Several reports have outlined the need for increasing the existing workforce in social care organisations to better support people who have learning disabilities and/or autism. The issue was highlighted after the abuse of people with learning disabilities by a number of staff at Winterbourne View, a private hospital near Bristol, came to light in 2011. It led to NHS England’s (2014) strategy to transform care, which set out the need to offer more community-based provision that would require the development and expansion of the social care workforce.

Both health and social care staff play a key role in the provision of good-quality care for people with learning disabilities, often working collaboratively. An increasing number of nurses work in, are employed by or manage social care organisations (Skills for Care, 2018) and, in 2016, an estimated 49,500 nurses were working across all areas of adult social care (Skills for Care, 2016). Several policy and strategy documents have noted that the demand for social care is growing faster than the workforce (Dromey and Hochlaf, 2018; National Audit Office, 2018; Health Education England, 2017). Many social care organisations experience difficulties recruiting and retaining staff, particularly nurses – Skills for Care (2018) reported a 29% turnover rate in social care settings for 2017/18.

High level of burnout and turnover is not only detrimental for staff, but also has a negative impact on care quality and significant financial and organisational costs for employers (Stevens et al, 2019). Here, we summarise the results of McKenzie et al’s (2017) project, commissioned by HEE, to identify areas that should be evaluated to inform an evidence-based approach to increasing the workforce that provides care for people who have an intellectual disability.

Method
We searched the peer-reviewed literature using the terms listed in Box 1. We included papers that had one keyword from lists A, B and C.
B, and C in the title, abstract, author keywords, or in KeyWords Plus data (keywords assigned to articles post publication). There was no date restriction and articles were included if they were in a peer-reviewed journal and written in English.

A total of 1,070 articles was reduced to 907 after removing duplicates. We searched by title and removed articles that were clearly irrelevant. Comprehensive literature reviews on specific topics, such as burnout, meant we could exclude articles published on that topic before the date of the review. At the end of the process, we had 71 articles for detailed review.

Examples of good practice, innovations, or case studies around recruitment and retention of staff were also gathered from websites for relevant organisations such as Skills for Care, Skills for Health, HEE, NHS England, the Department of Health, the National Institute for Health and Care Excellence and the Scottish Inter-collegiate Guidelines Network.

Individual factors
Gender
Some differences between males and females have been found to have an impact on recruitment and retention, although research is limited and fairly old. Overall, care workers are more likely to be female (McConkey et al, 2007); some research suggests female support workers have a higher rate of burnout than males, but this has not been found consistently (Kozak et al, 2013).

Males employed in support-work settings are more likely to:
- Be in full-time employment;
- Come from non-care backgrounds;
- Be main wage earners;
- Be in managerial posts (McConkey et al, 2007).

Stress, staff burnout and turnover
Early research suggests that younger staff in social care roles are significantly more likely to intend to leave their job than older staff (Hall and Hall, 2002); they are also more likely to experience aggression, and this may, in turn, reinforce the likelihood of staff leaving (Alink et al, 2014). However, some research suggests that older staff have a higher rate of burnout than their younger counterparts (Kozak et al, 2013). Project work done by Skills for Care (2010) suggests that age, as well as gender, should be considered in recruitment strategies, with men aged ≥50 years being more likely to consider care work than younger men.

Stress, staff burnout and turnover

Some of the reasons given by males applying for support work are:
- They want a career in caring/looking after people;
- They have had previous contact with people with learning disabilities;
- They have had family members working in the caring profession;
- They want a career change.

While there may be limited awareness of support work as an employment option for males, particular age groups may be more open to the idea (Skills for Care, 2010).

Age
Research suggests there may be generational differences in expectations and experiences of work, which need to be considered when recruiting and retaining staff (Jones et al, 2015). Young people, generally, do not aspire to become social care workers or work in social care settings, and there is a lack of a clear career structure for them (Hewitt and Larson, 2007).

Early research suggests that younger staff in social care roles are significantly more likely to intend to leave their job than older staff (Hall and Hall, 2002); they are also more likely to experience aggression, and this may, in turn, reinforce the likelihood of staff leaving (Alink et al, 2014). However, some research suggests that older staff have a higher rate of burnout than their younger counterparts (Kozak et al, 2013). Project work done by Skills for Care (2010) suggests that age, as well as gender, should be considered in recruitment strategies, with men aged ≥50 years being more likely to consider care work than younger men.

