

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/335202926>

An Evaluation of the Return to Practice Programme (Nursing) at City University of London (2017–2018)

Research · July 2019

DOI: 10.13140/RG.2.2.24392.67841

CITATIONS

0

READS

968

11 authors, including:



Sally Barlow

City, University of London

24 PUBLICATIONS 508 CITATIONS

SEE PROFILE



Anna Verey

University College London

5 PUBLICATIONS 10 CITATIONS

SEE PROFILE



Wendy York

London South Bank University

5 PUBLICATIONS 25 CITATIONS

SEE PROFILE



Michelle Rosalind Ellis

City, University of London

7 PUBLICATIONS 12 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



Care Planning and Coordination special issue, Journal of Psychiatric and Mental Health Nursing [View project](#)



Adjustment with aphasia after stroke: exploring the feasibility of a definitive phase III RCT for Supporting wellbeing through PEeR Befriending (SUPERB) [View project](#)



An Evaluation of the Return to Practice Programme (Nursing) at City University of London (2017-2018)

Sally Barlow, Senior Research Fellow, City, University of London

Anna Verey, Research Assistant, City, University of London

Namita Srivastava, Research Assistant, City, University of London

Wendy York, Nurse Lecturer, Child and Mental Health, City, University of London

Frederique Lamontagne-Godwin, Research Fellow, City, University of London

Michelle Ellis, Senior Lecturer, Child Health, Programme Director Return to Practice, City University of London

Sarah Storer, Return to Practice Co-ordinator, City, University of London

Stephen Abbott, Senior Research Fellow, City, University of London

Lisa Reynolds, Divisional Lead for Nursing, City, University of London

Mercy Wasike, Practice Experience Manager NELFT NHS Foundation Trust

Alan Simpson, Professor of Collaborative Mental Health Nursing, City, University of London

Sponsor: City, University of London

Date: 3/7/2019

1 CONTENTS

2	Executive Summary.....	4
3	Introduction	6
3.1	What Are RTP Programmes?.....	7
3.2	Why is it Important to Review the Programme?	8
3.3	Aims & Objectives	8
4	Methods.....	10
4.1	Design.....	10
4.2	Participants	10
4.3	Instrument Development.....	10
4.3.1	Survey Design.....	10
4.3.2	Interview Schedules	11
4.4	Study Procedure.....	11
4.5	Data Analysis.....	11
4.5.1	Survey Analysis.....	11
4.5.2	Interview Analysis	12
4.6	Ethics.....	12
5	Results.....	12
5.1.	Profile Of Those Surveyed and Interviewed	13
5.1.1	Survey Respondents.....	13
5.1.2	Returnee Interviews.....	14
5.1.3	NHS Staff Interviews	15
5.2	Reasons For Leaving the Profession.....	15
5.3	Motivations to Return to the Profession	18
5.4	Getting on to the Programme.....	22
5.5	Structure, Content and Delivery of the Programme.....	23
5.6	Support for Returnees	27
5.7	Challenges for Returnees.....	28
5.8	Placements.....	30
5.9	Suggestions for Improvements to Return to Practice.....	33
5.10	What are your Career Aspirations in Nursing?	37
6	Discussion.....	40

7	Recommendations	42
8	References	43
9	Appendices.....	46
9.1	Survey for Returnees	46
9.2	Semi-Structured Interview Schedule: Returnees.....	52
9.3	Semi-Structured Interview Schedule – Mentors.....	54
9.4	Semi-Structured Interviews – Senior Managers	56

2 EXECUTIVE SUMMARY

In response to concerns over a predicted chronic nursing shortage recent focus has been placed on Return to Practice (RTP) programmes, which aim to increase the nursing workforce by enabling former nurses to return to the profession. In order to encourage former nurses to return to practice, it is important to understand the motivations, expectations and experiences of current returnees by evaluating RTP programmes.

Aims: To evaluate the RTP programme by exploring the views and experiences of returnees to nursing, and of the nursing staff who support them.

Methods: This was a mixed methods study: an electronic survey of all students currently or recently on the RTP programme at City, University of London; and interviews with a range of stakeholders, including returnees, mentors and senior managers, at North East London Foundation Trust (NELFT). Descriptive statistics were used to summarise quantitative responses to the survey and Framework method was employed to analyse qualitative data.

Results: Seventy-four responses to the survey were received; eight interviews were carried out with returnees, and five with NELFT staff. Overall, data suggests that the programme has been very successful: most views were positive, many were very positive. Though returnees found the course fairly challenging, they also found it largely fit for purpose. There were many useful suggestions about how to improve and promote the programme. There were also some reservations about the organisation of placements and of mentorship arrangements, the latter largely due to the difficulty of arranging for time for returnees and their mentors to work together.

Recommendations: RTP programmes should be continued and if possible expanded. Wider advertising, ideally involving successful RTP returnees, should be used to attract more recruits, and funding for returnees should be maintained or increased.

Higher Education Institutions (HEIs) should offer support to enable RTP nurses to return to study and to achieve their academic objectives as smoothly as possible. This may include responding to the individual learning needs of RTP nurses and allowing flexibility for students who need longer for private study. National Health Service (NHS) Trusts/Boards should ensure that Human Resource (HR) departments are willing and able to deal quickly with arrangements for employed RTP students. Processes for arranging placements should include realistic timetables for Disclosure and Barring Service (DBS) checks to be carried out. NHS providers should consider the suggestion that returnees can arrange their own placements if they wish.

NHS providers should make even greater efforts to ensure that front-line staff understand the position of RTP nursing students, what they can expect from them and what their responsibilities to them are.

Recent RTP graduates should be encouraged and enabled to support future RTP students. As champions of the programme, they should support the Trust in clarifying to existing staff what RTP students need and can be permitted to do.

3 INTRODUCTION

Return to Practice (RTP) programmes have been in place since the 1990s. Relatively little is known about their extent or success (Gould, 2005; Amin et al, 2010), but they have intuitive appeal as a quick and cost-effective way of addressing staff shortages in the nursing profession (HEE, 2014).

Staff shortages are a serious and ongoing problem for nursing in the NHS. In June 2018, NHS Improvement reported 41,722 nurse vacancies in the NHS (11.8% of all positions) (NHSI, 2018). A report later that year from the Cavendish Coalition representing 36 health and care organisations and charities (Dolton et al., 2018) predicted that England would be short of 51,000 nurses by spring 2019, but that could jump by as much as 10,000 by 2021, as the number of European nurses registering in Britain dropped 87% compared with 2016/17 figures (Plimmer, 2018). Applications for advertised posts have dropped, while nurse shortages cost the health service up to £2.4 billion in agency fees to cover the shortfall (Wilson, 2018).

Several factors have contributed to this supply-demand gap. This includes 'efficiency savings' made by NHS providers; the fall in commissions for nurse education in 2012/2013; the ageing UK nursing workforce; changes in immigration systems; a lack of sustainable workforce planning; and an ageing population with more complex needs (RCN, 2014). This has led to a disproportionate loss of senior and specialist nurses in England and current gaps have been filled with less experienced nurses and expensive agency nursing staff (RCN, 2014).

Most importantly, the impact of an understaffed nursing workforce on quality of care and patient safety have all too clearly been highlighted in the Francis Inquiry (2012). The subsequent Francis report (2013) and several major reviews and reports (Berwick, 2013; Cavendish, 2013; Keogh, 2013) have been influential in prompting the development of safe-staffing guidelines (NICE, 2014). The National Quality Board (NQB) also contributed to these guidelines by reporting that the main determinants of quality of care are nursing staff *capacity* and *capability* (NQB, 2013). This guidance has now been replaced by an updated set of expectations termed 'the safe staffing improvement resource' (NQB, 2016).

The relevance of adequate nurse staffing to patient outcomes and hospital mortality rates has been demonstrated by a series of studies and systematic reviews (Kane et al., 2007), which report an association between higher hospital mortality rates and lower levels of registered nurse staffing. Much of this research has come from hospitals in the US but over the past ten years, similar patterns of association have been reported in studies across Europe and other parts of the world (Aiken et al., 2014,

Griffiths et al., 2016a, Twigg et al., 2010). Recent research has reinforced the importance of qualified nurse staffing levels in reducing missed care (Ball et al., 2018) and the subsequent link with increased risk of death (Griffiths et al., 2018). Urgent action is therefore required to improve patient safety by increasing the number of qualified nursing staff.

The advantage of RTP programmes over pre-registration nurse training is that they can be put in place and completed more quickly and more cost-effectively. Pre-registration nurse education takes at least two and often three years to yield qualified nurses (Stevens, 2014) while Return to Practice (RTP) programmes will support an increase in the number of nurses within a short timeframe (three to six months). RTP programmes therefore have the benefit of providing better value than the alternative. Estimates suggest that the costs range from £650-1,500 for a 12-week RTP programme and between £70,000-100,000 for a three-year pre-registration training course per person (HEE, 2014; Glasper, 2014). For this reason, Health Education England (HEE), the authority responsible for commissioning healthcare education, is actively encouraging nurses back into practice. An additional benefit is that these nurses often offer a wealth of experience and maturity. Furthermore, many RTP nurses remain in the profession until retirement, thus contributing to a more stable workforce (HEE, 2014).

In 2017, the funding arrangements for nursing training were changed, and grants and bursaries were replaced by student loans. The ultimate aim was to increase the available number of training places by a quarter (DoH, 2017). However, early indications are that applications to nursing degree courses have dropped by a third over two years in England. The fall in mature student numbers has been even more extreme (RCN, 2018).

3.1 WHAT ARE RTP PROGRAMMES?

RTP is a revalidation programme available to lapsed registrants from a range of qualified health professional backgrounds. The focus for this study is ex-nurses. Approved RTP programmes are aimed at nurses who do not meet the post-registration education and practice ('Prep') standards (NMC, 2011), which require all nurses to complete 450 hours of registered practice and 35 hours of CPD every 3 years.

There are currently 57 approved RTP programmes available in the UK developed in partnership between higher education institutions (HEIs) and NHS providers (NMC, 2018). A HEE review reports that the components of RTP programmes are variable (HEE, 2014) and there is a need for a more consistent

approach to these approved programmes. The NMC recently consulted on draft standards for RTP programmes (NMC, 2018a), and published new standards in May 2019 (NMC, 2019).

An RTP programme has been running for several years at City, University of London (CUL). In September 2014, a national 'Come back to nursing' campaign was launched to attract nurses with lapsed registration to return to the profession. Health Education North Central and East London (HENCEL, which has since become part of HEE commissioned CUL to provide an RTP programme. This requires students to undertake a period of supervised practice in a National Health Service (NHS) setting and to attend ten study days at CUL. A one-off bursary is available to students on the programme. The North East London Foundation NHS Trust (NELFT), which provides community health and mental health services in north east London and parts of Essex, had offered placements to nine RTP nurses at the time the research was carried out. NELFT employs returnees at band 3 for the duration of the programme, with the offer of a band 5 job on completion. (Other trusts offer similar schemes, while some do not offer money or work but, by not employing returnees, can offer more flexibility in where and when returnees work).

3.2 WHY IS IT IMPORTANT TO REVIEW THE PROGRAMME?

There is a lack of research that evaluates RTP programmes by exploring the views and experiences of returnees and key stakeholders. In order to encourage former nurses back to practice it is important to understand the factors that led to them leaving practice and what attracted them to return. It is also important to explore their expectations and experiences of the RTP programme in order to tailor future programmes to the specific needs of students as well as trusts. For NHS trusts, it is important to understand what these returnees bring to the existing workforce and what their developmental needs are; and above all, to make sure that the programmes produce nurses able and willing to fill vacancies.

3.3 AIMS & OBJECTIVES

The aim of this study was to evaluate the process, experiences and outcomes of the return to practice programme for returnees and NELFT. Ultimately, this should help NHS providers ensure that returnees do not leave the profession again.

