

**Managing workplace challenges  
for good staff wellbeing:**  
IAPT Staff Wellbeing Discussion Document

Joint IAPT Staff Wellbeing Strategy Project  
April 2022

The Joint IAPT Staff Wellbeing Strategy Project is a short-term initiative running through 2021-2022 and funded by NHS England. It has been initiated and is facilitated by the four IAPT services based in the Thames Valley (Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes), to develop a Model Staff Wellbeing Strategy for NHS IAPT services.

## Introduction

1. This discussion document summarises a range of recent academic literature, organisational policies, frameworks, think pieces and media commentary about several issues relating to 'managing' in the workplace that are of particular relevance to IAPT services. It has been created to introduce a number of relevant and up to date themes, and inform the ongoing work, of the Thames Valley-wide NHS Joint IAPT Staff Wellbeing Strategy Project. It is part of an emerging suite of discussion documents prepared as 'primers' for the project.
2. The purpose of this summary is to bring to the fore a range of topics and potential interventions relevant to managing the workplace and staff wellbeing. It is not intended to be a literature review. Although the themes captured below are dominant in the material reviewed, it remains to be considered which are most relevant to investigate further in the context of staff wellbeing in IAPT (Improving Access to Psychological Therapies) services and identify any gaps. In this light it is not intended to be comprehensive and, to that end, is a conversation starter. Some of the literature referenced below relates directly to the National Health Service (NHS) in England or other healthcare settings, and some is about the workplace in general, both in the UK context and internationally.
3. It considers three key issues linked to staff wellbeing, the day-to-day management of IAPT services and around which staff in leadership, operational and line-management positions have a key role in addressing. They are:
  - Improving staff retention
  - Reducing staff sickness absence
  - Managing workload
4. These issues have been identified as currently of concern within some IAPT services, and that can be an indicator, or causal factor, of poor staff wellbeing. Some services are experiencing an increase in unplanned departures of staff to other NHS services or leaving the NHS entirely; some may have seen a marked increase in staff sickness absence (including and as well as the COVID-19 impact); and some are facing the challenge of managing a growing workload and increased patient complexity. If not managed effectively, these factors may become a cause or effect of poor staff wellbeing and, where not proactively addressed, might negatively impact on service sustainability.
5. For The Health Foundation 'good management' is at the heart of well-led healthcare organisations and is 'pivotal' in *"improving the way services are delivered"*<sup>1</sup>. In 2022, they particularly amplified the important role of managers in the NHS, highlighting how:

*"many of the best performing provider organisations in England have focused on developing an inclusive and respectful culture and promoting good communication across the workforce...leaders and managers of these organisations are often skilled in...ensuring that change is shaped and owned by front-line teams, rather than imposed from above and driven by a handful of senior figures"*<sup>2</sup>.

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<sup>1</sup> Health Foundation website. (2022) [Strengthening NHS leadership and management](#). The Health Foundation

<sup>2</sup> Health Foundation website. (2022) [Strengthening NHS leadership and management](#). The Health Foundation

6. Overall, this summary has identified the following themes associated with managing the workplace, in a way that supports good staff wellbeing:
- Staff retention can be strongly influenced by worker engagement and job satisfaction
  - Knowing why people leave a role, and why they stay, are vital to creating a workable strategy for retaining people
  - Organisational leadership style, and workplace culture – including civility and collaborative decision-making - has a bearing on retention success
  - A psychological safety culture can reduce turnover
  - Financial rewards are not always, or solely, a determinant of turnover
  - Autonomy or worker control can be a factor in reducing sickness absence
  - Presenteeism can be a precursor of long-term sickness absence
  - Competence, role clarity and workplace support can help staff manage growing workloads and even thrive
  - Autonomy can be a protective factor against burnout in the face of heavy workloads
  - Peer and manager support is crucial in alleviating factors leading to burnout from roles with greater 'emotional labour' such as those within mental health services

### **Staff Wellbeing and Worker Retention**

7. Although it cannot be assumed that all voluntary departures from a particular role or organisation are driven by workplace wellbeing factors, staff retention can be linked to wellbeing in the workplace in a number of ways. The choices staff make about remaining in, or leaving, a role or employer can be one indicator of the current state of staff wellbeing. Retention and wellbeing become linked by factors such as 'work engagement' - sometimes associated with levels of motivation, challenge and autonomy or control, and 'job satisfaction' - that can drive feelings of motivation, challenge, and give rise to staff autonomy and control. These two factors are particularly associated in the literature with worker retention.
8. Although recognition and rewards may also be a factor in influencing staff retention, some evidence shows pay is not always the key reward factor. Non-remunerated means of conveying individual staff recognition may prove, in some cases, to be even more successful in improving retention than pay increases.
9. The commentary below variously considers the following factors that can support staff retention:
- Relational leadership
  - Supportive management
  - Recruiting to retain
  - Rewards and recognition
  - Civility
  - Work engagement and job satisfaction

#### *Staff retention challenges*

10. Preventing unwanted and unnecessary staff departures is a challenge for many organisations. Finding the right staff can be costly and time consuming. So, when organisations lose people to other organisations, sometimes after a large investment of training and development, they may grapple with, what feels like, the conundrum of building loyalty and commitment, whilst

enabling staff members to remain motivated and dedicated. A cross-sectoral survey in 2021, from Investors in People, found 86% of businesses thought ‘recruiting the right calibre staff was a challenge, and 80% reported retention as a challenge’<sup>3</sup>.

11. This is also a noticeable challenge in the NHS, including IAPT services. Losing staff to other IAPT services and sometimes to organisations outside of the NHS, while potentially beneficial to the former staff member, can be an unnecessary financial cost to the NHS. It is also time-consuming to manage and may result in a temporary or more long-standing workload pressure on remaining staff. Some IAPT services can feel this keenly because the supply and demand of qualified clinical staff across the country is finely balanced. Although others can successfully develop strategies to stabilise or reduce staff attrition. For example, the Westminster Talking Therapies IAPT Service has been showcased by NHS England as an exemplar IAPT service for staff retention. They were shown as having 45% of their team working at the service for over four years. They put their retention success down to a range of factors, including: ‘learning from staff feedback, robust staff appraisal, staff support through supervision, listening to staff needs via multiple platforms, flexible working, and clear shared values’<sup>4</sup>.

12. Nevertheless, writing in 2016, in the Journal of Social Sciences, Kossivi et al. said: *“the toughest challenge that organisations encounter nowadays is not only how to manage [staff but] also how to keep them on the job as long as possible and how to maintain them vigorous and ambitious”*<sup>5</sup>. This sentiment was also reflected by the Local Government Association that recently advised the adult social care workforce that: *“ongoing workforce pressures have meant that...employers and providers have needed to adopt a range of strategies to help retain and support their workforce. Never has this been more evident than in the past year when faced with an extremely difficulty and uncertain financial environment and dealing with the devastating impact of the COVID-19 pandemic”*<sup>6</sup>. Yet, paying attention to staff retention, understanding the drivers of recruitment, retention and attrition, has long term operational and financial benefits. The Health Foundation commented in 2019 that NHS staff retention *“offers the promise of faster and cheaper methods of reducing staff shortfalls than training or recruiting new staff”*<sup>7</sup>.

#### *Understanding and monitoring staff retention*

13. Before being able to improve staff retention, it is necessary to analyse, understand and reflect on the factors that may lead staff members to leave their job. This involves collecting and analysing available data, such as relating to extent and frequency with which staff arrive and depart, who they are, what known factors leads to their decision to leave and, importantly, what makes them stay. As NHS Employers advised in 2022: *“workforce data should be at the centre of an effective retention strategy...understanding the profile of your workforce will help you to assess the risk points and ensure that retention issues affecting particular groups are addressed”*<sup>8</sup>.