A high level of burnout and turnover is not only detrimental for staff members but also has a negative impact on care quality and significant financial and organisational costs for employers

“...”

Contracts or job insecurity (Kozak et al, 2013). Similar reasons for high staff turnover have been found among nurses working in social care settings; respondents to a Royal College of Nursing (2012) survey of nursing staff in care homes listed:
- Low morale and high levels of work-related pressure;
- Issues with training and equipment;
- The organisation’s ethos and values;
- Perceived high levels of bureaucracy;
- Difficulties in working relationships with external professionals;
- Stresses from staff recruitment and retention.

Other commonly noted sources of stress relate to working conditions, including: workload; lack of staffing; limited flexibility; no time away from those being supported; high noise levels; challenging behaviours and the inability to make a difference (Kowalski et al, 2010); inter-personal conflict; lack of teamwork and communication (Denny, et al 2011); and the perceived reciprocity of relationships between staff, the organisation and those being supported (Rose et al, 2010).

Perceived levels of effort compared with reward also appears to be important, with dissatisfaction and stress occurring when these are out of balance (Lee et al, 2009).

Psychological inflexibility of staff – that is, when a person deliberately tries to avoid or control difficult emotions and thoughts, rather than acknowledging them – can worsen the effects of psychological distress for the individual (Kurz et al, 2014). Positive, direct contact with those being supported and pro-social motivation – in which individuals seek to protect and promote the wellbeing of others – can help moderate work-related stress (Hickey, 2014).

Behaviours that challenge
Experiencing behaviours that challenge, particularly aggression, has been linked with burnout (Hensel et al, 2012) and perceived stress (Kozak et al 2013), although others found no such link (Rose, 2011). Some factors, including positive work motivation

Box 1. Keywords included in the literature search

B: “staff”, “support worker”, “workers”, “care staff”, “workforce”, “employ”

29% Turnover rate of nurses working in social care settings in 2017/18

“Turnover rate of nurses working in social care settings in 2017/18”

“Turnover rate of nurses working in social care settings in 2017/18”

“Turnover rate of nurses working in social care settings in 2017/18”
(Hensel et al, 2015) and neuroticism when people who are anxious have a tendency to perceive things as threatening (Chung and Harding 2009), have been found to moderate the relationship between exposure to aggression and subsequent burnout. While supporting people with behaviours that challenge can be emotionally draining (Mills and Rose, 2011), it can also be rewarding (Søndenaa et al, 2015). Rose et al (2013) found that fear of assault explained the relationship between supporting people with challenging behaviour and emotional exhaustion. Smyth et al (2015) found a link between the frequency and severity of aggressive/destructive behaviour and stress among support staff, while severity and destructive aspects of the behaviour were related to burnout.

### Discussion and implications

A large number of nurses work in social care and many of their NHS colleagues rely on input from staff in the social care sector to provide healthcare to people with learning disabilities. Staff shortages in social care, along with high levels of absenteeism and burnout, can have a significant negative impact on communication, as well as continuity and the coordination of care. A series of policy and strategy documents have highlighted the need for an increased social care workforce – namely, those by Dromey and Hochlaf (2018), the National Audit Office (2018) and HEE (2017) – yet recruiting and retaining social care staff remains a significant challenge.