The following objectives were agreed:

1. To explore the factors that led to the nurses leaving the profession;
2. To explore the factors that influence nurses to return to professional practice;

3. To explore the expectations and experiences of nurses (returnees) who undertook the RTP programme;
4. To explore the expectations and experiences of the RTP programme of NELFT mentors and senior managers;
5. To explore the operation of the RTP programme, identifying factors that facilitated or hindered the student and mentor experience;
6. To explore returnees' career aspirations following their return to practice.

4 METHODS

4.1 DESIGN

A mixed-methods evaluation of the RTP programme was undertaken to explore the implementation, experience and outcomes of nurses re-entering the nursing profession. This included a cross-sectional electronic survey to collect qualitative and quantitative data and interviews with a range of stakeholders (returnees, managers and mentors) from one NHS trust.

4.2 PARTICIPANTS

All nurses who were either currently studying on or had previously completed the RTP programme at CUL were invited to take part in the electronic survey. All students who were registered on the CUL RTP programme and were on placement at NELFT at the time of this research were invited to participate in an interview. Senior staff within NELFT who had some involvement in RTP were invited to participate in the study. Mentors who had supported students on the RTP programme were invited to take part in an interview.

4.3 INSTRUMENT DEVELOPMENT

4.3.1 Survey Design

The survey was designed by a team of applied health researchers and clinicians, this included registered nurse academics (AS, LR), a psychologist (SB) and practice educator (SS). The survey was housed on the survey platform *Qualtrics* (www.qualtrics.com) and consisted of 36 questions in total (see appendix A). The main body of the survey included 22 questions aligned to the research objectives. This included questions with free answer components focusing on reasons for leaving the profession, motivations for returning, facilitators and barriers for completing the RTP programme and suggestions for improvements. A further thirteen questions focused on the experience of the RTP programme, using Likert rating scales to ask for levels of agreement to a range of statements (e.g. “The course providers tailored the training towards my unique needs”). Five scoring options were available and ranged from ‘Strongly agree’ to ‘Strongly disagree’.

4.3.2 Interview Schedules

Three interview schedules were designed by the study team, for returnees, mentors and senior staff (see appendices B-D), to elicit data as follows:

- Reasons for leaving nursing and motivations for returning to practice;
- Expectations, experiences, views and impact of the RTP programme;
- Organisational factors that facilitated or hindered the success of the RTP programme;
- Early indicators of outcomes for the provider organisation and any difficulties identified.

4.4 STUDY PROCEDURE

The programme director for the RTP programme identified all potential participants for the study. All students who had registered on the RTP programme at any time were identified and invited to complete an electronic survey. A researcher emailed the participants with a short description of the study aims. The electronic survey was sent out via email and was open for recruitment from late March 2017 to early June 2017 (a ten-week period). A reminder email was sent to participants after two weeks with a suggested date for completion.

Returnees were invited to take part in an interview via email in the first instance and followed up by telephone. Mentors who were currently supporting students and senior staff who were involved in the RTP programme were also invited by email to take part in an interview, and similarly followed up by telephone. The semi-structured interviews were conducted by telephone or in person at a conveniently mutual time and location either within the university or the trust. All interviews were recorded with consent using a digital recorder and lasted between 16 and 59 minutes.

4.5 DATA ANALYSIS

4.5.1 Survey Analysis

Data from Qualtrics was imported into SPSS version 25 (IBM Corp. 2017) and checked and cleaned by a researcher. Descriptive statistics (e.g. means, standard deviations, frequencies and percentages) were used to summarise quantitative responses to the survey. Free text data was analysed thematically by one researcher and then checked by another.

4.5.2 Interview Analysis

All digital interview recordings were professionally transcribed and then checked for accuracy and anonymised by the researcher. Textual data from interviews were analysed using Framework method (Ritchie & Spencer, 1993) on QSR NVivo 12 software (QSR International Pty Ltd., 2018). The framework was constructed using the core research questions, to classify and organise data according to key themes, concepts and emergent categories. The framework identified a series of main themes subdivided by a succession of related subtopics. The qualitative data were analysed by three researchers, two of the researchers had a background in psychology (SB, AV) and one researcher had a background in anthropology (NS).

4.6 ETHICS

Ethical approval was granted from the School of Health Sciences Research Ethics Committee at CUL and Health Research Authority (HRA) approval was also obtained to ensure that NHS staff could be interviewed.

All participants were informed that they were free to withdraw at any time, without providing a reason. It was also made clear to all participants that the participation or withdrawal of participation would not impact on their employment in any way. All participants were assured of confidentiality and anonymity throughout the study: all data would be anonymised and no identifying information would be used. All potential participants were provided with an information sheet, given the opportunity to ask questions about the study and asked to provide written informed consent. For the survey participants, this involved confirming with statements that they had read the information sheet and confirm consent. All research staff were experienced and were either mental health clinicians or researchers experienced in conducting applied healthcare research. All research staff had completed Good Clinical Practice (GCP) training.

5 RESULTS

This section begins with basic data about those responding to the survey and those being interviewed. Data from the three sources are mutually reinforcing, and for that reason, it was judged clearest to present findings thematically. Data from the survey, interviews with RTP nurses and with NHS staff are presented in that order, for each theme: data sources are italicised.

5.1. PROFILE OF THOSE SURVEYED AND INTERVIEWED

In total, 145 questionnaires were sent out electronically to people who had either completed or were currently on the RTP programme. We received 77 responses, providing a response rate of 53%. Further examination of the returned questionnaires revealed that 74 questionnaires (51%) were completed in full and are included in the analysis. Fifty-four people (73%), had completed the programme and twenty people (26%) were currently registered on the programme. Table 1 presents demographic data about the 74 respondents.

5.1.1 Survey Respondents

The majority of participants (90%, N=67) were female, and the median age was 48 years. There were responses from diverse ethnicities, the largest responses from white UK or Irish background. A high proportion of participants (74%, N=55) were currently working in the adult nursing field. The majority of participants had either a diploma or a degree whilst 15% of participants also held a higher degree (MSc or PhD). Nearly two thirds of participants (61%) had spent more than three years in clinical practice before leaving the nursing profession. A small proportion (11%) had spent less than 1 year working in practice before leaving. Over two thirds of the participants (67.5%) had spent a substantial amount of time out of practice (more than 7 years). Further details of the demographic characteristics can be found in *Table 1*.

Table 1. Demographics of returnees completing the electronic survey

Returnees (N=74)			
Age, years: mean (s.d.) range	48 (9) 28-64	Education:	
Gender: n (%)		Diploma or similar	27 (36.5)
Female	67 (90.5)	Degree	24 (36.5)
Male	7 (9.5)	Postgraduate Diploma or Cert	12 (16.2)
Ethnicity: n (%)		Masters	10 (13.5)
White UK or Irish	38 (51.4)	Doctorate or PhD	1 (1.4)
Black Caribbean	11 (14.9)	Length of time as a nurse before leaving:	
Black African	9 (12.2)	≥ 10 years	29 (39.2)
White other European	5 (6.8)	4-6 years	16 (21.6)
Mixed Race	4 (5.4)	1-3 years	14 (18.9)
Asian- other	3 (4.1)	< 1 year	8 (10.8)
Black-other	2 (2.7)	7-9 years	7 (9.5)
Chinese	1 (1.4)	Length of time away from nursing:	
White - other	1 (1.4)	> 10 years	34 (45.9)
Nursing field:		4-6 years	18 (24.3)
Adult	55 (74.3)	7-9 years	16 (21.6)
Mental Health	11 (14.9)	1-3 years	6 (8.1)
Other	7 (9.5)		
Mental Health & Adult	1 (1.4)		

Survey participants were asked ‘What was your role when you left the profession?’. They could phrase their answers as they wished, which led to some inconsistencies: some people (N=14) specified the role they took up after leaving nursing, rather than that they held before leaving. Of the remainder (N=60), the commonest former role was staff nurse (N=18) or senior staff nurse (N=4). Eight respondents had managerial/leadership roles such as assistant ward managers and junior sisters. Other roles identified were midwives (5), school nurse (3), clinical nurse specialist (2), health visitor, research nurse, and practice nurse. Five did not identify a role but referred to the band that they were employed on when they left (two on band 6, three on Band 5). One person had not practiced nursing after qualifying.

5.1.2 Returnee Interviews

Eight RTP nurses (returnees) were interviewed (*Table 2*). Demographic data are presented in *Table 2*, which shows generally similar characteristics to survey respondents, though a greater proportion of the latter had backgrounds in adult nursing. As all but one of those interviewed were female, feminine pronouns will be used for all participants, to preserve confidentiality.

Table 2. Demographics of returnees interviewed

Returnees (N=8)			
Age, years: mean (s.d.) range	49 (10), 28-56	Length of time on RTP:	
Gender: n (%)		6 months	1 (12.5)
Female	7 (87.5)	8 months	2 (25)
Male	1 (12.5)	9 months	2 (25)
Ethnicity: n (%)		10 months	1 (12.5)
White British or Irish	4 (50)	11 months	1 (12.5)
Black Caribbean	2 (25)	Other	1 (12.5)
Mixed	1 (12.5)	Training location:	
Other	1 (12.5)	Community	3 (37.5)
Original Field:		Inpatient	4 (50)
Adult	4 (50)	Both	1 (12.5)
Mental Health	4 (50)		

^A Age, N=1 missing

5.1.3 NHS Staff Interviews

We interviewed five NELFT staff: two managers working with the RTP programme, and three practice mentors working with returnees. The mentors were female and the managers were male.

5.2 REASONS FOR LEAVING THE PROFESSION

We asked *survey respondents* to choose one or more from several reasons for leaving the profession. Figure 1 provides a visual representation of the results. The main reason was family commitments (48%). Thirty per cent left to pursue an alternative career. Other reasons fell into three main categories, illness, further education and other (which included bullying, moving abroad, being frustrated with the profession, personal circumstances and simply a lapsed PIN).

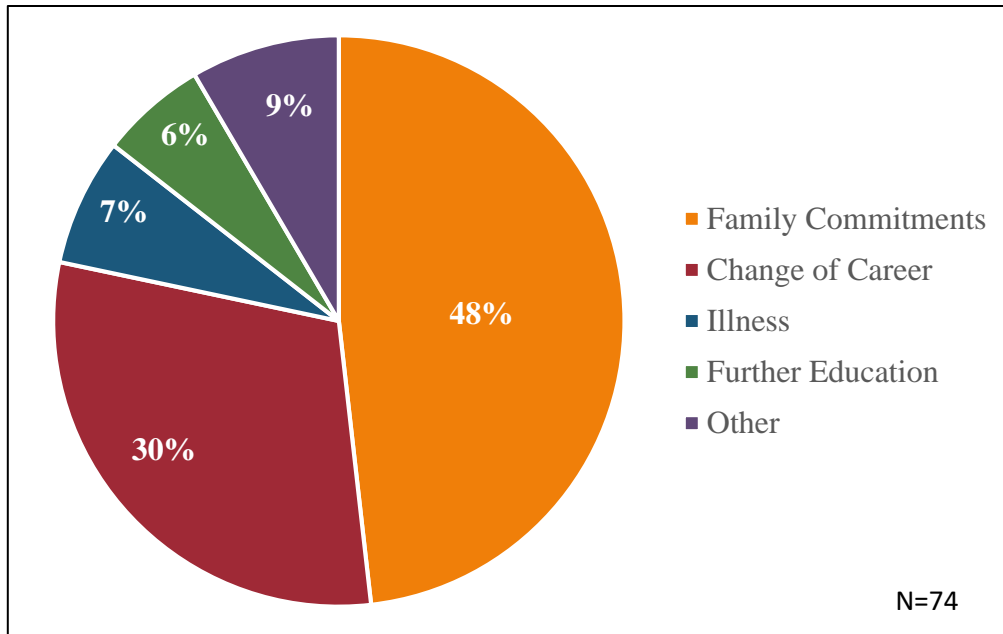


Figure 1. Pie chart showing the reasons nurses left the profession

Family commitments were also the main reason for leaving reported in *returnee interviews*. Returnees spoke of the difficulty of organising childcare around full-time work, particularly shift work.

