

BURNT OUT OR SOMETHING MORE? INVESTIGATING DRIVERS OF AND SPATIAL VARIATION IN NHS STAFF TURNOVER INTENTION

Tikhonovsky N, Grasic K, Treharne C

1 Health Analytics, Lane Clark & Peacock LLP.
London, UK

Background

- Happy doctors result in happier, healthier patients, as evidenced by the growing body of literature linking higher satisfaction levels among healthcare staff to improved patient satisfaction and care outcomes.¹
- Recognising this, the National Health Service (NHS) in England has several initiatives intended to track and improve staff occupational well-being, including the annual NHS Staff Survey.²
- In March 2023, the NHS published results from the 2022 Staff Survey against a backdrop of high attrition and widespread workforce shortages.³
- Considering the current workforce challenges facing the NHS, we sought to examine the reasons staff are increasingly dissatisfied and thinking of leaving the workforce.

Objectives

- To assess the **drivers** influencing turnover intentions in the NHS acute sector, as well as understand the **geographic variation** in these intentions.

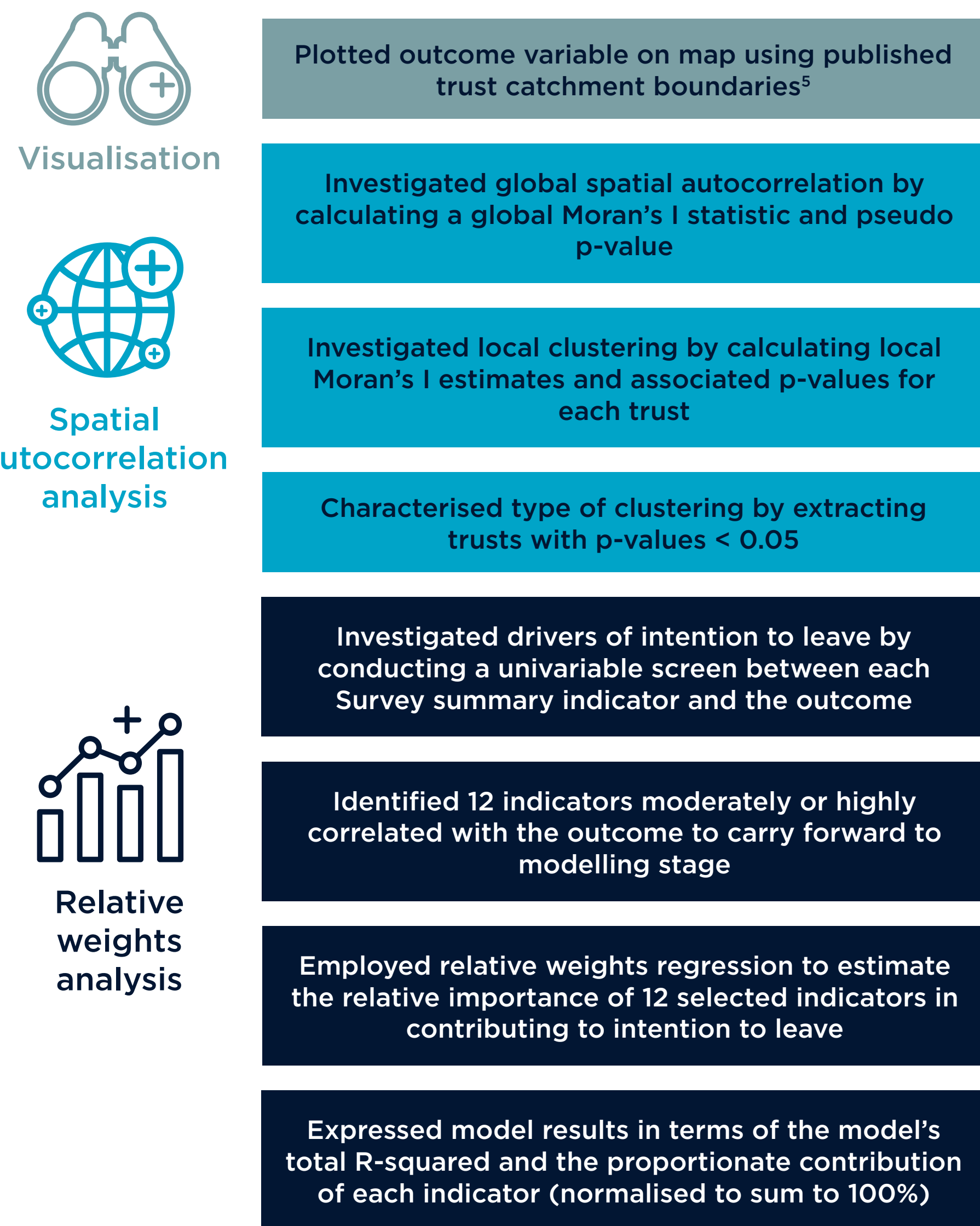
Methods

2022 NHS Staff Survey completed by over 600,000 NHS employees between September and December 2022. Survey outputs include summary indicators and question-level data reported for each NHS organisation.

124 acute trusts (e.g., hospitals) in the Acute/Acute & Community Trusts benchmarking group, the largest NHS benchmarking group.⁴ To ensure a fair comparison across organisations, survey results are weighted to correct for differences in occupational group profiles.

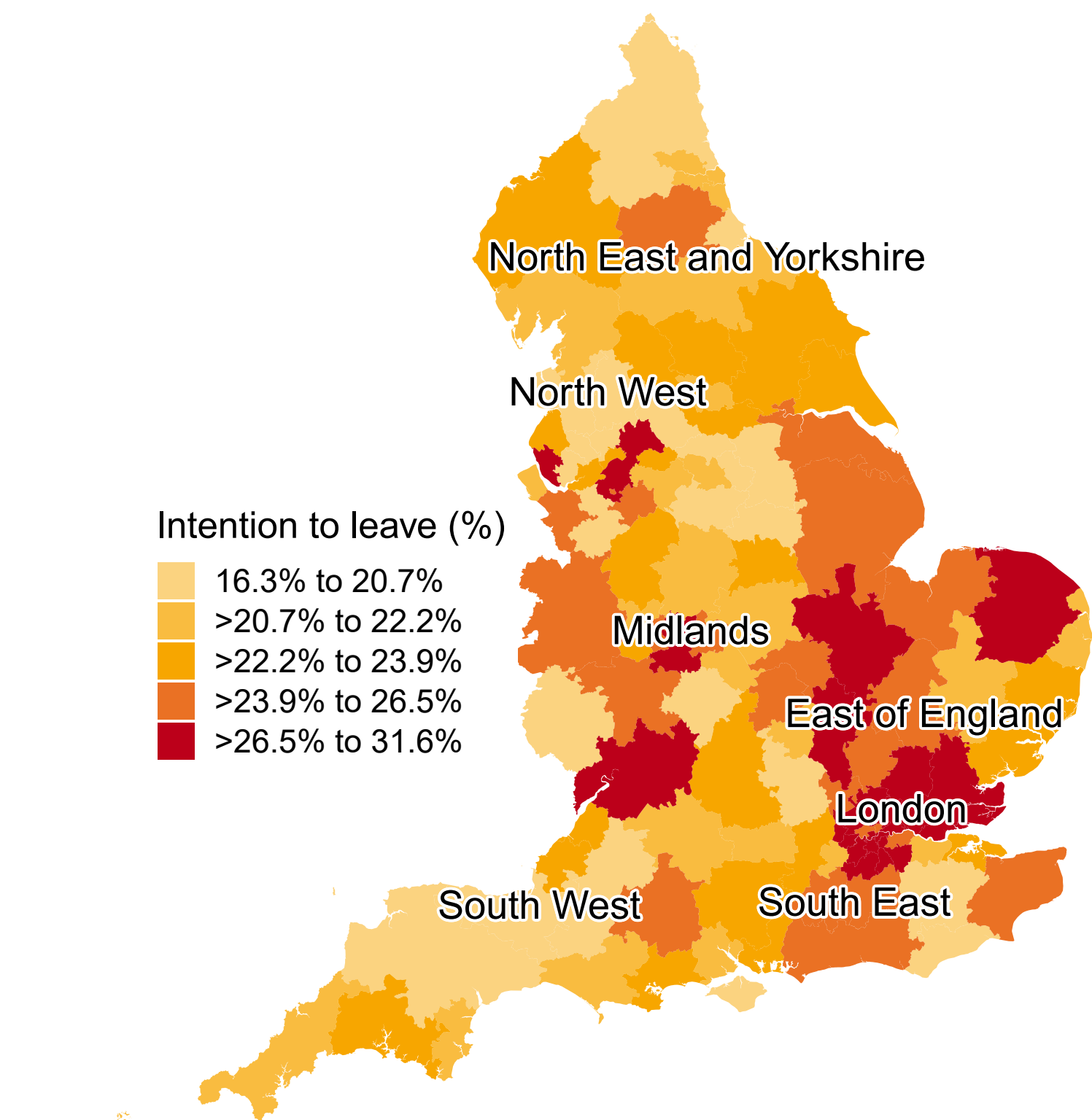
Trust-level intention to leave, as captured by the percentage of staff at each trust agreeing or strongly agreeing with the following survey question: “I will probably look for a job at a new organisation in the next 12 months.”

