding the dynamics of workforce movement across the whole sector and the associated issues will help Skills for Health and organisations across the sector achieve a more robust measure of replacement demand and as a result inform debates about future investment in skills.

## Objectives of the study

- 1.3 In March 2008 Skills for Health commissioned The Mackinnon Partnership to produce a scoping study to investigate the movement between jobs of the health sector workforce. The research aims to inform further research and workforce modelling throughout the sector and help understand the inter-relationship between the health sector and other sectors in the UK, informing better education commissioning as a result. The objectives of the study are to:
  - illuminate the generic issues associated with the movement of labour across sectors and employers, including its impact;
  - review what is known specifically about staff turnover and the movement of the healthcare workforce and associated issues;
  - identify sources of data on staff turnover and workforce movement across the sector and between other sectors;
  - highlight areas for future investigation.



## Methodology

### 1.4 Our research involved:

- a data review of information relating to workforce movement. Using this data we have explored the movement of the workforce in and out of the health sector and assessed the employment stability rate for occupations and age groups;
- a literature review exploring the push and pull factors influencing individuals' job movement;
- a review of health sector specific literature to highlight common issues and trends and to identify why movement is occurring;
- a review of current health sector planning policies being used to address the effects of workforce movement.

### 1.5 The main focus of our research is the movement of workers in non-clinical and non-managerial roles (the equivalent of NHS bands 1-4) across the whole of the UK health sector, ie NHS, independent and voluntary. However, as we discuss later, much of the existing data and literature is focused on the NHS or on clinical staff and we have also used this to inform our study.

## Structure of report

### 1.6 We present the findings of our research in four further chapters:

- a discussion of a broad definition of workforce movement and its impact;
- a presentation of the data illustrating the movement of the workforce in the healthcare sector;
- a discussion of the reasons for employees moving jobs in the sector and the approaches being used by employers to address movement;
- our conclusions and recommendations for further research.

## 2. Defining workforce movement and its impact

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### Summary

Workforce movement can be categorised as **turnover** (moving employer or job role within the same sector), **wastage** (leaving employment in the sector), **new entrants** (starting employment in the sector for the first time).

Staff movement is a result of normal retirement, employers' decisions (eg redundancy), involuntary circumstances (eg death) or voluntary resignation.

There are many different ways of measuring workforce movement. The most common method within the health sector (specifically the NHS) is a stability index.

Workforce movement can have positive and negative impacts. The level of wastage and turnover and the associated costs and benefits will depend on each role's labour market as well as the general labour market conditions.

### Introduction

2.1 In this section we:

- present a model to define the movement of the workforce in a sector;
- discuss ways of measuring workforce movement;
- consider some of the costs and benefits of workforce movement.

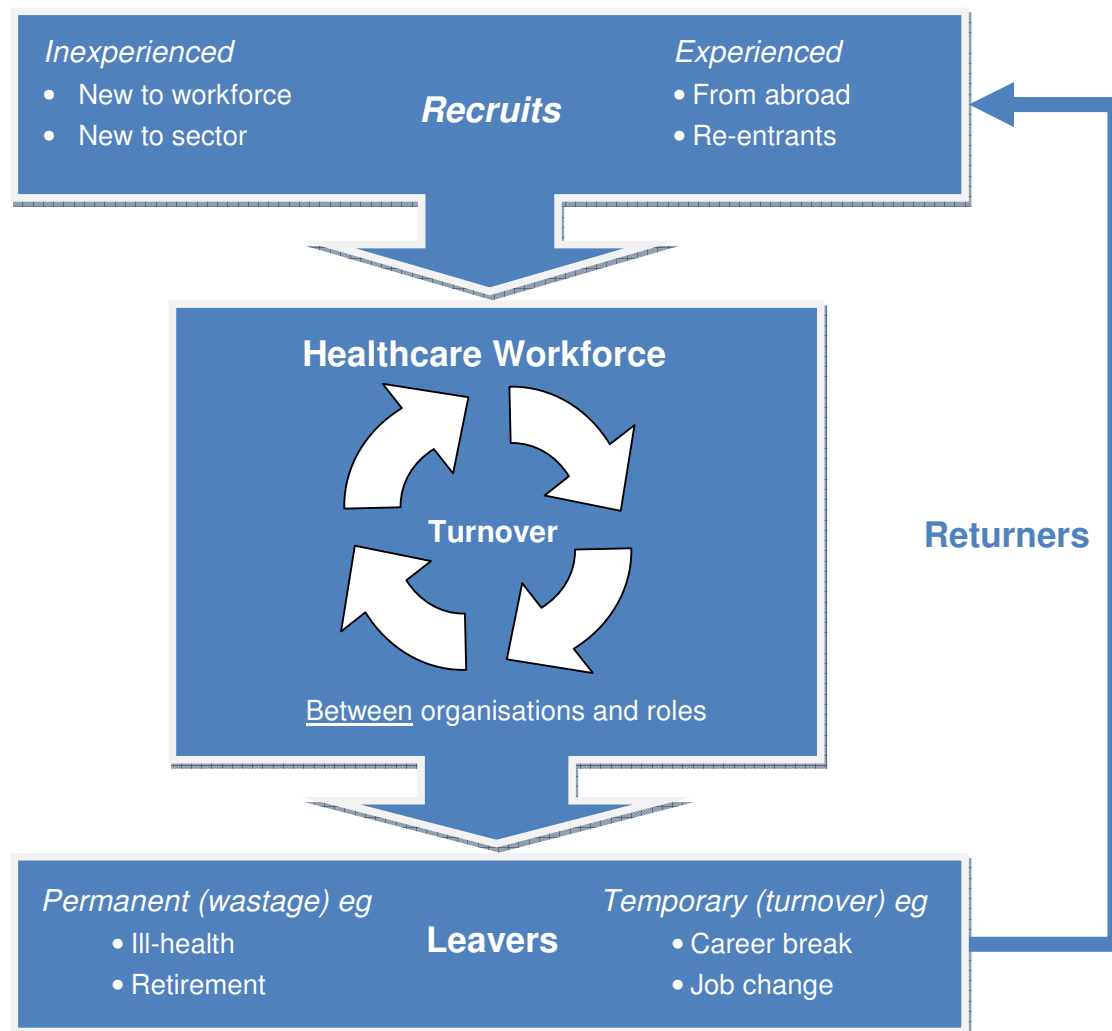
### Defining workforce movement

2.2 Individuals move jobs and employers in many different ways. They may change:

- job role with the same employer either for a career change or job progression;
- the employer they work for but stay within the same sector, for example leaving the NHS to work for an independent health provider or moving to an employer in a different location but remaining within the NHS. This could involve changing job role or moving to a similar job role;
- re-enter the sector after either a career break or working temporarily in another sector.

- 2.3 This is often referred to as workforce **turnover**. Although employers need to recruit replacements, individuals' skills and experience remain within the sector.
- 2.4 Alternatively, individuals may leave the sector permanently, for example retire, be dismissed or go to work in another sector such as the care sector. This is often referred to as workforce **wastage**. Employers need to recruit replacements and the individuals' skills and experience are lost to the sector.
- 2.5 In addition the sector gains **new entrants** such as young people who have not worked before or new workers joining from other sectors.
- 2.6 Figure 2.1 illustrates these different types of workforce movement. We have excluded international movement and new entrants from our research.

**Figure 2.1: Model of workforce movement around the Health sector**



- 2.7 At an organisational level employers often do not distinguish between turnover and wastage. They often use the term staff turnover and measure the number of employees leaving their organisation irrespective of their destination.
- 2.8 To understand the movement of the workforce it is important to identify the reason for employees leaving. Broadly this can be as a result of:
- normal retirement. This can be predicted based on the age of the workforce and an employer's retirement policy;
  - an employer's decision. For example, redundancy or early retirement;
  - involuntary circumstances, generally beyond the control of either the employer or the employee. This can include death, ill-health or dismissal;
  - voluntary resignation by the employee for their own reasons. These reasons are of most interest to policy-makers and discussed in more detail in chapter four.

### Measuring workforce movement

- 2.9 There are different ways of measuring workforce movement. The most common measure is of staff turnover within an organisation. The simplest and the one used in surveys conducted by the Chartered Institute of Personnel and Development (CIPD) and Confederation of British Industries (CBI) is calculated based on the total number of leavers over a period as a proportion of the average total number employed over the same period. This can also be defined as the central wastage rate. This does not take into account the differences between voluntary and involuntary reasons for leaving, or turnover which may be beneficial and that which is not. It also does not give an indication of the level of workforce movement around the sector or the number of leavers from the sector.
- 2.10 There are a number of more sophisticated measures of wastage and turnover, but the measure most often used in published statistics about the health sector is the stability rate. This provides an indication of the retention rate amongst more experienced employees:

$$\text{Stability Index} = \frac{\text{Number with one year's service}}{\text{Number in post one year ago}} \times 100$$

2.11 The *NHS National Workforce Projects*<sup>1</sup> document on measuring turnover highlights a further five ways of measuring wastage including:

- Survival rate. The proportion of employees employed within a particular period (a cohort) who remain in the organisation after a given period (months or years) of service. This information is useful for reflecting on the effectiveness of recruitment, induction and training of a particular group of staff;
- Half-life index. Similar to the survival rate, this is the time it takes for the original group of starters to reduce to half of its original size. This is useful for comparing groups of starters and identifying unacceptable wastage;
- Length of service analysis. The average length of service of staff that leave. This is most useful to do on a continuous basis in order to reveal trends;
- Vacancy rate. This is the number of posts vacant as a proportion of the total number of posts. It provides a measure of the state of the labour market, but is also useful for benchmarking against other organisations or parts of organisations;
- modelling retention patterns using the Transition Survivor Function (TSF). This uses a statistical calculation to estimate the probability of survival in employment and therefore transition to the next period. It is calculated in terms of either length of service or age.