14. The Chartered Institute of Personnel and Development (CIPD) has highlighted how there are both ‘push and pull’ factors leading people to leave their current employment. They have

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<sup>3</sup> Investors in People website. (2022) [How to attract, engage and retain the best talent in 2022](#). Investors in People

<sup>4</sup> NHS England website. [Staff retention at Westminster Talking Therapies service](#). NHS England

<sup>5</sup> Kossivi et al. (2016) [Study on determining factors of employee retention](#). Journal of Social Sciences

<sup>6</sup> LGA website. [Top tips for retention – A briefing for adult social care providers](#). Local Government Association

<sup>7</sup> Buchan, J et al., (2019) [A critical moment: NHS staffing trends, retention and attrition](#). The Health Foundation

<sup>8</sup> NHS Employers website. (2022) [Improving Staff Retention](#). NHS Employers

advocated gaining an understanding of why staff choose to leave roles, as a basis for developing interventions to “*reduce turnover and increase employee retention*”<sup>9</sup>. They advised not only monitoring the total number of leavers over a set period, but also paying special attention to ‘voluntary turnover’ which they describe as ‘unplanned and unpredictable’ resignations. The CIPD also pointed to the value of creating a ‘stability index’, that tracks the number of staff with over 1 years’ service, as a proportion to the number of staff in post<sup>10</sup>.

They highlighted two initial steps in developing a retention strategy which are:

1. finding out why employees are leaving, and
2. finding out who is leaving, identifying any patterns and trends by team or role type etc<sup>11</sup>.

15. Conversely Christeen George, writing in *Employee Relations* in 2015, argued that employers should focus more on understanding what makes employees stay in a role, pointing to literature that suggests intention to stay (i.e. retention) is not simply the reverse of turnover<sup>12</sup>. Arguably it is valuable to take a step back to understand the range of push and pull factors relating to retention, as a basis of developing an employee retention strategy. This is unlikely to be a one-off endeavour but something that should be actively reviewed and revisited at regular intervals. Indeed, in a systematic review of literature on NHS worker satisfaction and retention in 2020, Bimpong et al. highlighted: “A ‘one size fits all’ approach to improve retention and job satisfaction is clearly unlikely to be successful – a more targeted approach reinforced by use of data, is there, to be recommended”<sup>13</sup>.

#### *Leadership impact on staff retention*

16. Many aspects of recruitment and retention are rendered technical management activities, such as selection, onboarding and induction, appraisal and review processes. Although, in its 2022 guide to improving staff retention, NHS Employers emphasised the leadership-related aspects of retention. They set out how “*staff retention should be led through an inspiring, forward-looking, and ambitious vision focused on offering high-quality, compassionate care. Good leaders reiterate this at every level to ensure that everyone understands and acts on this commitment*”<sup>14</sup>. This suggests that retaining, or indeed losing staff, doesn’t happen by chance - nor is it incidental to the business of managing and leading – can be part of and directly related to effective leadership and organisational culture.
17. A systematic review from the UK, published in 2021, focused on the retention of nurses in healthcare organisations. Marufu et al., showed that nine broad issues dominated the literature on retention: ‘leadership and management, career advancement, work environment, staffing levels, professional issues, support at work, personal influences, demographic influences, and financial remuneration’<sup>15</sup>. Quoting NHS Health Education England from 2018, they highlighted that “*the current single biggest workforce challenge is the inability of healthcare institutions to stop nurses leaving their jobs*”<sup>16</sup>. They went on to highlight how the

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<sup>9</sup> CIPD website. (2021) [Employee turnover and retention: Learn how to measure turnover and retention, and understand why people leave organisations](#). CIPD

<sup>10</sup> CIPD website. (2021) [Employee turnover and retention: Learn how to measure turnover and retention, and understand why people leave organisations](#). CIPD

<sup>11</sup> CIPD website. (2021) [Employee turnover and retention: Learn how to measure turnover and retention, and understand why people leave organisations](#). CIPD

<sup>12</sup> George, C. (2015) [Retaining professional workers: What makes them stay?](#). *Employee Relations*

<sup>13</sup> Bimpong, K. et al. (2020) [Relationship between labour force satisfaction, wages and retention within the UK National Health Service: a systematic review of the literature](#). *BMJOpen*

<sup>14</sup> NHS Employers website. (2022) [Improving Staff Retention](#). NHS Employers

<sup>15</sup> Marufu, et al. (2021) [Factors influencing retention among hospital nurses: systematic review](#). *British Journal of Nursing*

<sup>16</sup> Marufu, et al. (2021) [Factors influencing retention among hospital nurses: systematic review](#). *British Journal of Nursing*

literature identified ‘transformational leadership’ as “*promoting organisational fairness, affective commitment...in contrast to...a culture of inaccessible leaders and incivility*”<sup>17</sup>. They also acknowledged the ‘heavily hierarchical’ culture in nursing leadership and management affects nurse behaviours, and reflected how “*supportive organisational cultures are key to the recruitment and retention of staff*”<sup>18</sup>.

18. Furthermore, a 2015 study focused on mental health services in Australia which had experienced ‘high turnover rates and understaffing’, predominantly due to high stress levels among staff, leading to burnout<sup>19</sup>. The authors, Coates and Howe, highlighted how ‘effective leadership’ was “*crucial in combatting staff burnout and turnover*”. While a literature review from Kossivi et al. in 2016, presented management and leadership as among eight factors that impacted on staff retention, citing Kroon and Freese from 2013 who argued “*that participative leadership style plays a significant role in employee retention*”<sup>20</sup>.
19. Coates and Howe in 2015 went on to advocate the importance of an “*engaging leadership approach*” which they said is “*based on integrity, openness and transparency*” by organisational leaders, and effective supervisor behaviour that encourages ‘staff control and autonomy, job clarity and clear direction’<sup>21</sup>. These authors nevertheless acknowledged the challenges of balancing the need for order and direction in mental health services with providing staff autonomy. Separately, a systematic review of job retention among child and family social workers in 2020 from Cardiff University, also found that organisationally the ‘most promising interventions’ affecting improved job retention were ‘enhancing supervisory skills’ and cultivating ‘participatory organisational development’<sup>22</sup>.
20. Moreover, Coates and Howe emphasised how organisational culture is “*central to staff wellbeing*”, pointing to evidence of a ‘correlation between culture, and job satisfaction motivation and performance’<sup>23</sup>. Factors they highlighted that shaped an organisational culture for good staff wellbeing, and improved retention rates, included: ‘establishing a climate of trust or psychological safety’, ‘self-reflective practice through regular clinical supervision’, support for ‘flexible working arrangements’, and ‘staff recognition and appreciation’<sup>24</sup>. While a Malaysian study from 2018 also investigated the links between leadership style, staff engagement and turnover intention. It concluded that transformational approaches to leadership – where leaders “*place emphasis on ‘a new vision’ and have a ‘shared’ orientation with their employees*”, are more likely to provide a coaching and feedback environment that stimulates ‘work engagement’<sup>25</sup>.