Figure 1: Analytical approach



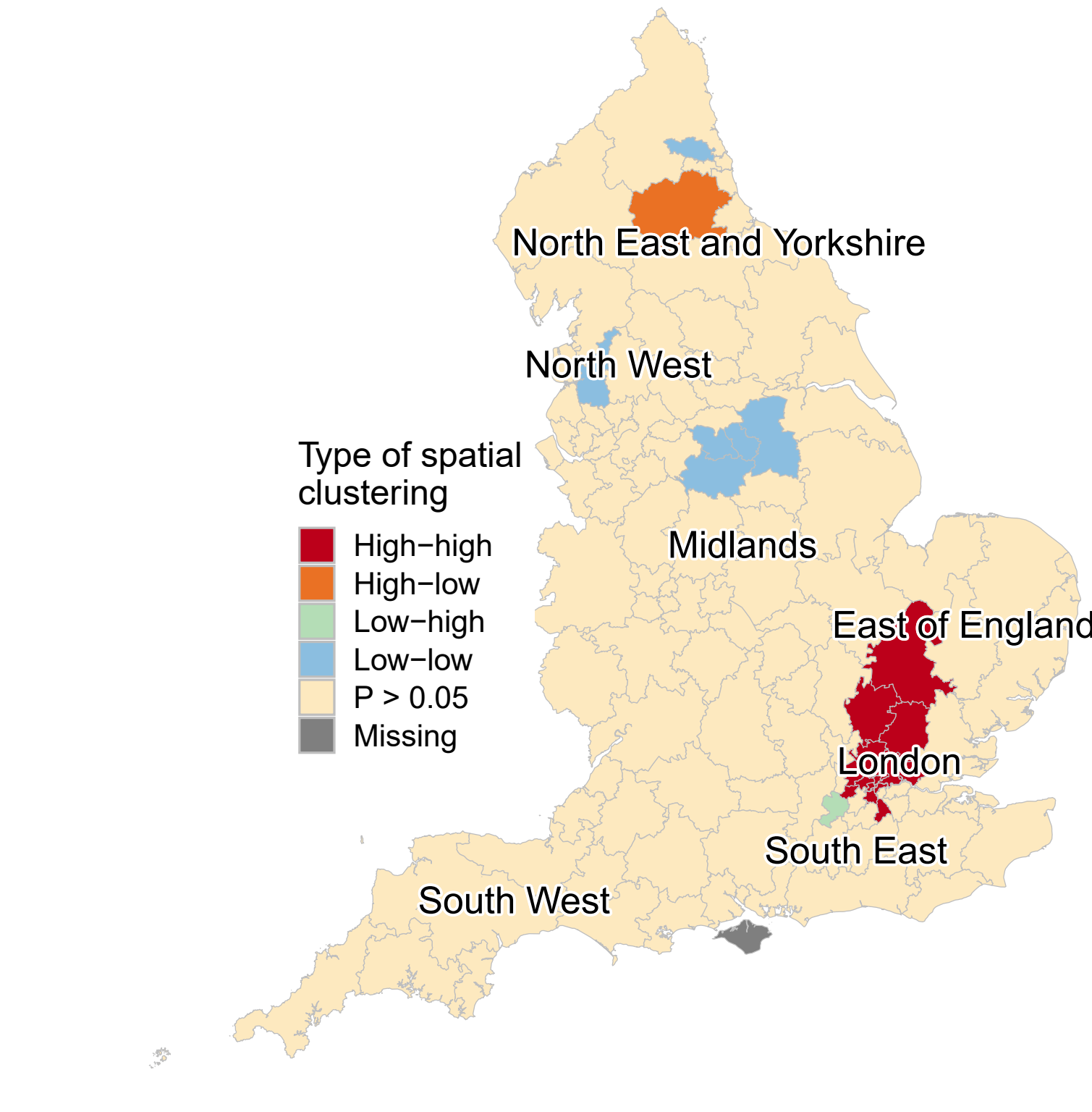
Results

Figure 2: Percentage of acute trust staff intending to leave their organisation in the next 12 months



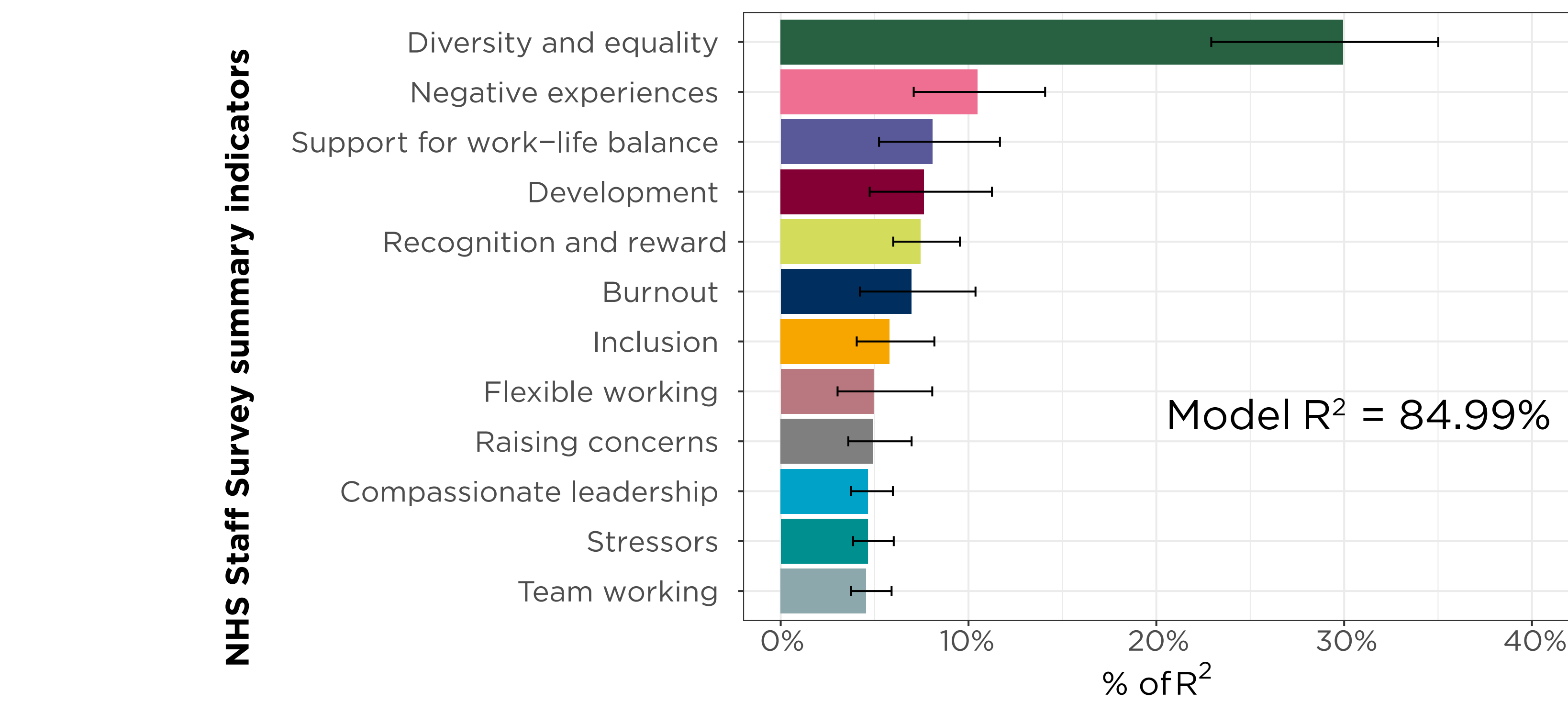
- In 2022, 23.8% of acute trust staff across England expressed their intention to leave in the next 12 months, up from 23.0% in 2021.
- The mapping of the outcome variable by acute trust catchment area revealed stark geographical variability in staff members' intention to leave.