“My husband was doing shift work and I was doing shift work, and we wanted to have a family. So... I stopped the nursing and got a job in the health service just doing basic admin work.” (Returnee 1)

“It was family commitments. I had a daughter with learning disabilities... it was really, really hard with the shift work and everything, to find childcare.” (Returnee 4)

Some participants had attempted to work more flexibly in agency posts but still found that balancing home and work life was challenging.

NHS staff also saw family commitments as major reasons for returnees’ earlier decision to leave nursing.

“I think a lot of them do because they have childcare breaks... it’s easier for them just to do something that isn’t as full on as nursing.” (Mentor 1)

Just short of a third of *survey respondents* left to pursue an alternative career (22, 30%), and interview data illustrated this.

"I left the nursing profession really because I wanted to go to Art College basically. It was something I always wanted to do, and I was thinking along the lines of becoming an art therapist at that time." (Returnee 8)

"Recently we've actually had a lot of nursing colleagues that want to go and do more therapy, psychology training. So they actually leave nursing to go and complete that..." (Mentor 3)

Interviewed returnees also reported dissatisfaction at work. This could be, for example, because many mental health patients did not make a full recovery.

"I didn't really feel I had much of a therapeutic impact... It was quite a difficult one, to try and feel like I was making any difference, really." (Returnee 3)

Another dissatisfaction was an unsatisfying work environment.

"I left nursing because I saw a lot of bullying going on, I saw a lot of racism, I saw a lot of inequality, I saw a lot of oppression." (Returnee 2)

Another returnee spoke about how they had become burnt out.

"I did get burnt out and I didn't, I couldn't see it as, 'Why don't I try something different, why don't I try a different type of nursing?'. I just thought, 'I'm going to leave, I've got to get out of here'." (Returnee 3)

NHS staff also identified work stress as an important factor.

"I think sometimes nursing can be very challenging and some people... get overwhelmed with the challenges, and then they take a break". (Mentor 2)

Returnees who were interviewed were asked if they had consulted with anyone before deciding. Interviewees mentioned speaking with family members, but not with work colleagues (some did not know who to speak to). Some regretted not discussing their decision.

"I didn't know who to turn to... I was literally clueless and because I had so much going on, I didn't know what to do." (Returnee 5)

One had thought that there was nothing to discuss because they saw no alternatives to their current situation.

"It was either you were a district nurse in the community, or you work in the hospital in shift work, and there was no flexibility. So I didn't ask to speak to anybody at all. I wish I had, hindsight, because there might have been options, but no, I didn't." (Returnee 1)

Another had assumed that such matters could not be discussed openly.

"I don't think you can speak to anybody about those kind of decisions, because that's the general ethos of nursing." (Returnee 2)

When asked if anything could have persuaded them to stay in the nursing profession, *interviewed returnees* made three suggestions: 1) more flexible working hours; 2) more support at work to prevent burnout, and 3) someone to speak to about their thoughts of leaving. They reflected on how there are now more possibilities of working flexibly.

"If there was what is available nowadays - the staff are family-oriented now, you can do part time... you say the hours you want. But then, ten years ago you didn't have that, so you were either in or out." (Returnee 6)

5.3 MOTIVATIONS TO RETURN TO THE PROFESSION

Survey respondents were asked to write in their own words what motivated them to return to nursing. Analysis revealed both intrinsic and extrinsic factors (see figure 2). These factors are not mutually exclusive, and reasons for returning to practice were often multiple. There were three main intrinsic factors identified:

- 1) 'missing the nursing role' (N=21, 28%): for example, respondents missed patient contact and colleagues; had a passion for the role; saw it as a vocation;
- 2) 'return to skills and career progression' (N=12, 16%): for example, respondents missed using their skills and knowledge; wanted the opportunity to develop their careers;
- 3) a wish to 'expand their role' (N=7, 9%): for example, respondents sought opportunities to work in different clinical areas; to specialise; to work in areas which may be family-friendly.

There were three key extrinsic factors identified:

- 1) 'circumstances changed' (N=26, 35%): respondents referred to family commitments changing; improvements in health or in general stability in life;
- 2) 'financial stability' (N=9, 12%): respondents felt that nursing offered a stable career;
- 3) 'support from others' (N=4, 5%): respondents felt that they were encouraged by other people.

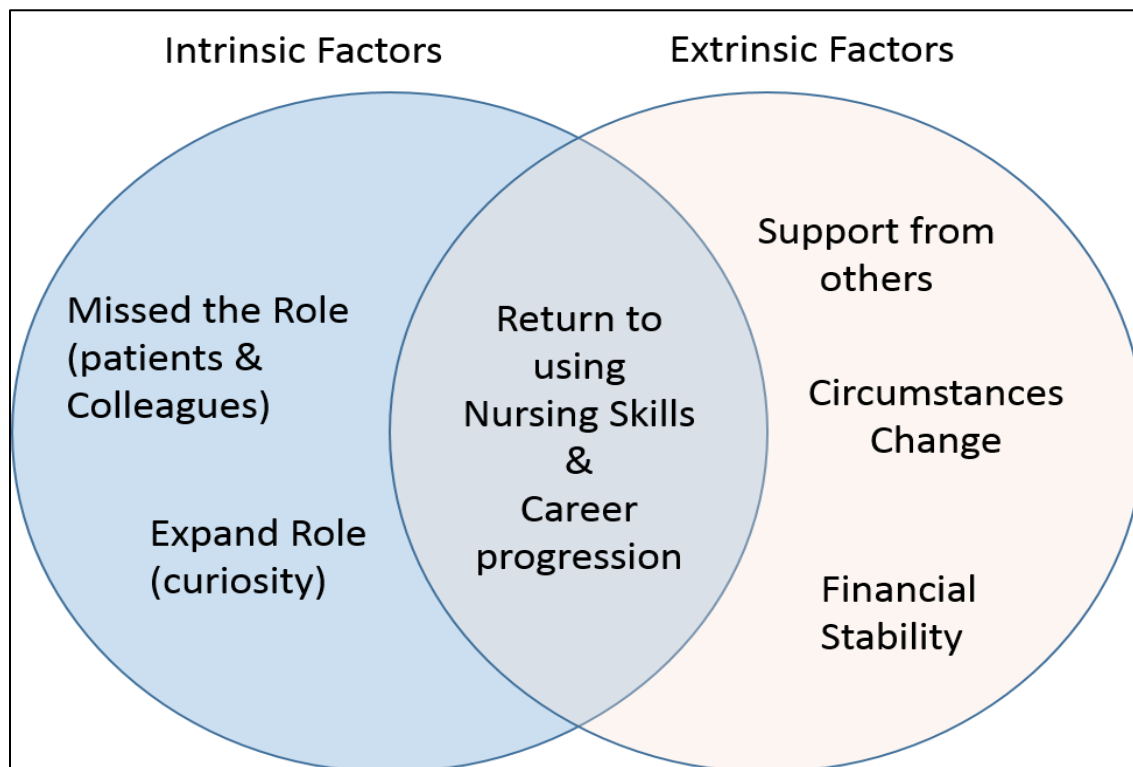


Figure 2. Schematic diagram showing intrinsic and extrinsic factors that drive nurses to return to practice.

Data from the *returnee interviews* is very consistent with the survey findings. Some returnees were motivated to return to practice because they missed using their nursing skills.

"I know it's a profession that I can always come back. I have the passion for it, I love it, I love my job. I didn't leave because I was stressed, no, I left because of the family commitments." (Returnee 6)

"I just thought, 'I'm not using some of the skills that I've learnt in those areas and I miss that'... Because you want to get back to nursing, you want to develop your career." (Returnee 3)

Another wanted to 'give something back' (having received excellent care within the NHS).

"I was very ill... and I was treated so well by the staff... I wanted to come back and work here." (Returnee 2)

Several of those interviewed had received encouragement to retrain from their NHS colleagues or bosses, friends and family (some had not even thought of it themselves).

"The thing that really helped me was somebody saying, 'Oh yes, you can, you can definitely, you could do this'... Encouragement is a big part of it." (Returnee 7)

"[a manager] just said to me out of the blue, she said, 'If you want to do your return to practice, I'll support you and pay for you. So it was totally her, I didn't even know there was a Return to Practice course.'" (Returnee 1)

"My boss was quite instrumental in me doing it and quite OK with me having the time off for the placement... So that helped quite a lot, having her support." (Returnee 4)

A wide variety of other reasons were mentioned. One returnee spoke about a change in their attitude to learning as they had matured.

"I have to say... years ago, when I was younger, having to study didn't float my boat. But now I quite like reading." (Returnee 3)

Participants also spoke about their changing roles in their home life.

"I think, because my children are older now, so my youngest is 17, so that's the biggest factor... There's nobody sort of really needing me too much, they can handle it till I get back." (Returnee 7)

Job security was also mentioned.

"Having my registration back, I know I've got long term job security. That's the thing that's done it for me." (Returnee 1)

Linked to this, it was important for some returnees that they would be funded during the programme.

"The other thing, I suppose 50% of it as well, because I was needing to get paid, the Trust were offering this scheme where I could be sponsored while I'm doing it. So I'm actually getting sort of like a Band 3 payment." (Returnee 7)

One did speak of how tempting it had been *not* to return to practice.

"The story I was telling myself was, you've got a nice job on the community, you enjoy it, you make a difference to people's lives, you don't have to be qualified staff, you like working with the team, they like you and support you: if it isn't broke, don't fix it ... and it was a regular wage and I was worried about money... [I was] holding myself back." (Returnee 3)

NHS staff suggested several motives for returning, which also reflect the data reported above: commitment to nursing, desire for financial remuneration and security, changed family circumstances.

"Once you've been a nurse for any period of time... it becomes a part of your personal makeup... It's not a profession, it's who you are, isn't it? You're either a nurse or you're not." (Manager 1)

“I would say the biggest drive is passion to be a nurse... What I see in interviews is that they want to get back into nursing because they miss it, they want to come back... Obviously, some may be looking to get into a career where they can make more, have, make a living financially.” (Manager 2)

“I think they might find that they’ve got time on their hands. Maybe their children have grown up and don’t need them as much.” (Mentor 1)

5.4 GETTING ON TO THE PROGRAMME

Almost half of the *survey respondents* (34, 46%) said that they had seen the ‘Come Back to Nursing’ campaigns (<https://comeback.hee.nhs.uk/>).

When asked if they had spoken to a programme provider before registering on the programme, the majority (62, 84%) replied that they had. When asked how helpful the response they received was, the majority said that the contact was either ‘helpful’ or ‘very helpful’ (80%).

Similar to the survey respondents, some *interviewed returnees* had seen advertisements of RTP programmes, though not all. They too valued the swift responses to their initial applications (typically within a few days).

“I was really impressed with how everything came up. I mean, I put in the application, and I think within a week I got a response.” (Returnee 6)

“So two hours later I had this really nice email back from her, and... we spoke on the phone, and she was really encouraging and really nice and understanding. I was saying, ‘Am I too old? and have I lost my skills?’ and all this business, and she was being really nice and I thought, ‘Wow, this is great, isn’t it?’” (Returnee 3)

One returnee mentioned that the application bureaucracy could be challenging, and she was glad that she had known people who would help her.

