Peak leaving? A spotlight on nurse leaver rates in the UK

Nursing is the single largest profession in the NHS, but it suffers from substantial staffing shortages. This analysis from Billy Palmer and Lucina Rolewicz reflects on the rate at which the health service is losing nurses, and considers the reasons why.

Explainer

Published: 30/09/2022

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Nursing is the single largest profession in the health service and is integral to the

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who fill many vacant posts, we previously estimated that – given vacancies and absences – some 17,000 posts were unfilled on a given day, although this shortfall will vary over time.

Yet in the last year, we have seen record numbers both joining the UK nursing register (around 48,400 in the year to March 2022) and joining the NHS in England (over 44,500 in the year to June 2022). With the taps being turned to full and the level not rising as required, it is perhaps timely to reflect on the rate at which the health service is losing nurses (Figure 1). Encouraging existing nursing staff to stay in the NHS, and reducing the leaver rate, are hoped to contribute in the region of 7,000 of the 50,000 target.

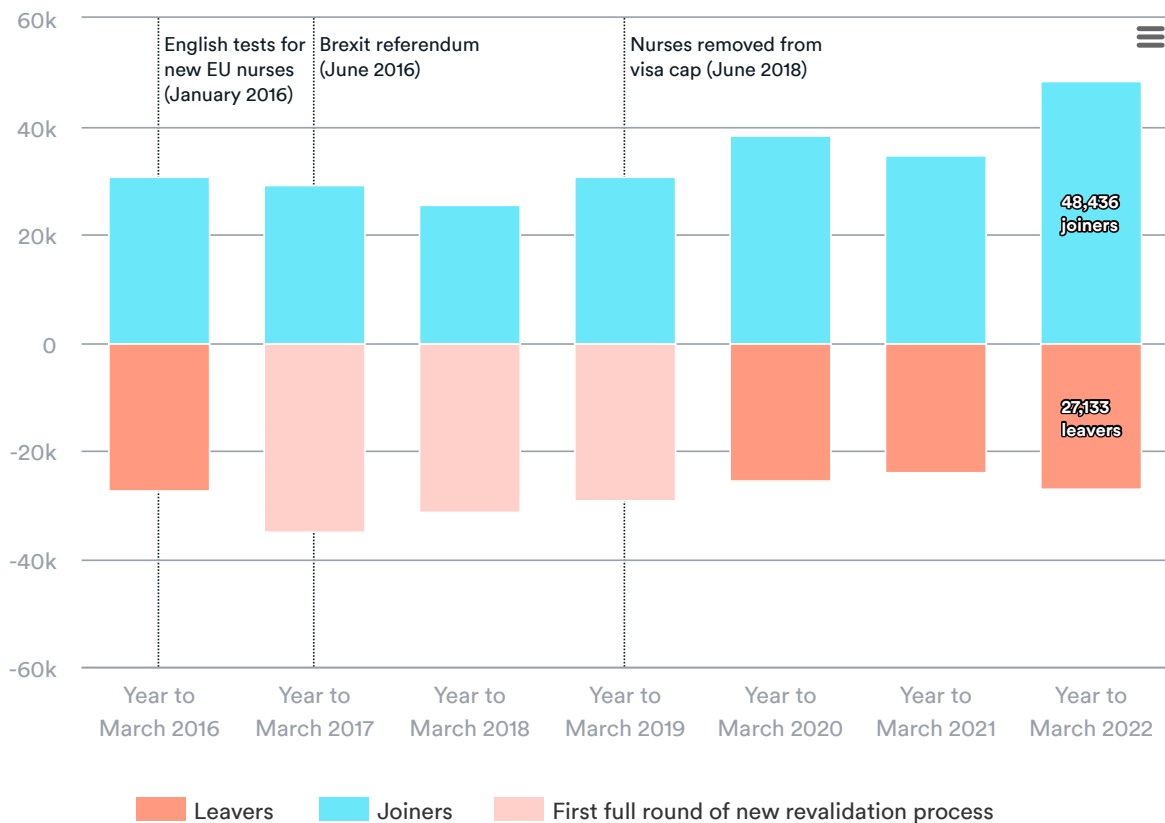## Figure 1: Number of staff joining and leaving the UK nursing register