### **Impact of workforce movement**

2.12 A recent CIPD survey<sup>2</sup> estimates that the overall employee turnover rate in 2008 across the UK was 15.7%. The survey also found that:

- the highest levels of turnover (16.8%) are found in private sector organisations whilst in voluntary community and not-for-profit organisations it is 16.4%. The public sector has an average turnover rate of 12.6%;
- the highest turnover rates are found where unemployment is lowest, as employers compete for limited human resources;
- employees are staying in their jobs longer whilst the number being made redundant has increased, reflecting the poor economic climate.

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<sup>1</sup> NHS National Workforce Projects, Measuring and Predicting Turnover and Wastage 'How to' Guide [online], available from [http://www.healthcareworkforce.nhs.uk/index.php?option=com\\_content&task=view&id=51](http://www.healthcareworkforce.nhs.uk/index.php?option=com_content&task=view&id=51), [Accessed: 12 August 2009]

2.13 Although workforce movement is generally considered to have a negative impact on an employer, some level of movement is inevitable and in some cases can be beneficial. For example, it can increase costs and lead to a loss of skills or knowledge, but it can also lead to the introduction of new ideas or increased productivity if new employees are better than the previous ones. These negative and positive impacts can be categorised as either financial or operational and are summarised in Figure 2.2.

**Figure 2.2: Positive and negative impacts of workforce movement on health sector employers**

	Positive	Negative
Financial	<p>Potential lower salary costs of replacement [counteraction to incremental drift]</p> <p>Temporarily reduced salary cost while replacement sought</p>	<p>Temporary staffing costs</p> <p>Training costs</p> <p>Induction costs</p> <p>Recruitment costs</p> <p>Administration of the recruitment, selection and resignation process</p>
Operational	<p>More flexible and rounded workforce with experience of other sectors and roles</p> <p>Ability to adapt workforce for change</p> <p>Replacement of a less productive employee by a more productive employee</p>	<p>Knowledge loss</p> <p>Tacit knowledge loss (experience)</p> <p>Loss of stability and familiarity from clients, patients or colleagues</p> <p>Need to reform working relationships</p> <p>Very high turnover rates may lead to poor reputation in local labour markets</p> <p>Extra burden placed on colleagues to cover</p>

Source: Adapted from CIPD's 'Employee turnover and retention' factsheet, August 2008.

2.14 CIPD suggest that it is possible for employers to calculate an average 'not less than' cost for replacing a leaver with a new starter by using management, administrative opportunity costs along with direct costs, but that it is more difficult to calculate the full cost due to other factors such as loss of productivity or quality of service. Their recent recruitment, retention and turnover survey found that less than 3% of respondents were able to provide an estimated cost of labour turnover. These responses suggest that average cost per employee was £5,800, rising to £20,000 for senior managers or directors.

<sup>2</sup> Chartered Institute of Personnel and Development (2009) Recruitment, retention and turnover, Annual survey report 2009, CIPD London

2.15 There is no specific level of staff movement that starts to have a negative impact on performance. The extent of the impact is dependent on each specific labour market and differs between employer type, job roles and geography. For example, in the health sector:

- there are many specialist and professional roles, such as doctors and nurses. The sector is the only provider and user of these skills and as a result, whilst there may be staff turnover as a result of career progression and changing employer within the sector there is less likelihood of staff wastage to other sectors, unless staff decide to change their career completely. However, where there is wastage the costs to the sector are likely to be high because of training costs, and where there is a skills shortage staff turnover is likely to be more costly;
- there are a broad range of roles including many non-clinical positions where skills and knowledge can be used in other sectors. In these roles staff wastage to other sectors may be higher, but staff turnover costs may be lower if it is relatively easy to find and train new employees quickly and at low cost. In these cases there will be greater dependence on the state of the general labour market. Where the labour market is tight (more jobs than job-seekers) staff turnover and wastage may be higher, but as in the current situation where there is less demand for labour staff turnover and wastage may be lower.

## 3. Mapping workforce movement

### Summary

Wastage rates across the whole health sector are very low. In 2008 around 2% of the workforce left the sector (36,600). Two thirds of these became economically inactive, whilst one sixth took up employment in another sector.

Two fifths of leavers taking up employment in another sector joined the social care sector (around 2,600 people) whilst around one fifth (1,200 people) joined the retail and wholesale sector.

Around 37,400 people joined the health sector from another sector in 2008. The largest numbers joined from the wholesale and retail sector (21%).

Data from Northern Ireland and Scotland suggests that overall staff wastage in the NHS is around 8%. This is higher than the wastage rate for the whole sector as it includes people leaving the NHS to work in the independent and voluntary parts of the health sector. Wastage amongst non-medical staff is likely to be higher. Nursing and midwifery staff account for around two fifths of leavers in Scotland, but the highest leaving rates are amongst ancillary staff (12%) and admin, clerical and senior managers (8%).

Turnover in the NHS varies between geographies. In Northern Ireland it is 3%, but in Scotland it is 9%. Staff turnover in Scotland is more likely to be a result of movement between NHS organisations (7%) than movement between staff groups (1%). Very small numbers move NHS organisations and staff group.

Non-medical leaving rates vary considerably across English SHA regions. All PCTs in the South Coast SHA area have leaving rates above the median average, although 75% of PCTs in the East Midlands SHA area are below the median average. Individual PCT leaving rates vary from 83% to 8%. These reflect specific organisational changes or policies along with the differences in local labour markets.

Using cost estimates from CIPD along with the sector wastage rate and NHS turnover rates we estimate that workforce movement costs the sector at least £1.36bn per annum.

### Introduction

3.1 In this section we discuss where health sector workers move to and from and the extent of staff movement by different types of employees. The availability of data means that our analysis of the latter is limited to that of the staff within the NHS.



## Movement in and out of the health sector

3.2 The Labour Force Survey reports that around 36,600 people left the health sector during 2008. This suggests the wastage rate for the health sector in 2008 was approximately 1.7%<sup>3</sup>. Two thirds of leavers became economically inactive and most are likely to be permanent leavers from the sector. The remainder were evenly split between being unemployed and working in another sector. There is the possibility that these may rejoin the sector again in the future.

3.3 A comparison between nations and regions suggests:

- Wales has the lowest wastage rate across the four nations;
- the English regions with the highest wastage rates are Eastern, Yorkshire and the Humber and the West Midlands;
- the English regions with the lowest wastage rates are the South East and North West.

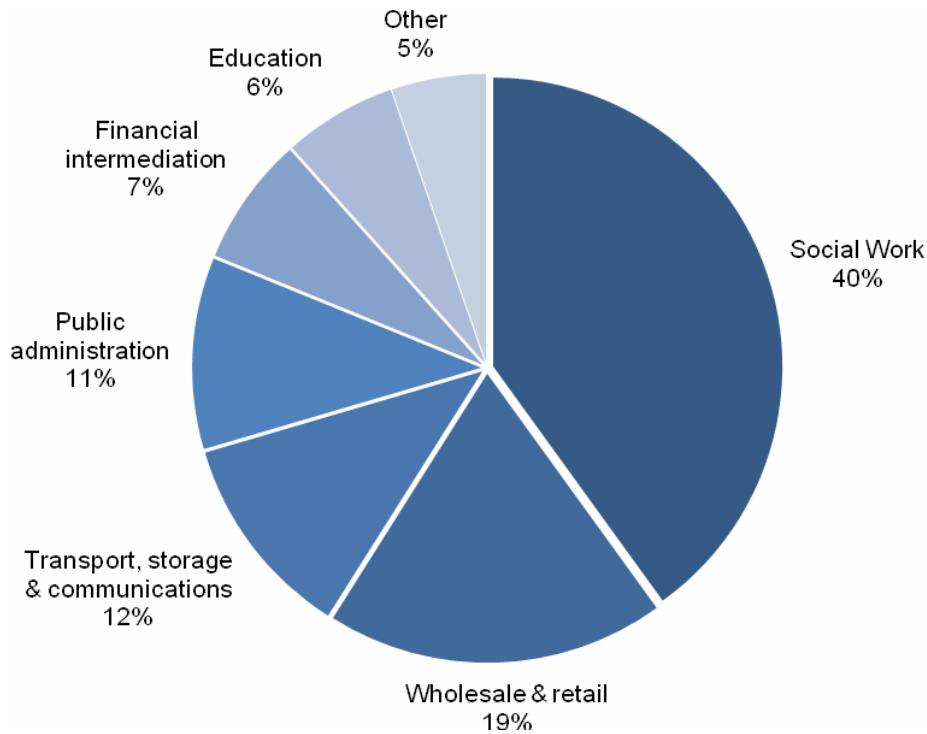
Table 3.1: Health sector wastage rate (2008)			
	Wastage rate	Current position of leavers	
		% economically inactive	% unemployed /working elsewhere)
UK	1.7%	1.1%	0.6%
Scotland	1.6%	0.9%	0.7%
England	1.5%	1.2%	0.6%
Northern Ireland	1.4%	1.4%	0.0%
Wales	1.2%	0.7%	0.4%
Eastern	2.3%	1.7%	0.5%
Yorks & Humber	2.2%	1.4%	0.7%
West Midlands	2.1%	1.5%	0.6%
North East	1.9%	1.1%	0.8%
London	1.9%	1.3%	0.6%
South West	1.8%	1.3%	0.6%
East Midlands	1.7%	0.9%	0.8%
North West	1.4%	0.8%	0.6%
South East	1.3%	0.9%	0.5%

Source: Labour Force Survey, three quarter average Q2 2008 – Q4 2008

<sup>3</sup> Calculated by dividing the number of people leaving the sector during 2008 by the average number employed in the sector over the same period.