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<sup>17</sup> Marufu, et al. (2021) [Factors influencing retention among hospital nurses: systematic review](#). British Journal of Nursing

<sup>18</sup> Marufu, et al. (2021) [Factors influencing retention among hospital nurses: systematic review](#). British Journal of Nursing

<sup>19</sup> Coates & Howe. (2015) [Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention](#). Asia Pacific Journal of Health Management

<sup>20</sup> Kossivi et al. (2016) [Study on determining factors of employee retention](#). Journal of Social Sciences

<sup>21</sup> Coates & Howe. (2015) [Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention](#). Asia Pacific Journal of Health Management

<sup>22</sup> Turley et al. (2020) [Promoting the retention, mental health and wellbeing of child and family social workers: a systematic review of workforce interventions](#). What works for Children’s Care – Cardiff University

<sup>23</sup> Coates & Howe. (2015) [Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention](#). Asia Pacific Journal of Health Management

<sup>24</sup> Coates & Howe. (2015) [Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention](#). Asia Pacific Journal of Health Management

<sup>25</sup> Lee et al. (2018) Supervisory coaching and performance feedback as mediators of the relationships between leadership styles, work engagement, and turnover intention. Human Resources Development International

### *Manager support, supervision and psychological safety*

22. Some research has highlighted the pivotal role managers and line-managers have in responding to staff retention issues, as well as how inter-personal relationships, including trust, can contribute to the decisions staff make about whether to stay or leave.
23. In 2014, Coates and Howe, investigated staff wellbeing in Australian children and young people's mental health services, including identifying workplace factors that can alleviate burnout. As part of this, they highlighted how *"research consistently shows that emotional support from supervisors and colleagues increases job satisfaction and buffers against the adverse effects of emotional job demands on burnout symptoms"*<sup>26</sup>. They went on to acknowledge that workplaces which instil emotional buffers against stress and burnout, as well as managing 'organisational stressors' such as workplace bureaucracy, are important<sup>27</sup>. A study by Amy Benton in 2016 looked at retention outcomes for child welfare workers in the USA - a sector experiencing 'chronic' staff turnover<sup>28</sup>. Benton was concerned with understanding *"where paths diverge for stayers and leavers"* given the common training and *"initial commitment"* to that particular field of work<sup>29</sup>. She found that supervisor support increased the likelihood of staff retention as did salary level, however overall *"increases in salary provided very minor increases in odds of retention"*<sup>30</sup>.
24. Meanwhile, in 2021, Turley et al. considered the problem of retention of child and family social workers. They pointed to multiple studies showing high levels of pressure and stress within the social work profession, including where it results in burnout and presenteeism<sup>31</sup>. The authors highlighted a number of factors potentially driving the situation, saying: *"There are multiple reasons why social workers are particularly vulnerable to adverse outcomes [of this kind]. These include high work demands, ineffective bureaucratic structures, and little opportunity for advancement. The role also occurs within an environment of rapidly changing policy and subsequent role uncertainty"*<sup>32</sup>. Although they found no strong evidence as to individual-level interventions for improving *"the mental health, wellbeing and/or retention of child and family social workers"*, they did find stronger evidence of the positive impact of supervision and early career mentoring<sup>33</sup>. Although they also noted that *"A short, single component intervention may not have a sustained positive impact on wellbeing and, in turn, retention, if the underlying issues leading to job-related stress are not addressed"*<sup>34</sup>.
25. In 2022, a Chilean based study from Hebles et al. investigated the impact of psychological safety in healthcare teams together with supervisor support in reducing workplace stress and

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<sup>26</sup> Coates and Howe. (2014) [The design and development of staff wellbeing initiatives: Staff stressors, burnout and emotional exhaustion at children and young people's mental health in Australia](#). Administration and Policy in Mental Health

<sup>27</sup> Coates and Howe. (2014) [The design and development of staff wellbeing initiatives: Staff stressors, burnout and emotional exhaustion at children and young people's mental health in Australia](#). Administration and Policy in Mental Health

<sup>28</sup> Benton, A. (2016) [Understanding the diverging paths of stayers and leavers: An examination of factors predicting worker retention](#). Children and Youth Services Review

<sup>29</sup> Benton, A. (2016) [Understanding the diverging paths of stayers and leavers: An examination of factors predicting worker retention](#). Children and Youth Services Review

<sup>30</sup> Benton, A. (2016) [Understanding the diverging paths of stayers and leavers: An examination of factors predicting worker retention](#). Children and Youth Services Review

<sup>31</sup> Turley, et al. (2021) [Staff wellbeing and retention in Children's Social Work: Systematic review of interventions](#). Interventions for Staff in Children's Social Work. Cochrane Collaboration/Cardiff University

<sup>32</sup> Turley, et al. (2021) [Staff wellbeing and retention in Children's Social Work: Systematic review of interventions](#). Interventions for Staff in Children's Social Work. Cochrane Collaboration/Cardiff University

<sup>33</sup> Turley, et al. (2021) [Staff wellbeing and retention in Children's Social Work: Systematic review of interventions](#). Interventions for Staff in Children's Social Work. Cochrane Collaboration/Cardiff University

<sup>34</sup> Turley, et al. (2021) [Staff wellbeing and retention in Children's Social Work: Systematic review of interventions](#). Interventions for Staff in Children's Social Work. Cochrane Collaboration/Cardiff University



influencing turnover intentions during the COVID-19 pandemic<sup>35</sup>. Building on a body of literature they considered whether “*psychological safety could translate into a mechanism that reduces workers’ stress, diminishing the negative attitudes toward their work position, that is, their intentions to leave their job*”<sup>36</sup>. The context of this work was the COVID-19 pandemic - where the authors recognised, in addition to some potential pre-existing factors negatively influencing job satisfaction – such as ‘job demands’ and ‘fatigue’, “*low wages, professional invalidation, and limited career progression*” - that ‘job security, financial stability, work-family balance’, and the emotional impact of the pandemic may have exacerbated stress levels among workers<sup>37</sup>.

26. The findings of the study showed that “*higher perceived psychological safety prevents the negative effect of cognitive stress on turnover intentions*”<sup>38</sup>. In terms of the impact of supervisor support on reducing stress levels of staff members, the authors highlighted previous literature (Eisenberger 2002, Kath et al. 2012, Lee 2021) to indicate that it would only be effective where authentic and responsive supervisor action is taken in the face of staff need<sup>39</sup>. They concluded that “*although [they] could not prove that supervisor support can be necessary for reducing the negative effects of cognitive stress on psychological safety, increasing the support that supervisors give to employees in the context of the COVID-19 pandemic can certainly make them feel safe to express their concerns and difficulties*”<sup>40</sup>. Hence, on this basis, supervisor support can increase psychological safety that may then reduce the turnover intention of staff, although supervisor support alone may not directly reduce the effects of staff member stress.

#### *Effective recruitment for staff retention*

27. Based on a review of literature in 2015, Coates and Howe identified multiple factors that could enhance the supply of mental health staff through effective recruitment and improve subsequent staff retention. They highlighted the following activities taking place during the recruitment phase that could aid future staff retention:

- the development of proactive employer relationships with educators in order to improve the extent of ‘preparedness’ of students for their future challenging work context;
- actively recruiting “*for candidates who are motivated by a desire to help others*”; and
- being transparent with job applicants about the realities and challenges involved in delivering mental health services<sup>41</sup>.

28. This speaks into a values-based recruitment approach where attainment and technical competence is considered alongside synergy with clear and authentic organisational and service values and realities. A 2020 study of retention of child and family social workers in the

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<sup>35</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>36</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>37</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>38</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>39</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>40</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>41</sup> Coates & Howe. (2015) [Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention](#). Asia Pacific Journal of Health Management

UK similarly considered the merits of “*pre-service interventions*”<sup>42</sup> where trainees were recruited for their ability to ‘thrive’ in the given profession<sup>43</sup>.

29. Furthermore, recent advice from the Local Government Association (LGA) on recruiting to retain adult social care staff included: recruiting from the local community, selecting based on shared values and behaviours such as “*kindness, compassion and reliability*”, and by offering ‘taster sessions and holding open days’<sup>44</sup>. They similarly advocated the importance of good working conditions, including flexible working, promoting a “*positive working environment and inclusive culture*” with a “*visible leadership that models the desired behaviours*”<sup>45</sup>.
30. While NHS Employers advised in 2022 that “*placing the candidate experience at the centre of recruitment, selection and onboarding is essential to reducing the turnover of newly employed staff*”<sup>46</sup>. They went on to highlight the value of developing an ‘engaging and proactive recruitment’ exercise that provides a ‘realistic picture’ of the organisation<sup>47</sup>. They also emphasised the importance of robust and engaging induction, to cultivate an early sense of belonging within a new team<sup>48</sup>.

