

Commentary: Service improvement project of a legacy nurse programme to improve the retention of late career nurses

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(742 words)

Preventing the vicious cycle of growing workforce shortages and declining quality of care (Beech *et al.*, 2019) makes addressing nursing shortages a continuing and urgent issue for the UK National Health Services (NHS). The workforce pressures arising from the Covid-19 pandemic mean multi-faceted approaches are still required, so this paper is timely and welcome. The paper addresses and extends the evidence underpinning an initiative undertaken prior to the pandemic aimed at reversing one aspect of the declining nursing workforce, namely a scheme to encourage experienced nurses on the cusp of retirement to remain in practice. As Milne (2021) points out greater consideration needs to be given to the retention of this group of nurses now because of the substantial number of nurses (>8000) over 55 years of age who joined the Covid-19 pandemic temporary register introduced by the Nursing and Midwifery Council in 2020.

The paper is concerned with the development and retention of late career nurses and uses the term “legacy” programme. The authors state this was chosen to resonate with the aims of the programme for experienced nurses to share their expertise with future generations. This programme title appears to have been used in a meaningful way in an attempt to address difficulties of terminology which could be considered not only derogatory but also discriminatory (‘older’, ‘senior’, ‘mature’, ‘late career’). Other programmes have similarly grappled with this issue for example in the UK and in Australia and Canada.

The strengths, weaknesses and implications for policy and practice of the paper are considered here specifically in relation to the methods and approaches used, and the extent of the engagement and consultation.

The authors' have successfully navigated the vagaries of a service improvement project conducted within and across a number of organisations using research approaches which have undoubtedly added rigor to the project. Whilst all the stages of the project have been well described the sequencing of the project does suggest that some research rigor may have been compromised. The authors have successfully used Arksey and O'Malley's (2005) framework to map the literature in the field and this has informed the explanations of the mechanisms of change and the recommendations for key components of future programmes (see table 2 and 3 pp xx and yy). The scoping review would have benefitted from some form of bibliometric analysis as examination of the reference list does suggest some overlap in authors cited. This might have given some helpful insight into other teams involved in research in this field.

The engagement and consultation appears to have been wide-ranging involving co-production with participants of the pilot programme, stakeholders with a specific interest in the project, NHS leaders and more widely across one NHS England region, using social media and other networks which enabled the views of clinical nurses (n=190) to be included. This is a major strength as it means the findings and recommendations for future policy and practice are grounded in current opinion of the very people these programmes are likely to be aimed at.

The importance of programmes of the type described is reinforced by the fact that working longer is now seen as beneficial for individuals with a political and economic consensus internationally around extending working lives (Allen, Earl and Taylor, 2015). Life-long learning is increasingly the norm across all professions (Price and Reichert, 2017) and

educational support has been identified as a highly important retention strategy for nurses over 50 years of age (Armstrong-Stassen *et al.*, 2015). Equally, with increasing trends for multiple careers, the interplay between generational differences and career stage may change workforce dynamics (Price and Reichert, 2017). Some of the issues and solutions suggested in the paper may also need to be considered or adapted for older workers at earlier stages of their nursing careers providing opportunities for future research.

In conclusion, this paper is commended for addressing a workforce issue in an evidence informed manner to help underpin a healthcare human resource initiative. This will be useful for any nursing leaders or policy makers considering similar developments to help stabilise the workforce as part of their Covid-19 pandemic restoration and recovery plans. Evans *et al* (2021) have highlighted the importance of experienced nurses continuing to be part of clinical teams to share their professional knowledge highlighting the benefit not only to the nursing workforce but also to wider health care teams who can draw and build on the legacy of this group of nurses' knowledge, skills and experience.

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