“You know the people you know, and getting all the pre checks done before, I just knew who to go to, and I know that’s been a big bugbear for all the other people on the course. Getting all that done was just hard work for them.” (Returnee 1)

5.5 STRUCTURE, CONTENT AND DELIVERY OF THE PROGRAMME

We asked *survey respondents* eight questions about the structure of the programme (see figure 3). Largely the responses were very positive. Eighty per cent or more agreed or agreed strongly that:

- The objectives of the training were clearly defined to me
- The topics covered were relevant to me
- The study days were helpful
- The time allocated to the programme was sufficient
- The RTP portfolio was organised and easy to follow

Between 70% and 80% agreed that:

- The content of the programme will be helpful in my work
- I spent a lot of my time on the RTP programme
- The placement was helpful in supporting me complete the clinical competencies

We also asked survey respondents about whether they thought the programme was good preparation for practice (figure 4). Over 80% agreed or strongly agreed that 'The programme has provided me with confidence in my clinical practice, it has refreshed my skills', and 70% agreed or strongly agreed that 'I have learnt clinical skills that are new to me'.

Survey respondents were asked what was most helpful about the RTP programme. Varied responses were provided, some people provided multiple responses which fall within the categories shown in figure 5.

- Thirty-three respondents (28%) mentioned the updating of their knowledge (refreshing old skills, learning new ones, knowledge of changes in the NHS and nursing).
- Thirty (26%) mentioned support (from staff and from peers).
- Eighteen (16%) mentioned the placement (and the supervision received).
- Fifteen (13%) mentioned the time spent in the university (study days, reflective practice).
- Twelve (10%) mentioned having time to develop confidence.

When asked if they would recommend the programme to others who were considering returning to nursing practice, 92% answered that they would.

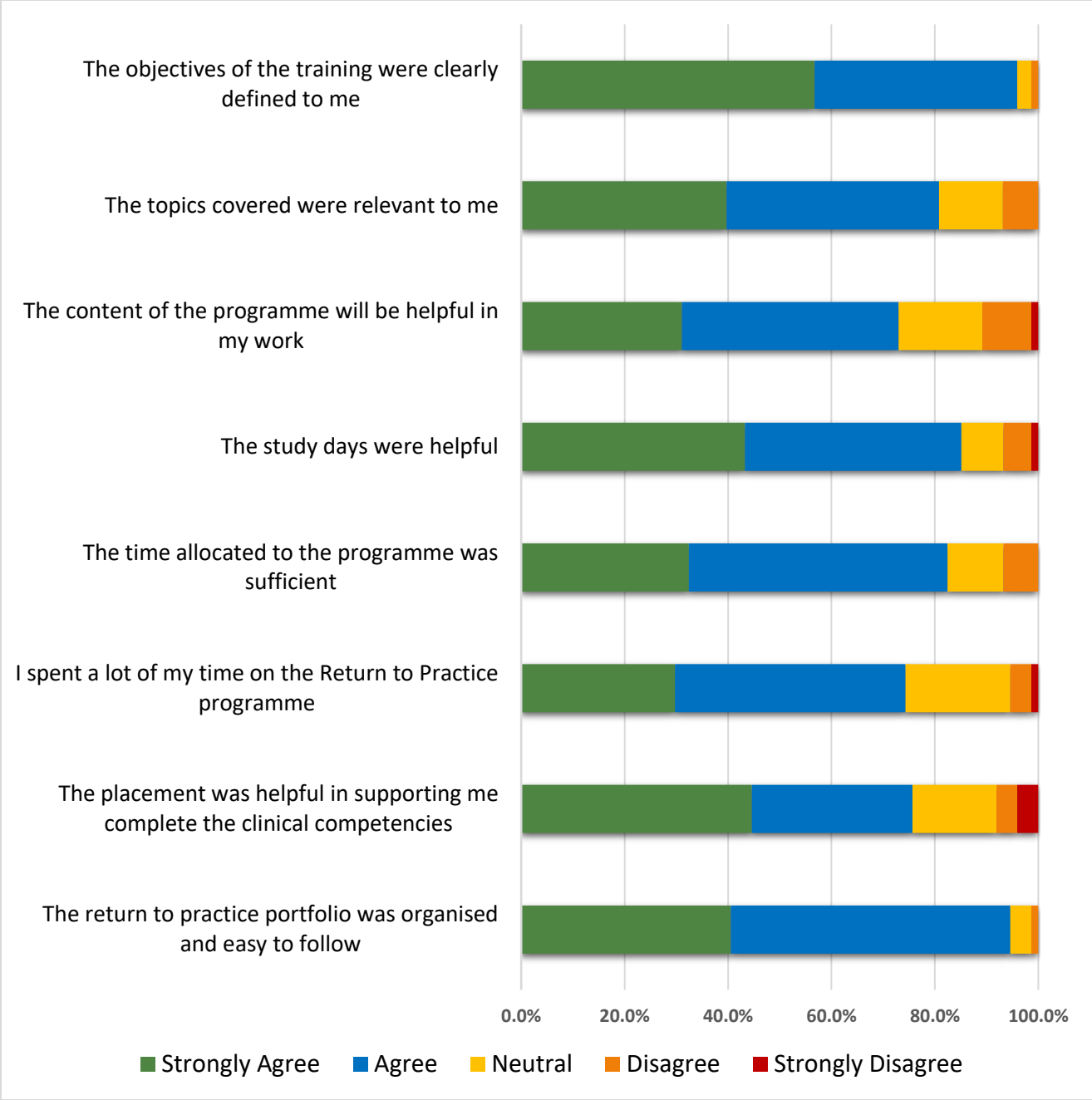


Figure 3. Responses to questions asked about the structure of the programme

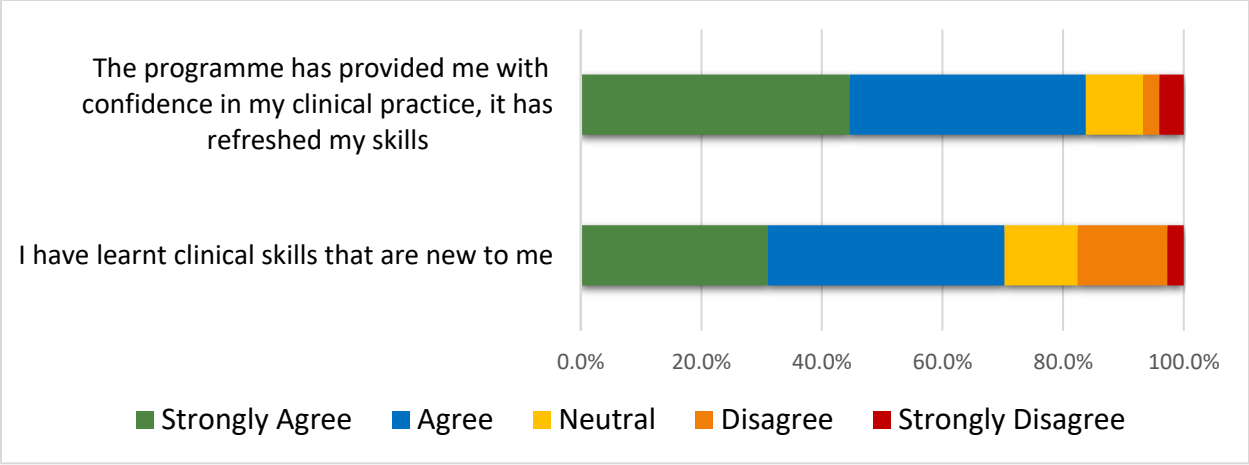


Figure 4. Responses to questions about preparation for practice

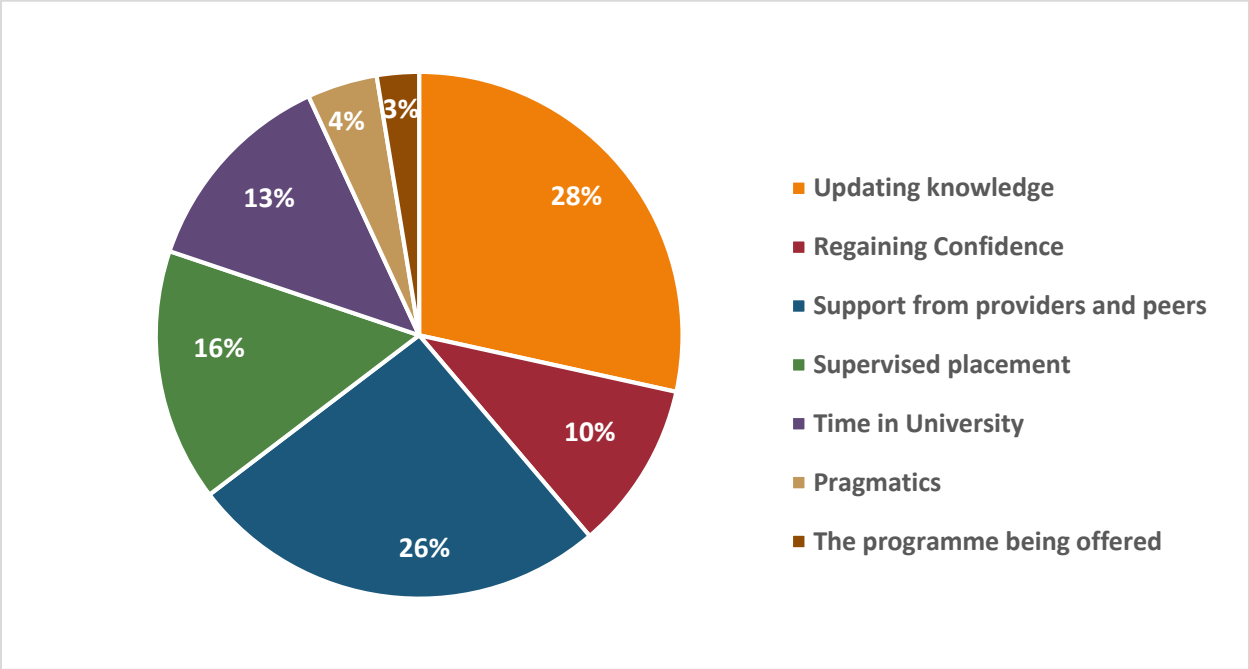


Figure 5. Pie chart showing what returnees found helpful on the programme

Most of the *interviewed returnees* spoke with enthusiasm about the RTP programme. They expressed satisfaction with the course, its content and the fact that it was 10 weeks long. Some mentioned the support they had received, and some mentioned that they found the RTP programme to be well organised. The programme had upskilled and updated returnees, using a relevant and engaging mix of clinical skills exercises, presentations and academic work.

“The programme was about bringing us up to speed with what is current. And they covered things like early warning signs, which didn’t exist in my time, they covered different ways that messages are communicated now in nursing, between nurses and doctors and other professionals... I can’t say that there was anything in the course that was not useful. The exercises we did in the class were good as well. Because we had to do presentations, and we had to look at research and give an opinion on them - that was very useful.” (Returnee 2)

Several participants said that the course exceeded their expectations.

“It was far better than I expected. Initially when I found out that I had to go to university in order to get back, I thought, ‘Oh!’ But then it was very good, and I haven’t got anything bad to say about it.” (Returnee 2)

“I didn’t expect it to be so comprehensive, I think I haven’t got anything negative to say about it at all ...” (Returnee 3)

The fact that they were financially supported was an important source of returnee satisfaction.

Some returnees would have liked more practical training on administering injections, record-keeping and assessment.

“Injection techniques would have been great, honestly. Because I just felt even though I learnt it God knows how many years ago, seven years ago, that that tracking system and just being able to practice on an orange or whatever, that would have helped...” (Returnee 5)

“Now, record keeping is so much more scrutinised. And I think maybe the emphasis could have been a bit bolder around there.” (Returnee 1)

“To say to us, in terms of assessing people now, in the hospital, we’re using this approach, or what approaches are being used... that would have been helpful.” (Returnee 2)

NHS staff interviewed laid emphasis on the programme's value in updating RTP students.