- 3.4 The Labour Force Survey suggests just under 6,500 people left the health sector to work elsewhere in 2008. Two fifths of these joined the social care sector (around 2,600). This reflects the many synergies between the health and social care sectors in terms of skills and experience needed. Figure 3.1 provides more detail on the sectors that people who leave the health sector move to. Retail and wholesale is the next largest recipient of ex-health sector employees. It recruits around one fifth of those leaving the health sector, around 1,200 people. This reinforces anecdotal evidence which suggests that the opening of large retail establishments does impact on the sector's ability to retain lower skilled staff, and particularly health care assistants.

**Figure 3.1: Current employment of those leaving the health sector in the last 12 months**



*Source: Labour Force Survey, three quarter average Q2 2008 – Q4 2008*

3.5 The sector also recruits new staff from other sectors. The LFS shows that around 37,400 people were recruited from other sectors in 2008, slightly more than left the sector overall, but around six times more than left the sector for employment elsewhere. The data suggests that the pattern is similar across all four home nations, except Northern Ireland where few staff have left or joined the health sector, however this difference is likely to be due to the small LFS sample size in Northern Ireland. Amongst the English regions:

- East Midlands recruited the highest proportion of its workforce from outside of the sector;
- North East recruited the lowest proportion of its workforce from outside of the sector.

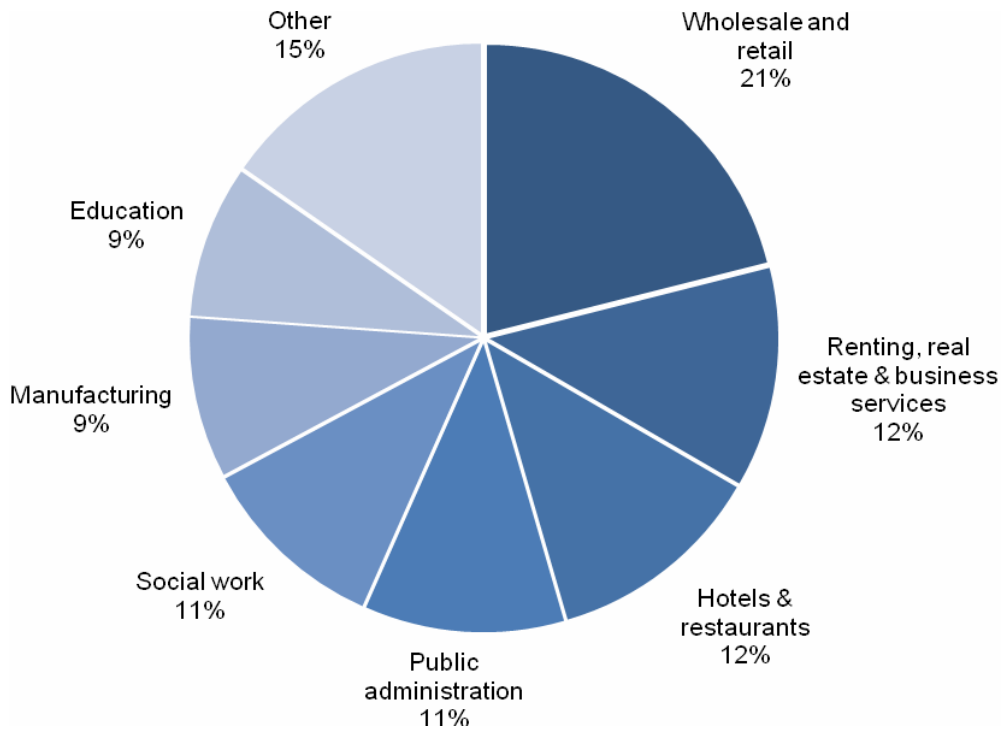
<b>Table 3.2: Previous employment of people currently employed in the health sector</b>		
	<b>Health</b>	<b>Non-health sector</b>
UK	95.5%	0.8%
Northern Ireland	98.5%	0.0%
England	95.6%	0.7%
Wales	95.2%	1.2%
Scotland	95.2%	1.5%
North East	98.0%	0.5%
Yorks & Humber	96.7%	1.0%
West Midlands	96.4%	1.4%
North West	95.8%	0.4%
London	95.8%	0.5%
South East	95.2%	0.8%
South West	94.3%	1.2%
Eastern	94.3%	0.4%
East Midlands	93.9%	0.6%

Source: Labour Force Survey, three quarter average Q2 2008 – Q4 2008

3.6 Figure 3.2 shows that over one fifth (21%) of people joining the health sector, joined from the wholesale and retail sector. The majority left retail. This is unsurprising given it is one of the largest employers in the UK. A high proportion also joined from:

- hospitality (12%). Anecdotal evidence suggests that this may reflect part-time jobs taken by people studying or training for roles in the sector;
- renting, real estate and business services (12%). This is a broad sector, but the largest single industry providing health sector recruits is the cleaning industry (3%). The other joiners come from business support activities that are used in all sectors such as personnel, legal and accountancy activities;
- public administration (11%). This is likely to reflect the movement of administrative staff between other public organisations and the health sector, perhaps as a result of reorganisation or career development;
- social work (11%). This reflects the close links with the health sector;
- manufacturing (9%). Joiners were from a wide range of manufacturing backgrounds, although one quarter joined from the manufacture or paper products, publishing and printing;
- education (9%). Nearly one quarter of joiners came from universities.

**Figure 3.2: Previous employment of people currently employed in the health sector**



Source: Labour Force Survey, three quarter average Q2 2008 – Q4 2008

### **Staff movement and the NHS**

3.7 More detailed data on workforce movement in the NHS provides further insights into movement of the workforce, particularly in relation to wastage and turnover amongst different occupations. Although the data is collected and presented differently in each of the home nations, we highlight some observations in relation to wastage and staff turnover.

## **Wastage**

- 3.8 The most recent data from the Northern Ireland Health and Social Care Workforce Census<sup>4</sup> suggests that 8% of the entire workforce (excluding social services and home help staff groups) left the health workforce in 2007-08. This is a similar level of wastage reported by NHS Scotland in 2005-06 (7.7%)<sup>5</sup>. These wastage rates are higher than those presented by the LFS as they are not looking at the whole sector, just leavers from the NHS, and therefore the rate includes those individuals moving to independent and voluntary health sector employers.
- 3.9 Data from 2005-06 for Northern Ireland<sup>6</sup> reports a similar level of wastage (7.4%), but also shows that:
- females were less likely to have left the workforce. They account for 79% of the workforce, but just 74% of leavers;
  - 59% of leavers were full-time employees. This is in proportion to their representation in the workforce (60%);
- 3.10 The 2005-06 NHS Scotland data provides a breakdown of NHS Scotland leavers by staff group and suggests non-medical staff are more likely to leave than medical staff. It reports that:
- nearly one in eight (11.7%) ancillary staff left the NHS and this accounted for 17% of all leavers;
  - around one in twelve (8.4%) admin, clerical and senior managers left the NHS and they accounts for nearly a quarter of leavers (23%);
  - pharmacy (6.3%), medical and dental (6%) and works staff (5.1%) were least likely to leave. They also account for a small number of leavers.
  - nurses account for over two fifths of all NHS leavers (42%), although they only account for 6.8% of the nursing workforce.

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<sup>4</sup> Department of Health, Social Services and Public Safety (2008) Northern Ireland Health and Social Care Workforce Census

<sup>5</sup> ISD Scotland, NHS Scotland Workforce Statistics

<sup>6</sup> Department of Health, Social Services and Public Safety (2006) Northern Ireland Health & Personal Social Services Workforce Census

<b>Table 3.3: Leavers from NHS Scotland 2005-06 by staff group</b>		
<b>Group</b>	<b>% of group leaving</b>	<b>% of all leavers</b>
Ancillary staff	11.7%	17%
Admin and clerical (inc senior managers)	8.4%	23%
Healthcare science staff (MLSO's and scientific and pro)	7.0%	3%
Therapeutic staff (allied health professionals and clinical psychology)	7.0%	8%
Nursing and midwifery	6.8%	42%
Maintenance	6.6%	1%
Technicians	6.5%	2%
Pharmacy	6.3%	1%
Medical and dental	6.0%	3%
Works	5.1%	0%
Ambulance staff	N/A	N/A
<b>All Staff</b>	<b>7.7%</b>	<b>10,997</b>

*ISD Scotland, NHS Scotland Workforce Statistics 2005-06*

### **Turnover**

3.11 The most recent data from the Northern Ireland Health and Social Care Workforce Census suggests that 3% of the entire workforce (excluding social services and home help staff groups and junior doctors) moved to a different Northern Ireland health and social care employer 2007-08. Data from 2005-06 reports a similar level of movement (3.4%), but also shows that:

- full-time employees were more likely to move employer than part-time employees. They account for 85% of movers, although only 60% of the workforce;
- females were less likely to have moved employer. They account for 79% of the workforce, but just 65% of leavers.

3.12 The 2005-06 NHS Scotland data shows greater movement between NHS Scotland organisations. It reports that 7.4% of the workforce left NHS Scotland organisations to join another and that:

- nearly one in ten ancillary staff moved NHS Boards and this accounts for 14% of all movers. A similar proportion of works staff also moved organisations but this represents a very small number of all movers;
- nearly half of all movers (49%) were nursing and midwifery staff. These accounted for 7.8% of all staff employed in this group;

- around one in six (17.5%) of movers were admin, clerical and senior managers. They accounted for 6.3% of all staff employed in this group;
- healthcare science staff and medical and dental staff were least likely to move organisations (around 6%) and they account for a small number of movers.

