Joining, Staying or Leaving: Exploring the push-pull factors as nurses navigate through their careers

The nursing workforce is very diverse in terms of socio-demographic features and career stages, and a 'one-size-fits-all' retention strategy is unlikely to be effective. Understanding what matters most to nurses at different career stages would assist decision-makers in designing tailored retention strategies. In this Evidence Brief, we summarise the key findings from a narrative review that explored what is known about the push-pull factors associated with nurse retention at key stages of their careers. We also reflect on what actions must be taken to develop effective retention strategies.

What is the problem?

Like many countries, England faces a significant shortage of nurses, mostly attributed to nurses leaving the profession [1]. The gap between the supply and demand of nurses in the National Health Service (NHS) is predicted to reach 30,300 by 2031/31 without long-term actions and funding [2].

To design effective retention strategies, the diversity of the nursing workforce in terms of career stages should be accounted for to meet nurses' preferences and needs.

New perspective, new insights

The vast literature on nurses' retention factors has focused on career stages separately [3, 4]. To our knowledge, there is no review synthesising retention factors among nurses throughout career stages. Yet, such evidence could help employers and decision-makers to discern, anticipate and respond to nurses' various goals and motivations across career stages, as well as enhance the profession for current and prospective nurses.

In this Evidence Brief, we report the findings from our narrative review. It synthesised the findings of recently published literature about the push-pull factors that influence nurses' decisions to enter and stay in or leave nursing at key career stages. Specifically, we considered (i) pre-career, (ii) training (student), (iii) early-career (newly graduated), (iv) mid-career (experienced nurses) and (v) late-career stages (experienced nurses nearer retirement). We considered another key characteristic that potentially overlaps with career stage: nurses returning to practice following a career break.

Methods

Six structured literature reviews were conducted using CINAHL, MEDLINE, Scopus, AMED and Embase databases. Whilst the searches were not formal systematic reviews and may not have been exhaustive, this approach was purposely chosen because the literature review question was broad.

Only papers published between 2012 and 2023 were included. We focused on studies exploring (i) the motivational factors associated with entry into nursing and (ii) the push-pull factors influencing nurse retention throughout their career stages. Health workforce sources, such as the King's Fund and Nuffield Trust, were also searched to identify relevant reports.

We applied a wider timeframe (2002–2023) for 'return to practice', given the lack of research on this topic. Searches were conducted in December 2022 and updated in November 2023.

Findings

Mirror, Mirror... Tell me how nursing is perceived?

227 articles were included in the narrative review. Our review highlighted that for the majority of nurses, nursing was perceived as a vocational profession. Nurses had a strong desire to care for others, which subsisted throughout their careers. The decision to enter into nursing was also guided by a range of demographic and socio-economic factors (e.g. family, social connections, gender roles or personal interest).

Enhancing the image of the nursing profession among the public may be necessary to improve recruitment and retention. Yet, evidence suggests that the nursing profession is subject to gender stereotypes in the public opinion. In other instances, specific awareness campaigns (e.g. 'We are the NHS') have failed to highlight the broader knowledge, skills and expertise required in nursing. Efforts to challenge outdated perceptions of nursing may also be undermined by the harsh realities of the profession, such as lower salaries relative to other professions, understaffing, high levels of burnout and workload. These issues have been highlighted in recent trade union disputes and negative media discourses.

Hurdles for one, hurdles for all

Our review found that some push-pull factors were common to nurses across all career stages. More specifically, we found that support from the workplace (or educational institutions for students), colleagues and leadership team, flexible schedule patterns allowing for work-life balance, opportunities for career advancement, and fair treatment (and salary) were needed and expected from student nurses, as well as nurses in their early-, mid- and late-career stages. If such factors were met, then nurses were more likely to stay.

Similarly, we found that across all career stages, leaving the job or profession was more likely when nurses experienced job stress, burnout or dissatisfaction with the

work environment. Another push factor was the lack of resources (staffing and/or equipment), which prevented nurses from delivering the standard of care they aspired to.

Notably, we found that nurses across all career stages were often expected to find solutions or adopt mechanisms to navigate organisational hurdles. For example, nurses had to develop resilience as a means of coping with increased work pressures. This placed the onus on nurses to manage difficult work environments, rather than on employers and policy-makers to enhance the work environment.

From start to finish...nobody faces the troubles nurses have seen.

In contrast, some push-pull factors were unique to each career stage. We found that student nurses experienced difficulty in adjusting and balancing education and life. Financial difficulties were intensified by their unusual schedules, where teaching and clinical hours were compressed into short periods. The quality of the clinical placements also played a key role in whether student nurses continued their studies or not [5]. Mentoring programmes helped student nurses navigate academic life; however, their implementation was rendered difficult when mentors were reluctant to participate [6].

Our review highlighted that early-career nurses experienced transition shocks when joining the profession [7]. Organisational support (e.g. preceptorship, mentoring, tailored interventions to reduce transition shocks) was key to enhancing their entry into the profession and increasing the likelihood of their retention [8]. Whilst some interventions appeared to be beneficial [9], the lack of robust and reliable evaluation rendered it difficult to conclude about their effectiveness.

We also found that mid-career nurses were frustrated by the lack of career advancement. In contrast, career progression and voice in decision-making were positively associated with retention in this group [10]. Furthermore, we observed that late-career nurses desired more recognition. The decision to stay in (including delaying retirement) or leave nursing was contingent on whether late-career nurses were valued and recognised for their expertise [11].

Finally, our review indicated that research on returning to practice was scant. Nurses seemed to be discouraged by their lack of confidence and the cost of return-to-practice courses [12]. In contrast, refresher courses and qualified mentors/preceptors enabled a smooth return after a long career break.

Using evidence to inform practice

Coordinated policy responses to retain and make the nursing profession attractive should continue to focus on factors that affect nurses across all career stages. More specifically, interventions should continue to provide supportive work (or educational) environments, structured career opportunities, access to continuing education and support for well-being.

Salaries reflecting skills, experience and enabling nurses to face the costs of living should also be prioritised.

Knowledge gaps

Much of the evidence stemmed from cross-sectional studies and international sources, predominantly from high- and medium-income countries. Not all findings will be applicable to all countries given cultural differences.

Longitudinal research would be beneficial to explore trends and capture potential causality between nurses' work environment and retention. Furthermore, robust evaluations would be beneficial to evaluate the cost-effectiveness of such strategies.

Within the NHS, further research is needed to better understand nurse motivations and behaviours across career stages and in different healthcare settings.

Conclusions

Our review highlights that push-pull factors are multi-factorial and multi-dimensional. Policymakers and employers need to use nuanced insight into motivations if they are to succeed in attracting a range of people into nursing and be effective in retaining them throughout their careers.

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