#### *Recognition and rewards*

31. The impact of recognition and rewards on staff decisions to stay or leave an employer can be perceived as a main driver of retention, with consequential feelings of organisational powerlessness in the face of departures – particularly if there are internal or external constraints on established financial rewards and terms and conditions. However, research suggests the picture is far more mixed and nuanced, as to the extent to which pay influences staff decisions about whether to leave.
32. A study in Queensland, Australia published in 2013 focused on enhancing job retention of occupational therapists working in mental health settings. There, Scanlan et al. contextualised their work by highlighting how employee wellbeing in health services was crucial to efficiency and quality of service provision for patients. They also pointed to the impact on remaining staff of long-term vacancies caused by staff turnover in health services. They considered three potential drivers of job retention – ‘low burnout, high work engagement and high job satisfaction’<sup>49</sup> and, as part of their research, explored “*how much of the variance in turnover intention is explained by measures of wellbeing at work?*”<sup>50</sup>.
33. Overall, Scanlan et al. found that “*job satisfaction was most strongly associated with...rewards in terms of recognition and prestige and work/life balance*”<sup>51</sup>. On this basis, the authors (citing the work of Nelson, 2004) cited how rewards - in terms of pay or awards - can decrease

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<sup>42</sup> Turley et al. (2020) [Promoting the retention, mental health and wellbeing of child and family social workers: a systematic review of workforce interventions](#). What works for Children’s Care – Cardiff University

<sup>43</sup> Turley et al. (2020) [Promoting the retention, mental health and wellbeing of child and family social workers: a systematic review of workforce interventions](#). What works for Children’s Care – Cardiff University

<sup>44</sup> LGA website. [Top tips for retention – A briefing for adult social care providers](#). Local Government Association

<sup>45</sup> LGA website. [Top tips for retention – A briefing for adult social care providers](#). Local Government Association

<sup>46</sup> NHS Employers website. (2022) [Improving Staff Retention](#). NHS Employers

<sup>47</sup> NHS Employers website. (2022) [Improving Staff Retention](#). NHS Employers

<sup>48</sup> NHS Employers website. (2022) [Improving Staff Retention](#). NHS Employers

<sup>49</sup> Scanlan et al. (2013) [Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention](#). Australian Occupational Therapy Journal

<sup>50</sup> Scanlan et al. (2013) [Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention](#). Australian Occupational Therapy Journal

<sup>51</sup> Scanlan et al. (2013) [Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention](#). Australian Occupational Therapy Journal

dissatisfaction although recognition, such as identifying and celebrating achievements and “*is the key to enhancing satisfaction*”<sup>52</sup>. They said “*work/life balance; rewards in terms of recognition and prestige; rewards in terms of personal satisfaction and effort, were particularly important predictors of wellbeing at work*”<sup>53</sup>. They concluded that improving individual recognition, supporting work-life balance, and having work that is suitably challenging and rewarding promotes better staff wellbeing which consequentially improves retention<sup>54</sup>.

34. Terera and Ngirande, in South Africa in 2014, considered the links between rewards and job satisfaction on the retention of nurses in the South African public health system<sup>55</sup>. They highlighted how “*the retention of highly skilled employees is now the major concern for many of South Africa’s public institutions. To attract, retain and be profitable, organisations need novel reward systems that satisfy employees*”<sup>56</sup>. The South African system was described as having a high degree of health professional mobility from the public to the private sectors, with public sector employers having to directly compete with commercial organisations for staff<sup>57</sup>. In this study, the authors found no significant relationship between rewards and job satisfaction, meaning they did not find rewards to have a major impact on job satisfaction in that nursing workforce. However, they did identify a positive relationship between rewards and retention, and that “*high levels of job satisfaction often results in improved employee retention*”. Overall, they found that rewards lead to staff retention but not necessarily job satisfaction, but that job satisfaction leads to retention. They concluded that “*employee rewards alone do not result in job satisfaction among employees yet job satisfaction is a key factor when it comes to employee retention.*”<sup>58</sup>
35. Coates and Howe in 2015, particularly citing Grandey et al., argued that “*reward should be small in order to symbolise value and achievement...rewards that are seen as empowering or supportive are likely to enhance motivation...whereas those perceived as controlling may decrease motivation*”<sup>59</sup>. While in 2019, writing in *People Management*, Norbury highlighted that “*the simplest forms of recognition really can go a long way*”. Based on their in-house research, 48% of employees said a ‘thank you’ would make them feel more valued in the workplace. Norbury went on to argue how ‘employee of the month’ type schemes can ‘fall short’ by motivating only a minority of staff and potentially demotivating those not recognised. They argued recognition and reward schemes should be “*timely, regular and authentic*” and everyone should benefit<sup>60</sup>.
36. Meanwhile, in 2016, Christeen George found a mixed picture around the significance of reward, in the form of salary, to job retention. Though to some researchers, such as Pitt et al. in 2011, pay was a “*strong predictor of employee turnover*”, to others such as Hytter in 2007

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<sup>52</sup> Scanlan et al. (2013) [Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention](#). Australian Occupational Therapy Journal

<sup>53</sup> Scanlan et al. (2013) [Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention](#). Australian Occupational Therapy Journal

<sup>54</sup> Scanlan et al. (2013) [Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention](#). Australian Occupational Therapy Journal

<sup>55</sup> Terera & Ngirande. (2014) [The Impact of Rewards on Job Satisfaction and Employee Retention](#). Mediterranean Journal of Social Sciences

<sup>56</sup> Terera & Ngirande. (2014) [The Impact of Rewards on Job Satisfaction and Employee Retention](#). Mediterranean Journal of Social Sciences

<sup>57</sup> Terera & Ngirande. (2014) [The Impact of Rewards on Job Satisfaction and Employee Retention](#). Mediterranean Journal of Social Sciences

<sup>58</sup> Terera & Ngirande. (2014) [The Impact of Rewards on Job Satisfaction and Employee Retention](#). Mediterranean Journal of Social Sciences

<sup>59</sup> Coates & Howe. (2015) [Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention](#). Asia Pacific Journal of Health Management

<sup>60</sup> Norbury, M. (2019) [Comment: The changing expectations of employees](#). People Management

and Ellenbecker in 2004 there was, respectively, an ‘indirect’ or ‘modest’ impact<sup>61</sup>. Furthermore, George argued that, based on evidence from Tremblay et al. in 2006 and Alexander et al. in 1998, “*compensation also needs to reflect a satisfactory balance between efforts and rewards and be consistent with responsibility, ability and workload*”<sup>62</sup>. In this regard, she concluded that the perception of fairness and transparency around salary was a key factor affecting retention<sup>63</sup>. This implied that salary level may be less likely to be the sole driver of retention, but may or may not be a factor amongst several – particularly where there is a perception of unfairness or insufficiency.

