

# The factors supporting the retention of registered nurses in adult social care

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## **Research questions and objectives:**

Exploring and understanding

- working practices, compared to NHS or other health settings
- reasons for joining the sector and retention (but also attrition)
- identity of RNs in the sector and impact on career aspirations

## Context:

- Nurses are the largest regulated profession in adult social care
- Estimation 33,000 registered nurses working in ASC (Skills for Care, 2023)
- Most RNs working in ASC are employed in the care home sector and this is where research has been concentrated (Cornes and Manthorpe, 2022)
- Means there is a gap in information about
  - nurses in other settings
  - ASC nurses in leadership roles
- Unclear how decreases in the number of mental health and learning disability nurses are impacting sector (Anderson et al., 2021)

## Data collection/recruitment:

- Target: 40 interviews, increased to 50 interviews
- Reason to increase numbers was to represent diversity of settings and experiences
- Completed: n=50
- Specialisms on the Nursing and Midwifery Council Register: adult n=27, learning disability n=10, and mental health n=13
- Typical participant:
  - female
  - between 51 and 60 years of age
  - White British
  - worked in Care Home setting
  - Adult Nurse on the Register
- 8 RNs who had only worked in ASC (in the UK)

## Findings:

### Reasons for joining ASC

- continuity of care, deliver holistic, person-centered care
- build relationships with residents/patients and families
- flexible working conditions

### Work experiences ASC settings and comparison with NHS

- complexity and diversity of their roles
- autonomy v isolation
- skills enhancement v potential deskilling
- extensive care documentation
- profit-driven nature of some care providers
- access to senior managers
- staffing and resource levels

## Findings:

### Working Terms, Conditions, and Career Opportunities

- basic pay in ASC often higher than in NHS
- lack of additional benefits
- pension schemes better in NHS
- mixed views re career progression in ASC

### Training and opportunities for continuous professional development (CPD)

- opinions on and experiences of training and CPD quality and accessibility varied
- lack of regulation
- more pre-registration training in ASC settings

## Findings:

### Perceived status of nursing in ASC

- perceived as lower status compared to NHS settings
- disrespect from colleagues in NHS/health sector and the public
- negative media coverage

### Identity and leadership

- proud to be nurses
- fragmentation of ASC nursing leadership
- Social Care Nursing Advisory Councils welcome
- disappointment that ASC nursing not recognised as a specialty in its own right



## Suggestions for improvements:

- Training and CPD: framework comparable to NHS
- Networks: more general support for RNs in ASC through official local and national networks
- Salaries: increase for all nurses, but esp. in ASC
- Integration: better integration of health and social care
- Raising the profile and removing misconceptions
- Leadership: making RNs in ASC and their specialisms more visible
- Promoting working as an RN in ASC as a career choice
- ASC nursing qualification and registration in its own right

**More information and link to the report:**

<https://www.kcl.ac.uk/research/registered-nurses-in-adult-social-care>

**Please contact us if you have any questions or comments:**

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