"Processes have changed, forms have changed, law has changed. So much has changed, medications have obviously changed, responsibilities have changed and obviously the Code of Conduct has changed. So... what I think Return to Practice does is, it brings you back into what's really happening right now". (Manager 1)

Mentors recognised their own role in such updating.

"... ensuring that they're up to date with evidence based practices." (Mentor 3)

It was also important that the programme helped returnees to develop confidence in their practice.

"I think it's more about giving people the experience, giving people the exposure, and building their confidence to actually become a registrant..." (Manager 1)

On the whole, the mentors thought that returnees' confidence had grown.

"We saw very unconfident, almost scared people, arriving and thinking 'I will never be able to do that'. And so in the first week they're completely shell shocked... But by the end of the period, then they are feeling ready to take on the challenge." (Mentor 1)

5.6 SUPPORT FOR RETURNEES

Three additional questions were asked about the support provided (see figure 6). Eighty percent or more of *survey respondents* thought that the tutors were knowledgeable and the mentors supportive. Fewer (less than sixty per cent) said that the programme was tailored to meet their individual needs.

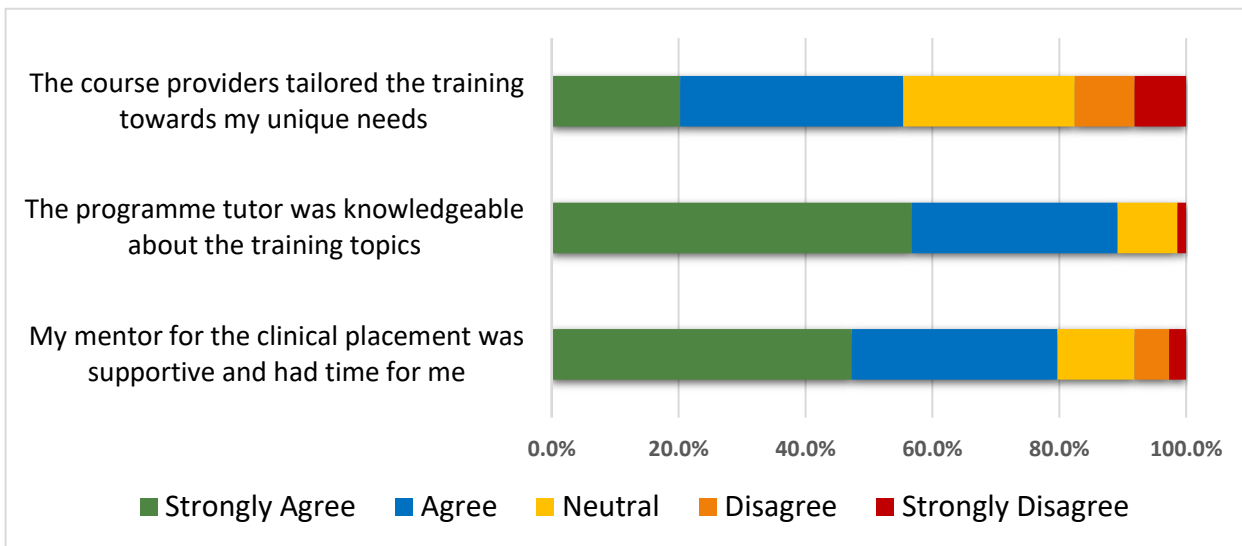


Figure 6. Responses to questions about the support provided

The main area of dissatisfaction captured in the survey was with placements: relevant data are presented in the section 3.8.

Returnees who were interviewed appreciated the teaching they had been offered.

“The tutors were just, they were marvellous ... They’re really, really enthusiastic.”

(Returnee 4)

When asked about what support was available to returnees, *NHS staff* identified a number of different sources of support at the University and in practice.

“From the programme they get the clinical, they get the academic support from the university, they have the documentation, the clinical skills they get that support. Then they go into practice, from us they’ll get support from the team, to support them during their progress, absolutely. And they will have a sign off mentor who will guide them through their practice.” (Manager 1)

5.7 CHALLENGES FOR RETURNEES

Survey respondents were also asked: ‘Were there any barriers/obstacles for you completing this programme?’ They could answer in their own words. Their replies are summarised in Fig. 7.

They can be grouped as follows:

- none (32, 40%);
- placement (29, 37%);
- multiple demands (work-study-life balance) (8, 10%);
- external factors (such as financial concerns and personal circumstances) (5, 6%);
- format/quality of course (3, 4%);
- studying (2, 3%)

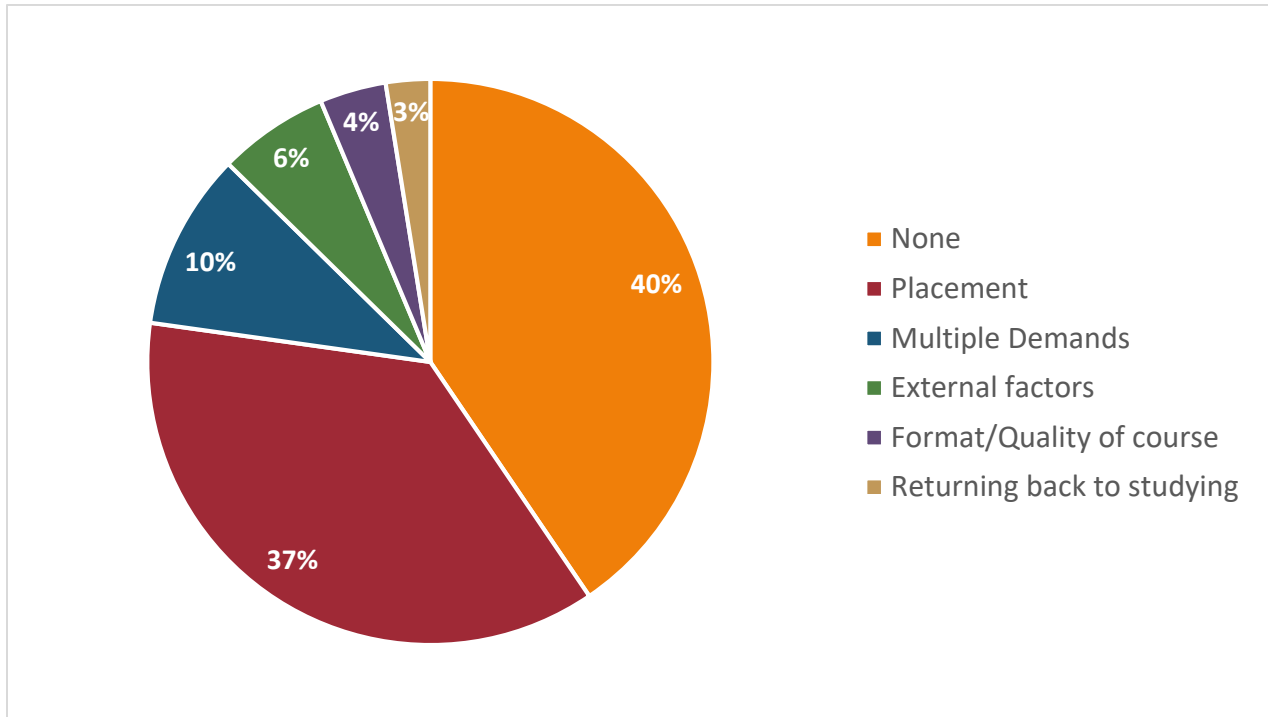


Fig 7. Pie chart showing areas of challenge for returnees

These results are amplified by data from *returnee interviews*. They reported that they had to be extremely organised to find enough time to meet their commitments to the programme, assignments, work and families.

“The only struggle I had I think was because I was still working here, and fitting in the placement, and the studying at City, and with home life as well - I would say that it was a little bit stressful.” (Returnee 4)

Prior to starting the programme, one participant told her partner and friends, “I’ll be back in six months!” While they often enjoyed the studying and were able to meet course requirements, they had to find extra study time: some booked time off work, some worked at weekends.

“For the essay, though, I actually took a week off work, because I couldn’t focus on an essay and work at the same. I just found it too hard.” (Returnee 7)

Some felt that there should be more support around the reflective essay, as it was something they had not done before, and because the course tutors appeared to give different advice.

“I think some of the tutors had very different ideas, which confused me a lot, actually. So I think that one shared philosophy of what a reflective essay is between all the lecturers would be really useful.” (Returnee 8)

5.8 PLACEMENTS

Twenty-nine *survey respondents* (37%) felt that their placement could have been improved. Ten people mentioned that delay in approval by the Disclosure and Barring Service (DBS) had delayed their going on placement. Eleven people felt that they did not receive enough support during placement and that there was a lack of understanding of their role. Three wanted more choice of placement and felt that their allocated placement area was unsuitable. Other dissatisfactions related to time needed to complete the skills, difficulties with getting competencies signed off, and remaining under-confident in some clinical skills.

Some of the *interviewed returnees*, though not all, expressed great satisfaction with their mentors, who worked closely with them, and were kind and supportive, experienced and knowledgeable (for example, up to date on the NMC codes and clinical skills).

“If you have a good mentor, which I did, they make the process of returning easier... [a] sister was my day to day mentor, and I worked alongside her and she showed me what the expectations were of a staff nurse... She was very knowledgeable, she knew what she was doing and she imparted a lot of that to me... It was very, very helpful for me. It made it a lot easier.” (Returnee 2)

“I couldn't have wished for a better mentor, I mean he was just incredible. And from day one he respected me as a Return to Practice nurse. (Returnee 8)

Other returnees were less pleased with their mentorship arrangements, typically because they had difficulties accessing their mentors' support. Some felt they were not allocated mentors soon enough, or that the mentor was too busy to meet them.

"I felt let down that I wasn't given a mentor straightaway. I had to wait two months to get a mentor and... then that mentor became sick... then I had to wait even longer for a sign-off mentor... And then when I did finally get my sign-off mentor she was going away on annual leave..." (Returnee 5)

"To be honest, the mentors... there wasn't that much support there, you know... I mean, they weren't holding your hands, not by any means." (Returnee 1)

It was also suggested that ward staff needed more clarity about what should be expected of returnees, and which tasks they were allowed to perform. Some participants felt they were being asked to take on responsibilities that they were not allowed to perform, which meant that they had had to be assertive in refusing, which could be stressful. Others emphasised that staff should understand that they were not student nurses but RTP practice nurses: returnees were sometimes treated merely as healthcare assistants and this could lead to their skills being under-developed.

When asked about mentoring, *NHS staff* tended to describe the system as it was meant to work.

"I think we met regularly for one, just about once or twice a week, you know. And when we had to do the care planning, each time after handover we would meet and sit down and talk and try and then write the care plan." (Mentor 2)

Mentor time was scheduled opportunistically in some cases (for example, when travelling to community settings).

"In our team, we do home visits, so we regularly have long car journeys with our students. So we would also support and speak to them whilst we're on our journey."
(Mentor 3)

Such availability could be a strain on mentors themselves, however.

“It is tiring, and because we go out on our own in cars to see people, if you’ve got a student you’re not actually alone for a minute the whole day, they’re there the whole time.” (Mentor 1)

Mentors and returnees should plan the learning together.

“To plan, to agree learning objectives for them for each period of time that they’re with us.” (Mentor 1)

Staff explained that mentoring RTP students required helping them to understand how practice had changed.

“just trying to help her just to understand the changes within NHS and the practice, the changes in practice.” (Mentor 2)

Mentors also spoke of the importance of offering a range of experiences.

“We want to give them a really wide range of experience, so we need to expose them to lots of different types of patients, illnesses and conditions.” (Mentor 1)

Some NHS staff expressed concern about finding suitable placements to meet the preferences of the trainees and the delays that can be incurred when placements are not available.