<b>Table 3.4: Movers from NHS Scotland Boards to other NHS Scotland Boards 2005-06 by staff group</b>		
<b>Group</b>	<b>% of group moving</b>	<b>% of all movers</b>
Works	9.6%	0%
Ancillary Staff	9.4%	14%
Pharmacy	8.6%	2%
Therapeutic staff (allied health professionals and clinical psychology)	7.9%	9%
Nursing and Midwifery	7.8%	49%
Maintenance	7.3%	1%
Admin and Clerical (inc Senior Managers)	6.3%	17%
Technicians	6.3%	2%
Medical and Dental	6.0%	3%
Healthcare Science staff (MLSO's and scientific and Pro)	5.9%	2%
Ambulance Staff	N/A	N/A
<b>All Staff</b>	<b>7.4%</b>	<b>10,500</b>

*ISD Scotland, NHS Scotland Workforce Statistics 2005-06*

3.13 The NHS Scotland data also reports that 1.2% of the workforce moved between staff groups, but that only a small proportion (0.1%) moved staff groups and NHS organisations suggesting that most movement between staff groups is within the same organisation. The data reports that:

- around 6% of technicians moved to another staff group within NHS Scotland. They accounted for one in eight (12.6%) of all those moving staff groups;
- nursing and midwifery accounts for just under one quarter (24%) of those moving to another staff groups, although this represent a small proportion of the staff group;
- admin, clerical and senior managers and ancillary staff each account for around one fifth of staff group movers, but represent a small proportion of the staff group (1.3% and 2.1% respectively)
- no medical and dental staff moved staff groups.



<b>Table 3.5: Movers from staff groups in NHS Scotland to other staff groups 2005-06</b>		
<b>Group</b>	<b>% of group moving</b>	<b>% of all group movers</b>
Technicians	5.7%	12.6%
Works	4.5%	0.9%
Ancillary Staff	2.3%	21.0%
Healthcare Science staff (MLSO's and scientific and Pro)	2.1%	4.8%
Therapeutic staff (allied health professionals and clinical psychology)	1.9%	12.7%
Maintenance	1.6%	1.3%
Admin and Clerical (inc Senior Managers)	1.3%	21.7%
Pharmacy	1.0%	1.2%
Nursing and Midwifery (2)	0.6%	23.9%
Medical and Dental (1)	0.0%	0.0%
Ambulance Staff	N/A	N/A
<b>All Staff</b>	<b>1.2%</b>	<b>1,744</b>

*ISD Scotland, NHS Scotland Workforce Statistics 2005-06*

- 3.14 The Scottish data does not map staff group movement directly, but examining the total number of movers to and from each staff group indicates whether more staff move to or leave different occupational groups.

<b>Table 3.6: Movement to and from staff groups in NHS Scotland 2005-06</b>		
<b>More staff move to than leave</b>	<b>Similar numbers move to and leave</b>	<b>More staff leave than move to</b>
<ul style="list-style-type: none"> <li>Healthcare Science staff (MLSO's and scientific and Pro)</li> <li>Technicians</li> <li>Maintenance</li> <li>Admin and Clerical (inc Senior Managers)</li> <li>Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>Medical and Dental</li> <li>Works</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Staff (allied health professionals and clinical psychology)</li> <li>Nursing and Midwifery</li> <li>Ancillary Staff</li> </ul>

*ISD Scotland, NHS Scotland Workforce Statistics 2005-06*

### ***Non-medical staff movement***

3.15 Data obtained by Skills for Health from the NHS Information Centre provides a more detailed breakdown of joining and leaving rates for non-medical staff groups based on the 2007 English NHS Census. It reports that the overall leaving rate for all non-medical staff was 10.1%, whilst the joining rate was 9%.

3.16 The data shows that unsurprisingly trainee or learner groups have the highest joining rates, although they represent a small proportion of all joiners. In addition Assistant Practitioners have a joining rate of nearly 25%. This is a recently defined role, so is taking in a relatively high number of recruits. Amongst the other staff groups the highest joining rates are for:

- Assistant Scientific Technical & Therapeutic (14%);
- Assistant Healthcare Scientist (13%);
- Support Worker (13%);
- Health Care Assistant (13%).

3.17 These groups represent a small proportion of all joiners. The exception is support workers which account for 13% of all joiners. The largest number of joiners are in clerical and admin (25%) and qualified nurses (23%) staff groups, although the latter has a low joining rate (6.3%). Other groups with low joining rates are:

- Maintenance & Works (7%);
- Healthcare Scientist (5%);
- Qualified Ambulance Staff (3%).

<b>Table 3.7: Non-medical staff joining NHS by group</b>		
<b>Group</b>	<b>Joining rate 2006-07</b>	<b>% of all joiners</b>
Nursing, Midwifery & Health Visiting Learners	40.3%	1.2%
Trainee Scientific Technical & Therapeutic	25.8%	0.8%
Assistant Practitioner Scientific Technical & Therapeutic	24.7%	0.5%
Trainee Healthcare Scientist	23.4%	0.5%
Trainee Ambulance Staff	19.7%	0.3%
Assistant Scientific Technical & Therapeutic	14.4%	2.8%
Assistant Healthcare Scientist	13.1%	1.8%
Support Worker	13.1%	12.0%
Health Care Assistant	12.9%	5.9%
Ambulance Personnel	10.9%	0.5%
Clerical & Admin	10.3%	24.6%
Qualified Scientific Technical & Therapeutic	9.6%	10.8%
Unqualified Nurse	8.9%	8.9%
Non-funded staff	8.5%	0.0%
Manager & Senior Manager	8.0%	3.1%
Maintenance & Works	7.2%	0.8%
Qualified Nurse	6.3%	23.0%
Healthcare Scientist	5.4%	1.8%
Qualified Ambulance Staff	3.8%	0.7%
<b>All Non-medical Staff</b>	<b>9.0%</b>	<b>93,457</b>

*NHS Information Centre, Non-medical staff turnover by groups, October 2008*

3.18 Qualified nurses and admin and clerical staff groups also account for a high proportion of NHS leavers (23% and 25% respectively). Support workers and unqualified nurses also account for around 10% of leavers. Staff groups which have the highest leaving rates are:

- Trainee Scientific Technical & Therapeutic (24.7%);
- Assistant Practitioners (17.2%);
- Nursing, Midwifery & Health Visiting Learners (14.7%);
- Trainee Healthcare Scientists (14.7%);
- Managers and Senior Managers (14.6%).

3.19 The lowest leaving rates are amongst staff groups that are already qualified and sector specific:

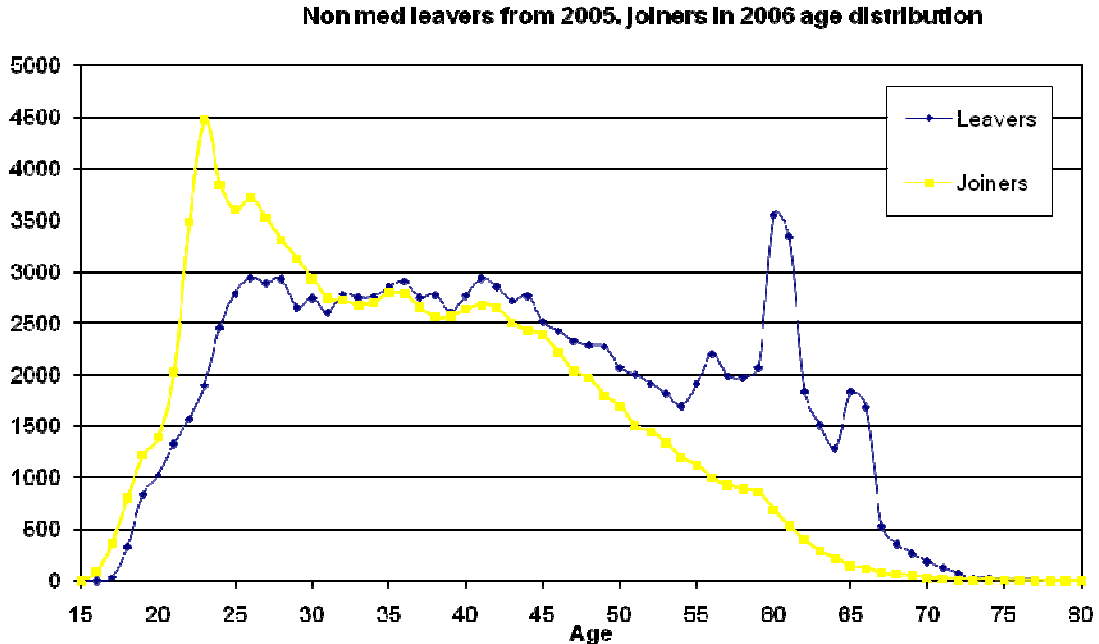
- Qualified Ambulance Staff (6.4%);
- Healthcare Scientists (6.7%);
- Qualified Nurses (7.3%);
- Ambulance Personnel (7.8%).