30/09/2022

Chart

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Note: Data include nurses, midwives and nursing associates joining and leaving the UK nursing register, including those with a non-UK address. While we highlight some factors that may have affected joiner and leaver numbers, it is important to note that many other factors influenced the trends shown, including the Covid-19 pandemic and changing working conditions and opportunities in nurses' countries of training.
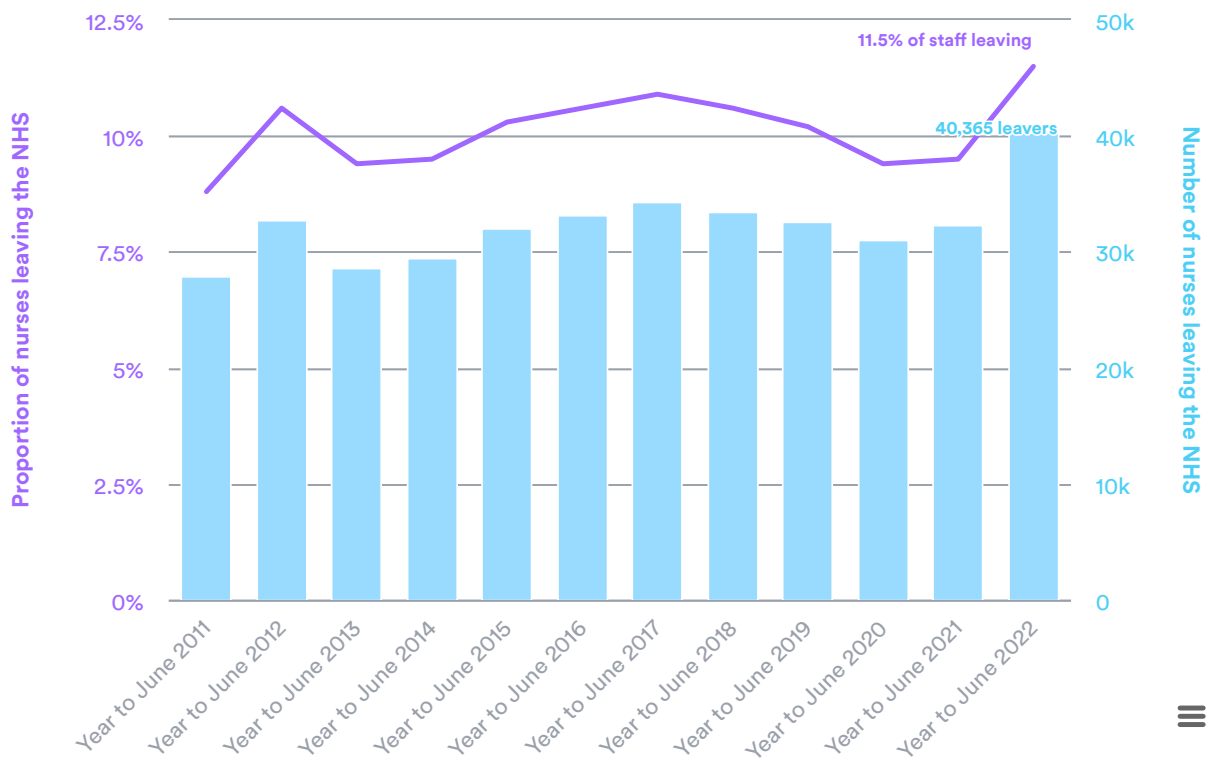
Source: Nursing and Midwifery Council

Figure 2: Highest number and proportion of nurses are leaving the NHS in England since trend data began

30/09/2022

Chart

Note: Leaver rates are calculated by dividing the number of leavers by the average of the number of staff at the beginning and end of the period. Based on headcount and shows people leaving active service, which includes those going on maternity leave or career break, for example.

Source: NHS Digital

trend data are available, this is the highest level in terms of absolute number of leavers and relative to the size of the workforce, with the previous peak – in the year to March 2018 – of around 5,020 leavers (nearly 2,450 fewer than recent levels) equivalent to a rate of 7.7% (2.9 percentage points lower). We were not able to identify any corresponding data for Wales or Northern Ireland.

The picture is not consistent within countries either. For England, rates of nurses leaving active service range from one in eight in the South West (12.3%) to one in nine in the North West and in the North East and Yorkshire (both 10.9%) in the year to June 2022. Detailed data – which includes those moving between organisations as well as leaving the NHS – reveals more notable differences across individual employers (Figure 3).