“We have to have vacancies where we place them... Sometimes the challenges are delays in putting them into post, finding a suitable place. That can be a challenge.” (Manager 2)

Another challenge was how to ensure that returnees were given a positive experience which strengthened their decision to return to practice. One way might be to try working in a new clinical area.

“You’ve got to be careful here that you don’t just reengage the negativity and remind people as to why they left in first place.” (Manager 1)

The need to develop staff understanding of the RTP nurse role among the wider team was highlighted, so that returnees were not expected to work as fully qualified members of staff (a temptation in a

climate of staff shortages).

“They are to all intents and purposes student nurses and the rules apply. They may well be registered, but the rules apply... People [need to] understand what Return to Practice nursing is, what it’s about, what they can and cannot do” (Manager 1)

“We have to make sure the teams appreciate the role of the student when they go into practice. So, if I put a Return to Practice nurse in a team that have never had a Return to Practice nurse before, I will always go down and discuss with that team to make sure they’re aware of the student, what they’re doing... They need an environment where the nurses are going to understand their role... It’s a difficult one, they are employed healthcare support workers, but they now need to learn their competencies.” (Manager 2)

Practice Experience Facilitators (PEFs) were seen as vital links between the University and the Trust and providing support by addressing student or mentor issues.

“Practice Education Facilitators (PEFs) are actually in practice supporting the mentor and students, and I have a very good working relationship with [the programme manager] at City University, so we communicate about student issues... We have guidance about dealing with issues as soon as they arrive.” (Manager 2)

Several challenges were identified by staff. Mentors mentioned the difficulty of finding time to support returnees, and the difficulties returnees found in working in new environments and studying again. Also, remuneration for returnees both during and after training was not generous, which might pose problems.

“I know that they do get paid but I think they got paid as a band four, so I think they would struggle if they are returning to practice. They’re usually mature students and so... They’ve got possible childcare etc. so they would need to be able to financially support themselves.” (Mentor 3)

5.9 SUGGESTIONS FOR IMPROVEMENTS TO RETURN TO PRACTICE

Survey respondents were asked ‘Can you suggest anything that would improve the RTP programme for yourself or generally?’ They could answer in their own words. The many improvements suggested by survey respondents are summarised in figure 8, and in the text below. They can be grouped as follows:

- Placement arrangements (38%)
- University component (24%)
- Practical support (finance and employment) (17%)
- None (15%)
- Better marketing/promotion (4%)
- Coordination (university and trust) (2%)

Their suggestions can be further categorised, as placements, university input, and other.

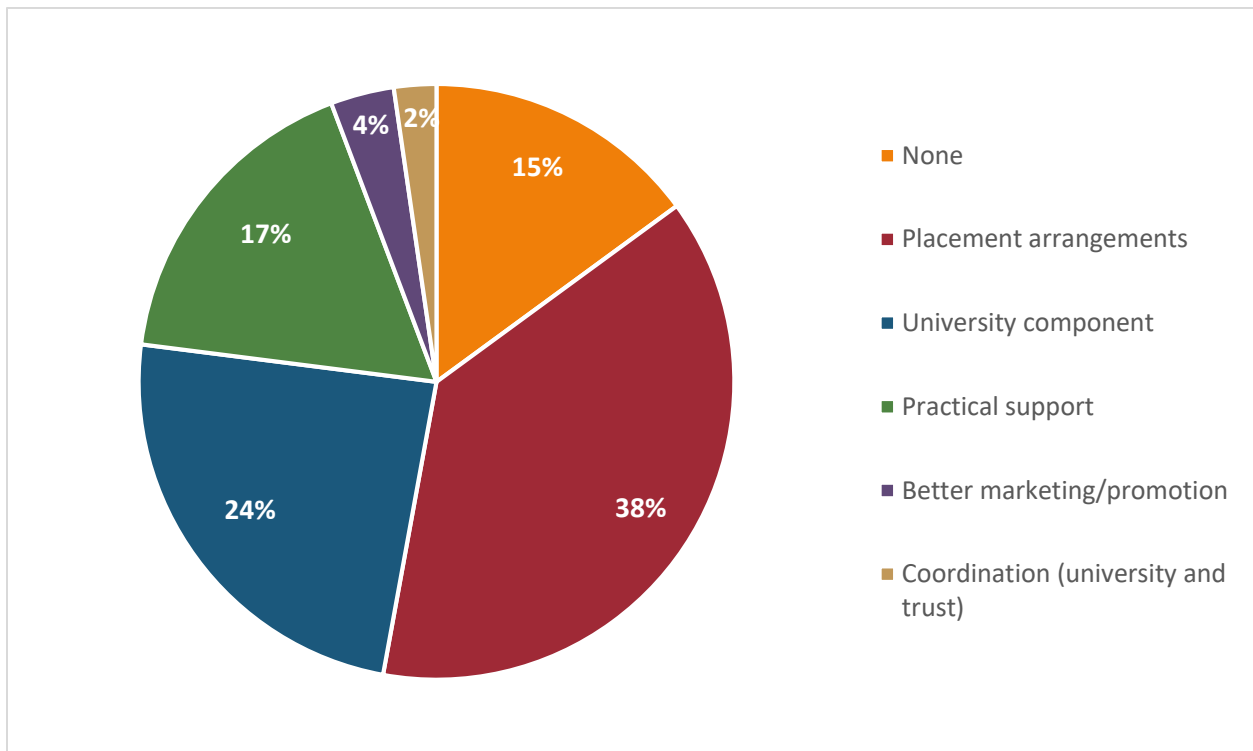


Figure 8. Pie chart showing suggested improvements for the RTP programme

Placements

Over a third of (28, 38%) suggested improvements in placement arrangements.

Placement support (N=14, 18%)

- More direct support and time from mentors would be valued. Contact with mentors was sometimes limited by shift patterns, so an increase in the number of mentors was suggested. It was also suggested in a returnee interview that more than one mentor might be allocated to each student.
- Participants wanted clinical staff to have a better understanding of what could be expected of RTP nurses, and in particular that they could not be treated as qualified, but were currently students.

Placement selection (N=10, 14%)

- Some wanted experience of a variety of placements.
- Others wanted placements in areas where they were already experienced.
- Placement provision appeared to be mainly in adult nursing rather than mental health, so a separate programme for the latter was suggested.
- Another suggestion was that students could look for their own placements, to avoid the problems experienced by some when the trusts organised them.

Placement delays (N=7, 9%)

- Pre-engagement checks should start earlier to help minimise delays (particularly DBS checks).

Interviewed returnees made suggestions congruent with those in the survey data. Like some survey respondents, some interviewees suggested that returnees should arrange their own placements, as these had sometimes been delayed. Others recommended that there should be more “sign-off mentors” available.

Some *NHS staff* who were interviewed suggested that it would be helpful to speed up pre-employment checks.

“...we sometimes have a bit of a time lag, from the time when the students start the programme and when we get them into practice. But we’re working to improve that. There’s been quite a long delay for a couple of students in the past.” (Manager 2)

Providing information in advance for mentors about the programme, the student and what was expected of the mentor would be advantageous.

“I think we need more information about what the programme is about. How to support them. And also the background of the student that we’re going to have.” (Mentor 2)

Supporting people who were already skilled and experienced was something of a challenge, and one mentor would have liked relevant training.

“We’re used to mentoring students that don’t have any experience. And actually we were working with some very, very skilful [RTP] nurses that had a lot of experience, some had more experience than I have had... So just having more training on how we would manage that.” (Mentor 3)

It was suggested that a rotation programme would be beneficial, so that returnees could broaden their experience and become more holistic practitioners.

“[Rotation] takes away, it blows out the cobwebs, it reenergises, refocuses you, it makes you a better nurse, I think.” (Manager 1)

“They should have different practice experience... With the community-based placement, they could have the ward experience as well, so they understand what the ward-based experience is and why we do the referrals to different specialities”. (Mentor 2)

University input

Nearly a quarter of *survey respondents* (18, 24%) felt that there could be improvements in the provision from the University.

Study days arrangements (N=13, 18%)

- Some wanted more study days so that they could keep up with the academic requirements of the programme.
- Simulated practice sessions would provide more practice of clinical skills before starting placement.
- Some wanted specific content (nursing theories; the physical health of people with mental health conditions; injection technique; record-keeping; assessment).

Private study days were also suggested in *returnee interviews* (perhaps one per week) so that RTP nurses could consolidate their learning. *NHS staff* agreed.

“I think sometimes they might need time to go away and do research, or to, to do some work. So if they were being overly stretched and stressed by the amount of academic work they had to do, then, then support with that would be helpful.” (Mentor 1)

Other

Some survey respondents also suggested:

- More support with finance and employment (N = 13, 17%) (more salary during the programme; more information about employment opportunities and contracts);
- Better coordination between the university and NELFT.
- Advertising the RTP programme more widely.

Some *NHS staff* also suggested that more should be done to raise awareness of the programme among potential applicants (open days, more advertising via the NMC or professional magazines).

“[If] they’ve been thinking, ‘Oh, I’d really like to go back to nursing’, I would think if there is a programme up and running, and it’s advertised, then that is likely to trigger them.” (Mentor 1)

5.10 What are your Career Aspirations in Nursing?

Survey respondents were asked ‘What are your career aspirations in nursing?’ They could answer as they chose.

The most common response was about progressing in their current role. Some referred to progressing to the next band, whilst others referred to gaining specialist knowledge in a clinical area. Others sought to maintain work-life balance, to work more flexibly, or to gain confidence in new or varied clinical areas. Some had hopes to gain qualifications (e.g. BSc, MSc), complete research projects, undertake the mentor training or become a nurse educator. Five respondents wanted to move into managerial posts. Six respondents were unsure what roles they would like to pursue. Finally, two did not want to continue their career in nursing.

Similarly, *returnees who were interviewed* felt that the programme would be a steppingstone to obtaining a Band 6 job, or beyond.

“I think it’s developed my skills to now take on a more of a senior role. To progress... It’s given me that confidence and that skill to move on, maybe.” (Returnee 1)

NHS staff could not speak of individual RTP nurse aspirations, but they did discuss some factors relating to career progression. The preceptorship programme was seen as an important support for re-registered as nurses, although the returnees did not always appreciate why they had to do it.

“We’re aware of preceptorship is really important to support nurses and to continue professional development.” (Manager 2)

“[We treat] those as newly qualified nurses and they have the opportunity to join our preceptorship programme, which is what we offer to newly qualified nurses.” (Mentor 3)

One area where support could be developed was to support returnees who had been relatively senior in the past and who now wanted to progress rapidly. It was suggested that there could be a leadership pathway on offer.

“I think that there needs to be perhaps a leadership pathway for them, because leadership 15 years ago is not leadership now.” (Manager 1)

5.10 BENEFITS OF THE RTP PROGRAMME TO NELFT

During the *NHS staff* interviews, various benefits of the RTP programme to the trust itself were mentioned. Staff welcomed the existence of structured RTP courses specifically tailored for nurses returning to practice.

“Because there is now a Return to Practice programme, people will find it easier to come back in to nursing. Before Return to Practice, what was there? How do you do it, how do you go about doing it? How would you do that?” (Manager 1)

The RTP programmes were viewed as an important means of expanding the current nursing workforce, given staff shortages, staff turnover, and the number of nurses leaving the profession.

“We’ll actually use it as a way of recruiting nurses into vacant posts. So, when we place these Return to Practice nurses they go to an area where there’s a vacancy and we ask Return to Practice nurses which area they would like to work in, be it mental health or adult... and we try to place them in that area. So really, it’s a way of increasing workforce, so that’s how we sell it really.” (Manager 2)

Training nurses with previous experience was an efficient way to meet workforce requirements.