37. A 2018 report on retention issues in the adult social care workforce in Devon, conducted by Exeter University, identified five main factors as to why care workers leave the sector – including a mismatch between level of reward and amount of responsibility<sup>64</sup>. They found “*that care workers simply wanted a fair rate of pay that reflected the responsibility and difficulty of the job they were now being tasked to do*”<sup>65</sup>.
38. Writing in HR Magazine in 2020, from a largely commercial perspective, Stuart-Turner wrote that during and post COVID-19 “*businesses need a stronger employee value proposition (EVP) to differentiate the workplace and attract, retain and engage the best talent*”<sup>66</sup>. Similarly, NHS Employers advised in spring 2022, as part of a sectoral guide to staff retention, that NHS workplaces should reflect and provide accessible information on the full range of employer rewards available, as well as the ‘positive factors’ associated with working within the NHS, including diversity and inclusion policies and goals. They highlighted the importance of communicating this message as a source of motivation, particularly with “*continued pay restraint, and public sector pension reforms, it’s more important than ever that our NHS people understand the overall reward package they receive...*”<sup>67</sup>. This implies the need to actively champion organisational values, benefits and goals with staff as an ongoing narrative that emphasises and continues to embed a sense of shared values within the NHS. The NHS England website also contains a wide range information available on rewards and recognition as part of its ‘Retention Programme’<sup>68</sup> in addition to Trust-level information.
39. In 2021, the NHS People Plan set out that: “*The NHS needs to be bold and commit to offering more flexible, varied roles and opportunities for remote working. It is not always immediately easy to accommodate individual work preferences. But if we do not take radical action to become a flexible and modern employer in line with other sectors, we will continue to lose people entirely or see participation rates decline*”<sup>69</sup>.

#### *Civility in the workplace*

40. Literature indicates that uncivil behaviour ranging from micro-aggressions to bullying and harassment can have an impact on staff wellbeing and may have an impact on staff retention.

<sup>61</sup> George, C. (2015) [Retaining professional workers: What makes them stay?](#). Employee Relations

<sup>62</sup> George, C. (2015) [Retaining professional workers: What makes them stay?](#). Employee Relations

<sup>63</sup> George, C. (2015) [Retaining professional workers: What makes them stay?](#). Employee Relations

<sup>64</sup> Devon County Council. (2018) [Executive Summary Transform Research Report – Recruitment and retention issues in the adult social care workforce in Devon](#). Devon County Council/Exeter University

<sup>65</sup> Devon County Council. (2018) [Executive Summary Transform Research Report – Recruitment and retention issues in the adult social care workforce in Devon](#). Devon County Council/Exeter University

<sup>66</sup> Stuart-Turner, R. (2020) [Prioritising staff wellbeing key to retaining talent](#). HR Magazine

<sup>67</sup> NHS Employers website. (2022) Improving Staff Retention. NHS Employers

<sup>68</sup> A range of NHS England information and resources are available a part of the NHS England Retention Programme here: <https://www.england.nhs.uk/looking-after-our-people/the-programme-and-resources/>

<sup>69</sup> NHS England website. [NHS People Plan](#). NHS England (p.46)

NHS England is clear that incivility and unkindness has no place in the National Health Service. They have said recently: *“civility and respect is about how we treat each other at work. In highly pressurised NHS systems, behaviours of incivility and disrespect can become common place...rude and unkind behaviour can have a detrimental impact on staff wellbeing and patient care. This type of uncivil and disrespectful behaviour is unacceptable. It is unprofessional and unnecessary, and has no place in our NHS”*<sup>70</sup>.

41. As part of their ‘Civility and Respect Programme’, NHS England has compiled a range of practical tools and resources to support NHS workplaces to tackle bullying and other uncivil behaviours, in order to deliver on the NHS People Plan aim of creating ‘a positive workplace’. Available resources include the Civility and Respect Tool Kit<sup>71</sup> containing a wealth of practical tools and information to assess, understand and improve civility and kindness, and free access to the Mersey Care-produced Just and Learning Culture online modules<sup>72</sup>. The latter provides a four-part online course giving practical advice and demonstrating approaches to supporting staff compassionately when things go wrong and tackling micro aggressions in the workplace, as well as a range of other content relating to improving civil and kind behaviours in NHS workplaces<sup>73</sup>.
42. Indeed, in 2009 a Canadian study of nurse retention investigated the potential for uncivil behaviour to be a factor in driving nurses experiences of burnout and leaving the workplace<sup>74</sup>. It found that *“incivility and cynicism were strongly related to job satisfaction, organisational commitment, and turnover intentions...”*<sup>75</sup>. While Spence Lashinger et al., (citing Limet et al., 2008) highlighted a link between incivility, employee wellbeing and turnover intentions, and (citing Dion, 2006) that ‘perceptions of workplace incivility’ were related to ‘stress and turnover intentions’<sup>76</sup>. They found that *“supervisor civility was an important predictor or retention outcomes”* and that ‘co-worker incivility’ could also have an impact. These authors concluded that *“it may be that employees feel that they had little control over supervisor behaviour in their setting, and experience a power imbalance, which had a stronger impact on their jobs and turnover intentions in particular”*<sup>77</sup>. Although overall the nurses in the study did not experience high levels of workplace incivility, some did and these perceptions were related to *“feelings of empowerment and burnout”*<sup>78</sup>. They authors found ‘supervisor incivility’ was a determinant of turnover intent.

#### *Staff engagement, satisfaction and involvement in decision-making*

43. Multiple authors identify a relationship between staff engagement, individual job satisfaction and staff retention. That is where engagement becomes a driver of individual motivation that fuels job satisfaction, and where feelings of job satisfaction come to reduce the likelihood of (or

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<sup>70</sup> NHS England website. [Civility and respect](#). NHS England

<sup>71</sup> NHS England. [Supporting our staff A toolkit to promote cultures of civility and respect](#)

<sup>72</sup> Mersey Care website. [Our Just and Learning Culture](#). Mersey Care NHS Foundation Trust

<sup>73</sup> Mersey Care website. [Our Just and Learning Culture](#). Mersey Care NHS Foundation Trust

<sup>74</sup> Spence Laschinger et al. (2009) [Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes](#). Journal of Nursing Management

<sup>75</sup> Spence Laschinger et al. (2009) [Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes](#). Journal of Nursing Management

<sup>76</sup> Spence Laschinger et al. (2009) [Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes](#). Journal of Nursing Management

<sup>77</sup> Spence Laschinger et al. (2009) [Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes](#). Journal of Nursing Management

<sup>78</sup> Spence Laschinger et al. (2009) [Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes](#). Journal of Nursing Management

it could be argued the personal risk involved in) changing role or employer. In the literature considered for this discussion document, job satisfaction and work engagement has variously been linked to staff retention by Turley et al (2020); Park et al (2019); Lee et al. (2018); Benton (2016); Scanlan (2013); and Spence Lashinger et al. (2009).

44. Lee et al. particularly cited a range of research from 2004 to 2015 showing a correlation between work engagement and turnover intention<sup>79</sup>. The authors concluded that their “*study supports the importance of supervisory coaching and performance feedback in stimulating work engagement and reducing turnover intention...[and] the applicability of transformational leadership (in contrast to transactional leadership) as an antecedent for supervisory coaching and performance feedback*”<sup>80</sup>.
45. A study published in 2019, from Park et al., explored the links between job satisfaction, worker engagement and turnover intention by health science teachers in the USA. A shortage of teachers in that particular discipline was exacerbating the existing shortage of health professionals in the United States. The study found a positive correlation between job satisfaction and work engagement, and a negative correlation between job satisfaction and work engagement and turnover intention. This could indicate that when people feel a sense of job satisfaction then work engagement grows and vice versa, that could reduce staff turnover intention. However, they concluded where job satisfaction and work engagement fell, or was low, then turnover intention increased.
46. Park et al. went on to cite longstanding research from 1976 (Oldham et al.) showing that factors influencing job satisfaction as being ‘task identity and significance, skills needed, autonomy, and feedback’<sup>81</sup>. While ‘work engagement’ was defined (by Schaufeli and Bakker, 2004) as “*a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption*”<sup>82</sup>. The authors distinguished between ‘intrinsic job satisfaction’ – related to the work tasks, content and autonomy, and ‘extrinsic job satisfaction’ – working conditions, pay and supervisor support. Overall, they found “*intrinsic job satisfaction had a stronger positive correlation with work engagement when compared to extrinsic satisfaction*”<sup>83</sup>.
47. In 2009, Spence Laschinger cited Casset et al., who found “*that job satisfaction was significantly correlated with overall health, burnout, depression, anxiety, self-esteem, and general mental health*”<sup>84</sup>. While Park, in 2019, described how their study of US teachers “*aligns with past research by indicating that when workers are satisfied and engaged, turnover intention decreases*”<sup>85</sup>. In 2018, a China-based study focused on the retention of experienced nurses. It found that working environment had a direct impact, and job characteristics and worker