Figure 3: Proportion of nurses leaving English NHS trusts, year to 30 June 2022

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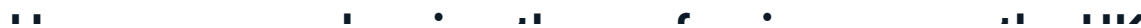
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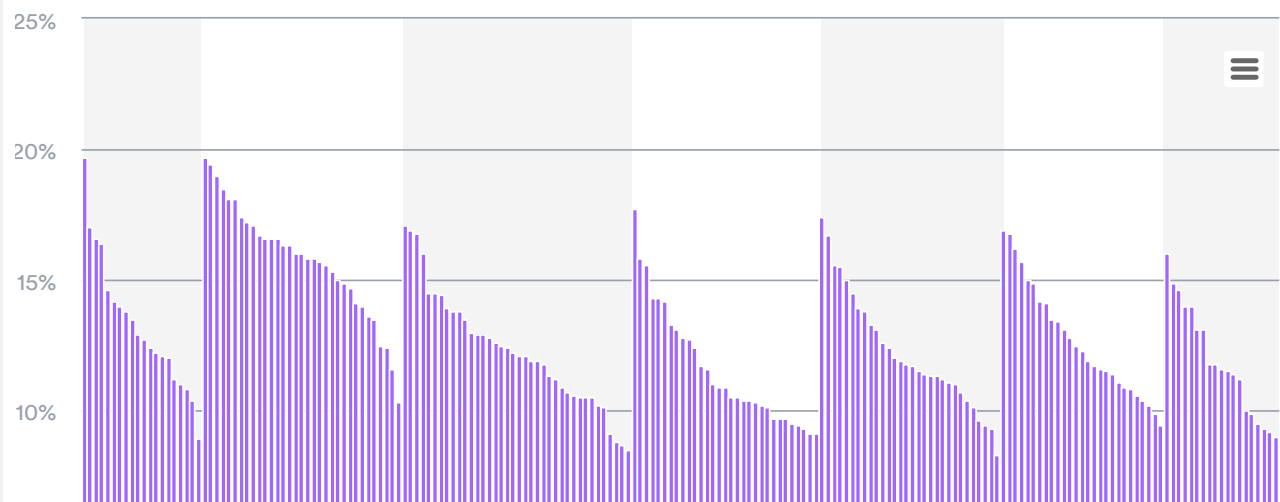
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Note: In this chart, leaving includes moving between trusts as well as leaving the NHS. Based on headcount, and includes health visitors but excludes ambulance trusts, Integrated Care Boards and two trusts (North Devon Healthcare and Pennine Acute Hospitals) with apparent data issues. Due to random chance, we may expect higher or lower rates of leavers in trusts employing fewer nurses and so we have removed two trusts with fewer than 100 nurses. Service reconfiguration might also increase apparent leaver rates and a further two community trusts with particularly high levels, which we have not been able to investigate before publication, have been excluded. Staff commencing maternity leave are not counted as leavers in these data.

Source: NHS Digital

There are also differences by type of NHS provider. The highest average nurse leaver rates – at one in six nurses in the year to June 2022 – appear to be in community provider trusts (16.8%), which provide services such as district nursing and community physiotherapy, followed by care trusts (one in seven, 14.7%), which provide closer health and social care services particularly for the elderly. The lowest average reported rates were in non-specialist acute trusts, at one in eight nurses – from 11.8% for small acute to 12.4% for multi-service acute *(note that two trusts were removed from the analysis due to data issues).*

There are also differences by characteristic of nurse. A number of reports, including by the **Nuffield Trust** and the **Institute for Fiscal Studies**, have noted that compared to British nurses, EU-nationals were more likely to leave the NHS, while those reporting a nationality other than British or EU are less likely to leave.

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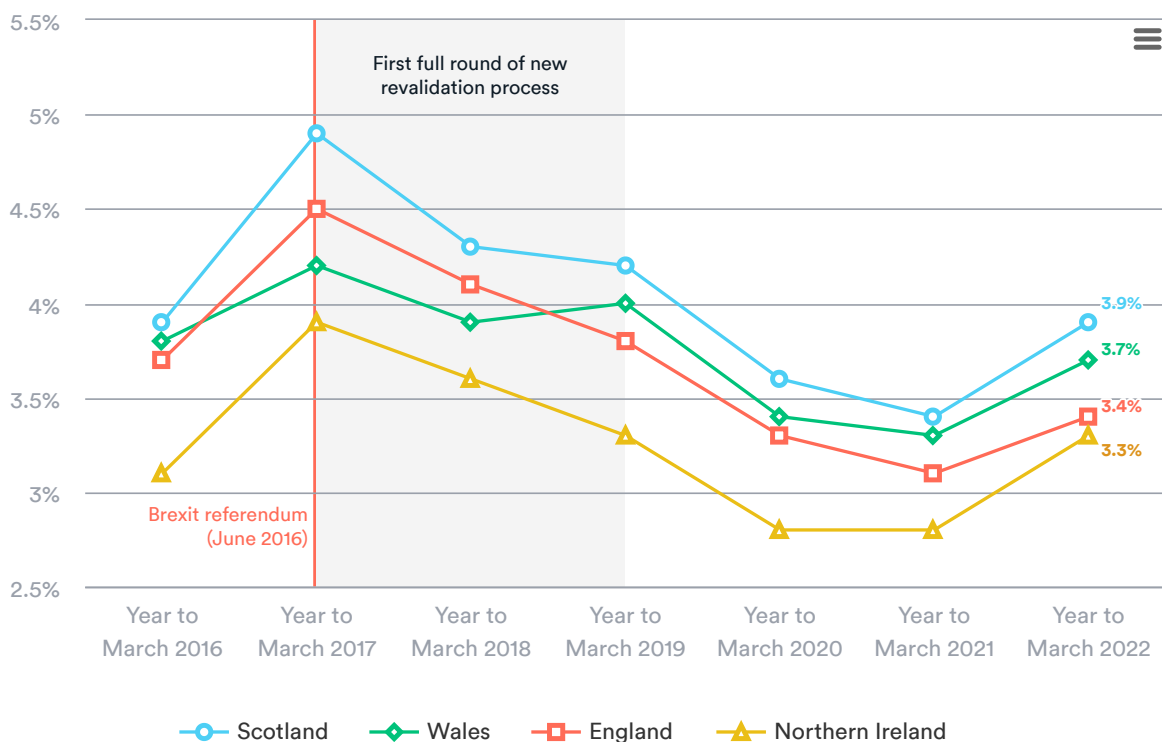
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revalidation process for Nursing and Midwifery Council (NMC) registrants (Figure 4).