<b>Table 3.8: Non-medical leavers from English NHS Trusts by staff group</b>		
<b>Group</b>	<b>Leaving rate 2006-07</b>	<b>% of all leavers</b>
Trainee Scientific Technical & Therapeutic	24.7%	0.7%
Assistant Practitioner Scientific Technical & Therapeutic	17.2%	0.3%
Nursing, Midwifery & Health Visiting Learners	14.7%	0.4%
Trainee Healthcare Scientist	14.7%	0.3%
Manager & Senior Manager	14.6%	5.1%
Support Worker	13.0%	10.7%
Assistant Healthcare Scientist	12.4%	1.5%
HCA	12.3%	5.0%
Clerical & Admin	12.2%	26.0%
Unqualified Nurse	12.1%	10.9%
Non-funded staff	11.5%	0.0%
Assistant Scientific Technical & Therapeutic	11.2%	1.9%
Maintenance & Works	10.3%	1.1%
Qualified Scientific Technical & Therapeutic	8.6%	8.7%
Trainee Ambulance Staff	8.2%	0.1%
Ambulance Personnel	7.8%	0.3%
Qualified Nurse	7.3%	23.9%
Healthcare Scientist	6.7%	2.0%
Qualified Ambulance Staff	6.4%	1.0%
<b>All Non-medical Staff</b>	<b>10.1%</b>	<b>104,257</b>

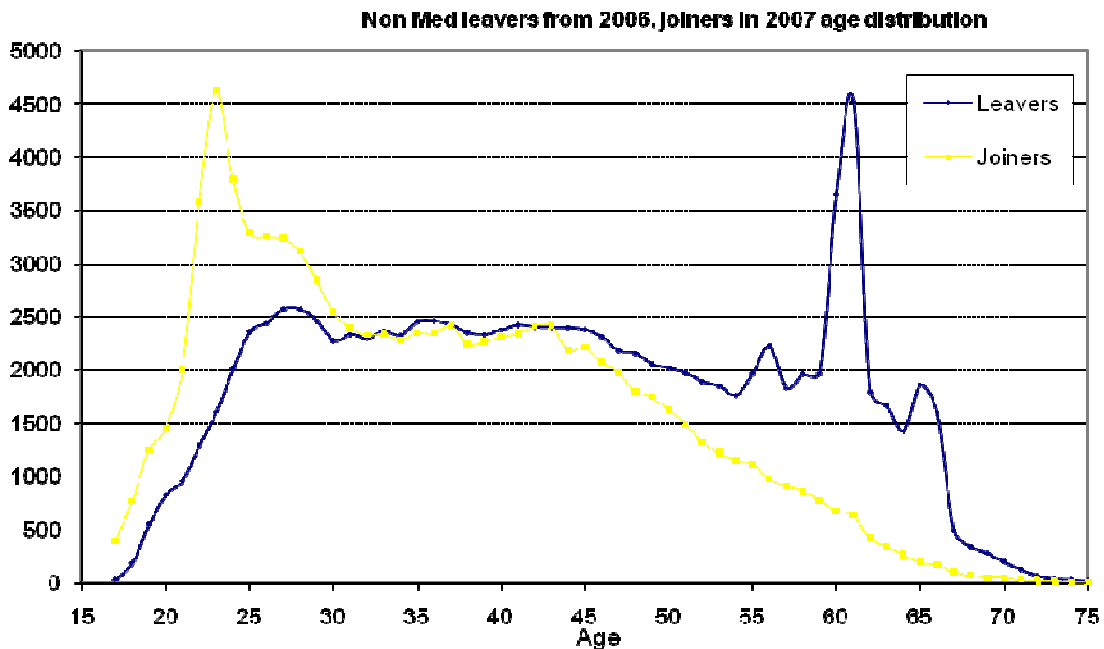
*NHS Information Centre, Non-medical staff turnover by groups, October 2008*

### Joiners and leavers by age group

3.20 It is also interesting to look at the ages of joiners and leavers to non-medical roles in the NHS, and to each group.



Source: NHS Information Centre, Non-medical staff turnover by groups, August 2007



Source: NHS Information Centre, Non-medical staff turnover by groups, October 2008

- 3.21 The graphs from the two years are similar, and have many of the characteristics you would expect. In terms of people joining, there is a large peak in the early twenties age bracket, which then reduces and stabilises through the thirties and early forties, before declining steadily from around the age of 45. This is as expected because people will be starting their careers up until their early to mid twenties, meaning they are likely to change jobs to aid their career progression. Following this there is a steady period of people joining, before more people have greater responsibilities and commitments, and are therefore less flexible and less likely to be a starter. The joining rate continues to decline as age increases towards state retirement age (currently 60 for women and 65 for men, although these will increase from next year).
- 3.22 The number of leavers also follows a standard pattern, with an increase in the number of leavers up until the late twenties, where it peaks and flattens, again due to younger people generally having fewer commitments and being more flexible. The increasing responsibility and commitments as age increases leads to a decline in the number of people leaving from around the age of 45, before a spike at the state retirement ages.
- 3.23 This suggests that employers in the sector need to consider how they implement employment practices and policies to smooth this peak across professions, particularly where skills shortages exist, whilst still being able to respond to changing labour market conditions in a timely and flexible way.
- 3.24 These patterns may be expected in general terms, but some groups have slightly different age profiles for joiners and leavers. For example, maintenance and works employees have no peak in the early twenties age range for either joiners or leavers, having if anything a slight increase in both up until the mid fifties when leavers increase rapidly and the number of joiners falls away. Another group with a different distribution is managers and senior managers. This group has a peak for joiners and leavers in the mid forties age bracket, with fairly steep increases in both starting in the early to mid twenties, with the decline in joiners starting in the early fifties, and the steep decline in leavers starting in the early sixties. This is to be expected, as management positions require workers to have experience, which they can only acquire by spending time working.

## The costs of workforce movement

- 3.25 It is difficult to calculate the full costs and benefits of workforce movement. It is relatively straightforward for organisations to calculate the direct costs and opportunity costs associate with replacing a leaver, but it is more difficult to identify other factors such as productivity losses and gains which may occur over a longer period. CIPD suggest that it is possible for employers to calculate an average 'not less than' cost.
- 3.26 We have used the lower estimate of the average cost of staff turnover per employee identified by the CIPD survey (£5,800) and estimated that workforce movement costs the sector at least £1.36bn per annum. This assumes 11% of the workforce change jobs in a year (2% wastage and 9% turnover).

## Geographical movement

- 3.27 A 2006 general study by Experian<sup>7</sup> found that there is considerable internal migration within the UK, although much is over short-distances. The historical trend for north-south inter-regional migration reversed in the first four years of the century, although London still plays a key role in attracting in young family households and exporting young people to other UK regions. These groups are generally over-represented in the population of internal migrants.
- 3.28 There is also an urban-rural drift with people moving away from large cities towards smaller towns and rural areas. This is accompanied by a movement from central city areas to the suburbs. The cost of housing has a major impact on this process. This trend has impacted on the South West which has attracted career professionals from London, who may continue to work in the city but live in the South West, whilst the South East appears to play a key role in attracting in lower skilled migrants from London.
- 3.29 The study also found that:
- the social composition of Wales is being changed by inward migration. A variety of different social groups are over represented in the inflow compared with the composition of the pre-existing population;
  - there is greater labour market integration between the three northern English regions as people from isolated areas are more likely to migrate across regional boundaries than is the case elsewhere in the UK.

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<sup>7</sup> Experian (2006) Attracting Talent: Stage 2 – Drivers and impacts

- 3.30 There is also strong evidence that those with higher education levels are more likely to migrate and to migrate further. This is unsurprising as higher skilled jobs tend to operate in larger geographical labour markets. However, there is also evidence that people with low paid jobs or unemployed people do migrate to where job availability is perceived to be greater.
- 3.31 The data presented earlier from the NHS in Scotland and Northern Ireland shows that most staff movement within the NHS is geographical and that the level of this movement can vary between areas. Other studies support the idea that staff turnover in the health sector is linked to local labour market conditions. For example, a study investigating the quitting decisions of nurses in the NHS<sup>8</sup> found that more nurses were leaving their jobs in London and the South East of England than other regions.
- 3.32 Data obtained by Skills for Health from the NHS Information Centre provides leaving rates for non-medical staff groups in each organisation participating in the 2007 English NHS Census. The data shows that leaving rates vary considerably across the country. For example, leaving rates for all PCTs in South East Coast SHA are above the median average for PCTs, whilst three quarters of PCTs in the East Midlands SHA area are below the median average.

**Table 3.9: Proportion of English PCTs in each SHA area with leaving rates above the median average (2006-07)**

SHA Area	% of PCTs above median average	Number of PCTs above median average
South East Coast	100%	8
North East	73%	8
East of England	71%	10
London	70%	21
South Central	63%	5
South West	46%	6
West Midlands	38%	6
North West	32%	7
Yorkshire and the Humber	29%	4
East Midlands	25%	2
<b>Median Average PCT Leaving Rate</b>	<b>13.9%</b>	

Source: NHS Information Centre, Non-medical staff turnover by organisation, October 2008

<sup>8</sup> Frijters, Shields and Wheatley Price (2007) Investigating the Quitting Decisions of Nurses: Panel Data Evidence from the British National Health Service, Health Economics, 16: pp57–73.



3.33 The data shows wide variations in leaving rates between individual PCTs. For example two PCTs have leaving rates of over 75%, whilst 13 PCTs have leaving rates below 10%. Whilst these figures are likely to reflect local labour market conditions, particularly for lower skilled roles, it is important to exercise caution when interpreting figures for individual organisations as they may reflect a specific policy or organisational change, such as the reconfiguration of services and the transfer of groups of staff from one organisation to the other.

<b>Table 3.10: Leaving rates from English PCTs 2006-07</b>			
<b>Leaving rates greater than 25%</b>		<b>Leaving rates under 10%</b>	
Warwickshire PCT	83.0%	Rotherham PCT	9.8%
Shropshire County PCT	76.6%	Wolverhampton City PCT	9.8%
Coventry Teaching PCT	61.5%	Knowsley PCT	9.7%
Lewisham PCT	36.4%	South Staffordshire PCT	9.6%
Hampshire PCT	33.7%	Plymouth Teaching PCT	9.5%
Heywood, Middleton & Rochdale PCT	32.4%	Cornwall & Isles of Scilly PCT	9.1%
Devon PCT	30.6%	North East Lincolnshire PCT	9.1%
Surrey PCT	30.1%	North Lincolnshire PCT	9.1%
Hammersmith and Fulham PCT	29.7%	Gateshead PCT	8.8%
Brent Teaching PCT	28.6%	Ashton, Leigh and Wigan PCT	8.6%
Buckinghamshire PCT	28.4%	Barnsley PCT	8.5%
Hartlepool PCT	26.1%	Doncaster PCT	8.5%
Kensington and Chelsea PCT	25.4%	Bolton PCT	7.6%

Source: NHS Information Centre, *Non-medical staff turnover by organisation, October 2008*

## 4. Reasons for workforce movement

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### Summary

The health sector has some distinctive features such as the high proportion of female employees, and the desire to enter the sector to make an impact in patient's lives that mean that certain motivations for movement appear more prominently than they might do in other sectors. Much of the existing research on turnover among healthcare workers focuses heavily on nursing or the NHS.