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<sup>79</sup> Lee et al. (2018) [Supervisory coaching and performance feedback as mediators of the relationships between leadership styles, work engagement, and turnover intention](#). Human Resources Development International

<sup>80</sup> Lee et al. (2018) [Supervisory coaching and performance feedback as mediators of the relationships between leadership styles, work engagement, and turnover intention](#). Human Resources Development International

<sup>81</sup> Park et al. (2019) [Job satisfaction, work engagement and turnover intention of CTE health science teachers](#). International Journal for Research in Vocational Education and Training

<sup>82</sup> Park et al. (2019) [Job satisfaction, work engagement and turnover intention of CTE health science teachers](#). International Journal for Research in Vocational Education and Training

<sup>83</sup> Park et al. (2019) [Job satisfaction, work engagement and turnover intention of CTE health science teachers](#). International Journal for Research in Vocational Education and Training

<sup>84</sup> Spence Laschinger et al. (2009) [Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes](#). Journal of Nursing Management

<sup>85</sup> Park et al. (2019) [Job satisfaction, work engagement and turnover intention of CTE health science teachers](#). International Journal for Research in Vocational Education and Training

engagement had an indirect effect, on turnover<sup>86</sup>. These researchers, Wan et al., concluded that nurses should be given more autonomy to develop work schedules and contribute to the development of policies in order to have greater engagement in work tasks and their working environment<sup>87</sup>.

48. Furthermore, an England-based study, in 2019, investigated the link between staff engagement measures within the NHS staff survey and organisational performance as rated by the Care Quality Commission. That work highlighted a “*growing interest in workplace factors that influence employee engagement due to the apparent effect that engagement has on organisation-level performance and personal well-being*”<sup>88</sup>. It concluded that “*the most influential predictor of CQC ratings is advocacy score (employees think the care of patients and service users is the organisation’s top priority, they would recommend their organisation to others as a place to work and would be happy with the standard of care provided by the organisation if a friend or relative needed treatment)*”<sup>89</sup>. They concluded by advising NHS employer organisations to consider these advocacy measures as a “*proxy for the level of employee engagement*”<sup>90</sup>. While Skills for Care, the strategic workforce planning body for the care sector in England, found that 81% of social care employers with low staff turnover levels (less than 10%) involved colleagues in decision-making as a ‘main activity in contributing to workforce retention’<sup>91</sup>. Other significant contributing activities were ‘investing in learning and development, embedding organisational values, and celebrating achievements’<sup>92</sup>.
49. Overall, there may be a range factors that relate to worker engagement and job satisfaction, such as career progression and learning and development, work-life balance, extent of positive challenge, autonomy, contribution to decision-making, recognition, shared values. Relating to this, the NHS Staff Survey provides a universal tool for monitoring staff perceptions of engagement, including the following questions:

No.	NHS Staff Survey Question
Q2b	Often/always enthusiastic about my job
Q4b	Able to make suggestions to improve the work of my team/dept
Q4c	Involved in deciding changes that affect work
Q5a	Satisfied with recognition for good work
Q5b	Satisfied with support from immediate manager
Q5e	Satisfied with opportunities to use skills
Q5g	Satisfied with level of pay

<sup>86</sup> Wan, et al. (2018) [Effects of work environment and job characteristics on the turnover intention of experienced nurses: The mediating role of work engagement](#). Journal of Advanced Nursing

<sup>87</sup> Wan, et al. (2018) [Effects of work environment and job characteristics on the turnover intention of experienced nurses: The mediating role of work engagement](#). Journal of Advanced Nursing

<sup>88</sup> Wake & Green. (2019) [Relationship between employee engagement scores and service quality ratings: analysis of the National Health Service staff survey across 97 acute NHS Trusts in England and concurrent Care Quality Commission outcomes \(2012– 2016\)](#). BMJ Open

<sup>89</sup> Wake & Green. (2019) [Relationship between employee engagement scores and service quality ratings: analysis of the National Health Service staff survey across 97 acute NHS Trusts in England and concurrent Care Quality Commission outcomes \(2012– 2016\)](#). BMJ Open

<sup>90</sup> Wake & Green. (2019) [Relationship between employee engagement scores and service quality ratings: analysis of the National Health Service staff survey across 97 acute NHS Trusts in England and concurrent Care Quality Commission outcomes \(2012– 2016\)](#). BMJ Open

<sup>91</sup> Skills for Care website. [Retaining your workforce](#). Skills for Care

<sup>92</sup> Skills for Care website. [Retaining your workforce](#). Skills for Care

Q5h	Satisfied with opportunities for flexible working patterns
Q8d	Immediate manager asks for my opinion before making decisions that affect my work
Q19d	Appraisal/performance review: definitely left feeling work is valued
Q19e	Appraisal/performance review: organisational values definitely discussed
Q23b	I am unlikely to look for a job at a new organisation in the next 12 months
Q23c	I am not planning on leaving this organisation.
Q21a	Care of patients/service users is organisation's top priority
Q21d	If friend/relative needed treatment would be happy with standard of care provided by organisation

### Questions for Discussion:

- 1. What concerns do you have about staff retention in your service?**
- 2. What do you know already about why staff chose to leave your service, and why they stay, and what aspects do you need to know more about?**
- 3. What areas do you need to give more attention to, in order to grow more staff longevity and loyalty in your service?**

### Sickness absence, presenteeism and wellbeing

50. The costs of staff absence in the NHS was shown by NHS England in 2015 as £2.4bn a year, and sickness absence is frequently associated with poor staff wellbeing that can adversely affect 'job performance, organisational decision making, employee turnover and retention'<sup>93</sup>. Short-term sickness absence is generally described as continued absence lasting 28 days or less, and long-term sickness lasting over 28 days<sup>94</sup>. There is a range of research, analysis and discussion of 'sickness absence', 'presenteeism' and 'leavism' in the workplace, which are employee behaviours that in some cases may be an indicator of wider workplace culture and staff wellbeing. The CIPD highlights the important role managers play in managing short and long-term sickness absence<sup>95</sup>, who may furthermore be pivotal in the effectiveness with which sickness absence is reduced. A 2019 article, in the context a high level of poor wellbeing, by health visitors, highlighted that "50% more staff in the NHS report debilitating levels of work stress compared to the general working population"<sup>96</sup>.