Figure 4: Number of nurses leaving the professional register across UK countries

30/09/2022

Chart

Note: Data include nurses, midwives and nursing associates leaving the UK nursing register by country of address. Leaver rates are calculated by dividing the number of leavers by the average number of staff at the beginning and end of the specified period. There were no figures available on

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When breaking the leaver rates down by country of training, around 3.7% of nurses, midwives and nursing associates who trained in the UK left the register in the year to March 2022, compared to 7.9% of those who trained in the EU/EEA and 1.6% of those trained elsewhere overseas. Overall, staff trained overseas accounted for the vast majority (nine-tenths) in the growth in nurse numbers in the last year, with a net increase of 2,070 more UK-trained nurses, midwives and nursing associates compared to 19,564 for overseas.

Why are nurses leaving?

Information on reasons for leaving is, regrettably, limited. In particular, the most prominent data on leavers in NHS hospital and community services is typically only published as an aggregate for all staff groups, includes staff moving within – as well as from – the NHS, and has lots of missing information. This is particularly problematic given the Department of Health and Social Care itself accepts there is significant complexity in the reasons for leaving:

"Retention is the most significant area of uncertainty across the [50,000 nurses] programme. It is also the area of greatest complexity, with a multitude of contributory factors. Some of these, such as working conditions, are within the control of the NHS. Others, such as the attractiveness of outside careers, are not."

Department of Health and Social Care, 50,000 Nurses Programme: delivery update, 7 March 2022

quadrupled, and those who left due to a promotion (over 5,600) or to undertake further training and education (nearly 1,000) have more than tripled.

A **survey** capturing the views of those considering leaving found that feeling undervalued, being under too much pressure, or feeling exhausted were the most common reasons. These nurses also cited low staffing levels as one of the main reasons for considering or planning to leave, highlighting the risk of self-perpetuating downward spirals.

A further **survey** of nurses actually leaving their register in the year to December 2021 suggested that – as in previous years – retirement (43% citing this as one of their top three reasons for leaving), personal circumstances (22%) and too much pressure (18%) were the most common reasons why. This latter factor perhaps tallies with a **one-off data release**, which suggests that across voluntary resignations in the year to March 2021, work-life balance was a more common reason in nursing (31%) compared to other groups.

The survey of leavers from the register also found that negative workplace culture was an important factor, with 13% citing this as one of their top three reasons. Certainly, findings from the 2021 NHS staff survey reiterate the problem, with one in 10 (10%) nursing staff reporting that they experienced discrimination at work. Not only this, but 22% of nurses experienced bullying, harassment or abuse from fellow colleagues in the previous 12 months.

Previous sickness absence and the state of wider economic conditions may also be key factors. Novel **analysis** of individual staffing records suggests that nurse leaver rates, in particular, are associated with recent sickness. For example, a nurse or midwife who missed three days of work for mental health reasons was 27% more likely to leave three months later than a peer with no absences. The research also

inflows, such as newly qualified clinicians and overseas recruits, to the outflows –
such as those retiring or leaving for roles outside the NHS – while also accounting
for the need to expand the workforce. However, this critical equation is often not
adding up.

It is important to note that reducing leaver rates is not just a numbers game. Doing
so would likely be good for staff as it may reflect improved wellbeing at work, good
for the NHS on which the burden of recruiting replacements falls, and good for
patients who may benefit from the retention of experienced and knowledgeable
staff. For these reasons, we have **previously** implored that "leaders at every level
need to urgently understand – and act on – the reasons why staff have left and
intend to leave".

About this analysis

In this analysis, carried out exclusively for the BBC, Billy Palmer and Lucina
Rolewicz draw on recently published data to assess rates of, and reasons for,
nurses leaving the NHS. The authors are due to be involved in a larger research
collaboration evaluating the programme of work around the 50,000 additional
nurse commitment. This analysis is not part of that evaluation, which has yet
to commence, and does not pre-empt the findings of that research.

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