“It’s easier to have a Return to Practice nurse that comes with some outdated skills, that they can update their skills rather than retraining somebody from scratch... They already have that experience of communication which is essential.” (Manager 1)

It was also pointed out that returnees have valuable experience, and if they share that experience, this has benefits for the wider clinical team.

“If you have an experienced person who has experience of nursing joining your team, that can only benefit the team. Although they might still be learning, they bring with them that wealth of experience and maturity.” (Manager 1)

It was hoped that returnees would share their life experience with their team, reflect on that experience and potentially act as a role model for younger members of clinical staff.

“Any student enriches any environment. They bring with them new ideas, their experiences, they see things from a different angle... It’s a two way transfer, it’s a two way learning process.” (Manager 2)

“To also educate us, as they are learning from university and from different training, so also teaching the nurses in the team... It would be great if they were able to further our knowledge as well.” (Mentor 3)

Nurses who had completed the programme would be equipped to support and mentor other returnees.

“They will understand, they’d have a better understanding of what it’s like to be a Return to Practice nurse and they will support that nurse in the appropriate process. The more of them there are, the easier the process.” (Manager 1)

6 DISCUSSION

This evaluation indicates that the programme was viewed by its students and other stakeholders as successful and fit for purpose. There was a high degree of consistency between the three data sets, which strengthens this judgement. It is striking how much of the feedback is positive, particularly as respondents and interviewees were not acquiescent and unreflective, as is shown by the large number of suggestions for improvement. These have informed the recommendations in the next section.

It is not surprising that the area of greatest dissatisfaction relates to practice placements, as the challenges of ensuring adequate mentorship to nursing students are familiar (including in RTP programmes: see Barriball et al, 2007). The particular issue faced by RTP students is that host teams may find it hard to see them as students, given their evident skills and experience. This may result in requests to undertake inappropriate tasks and a failure to recognise learning needs and how these could be met. Although NHS staff interviewed made it clear that they already recognise and act upon the need to inform staff teams, it is clear that their efforts are not completely successful.

As regards choice of placements, there are difficulties in pleasing both those who sought to reinforce their existing expertise and those who wished to sample a variety of clinical areas (a suggestion supported by some staff members). There is no final answer to the question of whether breadth or depth of experience is better. Also, it seems likely that multiple placements within ten weeks would be

likely to increase rather than reduce the difficulties of maximising mentor availability to students. There is merit in the suggestion that returnees could be given the chance to arrange their own placement, though this should not be compulsory and clear guidelines would need to be in place.

As regards the study days provided by CUL, there was evidence that some returnees find the re-entry into academic study daunting. This supports similar evidence from other RTP programmes (Abbott et al, 2012). Some returnees reported how challenging it had been to balance study, work and private life, and some asked for more time for personal study. Many RTP programmes already include flexibility about time scales and shifts to suit returnees' preferences, so it should be possible to accommodate this suggestion. There were also suggestions for revised content: nursing theory, injection techniques, record-keeping, assessment, simulated practice. As only small numbers made these suggestions, it would clearly be unwise for university lecturers to accommodate them without further information; but it would be worth considering the possibility of using a small proportion of the study days to accommodate the requests of each cohort. However, if these are varied, it may not be possible to do this. Variety of personal learning objectives may explain why only just over half of survey respondents agreed that 'the course providers tailored the training towards my unique needs' (Fig. 4). Other research has identified that health visitor returnees have a wide range of personal learning objectives, even in a more strictly defined clinical area (Abbott et al, 2012).

Some suggested that more publicity for RTP programmes should be undertaken, in order to increase the number of returnees. Given the benefits to trusts of this quick and cost-effective method of recruiting qualified staff, this is clearly a good suggestion, provided that funding is available to support larger numbers of students. In fact, wider publicity and an expansion of funded places have already taken place since data-gathering.

One mentor said that she would have appreciated training in how best to support returnees who were more experienced than herself. This is a useful idea, particularly for more inexperienced mentors, who may lack the confidence to admit the limitations to their own knowledge and skills.

A theme throughout all three data sets is the challenge of balancing work and personal demands, as many returnees have caring responsibilities. Barriball et al (2007) note the same theme emerging from their data, and suggest that returnees want flexible employment opportunities, a point echoed in our data.

There were several limitations to the study. This evaluation is of one RTP programme provided by one HEI, and the interviews reflect placements in one NHS trust. It therefore represents only a small proportion of RTP provision and experience. Also, though a survey response of 53% is relatively high for electronic surveys, it is nevertheless true that nearly half of those invited to take part did not do so. We have no means of knowing how non-respondents viewed the programme. There is also a potential for recollection bias, as some respondents had completed the course a number of years before.

7 RECOMMENDATIONS

In general:

- RTP programmes should be continued and if possible expanded. Wider advertising, ideally involving successful returnees, should continue to be used to attract more recruits, and funding for returnees should continue to be increased. NHS providers could consider improving staff retention by financially rewarding returnees whom they employ and who remain in practice for 12 months or more.

For HEIs:

- HEIs should offer support to enable RTP nurses to return to study and to achieve their academic objectives as smoothly as possible. This may include more clarity in setting assignments (e.g. what constitutes 'reflection'), responding to the individual learning needs of RTP nurses wherever possible, and allowing flexibility for students who need longer for private study.

For NHS trusts:

- Trusts should ensure that HR departments are willing and able to deal quickly with arrangements for employed RTP students. Processes for arranging placements should include realistic timetables for DBS checks to be carried out. Trusts should continue to offer support to returnees who wish to arrange their own placements.
- Trusts should make even greater efforts to ensure that front-line staff understand the position of RTP nursing students, what they can expect from them and what their responsibilities to them are.
- Recent RTP graduates should be encouraged and enabled to support future RTP students. As champions of the programme, they should support the Trust in clarifying to existing staff what RTP students need and can be permitted to do.

8 REFERENCES

- Abbott, S., Anto-Awuakye, S., Bryar, R., Trivedi, S. (2012) Returning to health visiting practice: completing the circle. *Community Practitioner*, 85, 9, 25-29.
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., ... & McHugh, M. D. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383, 9931, 1824-1830.
- Amin, M., Martin, S., Turney, N., Gregory, S., O'Donnell, A. (2010) Evaluation of a return to practice health visiting scheme. *Community Practitioner*, 83, 3, 25-8.
- Ball, J. E., Bruyneel, L., Aiken, L. H., Sermeus, W., Sloane, D. M., Rafferty, A. M., ... & RN4Cast Consortium. (2018). Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *International Journal of Nursing Studies*, 78, 10-15.
- Barriball, K., Coopamah, V., Roberts, J., Watts, S. (2007) Evaluation of return to practice: the views of nurse returnees from three NHS Hospital Trusts. *Journal of Nursing Management*, 15, 4, 433-451.
- Berwick, D. (2013). A promise to learn – a commitment to act: Improving the safety of patients in England. Department of Health. London: Crown Copyright. Available at: <https://www.gov.uk/government/publications/berwick-review-into-patient-safety> (accessed 29.04.19)
- Department of Health and Social Care (2017) Health Secretary announces nursing workforce reforms. Available at: <https://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms> [accessed 03.04.19]
- Dolton, P., Nguyen, D., Castellanos, M., & Rolfe, H. (2018). Brexit and the Health & Social Care Workforce in the UK. *Report to the Cavendish Coalition, NIESR (forthcoming)*. Available at: <https://www.nhsemployers.org/-/media/Employers/Documents/Cavendish-Coalition/NIESR-Report-Brexit-Health-and-Social-Care-Workforce.pdf?la=en&hash=5A65C9F729C9CED9E55FA42E9B9A1D92F4441EF0> (accessed 17.04.19)
- Financial Times (2018) Britain Faces nursing shortfall as EU recruits stay away Available at: <https://www.ft.com/content/f0c23fdc-ce18-11e8-9fe5-24ad351828ab> (accessed 17.04.19)
- Francis Report (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Available at: <https://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/> (accessed 29.04.15)
- Gilpin, S (2014) Investment in return to practice courses could solve nurse shortage, *Nursing Standard*, 28, 25, 14-15.
- Glasper, A (2014) Encouraging lapsed registrants to return to nursing practice, *British Journal of Nursing*, 23, 12, Available at: <https://doi/pdf/10.12968/bjon.2014.23.12.668>
- Gould, D. Return-to-practice initiatives in nursing retention. *Nursing Standard*, 19, 46, 41-6.

Griffiths, P., Ball, J., Murrells, T., Jones, S., & Rafferty, A. M. (2016). Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study. *BMJ Open*, 6, e008751.

Griffiths, P., Maruotti, A., Saucedo, A. R., Redfern, O. C., Ball, J. E., Briggs, J., ... & Smith, G. B. (2018). Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study. *BMJ Quality and Safety*, bmjqs-2018. Available at <https://doi/pdf/10.1136/bmjqs-2018-008043>

HEE (Health Education England) (2014) Nursing Return to Practice, Review of the current landscape. Leeds: Health Education England.

IBM Corp. Released (2017). IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.

Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S., & Wilt, T. J. (2007). The association of registered nurse staffing levels and patient outcomes: systematic review and meta-analysis. *Medical Care*, 45, 12, 1195-1204.

NHSI (NHS Improvement) (2018) Quarterly performance of the NHS provider sector. Quarter 1 2018/9. Available at: <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-1-201819/> (Accessed 01.05.19)

NICE (National Institute for Clinical Excellence) (2014) safe staffing for nursing in adult inpatient wards in acute hospitals. Safe staffing guideline 1. London: NICE. Available at: <https://www.nice.org.uk/Guidance/SG1> (Accessed 03.05.19)

NMC (Nursing and Midwifery Council) (2018a) Standards for return to practice programmes. Draft. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/consultations/return-to-practice/draft-standards-for-return-to-practice-programmes.pdf> (Accessed 29.04.19)

NMC (Nursing and Midwifery Council) (2018) Approved programmes, online. Available at: <https://www.nmc.org.uk/education/approved-programmes/> (Accessed 17.04.19)

NMC (Nursing and Midwifery Council) (2019) Return to practice consultation. Available at: <https://www.nmc.org.uk/about-us/consultations/past-consultations/2018-consultations/rtp-consultation/> (Accessed 20.04.19)

NQB (National Quality Board) (2013) How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf> (Accessed 17.04.19)

NQB (National Quality Board) (2016) Supporting NHS providers to deliver the right staff, the right skills, in the right place at the right time. Safe sustainable and productive staffing. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf> (Accessed 17.04.19)

Plimmer, G. (2018) Britain faces nursing shortfall as EU recruits stay away. Financial Times online. Available at: <https://www.ft.com/content/f0c23fdc-ce18-11e8-9fe5-24ad351828ab>. (Accessed 17.04.19)

RCN (Royal College of Nursing) (2014) Royal College of Nursing response to Migration Advisory Committee call for evidence: Partial review of the shortage occupation lists for the UK and Scotland. London: Royal College of Nursing.

RCN (Royal College of Nursing) (2018) Removing the student nurse bursary has been a disaster. Available at: <https://www.rcn.org.uk/news-and-events/news/removing-the-student-nurse-bursary-has-been-a-disaster> (Accessed 17.04.19)

Ritchie, J., & Spencer, L. (1993). The Analysis of Qualitative Data: An approach to analysis for applied social policy research. In: Bryman, A. and Burgess, R. *Analyzing qualitative data*, pp.173-194. London: Routledge.

Twigg, D., Duffield, C., Thompson, P. L., & Rapley, P. (2010). The impact of nurses on patient morbidity and mortality—the need for a policy change in response to the nursing shortage. *Australian Health Review*, 34, 3, 312-316.