#### *Attendance and non-attendance in the workplace*

51. In April 2022, the CIPD published their latest annual 'Health and Wellbeing at Work' report, in conjunction with Simply Health, looking at worker health trends in the UK. They found that 67% of organisations recorded COVID-19 as being within their top three causes of short-term

<sup>93</sup> Simmons et al., (2019) [Interventions to reduce sickness absence among healthcare workers: a systemic review](#). International Journal of Emergency Services

<sup>94</sup> NHS Employers website. (2014) [Sickness absence toolkit: A simple guide for NHS managers about sickness absence](#). NHS Employers

<sup>95</sup> CIPD website. (2022) [Health and Wellbeing at Work](#). Chartered Institute of Personnel and Development (CIPD)

<sup>96</sup> Bewick, J. (2019) [Newly qualified health visitor: Staff wellbeing and delivering an effective service](#). Journal of Health Visiting



sickness absence, and 12% in their top three causes of long-term sickness absence<sup>97</sup>. Mental health was the most common cause of long-term staff absence in the UK workplace<sup>98</sup>. Prior to this, in 2021 Edge et al., analysed sickness absence amongst NHS workers during the early stages of the COVID-19 pandemic (from March to May 2020)<sup>99</sup>. It was the first large scale study of *“the effects of the COVID-19 pandemic on sickness absence in healthcare workers for illness not directly attributable to coronavirus infection”*<sup>100</sup>. They found *“major changes in the incidence of sickness absence among NHS staff as compared with the corresponding period a year earlier”* whereby *“some diagnostic categories (e.g. asthma, chest and respiratory disease, infectious diseases and mental illnesses), rates of absence increased (at least initially) [and] others (e.g. musculoskeletal disorders, injury and fracture [etc]...were [substantially] reduced”*<sup>101</sup>.

52. Similarly, the most recent NHS Digital report on NHS staff sickness absence in England, for November 2021, shows ‘Anxiety/stress/depression/other psychiatric illnesses’ are still the most reported reasons for sickness absence, making up 25.7% of all sickness absence in the NHS in England in November 2021<sup>102</sup>. In fact, Gayed et al., in 2018 wrote that *“mental illness has become the leading cause of long-term sickness absence and work incapacity across many high income countries...they can...cause prolonged sickness absence, and impact on the wellbeing and occupational functioning of those affected. For some, the workplace may also be a contributing factor to the development or persistence of their mental health condition”*<sup>103</sup>. Separately, McCann et al. in 2015 considered the impact on NHS workforces of a targets-driven culture. They highlighted the risk of *“goal displacement”* where the pursuit of organisational targets becomes more important than the inherent task<sup>104</sup>. They argued that *“target-based management regimes can promote a divisive situation [between]... ‘business efficiency’ and... ‘integrity of care”*<sup>105</sup>.

53. More recently in April 2022, in the Department of Health and Social Care’s ‘Mental health and wellbeing plan: discussion paper’, included a statement from the NHS England and Improvement ‘Lived Experience Advisory Network’, referring to employers in general in England: *“We need compassionate employers who are able to meet us [employees] where we are at, and can support us to meet our full potential. People who understand and can meet our physical and mental needs in the workplace and enable us to thrive at work. We essentially need our society and public services to play a role in protecting and promoting our positive mental wellbeing instead of contributing to or exacerbating negative symptoms of mental health conditions”*<sup>106</sup>.

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<sup>97</sup> CIPD website. (2022) [Health and Wellbeing at Work](#). Chartered Institute of Personnel and Development (CIPD)

<sup>98</sup> CIPD website. (2022) [Health and Wellbeing at Work](#). Chartered Institute of Personnel and Development (CIPD)

<sup>99</sup> Edge. Et al., (2021) [Changing patterns of sickness absence among healthcare workers in England during the COVID-19 pandemic](#). Journal of Public Health

<sup>100</sup> Edge. Et al., (2021) [Changing patterns of sickness absence among healthcare workers in England during the COVID-19 pandemic](#). Journal of Public Health

<sup>101</sup> Edge. Et al., (2021) [Changing patterns of sickness absence among healthcare workers in England during the COVID-19 pandemic](#). Journal of Public Health

<sup>102</sup> NHS Digital website. (2022) [NHS Sickness Absence Rates, November 2021, Provisional Statistics](#). NHS Digital

<sup>103</sup> Gayed et. al., (2018) [Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis](#). Occupational and Environmental Medicine

<sup>104</sup> McCann et al., (2015) [‘You can’t do both – Something will give’: Limitations of the targets culture in managing UK healthcare workforces’](#) (Pre-publication version)

<sup>105</sup> McCann et al., (2015) [‘You can’t do both – Something will give’: Limitations of the targets culture in managing UK healthcare workforces’](#) (Pre-publication version)

<sup>106</sup> DHSC website (2022) [Mental health and wellbeing plan: discussion paper](#). Department of Health and Social Care

54. Some research shows a link between ‘sickness presenteeism’ and poor mental health, which according to Gustafsson and Marklund in 2011, found that after 12 months sickness presenteeism is associated with poor mental wellbeing, and an increase in depression two years later *“despite respondents not being depressed at baseline”*<sup>107</sup>. Gayed et al. in 2018 highlighted that *“conflicting and excessive work demands, a lack of job control and poor collegial support have all been identified as primary sources of work-related stress that can impact on employees wellbeing and productivity”*<sup>108</sup>.

55. In 2017, Harvey et al., conducted a meta-review of evidence that showed the links between workplace factors and staff common mental health problems. They distilled a number of existing models comprising multiple variables into *“three overlapping clusters of workplace risk factors”*<sup>109</sup>. These clusters were workplace risk factors relating to imbalanced job design (demands/control, procedural justice, social support); occupational uncertainty (job control, procedural injustice, role stress, organisational change); and lack of value and respect in workplace (procedural justice, social support, workplace conflict, relational justice)<sup>110</sup>. The researchers concluded from their synthesis of evidence that *“certain work situations are associated with an increased risk of common mental disorders”*, including factors such as ‘high job demands; low job control; low relational justice; and role stress’<sup>111</sup>. They also summed up by saying that *“while there does not appear to be one common ‘toxic factor’ among the variety of work-related risk factors identified, overlapping concepts [such as those depicted in their model] are beginning to appear”*<sup>112</sup>.

56. Leavism and presenteeism are becoming of greater interest to employers and similarly may be an indicator of declining or poor staff wellbeing. Leavism is when staff continue to work while taking approved absence, such as during sickness absence or annual leave, and presenteeism is when staff continue to attend work when they are feeling unwell and could, or should, rightly take sick leave. The CIPD says both of these behaviours are *“not the signs of a healthy workplace”*<sup>113</sup>. The NHS staff survey tracks them<sup>114</sup> through the following questions:

No.	NHS Staff Survey Question
Q11d	In last 3 months, have not come to work when not feeling well enough to perform duties
Q11e	Not felt pressure from manager to come to work when not feeling well enough
Q11f	Not felt pressure from colleagues to come to work when not feeling well enough
Q11g	Not put myself under pressure to come to work when not feeling well enough

<sup>107</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

<sup>108</sup> Gayed et al., (2018) [Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis](#). Occupational and Environmental Medicine

<sup>109</sup> Harvey, et al., (2017) [Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems](#). Occupational Environmental Medicine

<sup>110</sup> Harvey, et al., (2017) [Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems](#). Occupational Environmental Medicine

<sup>111</sup> Harvey, et al., (2017) [Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems](#). Occupational Environmental Medicine

<sup>112</sup> Harvey, et al., (2017) [Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems](#). Occupational Environmental Medicine

<sup>113</sup> CIPD website. (2022) [Health and Wellbeing at Work](#). Chartered Institute of Personnel and Development (CIPD)

<sup>114</sup> NHS Staff Survey. [Have your say: NHS Staff Survey](#). NHS England