Both push and pull factors lead to the voluntary movement of the workforce. These can be divided into either personal factors or workplace factors, although they both interact with each other.

Job satisfaction has a major influence on workforce turnover and is linked to personal and workplace factors. Causes of job satisfaction can differ between types of employees and can change over time. The latter links to job expectations. The availability and desirability of alternatives is also a factor considered by individuals.

The sector's workforce is made up of a high proportion of females and gender differences have an impact on workforce movement, particularly in nursing. For example, a rise in 'boundary-less' careers means women have broader employment opportunities than the past, pulling them away from nursing, on the other hand it also provides the opportunities for them to join nursing at an older age. In contrast, the change in nursing careers structure has limited the vertical promotion opportunities and this has had a greater impact on male nurses than female nurses.

There are many workplace factors influencing staff movement. Nurses identified a number of factors influencing job satisfaction including the opportunity to provide client care, availability of effective staffing support, development opportunities, the quality of relationships, education opportunities, work-life interface and the availability of resources.

A study with Allied Health Professionals found that the reasons for leaving the NHS were more often related to what was wrong with the NHS (push factors) rather than what was right with the alternative (pull factors).

## Introduction

- 4.1 Workforce movement is a result of both push and pull factors that either force employees to leave their existing positions, draw them towards better opportunities, or indeed entice them to stay at or return to their jobs. Whenever turnover occurs, it is ultimately a decision taken by either the organisation or the employee<sup>9</sup>. At one extreme, organisations can make employees redundant, or dismiss them for disciplinary reasons. Employees, on the other hand, may leave an organisation involuntarily due to ill-health, or voluntarily for any number of reasons; frustration with bureaucracy, unfair pay, insufficient resources or autonomy, or simply having a better offer<sup>10</sup>.
- 4.2 This section reviews the literature on voluntary turnover. It aims to capture insights from existing research, including the universal push and pull factors that affect all employees, and highlight where appropriate the motivations for staff turnover amongst healthcare workers in particular occupations.
- 4.3 We also highlight some of the responses being undertaken by the sector.

## Context

- 4.4 Voluntary decisions to take-up, leave, or return to employment positions can be based on a simple comparison of current versus future opportunities. However push and pull factors interact with the personality and circumstance of individual employees, as well as the prevailing labour market conditions. For the most part, employees have to negotiate barriers and drivers of turnover, and choose between competing alternatives that each come with their own positive and negative aspects<sup>11</sup>.
- 4.5 When some employees leave their position, they also leave the profession. Research by CIPD revealed that 55% of voluntary turnover is the result of a career change. Others leave for other opportunities in the same area, for example, being promoted, or moving to a similar job in a different organisation, or geographical area<sup>12</sup>.

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<sup>9</sup> Shaw, J.D., Delery, J.E., Douglas Jenkins, G., Gupta, N. (1998). An organisation-level analysis of voluntary and involuntary turnover: *Academy of Management Journal*. Vol. 41, No. 5 p.511

<sup>10</sup> Audit Commission (2002) Recruitment and Retention: A public service workforce for the twenty-first century. [http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/brrecruitment\\_retention.pdf](http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/brrecruitment_retention.pdf)

<sup>11</sup> Gerhart, B. (1989). Voluntary turnover and alternative job opportunities. Cornell University ILR School Working Paper. <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1393&context=cahrswp>

<sup>12</sup> Chartered Institute of Personnel Development <http://www.cipd.co.uk/NR/rdonlyres/BE3C57BF-91FF-4AD0-9656-FAC27E5398AA/0/recruitmentretentionturnover2008.pdf>

- 4.6 Some of the motivations for voluntary turnover will be universal to all employees, and some will be unique to a person's particular role. For instance, a hostile work environment seems to be disliked by all employees<sup>13</sup>. But nurses report that time spent delivering quality care to patients is an important factor in their job satisfaction<sup>14</sup>, and this is not true for administrative staff.
- 4.7 The health sector has some distinctive features that mean that certain motivations for movement appear more prominently than they might do in other sectors. Notably, the high proportion of female employees, and the desire to enter the sector to make an impact in patients' lives. Unfortunately the existing research on turnover among healthcare workers focuses heavily on nursing. Although nurses represent about 30% of the NHS workforce it is important to complement this research with evidence drawn from other areas of the health sector and elsewhere.

### **Job Satisfaction**

- 4.8 Job satisfaction has been described as the single most important reason causing NHS nurses to leave their posts<sup>15</sup>. It is determined by the interplay between the person and the work environment. Therefore both the personal characteristics of employees and the features of the organisation and position should be considered in analyses of the role of job satisfaction in turnover. Among many others, personal elements may include personality, motivation for pursuing a particular career path, or life stages such as childbirth, illness and retirement. Workplace factors may include pay, opportunities for career development, and working conditions.

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<sup>13</sup> Cortina L.M., Magley V.J., Williams J.H. & Langhout R.D. (2001) Incivility in the workplace: incidence and impact. *Journal of Occupational Health Psychology*, 6, p.302 <http://www.lsa.umich.edu/psych/lilia-cortina-lab/Cortina%20et%20al%202001%20JOHP.pdf>

<sup>14</sup> Murrells, T., Robinson, S., Griffiths, P. (2009). Nurses' job satisfaction in their early career: is it the same for all branches of nursing? *Journal of Nursing Management*, Vol. 17, pp.120-134

<sup>15</sup> Shields, M., Ward, M., (2001). Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit: *Journal of Health Economics*, Vol. 20 pp.677-701

- 4.9 Prolonged dissatisfaction may lead to burnout, defined as, “a psychological syndrome of exhaustion, cynicism and inefficacy which is experienced in response to chronic job stressors”<sup>16</sup>. It causes employees to reduce their commitment to the organisation, to develop an intention to leave, and – depending on the attractiveness of alternatives – to ultimately depart the organisation<sup>17</sup>. Unless the organisation is able to attract and retain enough new recruits, the fewer remaining employees risk experiencing higher dissatisfaction, which may depress retention further<sup>18</sup>.
- 4.10 Job satisfaction does not exert an equal influence on all categories of employee in terms of their intention to quit. The major theoretical rival to job satisfaction is the availability and desirability of alternatives and some groups of workers may prioritise that over job satisfaction. Temporary or agency workers are a good example<sup>19</sup>.
- 4.11 The relationship between personality and work environment is neither constant throughout a career, nor uniform across groups of employees. For example, men and women react to changes in working conditions such as the career advancement structure differently. For example, a study into the participation patterns of male and female nurses<sup>20</sup> suggests that for many men it is a second choice career who were attracted by the clear vertical career pathways, but changes in the career structure between 1991 and 2001 resulted in a lower likelihood of vertical progression. A greater proportion of men leave as a result.

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<sup>16</sup> Spence Laschinger, H., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, Vol. 17, pp.302-311

<sup>17</sup> Mobley, W. H. 1977. Intermediate linkages in the relationship between job satisfaction and employee turnover. *Journal of Applied Psychology*, 62: 237-240

<sup>18</sup> Shields, M., Ward, M., (2001). Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit: *Journal of Health Economics*, Vol. 20 pp.677-701

<sup>19</sup> Hulin, C. L., Roznowski, M., & Hachiya, D. 1985. Alternative opportunities and withdrawal decisions: Empirical and theoretical discrepancies and an integration. *Psychological Bulletin*, 97: 233-250.

<sup>20</sup> Curtis, L., Robinson, S., Netten, A. (2009). Changing patterns of male and female nurses' participation in the workforce: *Journal of Nursing Management*

4.12 Also, employees in the early stages of their careers typically lack the investment in an organisation felt by their more established peers, and more often experience a gap between their expectations of the work world, and reality<sup>21</sup>. This concept of 'expectation gaps' is also important because employees' job satisfaction can be influenced by comparisons with other groups. For example, employees may be dissatisfied with high levels of pay if they feel that a peer group is paid even more<sup>22</sup>.

### **Personal Factors**

4.13 Personal characteristics interact with workplace factors to affect turnover rates in complex ways. Each person will have different priorities from their employment, and different motivations for pursuing it. For example, a policy change that increases job security, at the cost of reducing promotion prospects might be attractive to some and unappealing to others.

### **Gender**

4.14 The sector's workforce is made up of a high proportion of females and therefore the impact of gender differences on the motivation to leave the workforce is crucial to understand.

4.15 A recent paper on the differential rates of turnover between male and female nurses serves to illustrate the role of gender in turnover<sup>23</sup>. Employment options for women are broader today than in the past, and women have access to better-paying opportunities. Women therefore have more pull-factors away from nursing when deciding on a career initially, and this has been accompanied by a rise in 'boundary-less' careers which reduce the barriers to them leaving nursing for other careers. Having said that, disappearing boundaries also allow more nurses to join the profession later in life, and there is evidence that those choosing nursing as a profession later in life are more likely to remain there until retirement.