We found that a great deal is known about the factors that influence workforce

### Table 1. Potential ways to increase the recruitment and retention of staff in social care settings

<table>
<thead>
<tr>
<th>Areas to consider</th>
<th>Intervention examples, based on the literature review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment</td>
<td>Develop a range of tailored recruitment strategies to target groups with different characteristics and from different backgrounds</td>
</tr>
<tr>
<td></td>
<td>Profile a range of staff and role models in promotional materials</td>
</tr>
<tr>
<td></td>
<td>Tackle potential bias to recruiting certain groups – for example, by providing unconscious bias training</td>
</tr>
<tr>
<td></td>
<td>Organise public awareness events</td>
</tr>
<tr>
<td></td>
<td>Create links with education, employment services and other relevant organisations</td>
</tr>
<tr>
<td></td>
<td>Encourage word of mouth via existing staff</td>
</tr>
<tr>
<td></td>
<td>Provide opportunities for direct contact with, and personal experience of, people with learning disabilities – for example, through workplace visits</td>
</tr>
<tr>
<td></td>
<td>Ensure potential employees have realistic expectations of the role</td>
</tr>
<tr>
<td></td>
<td>Include people with learning disabilities and current staff in the selection and recruitment process</td>
</tr>
<tr>
<td></td>
<td>Provide flexible working practices, and conditions that can be adapted to the changing needs of staff</td>
</tr>
<tr>
<td></td>
<td>Ensure pay and benefits are consistent with equivalent employment opportunities</td>
</tr>
<tr>
<td>Pay and conditions</td>
<td>Provide staff with fair and open promotion and development opportunities</td>
</tr>
<tr>
<td></td>
<td>Ensure career progression does not mean less contact with those being supported</td>
</tr>
<tr>
<td>Role</td>
<td>Provide staff with clarity about their role and increased control over their job – for example, involvement in care planning</td>
</tr>
<tr>
<td>Supervision and support</td>
<td>Offer support from a range of sources – for example, supervisors, peers, team meetings, service users – and consider providing tailored stress-management programmes</td>
</tr>
<tr>
<td></td>
<td>Facilitate staff mentoring and networking to promote peer support and the development of practical coping strategies</td>
</tr>
<tr>
<td></td>
<td>Ensure there is a sociable environment in the organisation, and open and honest dialogue between staff and management</td>
</tr>
<tr>
<td>Ethos and culture</td>
<td>Have a clear organisational mission statement that is consistent with the organisational ethos, values and practice, as well as the values of the staff</td>
</tr>
</tbody>
</table>

### Organisational and wider system factors

Organisations may exist as part of wider systems over which they may have limited control and staff are more likely to intend to leave their job if market conditions are more favourable to them easily securing a different job. Although pay is consistently identified as an important factor in both recruitment and retention (Kazemi et al, 2015), there are many other incentives, including contact with those being supported (Hickey, 2014).

A perceived lack of a career pathway in support work also appears to be important. Leavers may be more likely to be better educated than those who stay in the job, suggesting they may be seeking career progression elsewhere (Hall and Hall, 2002).
Clinical Practice Discussion

“Introducing and evaluating evidence-based strategies to improve recruitment and retention will benefit organisations and staff”

recruitment and turnover, and that many of these are open to intervention by employers (Table 1). There are, however, few robust evaluations of the impact of initiatives, with most of the evidence being anecdotal, involving small sample sizes or evaluating outcomes thought to be associated with recruitment and retention, such as stress, rather than the direct impact on employment and turnover. There is a need for research that addresses this gap if the goals for an increased workforce that have been outlined in policy documents – such as those by HEE (2017) and NHS England (2014) – are to be met.

The research did have some limitations. The literature and website reviews were conducted with the aim of identifying the evidence around staff recruitment and retention, but there was no evaluation of the quality of the paper or source. This was designed to be as inclusive as possible but it is likely that some factors are more influential than others and may vary with circumstances and employment context.

While many of the factors that have been identified in the general social care workforce overlap with those identified by nurses working in social care settings, more research is needed that specifically looks at nurses working in support organisations for people with learning disabilities. Future research that evaluates which factors are most important will inform organisations about the interventions that are likely to be most effective. The implementation of some strategies may be constrained by factors that are outside the control of individual organisations, such as the wider economic, funding and employment context.

These findings have implications for nurses employed in social care settings or those working in collaboration with social care staff when delivering healthcare to people with learning disabilities. Introducing and evaluating evidence-based strategies to improve recruitment and retention will benefit organisations and staff, as well as those individuals who are receiving support.

References


Hall PS, Hall ND (2002) Hiring and retaining direct-care staff: after fifty years of research, what do we know? Mental Retardation; 40: 3, 201-211.


Royal College of Nursing (2012) Persistent Challenges to Providing Quality Care: An RCN Report on the Views and Experiences of Frontline Nursing Staff in Care Homes in England. RCN.


