

Nursing and Medical Staff Turnover Rates and Patient Outcomes

It is recognised that high nursing and medical turnover rates are a cause of concern. When rates are high they place an additional burden on hospitals and other medical settings. There is the temporary staff shortage while a replacement is being sought. The gap puts an additional strain on the existing service. There is the loss of clinically experienced professionals. The dynamics within the clinical team are disturbed. There is a negative impact on the service's institutional memory. It leads to higher spending on agency staff when gaps in rosters have to be filled at short notice. In industry it has been calculated that every time an employee has to be replaced it costs the equivalent of 6 months of salary.

On the other hand healthcare employee retention is of positive benefit for the delivery of medical services. It marks the ability to retain workers within the organisation, where they are employed, for a prolonged period of time.

There are multiple reasons for a high staff turnover including heavy workloads, concerns about management and leadership, burnout and the amount of time spent on non-nursing or non-medical duties. Fatigue is an issue particularly when it is compounded by long travel time to work due to cost of housing in large urban centres. Income disparity is a frequent complaint which is exacerbated by the high costs of childcare. High staff turnover rates and staff shortages share some common causes in particular poor organisation practices. Staff expect to be appreciated, listened to, and made feel important to the organisation.

To date, there has not been many studies on the impact of high staff turnovers on patient outcomes. Moscelli et al.¹ have undertaken a detailed analysis of hospital staff turnover and patient mortality. Four hospital quality indicators were used- mortality risk within 30 days from all causes, emergency or elective admission to hospital, and risk of unplanned readmission within 30 days from discharge after elective hospital treatment.

The analysis includes nearly a decade of data from 148 NHS hospitals during the period April 2010 and March 2019. The data set was 236,000 nurses, 41,800 senior doctors, and 8.1 million hospital patients. The results show that 1 standard deviation increase in nurse turnover (the equivalent of 20 additional nurses quitting a hospital trust) is associated with 35 additional deaths per 100,000 hospital admissions within 30 days. For senior doctors, a similar increase in turnover rates was associated with an additional 14 deaths per 100,000 admissions within 30 days. The findings indicate that as turnover rates increase, the quality of care diminishes, particularly for those admitted for emergency care. The authors stated that high staff turnover rates are not simply an administrative problem, they pose a risk to patients. Stable staffing is one of the keys to safe nursing and medical care.

The HSE publishes annual data on turnover rates. The turnover rate was 8.9% (2023) compared with 10.2% (2022). This is the first time that the rate has decreased in 5 years². The total number of staff employed by the HSE at the end of December 2023 was 145,985 WTE (Whole-time Equivalent) (163,792 personnel). Since December 2019 the increase in staff numbers has been 26,000 WTE (+21.8%). The HSE in Q4 2023 introduced a system to gather data on the reasons why staff leave the service and their destination on leaving. The early HSE data³ on the destination and movement of leavers has been received for Q1, 2024. The 3 categories are retirement 20%, voluntary 63%, and involuntary (end of contract) 17%. Among the voluntary group the commonest reasons for leaving were- personal 26%, career opportunities 26%, job satisfaction 22%, emigrating 15%, and permanent disability 4%. However 61% of leavers did not disclose their destination.

There are 89,496 nurses and midwives registered with NMBI (Nursing and Midwifery Board of Ireland). Of these, 84,213 are currently practising and 76,054 are patient facing in their role, which is a 6% increase. There are similar more positive reports from the US⁴. There has been a decline in the number of nurses intending to leave their current position and reducing their clinical hours. The reasons quoted for better retention were less burnout, less job dissatisfaction, less workplace violence, fewer instances of understaffing, and less mandatory overtime.

The support of staff is a common theme among all commentators. TRiM (trauma risk management) is a peer delivered support process. It enables staff to be supported psychologically after their involvement in a difficult clinical case. It addresses the impact of the medical event on the staff and helps them to keep functioning during the immediate aftermath. Traumatic events can cause psychological distress symptoms in anyone. TriM is about the move away from blame to compassionate support for healthcare workers. It avoids staff having to cope on their own particularly in the first few days after a serious event. It was pioneered by the UK military. It used widely in the NHS and is now in place in some hospitals in Ireland.

In summary, the BMJ paper indicates that efforts to reduce healthcare staff turnover are very worthwhile. They lead to improvements in patient care and outcomes. The turnover rate of an organisation is a useful KPI and is a surrogate marker of an organisation's governance.

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Editor.

References:

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