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<sup>21</sup> Sturges, J., Guest, D., (2001). Don't leave me this way! A qualitative study of influences on the organisational commitment and turnover intentions of graduates early in their career: British Journal of Guidance & Counselling, Vol. 29, No. 4, pp.447-462

<sup>22</sup> Clark, A. (1996). Job Satisfaction in Britain. British Journal of Industrial Relations, Vol. 34, No. 2, pp.189-217

<sup>23</sup> Curtis, L., Robinson, S., Netten, A. (2009). Changing patterns of male and female nurses' participation in the workforce: Journal of Nursing Management

- 4.16 Despite the greater employment opportunities for women, the division of labour in the home between male and female parents remains heavily biased towards women<sup>24</sup>. Consequently, female nurses experience greater conflict between their roles as mothers and employees when returning to work after childbirth. Interview data from London hospitals suggests that these women choose to continue their nursing careers for rather different reasons than their peers; sometimes for mental stimulation, and sometimes in an attempt to do justice to the work they invested in career-development pre-motherhood. The women interviewed also reported feeling marginalised by their peers at work, who perceived that their roles as mothers predominated. While the interviews suggested that the women were committed to their jobs, there remains a risk that any of these elements could become push factors discouraging women to return to work after childbirth.
- 4.17 Men, on the other hand, have been a target of NHS recruitment efforts, in an attempt to make up the shortfall in numbers of females; the number of male nurses almost doubled from almost 49,000 to over 97,000 between 1991 and 2001. However, over the same period, changes in the career path of nurses appear to be a push factor for mid-career males. Higher level nursing management grades have been abolished while managerial and administrative hierarchies have lengthened, and it has become more difficult for nurses to transition to high-level positions. Therefore, there is a lower chance that expectations of vertical progression for nurses will be realised, and the data suggests this is a greater push factor for men.<sup>25</sup>
- 4.18 Within the nursing profession, men are expected to do more of the physically demanding and dangerous work. Moreover, as they get older they feel less entitled to ask for the declining number of less taxing roles. This partly explains why the 2001 Census shows that just 19% of qualified male nurses aged over 56 are still employed, compared with 34% of qualified female nurses of the same age.<sup>24</sup>

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<sup>24</sup> Khalil, A., Davies, N. (2000). The experiences of nurses returning to work after childbirth: Making a difference: *Journal of Nursing Management*, Vol. 8. pp.337-344

<sup>25</sup> Curtis, L., Robinson, S., Netten, A. (2009). Changing patterns of male and female nurses' participation in the workforce: *Journal of Nursing Management*

## Pay

4.19 The relationship between decisions to move into or out of a job and the salary of that position is more complex than might first appear. For Allied Health Professionals in the NHS for example, the evidence suggests that pay does not factor as motivation for people to join the profession, and that it does not motivate people to remain in post: however, when asked what steps management could take to raise the chances that they would continue in their positions, increased pay was the most common recommendation. This can be contrasted with stated motivations for leaving: although a difference in pay was salient, it was down the list of factors, and this was set in the wider context of respondents saying that push factors within the NHS was more important than pull factors from elsewhere<sup>26</sup>.

## Workplace factors

4.20 The Audit Commission research into recruitment and retention in the public sector in 2002<sup>27</sup> covered NHS administrators, consultants, nurses, and other public sector employees. They identified six key factors relating to the workplace which were influencing people's decision to quit.

- A sense of being overwhelmed by bureaucracy and paperwork. Public servants reported that their most common motivation for choosing their career path was a desire to make a positive difference in people's lives. The Audit Commission report revealed that many do not understand the connection between the targets they are expected to meet and their ultimate goals such as teaching children, caring for the sick and policing the streets;
- Insufficient resources to do their job. 65% said that either working too many hours or having too high an intensity of work was a factor in their leaving the public sector. A reduction in working hours was the second most common suggestion as a factor that could encourage more to stay;
- A lack of autonomy. 28% of leavers surveyed said that lack of autonomy was a factor in deciding to leave employment, and 82% said they have more autonomy in their new jobs outside the public sector;

<sup>26</sup> Arnold, J. (2006) Push and Pull: Why Allied Health Professionals Stay In, Leave, or Return to the NHS. (2006) <https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/2364/4/AHP%2520Final%2520Report%25202006.pdf>

<sup>27</sup> Audit Commission (2002) Recruitment and Retention: A public service workforce for the twenty-first century. [http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/brrecruitment\\_retention.pdf](http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/brrecruitment_retention.pdf)



- Unfair pay. Over a third of leavers said that pay was a factor, and a quarter said that higher pay would have encouraged them to stay. Respondents had a strong ethic of ‘fairness’ in calculating their appropriate pay, and had a keen awareness of the pay given to other groups felt to be doing similar work;
  - Respondents also emphasised “feeling undervalued by managers, government, and the public” and felt that there were too many top-down change initiatives coming from Government which made their jobs more difficult.
- 4.21 The sector has since undertaken a number of activities to address these criticisms through the Agenda for Change. This includes implementing a new pay and reward structure across the UK and introducing the NHS Knowledge and Skills Framework.
- 4.22 A recent study of UK nurses<sup>28</sup> identified seven workplace factors which govern the job satisfaction levels of nurses. There is considerable overlap with the Audit Commission work. Respondents emphasised;
- Client Care:
    - How much time they spent delivering hands-on care to patients;
    - What kind of opportunities they had to provide good quality care;
    - What the proportion of their time they spend on paperwork;
    - What opportunities are there to reflect on practice.
  - Staffing:
    - A high ratio of qualified to unqualified staff in their units;
    - Level of staffing;
    - Emotional support they receive from their line manager.
  - Development:
    - What opportunities are there to reflect on practice and gain feedback with people of a higher position;
    - Opportunity to reflect on practice with a group of colleagues;
    - Frequency of discussions about career progression.
  - Relationships:
    - Quality of working relationships with colleagues;
    - Emotional support from peers;
    - Emotional support from managers.

<sup>28</sup> Murrells, T., Robinson, S., Griffiths, P. (2009). Nurses’ job satisfaction in their early career: is it the same for all branches of nursing? *Journal of Nursing Management*, Vol. 17, pp.120-134

- Education
  - Opportunity to go on courses.
- Work-Life Interface:
  - Notice of off-duty;
  - Combining work-hours with social life;
  - Frequency with which they leave work on-time.
- Resources:
  - Availability of equipment;
  - Availability of supplies.

4.23 The study aimed to test how nurses' job satisfaction under these seven headings was related to turnover, and if this varied across four branches of nursing. Other studies of the relationship of job dissatisfaction to nurses' intention identify some of the same elements of satisfaction, and add questions about pay, security of tenure, shift patterns, and institution size, among others<sup>29</sup>. Others argue that making employees feel empowered, through making sure they the information and resources to do the job, the autonomy to be able to make good decisions using that information, and the support to be able to learn and grow with experience does much to reduce the "push" employees feel<sup>30</sup>.

4.24 Research focusing on NHS Allied Health Professionals<sup>31</sup> found that the majority of leavers from the NHS were still employed in Allied Health Professional jobs outside the NHS. The reasons for leaving were more often related to what were wrong with the NHS (push factors) rather than what was right with the alternative (pull factors). Their most common reasons for leaving their jobs were:

- stress and fulfilment levels of NHS jobs versus non-NHS allied professional jobs, especially working hours;
- lack of interpersonal support in NHS;
- career blockages in NHS versus non-NHS;
- poor pay in NHS versus non-NHS.

<sup>29</sup> Shields, M., Ward, M., (2001). Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit: *Journal of Health Economics*, Vol. 20 pp.677-701

<sup>30</sup> Spence Laschinger, H., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, Vol. 17, pp.302-311

<sup>31</sup> Arnold, J. (2006) Push and Pull: Why Allied Health Professionals Stay In, Leave, or Return to the NHS. (2006) <https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/2364/4/AHP%2520Final%2520Report%25202006.pdf>

4.25 This study revealed that different groups of Allied Health Professionals displayed different motivations for leaving.

- Occupational Therapists, reported that aspects of the job itself and not being respected tended to be more prominent reasons than for other professions;
- Diagnostic Radiographers were less likely to cite excessive workload and poor pay, and more likely to give reasons to do with career development, training, and avoidance of unsocial hours;
- Speech and Language Therapists tended to emphasise excessive workloads, childcare and bureaucracy rather more than the other professions;
- Physiotherapists were more likely to mention looking after children, lack of flexible hours, and partner relocation.

4.26 The authors also distinguished between leavers and stayers motivation. “Leavers’ reasons for leaving are not on the whole the inverse of stayers’ reasons for staying. It is not lack of job security or worries about pension that force people out. Nor is it a lack of belief in the principles of the NHS”<sup>32</sup>.

### **Human resources policies related to workforce movement**

4.27 There are both positive and negative aspects to workforce movement. However, the focus of human resources (HR) management guidance, particularly within the NHS is on workforce movement as a net loss to the organisation and provides advice on how to encourage stability. NHS guides<sup>33</sup> provide advice in three areas of HR policy:

- Recruitment:
  - Improve the recruitment and selection process, matching skills appropriately to the post people are appointed to;
  - Using internal promotion when vacancies arise;
  - Use of secondment;
  - Making all vacancies available to those at risk of being made redundant.