Figure 3: Spatial clustering in intention to leave



- This was substantiated by the global Moran's I value (0.41, pseudo p-value < 0.001), which suggested strong evidence of global spatial autocorrelation in the outcome.
- In the local Moran's I analysis, 24 trusts showed strong statistical evidence of local spatial clustering (local Moran's I p-values < 0.05). Hotspots of trusts with high percentages of staff intending to leave (i.e., high-high clusters) were identified in London and in the East of England.

Figure 4: Drivers of intention to leave



- In terms of drivers of intention to leave, the relative weights model consisting of 12 indicators explained nearly 85% of the variation in intention to leave across acute trusts (R-squared = 84.99%).
- The Diversity and Equality indicator had the largest contribution to explaining the outcome (proportionate contribution to model R-squared = 29.94%) and thus was the most important contributor to intention to leave. This indicator captures employees' perceptions of fairness in career progression and experiences of discrimination and harassment on the job.⁶
- The relative contribution of the Diversity and Equality indicator to explaining the outcome was nearly three times that of the next most influential indicator, Negative Experiences, and over four times that of the Burnout indicator.

Conclusions

- There is a stark variation in intention to leave across acute trusts, with hotspots of potential leavers in London and the East of England.
- Workplace discrimination and concerns about fairness contribute strongly to turnover intention in the NHS.
- To improve staff satisfaction and ultimately retention, the NHS should be taking action to promote diversity and equality and eliminate workplace discrimination.
- The sharing of best practices by high-performing trusts should be encouraged.

References

- Scheepers RA, Boerebach BCM, Arah OA, Heineman MJ, Lombarts KMJM. A systematic review of the impact of physicians' occupational well-being on the quality of patient care. *Int J Behav Med*. 2015 Dec 1;22(6):683-98.
- Powell M, Dawson J, Topakas A, Durose J, Fewtrell C. Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data. 2014; Available from: <https://doi.org/10.3310/hsdr02500>
- NHS Survey Coordination Centre. NHS Staff Survey 2022 National Results [Internet]. 2023. Available from: <https://www.nhsstaffsurveys.com/results/national-results/>
- Jackson E, Edge R. Special measures: Five years on [Internet]. NHS Providers; date unknown [cited 2023 Mar 29]. Available from: <https://nhsproviders.org/special-measures-five-years-on>
- Office for Health Improvement & Disparities. NHS acute (hospital) trust catchment populations. 2022 Rebate experimental statistics [cited 2023 Mar 29]. Available from: <https://app.powerbi.com/view>
- NHS Staff Survey Coordination Centre. Technical Guide to the 2022 Staff Survey Data [Internet]. NHS England; date unknown. Available from: <https://www.nhsstaffsurveys.com/static/8dd604e04c547de7022d75c8fc4b6c97/NHS-Staff-Survey-SS22-Technical-document-V1.1.pdf>