Wilson, J. (2018) NHS increasingly desperate for nurses and midwives as applications continue to fall. Telegraph online. Available at: <https://www.telegraph.co.uk/news/2018/07/27/nhs-increasingly-desperate-nurses-midwives-applications-continue/> (accessed 17.04.19)

9 APPENDICES

9.1 SURVEY FOR RETURNEES

Return to Practice Questionnaire



Thank you for agreeing to take part in this study. We will ask you some questions about your experiences of the Return to Practice Programme. Before that there are a few questions, some of these are about you.

We would like you to answer all of the questions if possible but you can take a break between questions if you wish.

Introduction

1. I have read the study information sheet

Yes No

2. I understand the research and I am willing to participate knowing that the data I provide may be used as part of a wider research about experiences of Returning to Practice as described in the patient information sheet

Yes No

3. I agree to take part in this study

Yes No

Demographics

Please fill out some information about yourself. This information will remain anonymous

4. Age _____

5. Male Female

- 6. Ethnic Background:**
- | | | | |
|-----------------|--------------------------|------------------------|--------------------------|
| Indian | <input type="checkbox"/> | Black – Caribbean | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Black – other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Mixed race | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | White - UK or Irish | <input type="checkbox"/> |
| Asian – other | <input type="checkbox"/> | White - other European | <input type="checkbox"/> |
| Black – African | <input type="checkbox"/> | White – other | <input type="checkbox"/> |

- 7. Nursing Field:**
- Mental Health
- Adult
- Other _____

- 8. Return to Practice Programme Provider :** City University London

- 9. What NHS Trust are you working with?** _____

- 10. Education:**
- | | |
|---------------------------|--------------------------|
| Doctorate/PhD | <input type="checkbox"/> |
| Masters | <input type="checkbox"/> |
| Postgraduate Diploma/Cert | <input type="checkbox"/> |
| Degree | <input type="checkbox"/> |
| Diploma or similar | <input type="checkbox"/> |

- 11. Length of time working as a nurse prior to leaving the profession:**

Less than 1 year 1-3 years 4-6 years 7-9 years 10+ years

- 12. Length of time away from the profession:**

1-3 years 4-6 years 7-9 years 10+ years

13. Reason for leaving:

- Family commitments
- Change of Career
- Illness
- Further Education
- Other

Please provide further details if you wish.

14. What was your role when you left the profession?

15. What motivated you to return back to practice?

16. Did you see any of the 'Come Back to Nursing' campaigns?

Yes No

17. Did you speak to the programme providers before registering on the programme?

Yes No

If so how helpful was it?

Very Helpful Helpful/Neutral Unhelpful Very Unhelpful

Questions about the Return to Practice/Return to Nursing programme:

Instructions: Please indicate your level of agreement with the statements below

18. The objectives of the training were clearly defined to me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

19. The topics covered were relevant to me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

20. The return to practice portfolio was organised and easy to follow.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

21. The study days were helpful.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

22. The content of the programme will be helpful in my work.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

23. The course providers tailored the training towards my unique needs.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

24. The programme tutor was knowledgeable about the training topics.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

25. The time allocated to the programme was sufficient.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

26. The placement was helpful in supporting me complete the clinical competencies.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

27. My mentor for the clinical placement was supportive and had time for me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

28. I spent a lot of my time on the Return to Practice programme.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

29. The return to practice programme has provided me with confidence in my clinical practice, *has refreshed my skills.*

Strongly
Agree

Agree

Neutral

Disagree

Strongly
Disagree

30. I have learnt clinical skills that are new to me.

Strongly
Agree

Agree

Neutral

Disagree

Strongly
Disagree

31. What was most helpful about the training programme?

32. Were there any barriers/obstacles for you completing this programme?

33. Can you suggest anything that would improve the return to practice for yourself or more generally?

34. Would you recommend the programme to others who may be considering returning to nursing?

Yes

No

35. What are your career aspirations in nursing?

36. If you have any other comments please share them below:

9.2 SEMI-STRUCTURED INTERVIEW SCHEDULE: RETURNEES

Returnees Interview Schedule

We are carrying out an evaluation of the North East London NHS Foundation Trust Return to Practice programme. We would like to talk to you about your views and experiences of returning to practice.

There are no right or wrong answers. We are interested in your expectations/ experiences and to hear what you have to say.

1. Can you tell me what led you to leave the nursing profession?

Was there a situation/incident that precipitated you leaving the profession?

How long ago was this? For how long has it been that you have been away from the profession?

What was your role at the time?

What factors led to you making this decision?

Did you speak to anyone about this decision?

Would anything have changed your decision to leave the profession?

2. Can you tell me what motivated you to return to practice?

How do you feel about that?

Why did you decide to return back to practice now?

Had you thought about it previously?

3. What informed your choice to register on this return to practice programme?

Did you see any advertisements?

What factors were important in helping you choose the return to practice programme?

Did you see any of the campaigns such as the 'Come back to nursing' campaign?

What did you think of these campaigns?

Did you speak to the programme providers to discuss your return to practice?

4. How do you feel about returning back to working as a nurse?

How you see your future working in this field?

How do you feel about the NHS Trust that you work for?

Did you have any concerns about returning back to the profession?

5. Do you feel you have any areas of weakness in clinical skills?

Do you feel competent to carry out the role of a nurse?

Do you feel you know what your job role includes?

Do you feel able to carry out your job tasks well?

6. Can you tell me about the content of the return to practice programme?

What is the purpose of the return to practice programme?

What does returning back to practice mean to you?

7. Was your experience of the return to practice programme as you expected?

What did you hope to learn? What support did you expect to receive?

What did you enjoy about the programme?

*What were the positive aspects of the programme?
What were the negative aspects of the programme?*

8. Can you tell me a little bit about your relationship with your mentor?

What do you expect from a mentor?

What contributions do you think mentors should add to the process?

What do you hope to have achieved from the return to practice programme? How often did you meet your mentor?

What did you think about the performance and support provided by your mentor?

Was the right amount of support available to you?

9. Have you completed the Trust's Return to Practice competencies?

How much time do you think you spent on each of the competencies?

Was this longer / shorter than the anticipated time given to the portfolio?

Are there any particular areas that you'd like more support with?

10. How much of your own time did you spend studying on the return to practice programme?

Can you tell me more about how you managed your time to fit in the return to practice programme?

How much time did you spend outside working hours reading / locating information for the portfolio?

11. What factors have facilitated your return to practice?

Did you have any support from team members? Or the wider environment?

12. Were there any barriers to your return to practice?

Is there anything that posed a challenge in completing the programme?

13. What impact do you think the return to practice programme will have on your professional development?

How has the programme affected your knowledge, skills and practice?

Do you feel there are any missing elements? Are there aspects of your job that you'd like to know better?

Has the programme contributed to developing other skills? I.e. confidence?

What are your career aspirations now?

14. Was there anything else that you feel you need in the return to practice programme?

Do you think the programme was a good length of time? Would a longer programme be better?

15. Can you suggest anything that would improve the return to practice for yourself or more generally?

Anything that can be done differently or a new approach to doing things?

Can you tell me more about that idea? How would that improve things?

16. Is there anything else you would like to say that we have not covered?

Is there anything that we haven't asked you that you think we should have?

OK, that's the end of the interview. Thank you very much for your time.

9.3 Semi-Structured Interview Schedule – Mentors

Mentors Interview Schedule

We are carrying out an evaluation of the North East London NHS Foundation Trust Return to Practice programme. We would like to talk to you about your views and experiences of the return to practice programme.

There are no right or wrong answers. We are interested in your expectations/ experiences and to hear what you have to say.

- 1. How would you describe return to practice to a colleague?**
What is the purpose of return to practice programmes?
What does supporting a student through the programme mean to you?
- 2. Why do you think that nurses leave the workforce/let their registration lapse?**
- 3. What do you think motivates nurses to return to the profession?**
- 4. What are your expectations of nurses returning back to practice?**
What do you think they need from the programme?
What do you expect from a returnee?
What contributions do you think returnees should add to the process?
What do you hope will be achieved from the return to practice programme?
- 5. What do you feel is needed in your role to support a student on the RTP programme?**
Are there any areas that you need support and/or training?
What is your understanding of the mentor role in this case?
How often did you meet the returnee?
Are you still in contact with the returnee?
Did you have more than one returnee or student you are mentoring?
Can you tell me more about how you managed your time to fit in the returnee?
For instance, how much time did you spend outside working hours reading/locating information for the returnee?
- 6. Did the returnee complete the Trust's return to practice competencies?**
How much time do you think the returnee spent on each of the competencies?
Was this longer / shorter than the anticipated time given in the portfolio handbook?
Do you think that return to practice has been useful and/or effective for the returnee (e.g. increased confidence/clinical expertise)?
- 7. Do you feel the returnee still has particular areas of weakness in clinical skills now?**
Do you feel the returnee is competent to carry out the role of a qualified nurse now?
Do you feel the returnee knows what their job role includes?
Do you feel the returnee is able to carry out the job tasks well?

- 8. What factors facilitate return to practice?**
Is there anything that supports students on the return to practice programme?
Is there anything that supports you in supporting students on the return to practice programme?
- 9. What were the barriers to returning to practice?**
Is there anything that is a challenge for students completing the return to practice programme?
Is there anything that is a challenge for you in supporting students on the return to practice programme?
- 10. What do you feel returnees need now to support their career?**
Do you think the programme was for a good length of time?
Would a shorter or longer period be better?
- 11. What impact, if any, has being a mentor for the return to practice programme had on your own professional development?**
Did the return to practice competencies facilitate your professional development?
How has it affected your knowledge, skills and practice?
Are there aspects of your job that you now know better?
- 12. Did you receive any training and/or advice as a mentor to return to practice students?**
If yes, was this sufficient?
Do you have any comments or suggestions for the provision of mentor training? E.g. should there be standardised training available?
- 13. Can you suggest anything that would improve the return to practice for yourself or more generally?**
Anything that can be done differently or a new approach to doing things?
Can you tell me more about that idea? How would that improve things?
- 14. Is there anything else you would like to say that we have not covered?**
Is there anything that we haven't asked you that you think we should have?

OK, that's the end of the interview. Thank you very much for your time.

9.4 SEMI-STRUCTURED INTERVIEWS – SENIOR MANAGERS

Senior Managers Schedule

We are carrying out an evaluation of the North East London NHS Foundation Trust Return to Practice programme. We would like to talk to you about your views and experiences of supervising students who are returning to practice.

There are no right or wrong answers. We are interested in your expectations/ experiences and to hear what you have to say.

1. How would you describe return to practice to a colleague?

What is the purpose of return to practice programmes?

What are the main learning requirements of the return to practice programme?

What does supporting a student through the programme mean to you?

2. Why is it important to support nurses back into the nursing workforce now?

Can you refer to anything that has initiated the commissioning or return to practice programmes?

Can you tell me more about these initiatives?

3. Why do you think that nurses leave the workforce/let their registration lapse?

4. What do you think motivates nurses to return to the profession?

Is there anything else that can be done to motivate nurses back into the profession?

5. What are your expectations of nurses returning back to practice?

What do you think they need from the programme?

What do you expect from a returnee?

What contributions do you think returnees should add to the process?

What do you hope will be achieved from the return to practice programme?

6. What factors facilitate nurses returning to practice?

Is there anything that supports students on the return to practice programme?

Is there anything that supports you in supporting students on the return to practice programme?

7. What were the barriers to returning to practice?

Is there anything that is a challenge for students completing the return to practice programme?

Is there anything that is a challenge for you in supporting students on the return to practice programme?

8. What do you feel returnees need nowadays to support their career?

Do you think the programme was for a good length of time?

Would a shorter or longer period be better?

9. Can you suggest anything that would improve the return to practice programme for yourself or more generally?

Anything that can be done differently or a new approach to doing things?

Can you tell me more about that idea? How would that improve things?

- 10. Is there anything else you would like to say that we have not covered?**
Is there anything that we haven't asked you that you think we should have?

OK, that's the end of the interview. Thank you very much for your time.