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<sup>32</sup> Arnold, J. (2006) Push and Pull: Why Allied Health Professionals Stay In, Leave, or Return to the NHS. (2006) <https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/2364/4/AHP%2520Final%2520Report%25202006.pdf>

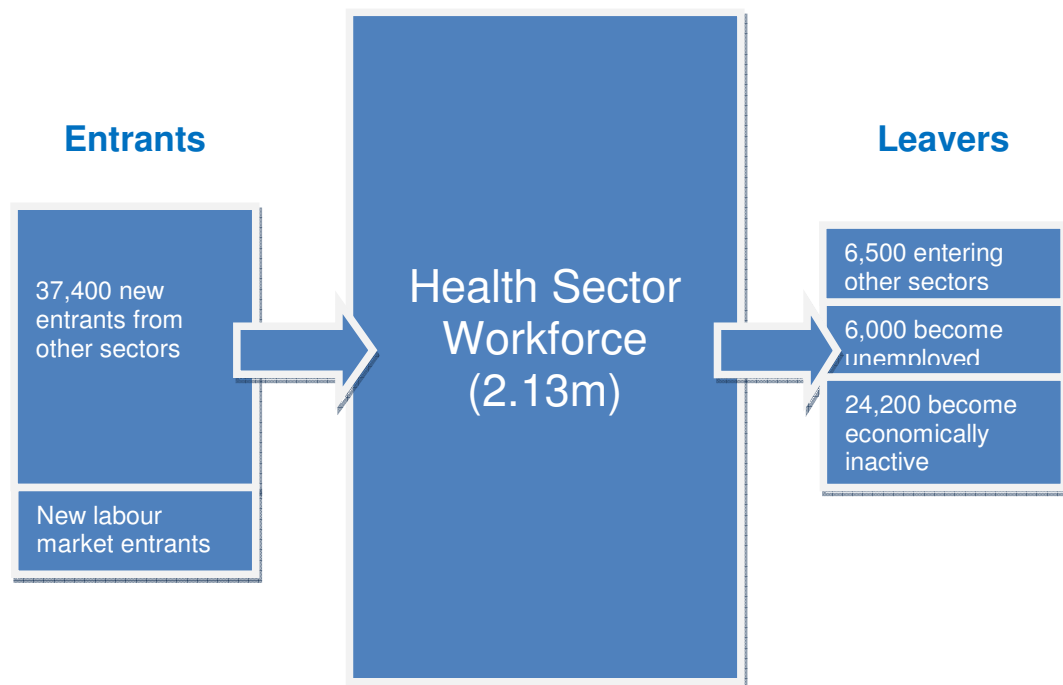
<sup>33</sup> NHS “Reducing Staff Turnover Q1 2008/09” [online], available from [http://www.productivity.nhs.uk/Form\\_GetReport.aspx?period=2008-Q1&report=p31&orgCode=5LC](http://www.productivity.nhs.uk/Form_GetReport.aspx?period=2008-Q1&report=p31&orgCode=5LC) , [Accessed: 12 August 2009]

- Monitoring:
  - Monitor and act on feedback from the national staff survey, including how satisfied staff are with the working environment and the quality of management and leadership in the organisation;
  - Monitor staff perceptions of access to opportunities to learn and develop, to progress their careers and to be involved as part of a team, align with the management view of these areas;
  - Monitor turnover within 12 months of appointment [This is not yet routinely measured in the NHS];
  - Conduct exit interviews routinely when staff leave in order to identify potential issues.
- Management:
  - Improve line management capacity and capabilities, including proper induction arrangements, objective setting, regular appraisal and training and development plans;
  - Introduce more flexibility in working patterns, including hours and career breaks;
  - Invest in career development for all staff;
  - Reviewing temporary, flexible and fixed term contracts.

## 5. Conclusion

- 5.1 Workforce movement from a sector's point of view can be categorised as **turnover** (moving employer or job role with the same sector), **wastage** (leaving employment in the sector), **new entrants** (starting employment in the sector for the first time). At an organisational level employers often do not distinguish between turnover and wastage. They often use the term staff turnover and measure the number of employees leaving their organisation irrespective of their destination. This makes it difficult to use data collated by employers to provide a picture of movement across a sector as a whole.
- 5.2 The Labour Force Survey provides some indication of movement of the workforce between sectors over a 12 month period. It suggests that the health sector is a net importer of jobs from other sectors, with 37,400 people joining from other sectors whilst 6,500 left for employment in other sectors. The main exchange of employees is with the social care and retail sectors, although the sector also recruits from hospitality, cleaning and other business services and other public administration employers. However, when those leaving to become economically inactive are taken into account, the number joining from other sectors is very similar to the total number leaving the sector.

*Figure 5.1: Relative size of entrants to, and leavers from the health sector workforce*



5.3 Overall the LFS suggests there is relatively little movement out of the health sector (equivalent to around 2% of the workforce). More detailed data is available in relation to the NHS, although each country of the UK collects and presents its data differently. Assuming that the general findings for one nation are typical of the whole UK the NHS data suggests that:

- staff wastage is around 8%, although wastage amongst non-medical staff is likely to be higher. This rate is higher than for the sector as a whole as it includes movement to non-NHS health sector employers;
- turnover varies between geographies. In Northern Ireland it is 3%, but in Scotland it is 9%;
- staff turnover is more likely to be a result of movement between NHS organisations (7%) than movement between staff groups (1%). Very small numbers move NHS organisations and staff group;
- nursing and midwifery staff account for the largest number of leavers and movers, but this does not represent a large proportion of the staff group. Leaving rates tend to be highest amongst ancillary and administrative, clerical and manager staff groups.

5.4 The level and type of movement varies considerably and reflects the labour market for each staff group and the general labour market in the relevant geographic area. For example, non-medical leaving rates vary considerably across English SHA regions. All PCTs in the South Coast SHA area have leaving rates above the median average, although 75% of PCTs in the East Midlands SHA area are below the median average. Individual PCT leaving rates vary from 83% to 8%. These reflect specific organisational changes or policies along with the differences in local labour markets.

5.5 Workforce movement can have positive and negative impacts on an organisation, although it is difficult to calculate the full costs and benefits. It is more straightforward for organisations to calculate the direct costs and opportunity costs associate with replacing a leaver, but it is more difficult to identify other factors such as productivity losses and gains which may occur over a longer period. However, using the lower estimate of the average cost of staff turnover per employee identified by the CIPD survey (£5,800) and assuming turnover in the sector is 11% (2% wastage and 9% turnover) then we estimate that workforce movement costs the sector at least £1.36bn.

- 5.6 Workforce movement can occur because push factors at the current place of employment discourage continued employment there, or because the pull of another opportunity becomes more attractive. The final decision on movement can be voluntary or involuntary depending on the circumstances. Broadly staff movement is a result of either:
- normal retirement. This can be predicted based on the age of the workforce and an employer's retirement policy;
  - an employer's decision. For example, redundancy or early retirement;
  - involuntary circumstances, generally beyond the control of either the employer or the employee. This can include death, ill-health or dismissal;
  - voluntary resignation by the employee for their own reasons. These reasons are of most interest to policy-makers and discussed in more detail in chapter four.
- 5.7 The reasons for the latter are generally of most interest to workforce planners and HR professionals as they will hope to be able to influence them. For voluntary movement, key criteria can typically be divided up according to workplace and personal factors, although there is some overlap. Workplace factors might include working conditions, pay, hours, management structure, organisational culture and opportunities for development. Personal factors might include personality, gender, life stage, occupation and career goals.
- 5.8 The decision to move jobs is determined by the interaction of workplace and personal factors as well as the availability of alternative opportunities.
- 5.9 Some push and pull factors apply to virtually all employees. These include a dislike of excessive bureaucracy and a desire for autonomy and good relationships with peers and management. Others are particular to specific occupations, for instance, nurses' desire to be able to deliver care to patients. Yet other factors tend to influence different categories of employees, for example a stronger emphasis on career development among males.

### **Implications for health sector employers**

- 5.10 The research has focused on issues associated with the sector as a whole, but there are a number of messages for individual employers.

- 5.11 The sector has a relatively closed labour market with low wastage rates. This means that where an investment is made by an employer in developing an individual's skills these skills are very likely to remain in the sector. However there is still significant staff turnover within the sector and as a result:
- there is a risk these skills may be lost to another health sector employer;
  - any replacement is likely to come from another health sector employer.
- 5.12 This may result in no net loss of skills, or even a net gain for the employer as it benefits from an injection of new ideas for example. However it is likely to have resulted in significant costs. Staff turnover is estimated to cost the sector £1.36bn per annum. Staff retention policies are therefore financially important and need to include addressing competition from other health sector employers. This may for example include ensuring there are sufficient internal career development opportunities. NHS data from Scotland suggests there is currently little movement of staff between staff groups.
- 5.13 The current economic downturn and likely future public sector spending squeeze is likely to mean employers need to pay more attention to reducing staff numbers. The implication of a low wastage rate in the sector is that few staff are likely to leave voluntarily, particularly in a weak labour market. It is therefore likely to be difficult for individual employers to make significant staff reductions through a policy of not replacing voluntary leavers.

### **Future research**

- 5.14 Our research has identified a number of gaps in the available evidence relating to the movement of the sector's workforce:
- nearly all the data and research is focused on the NHS. This is unsurprising given its size and importance in the sector, however it provides no insight into the extent of movement between the NHS and the independent and voluntary sectors, nor does it help highlight any specific issues for non-NHS employers;
  - the NHS Workforce Census in each home nation provides valuable insights into workforce movement, although the use of different classifications and different analysis makes it difficult to make comparisons or broader conclusions based on the data;



- the majority of existing research is focused on the experience of nurses. The research we report on Allied Health Professionals suggests different factors tend to influence the movement of different staff groups. There is scope to apply a similar methodology to more groups of employees;
- the LFS indicates some relationship between employment in the health sector and social care, retail and hospitality sectors. The former is well known but there is little known about the relationship with the latter sectors.

5.15 More evidence is required to fully understand workforce movement in the sector. We recognise that improving the evidence base is difficult as it requires the ability to track individuals, nevertheless potential areas to consider are for Skills for Health to work with partners:

- in the four nations to improve the synergy of data collected across the four nations in terms of NHS workforce movement and to undertake more detailed analysis of this data;
- in Scotland to undertake a more detailed investigation of NHS workforce movement data to investigate the extent of movement between more detailed staff groups than presented in their existing analysis;
- in England to investigate to what extent the data they have on NHS non-medical staff confirms that the closed labour market model is relevant for these groups;
- to investigate staff movement within a particular occupation in the sector. This should investigate any difference by gender or geography. It could focus on an occupation that is found in the independent, voluntary and NHS sector.
- to establish systems for monitoring workforce movement in the independent and voluntary sector. One potential model is Skills for Care and Development's National Minimum Dataset Database.

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