## Presenteeism

57. Sickness presenteeism has been described as a “*hidden cost*” to organisations because of the impact of staff performance due to health reasons<sup>115</sup>. Whysall et al. in 2017, believed that sickness absence and presenteeism should be managed together because staff may “*fluctuate*” between them<sup>116</sup>. They highlighted how more worker productivity is estimated as being lost, compared to sickness absence – and sickness presenteeism is associated with burnout and a stronger “*predictor of health*” than sickness absence<sup>117</sup>. They went on to highlight how presenteeism has “*relative invisibility*” compared to sickness absence and “*the conditions for which employees tend to adopt sickness presenteeism are more likely to go untreated than for...sickness absence*”<sup>118</sup>.
58. While Brborovic et al. in 2016, in analysing presenteeism by nurses, highlighted how “*absenteeism and presenteeism are negative phenomena in work organizations, and the biggest burden for reducing these behaviours fall on the shoulders of managers*”<sup>119</sup>. They found 23 factors found to be precursors of sickness absence and three of sickness presenteeism<sup>120</sup>. The presenteeism factors were ‘job demands, burnout, and exhaustion’, and the absenteeism factors included: ‘work overload, negative workplace changes, low workplace-based social support. Lower job control and support, and poor self-rated general health’<sup>121</sup>. They highlighted that “*sickness presenteeism is often a hidden [organisational] cost because workers are physically present but unable to perform at peak levels due to a health condition*”. They went on to conclude that there are two predictors of sickness presenteeism and absence – fatigue and job demands<sup>122</sup>. The authors encouraged employers to pay attention to fatigue/exhaustion and work demands in order to prevent and better manage sickness presenteeism and absence<sup>123</sup>.
59. In 2018 Collins et al., investigated experiences of sickness presenteeism among the UK workforce. They drew particularly on the work of Aronsson and Gustafsson who suggested “*personal and work-related demands influence an employee’s decision to either go to work despite illness or take sick leave*”<sup>124</sup>, and Miraglia and Jones amongst others, to imply that worker decisions whether or not to attend work while unwell are not only associated with ill health, but also ‘work demands’<sup>125</sup>.
60. Collins et al. went on to say that factors such as ‘high workload, worktime pressures, staffing levels’ “*are likely to be perceived by the individual as barriers to sickness absence and so lead to*

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<sup>115</sup> Brborovic et al., (2016) [Antecedents and associations of sickness presenteeism and sickness absenteeism in nurses: A Systematic review](#). International Journal of Nursing Practice

<sup>116</sup> Whysall, Z. et al. (2017) [Sickness presenteeism: measurement and management challenges](#). Ergonomics

<sup>117</sup> Whysall, Z. et al. (2017) [Sickness presenteeism: measurement and management challenges](#). Ergonomics

<sup>118</sup> Whysall, Z. et al. (2017) [Sickness presenteeism: measurement and management challenges](#). Ergonomics

<sup>119</sup> Brborovic et al., (2016) [Antecedents and associations of sickness presenteeism and sickness absence in nurses: A systematic review](#). International Journal of Nursing Practice

<sup>120</sup> Brborovic et al., (2016) [Antecedents and associations of sickness presenteeism and sickness absence in nurses: A systematic review](#). International Journal of Nursing Practice

<sup>121</sup> Brborovic et al., (2016) [Antecedents and associations of sickness presenteeism and sickness absence in nurses: A systematic review](#). International Journal of Nursing Practice

<sup>122</sup> Brborovic et al., (2016) [Antecedents and associations of sickness presenteeism and sickness absence in nurses: A systematic review](#). International Journal of Nursing Practice

<sup>123</sup> Brborovic et al., (2016) [Antecedents and associations of sickness presenteeism and sickness absence in nurses: A systematic review](#). International Journal of Nursing Practice

<sup>124</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

<sup>125</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

[sickness] *presenteeism*<sup>126</sup>. They went on to cite a number of ‘negative work attitudes’ that have previously been shown to predict sickness absence, including ‘job satisfaction, feelings of injustice, and stress’<sup>127</sup>. Their own research showed an association between sickness presenteeism and “reduced employee mental wellbeing”<sup>128</sup>. They also highlighted how “*previous research has suggested that perceived commitment of the organisation to the employee may mediate the relationship between organisational stressors and psychological wellbeing and may also protect against the negative influence of such stressors*”<sup>129</sup>. This, for example, could raise the possibility that factors such as shared organisational values, management support, or a sense of organisation belonging – that contribute to a sense of organisational support - might also be a buffer against workplace stressors. Collins et al. overall argued that workplaces should give as much attention to sickness presenteeism as they do to sickness absence.

61. In 2020 Kinman et al., focused on the wellbeing of nurses working in the UK. They noted how nurses and midwives often work when unwell that can arise from ‘low staffing levels; responsibility towards patients and reluctance to let colleagues down’<sup>130</sup>. They described how “*presenteeism is considerably more common and costly than absenteeism and the risk that a reduction in sickness absence may lead to increased rates of presenteeism must be acknowledged*”<sup>131</sup>. This suggests employers should consider the unintended consequences of active sickness absence management policies, not to avoid actively supporting and managing sickness absence, but to avoid incentivising presenteeism behaviours that could cost the organisation more in long-term sickness absence and declines in productivity.

#### *Sickness absence*

62. The important role of line-managers in the management of sickness absence has been highlighted in a number of studies. Higgins et al., in 2015 evaluated the impact of sickness absence management interventions within three health and social care trusts in Northern Ireland. They highlighted how organisational approaches to sickness absence management can be improved where “*the line manager is adequately trained and resourced; where...the line manager [can] consider more flexible return to work practices; and where the line manager’s communication with the absent employee is respectful and reciprocal, and conveys a desire for the employee to return to work*”<sup>132</sup>. A study from Stansfield et al., also in 2015 trialed an e-learning tool for managers to evaluate its effectiveness in reducing sickness absence in an NHS mental health trust. Although the study did not show any impact from this particular manager training on levels of absence, it did draw together pre-existing evidence showing how the ‘psychosocial work environment’ impacts on staff wellbeing and sickness absence<sup>133</sup>. They highlighted how “*job strain, low social support from managers and colleagues, effort-reward imbalance, organisational justice and job insecurity*” all impact on sickness absence<sup>134</sup>. Similarly,

<sup>126</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

<sup>127</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

<sup>128</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

<sup>129</sup> Collins et al., (2018) [Sickness presenteeism and sickness absence over time: A UK employee perspective](#). Work & Stress

<sup>130</sup> Kinman, et al., (2020) [The mental health and wellbeing of nurses and midwives in the United Kingdom. Technical Report. Society of Occupational Medicine](#). Birkbeck Institutional Research Online

<sup>131</sup> Kinman, et al., (2020) [The mental health and wellbeing of nurses and midwives in the United Kingdom. Technical Report. Society of Occupational Medicine](#). Birkbeck Institutional Research Online

<sup>132</sup> Higgins et al., (2015) [The management of long-term sickness absence in large public sector healthcare organisations: A realist evaluation using mixed methods](#). Journal of Occupational Rehabilitation

<sup>133</sup> Stansfield et al., (2015) [Pilot study of a cluster randomised trial of a guided e-learning health promotion intervention for managers based on management standards for the improvement of employee wellbeing and reduction of sickness absence](#). BMJ Open

<sup>134</sup> Stansfield et al., (2015) [Pilot study of a cluster randomised trial of a guided e-learning health promotion intervention for managers based on management standards for the improvement of employee wellbeing and reduction of sickness absence](#). BMJ Open

*“skill discretion, team working and decision latitude”* can improve the working environment and reduce sickness absence<sup>135</sup>.

63. While elsewhere, transformational leadership approaches have been shown as highly beneficial to staff wellbeing, Neilsen and Daniels in 2016 sought to highlight a small element of caution from a study of postal workers in Denmark<sup>136</sup>. They established that transformational leadership, depicted by ‘idealised influence; inspirational motivation; intellectual stimulation; and individualised consideration’<sup>137</sup>, could cultivate a work environment that *“encourages a strong group identity; promotes collaboration; and [where leaders] role model the importance of showing care of each other”*<sup>138</sup>. However, they found that for some employees, particularly those predisposed to presenteeism, it may lead to higher levels of attending work when not fit to do so. This could arise from the *“high performance expectations...and the motivational aspects [associated with transformational leadership]...lead[ing] to increased sickness absenteeism rather than low sickness absenteeism”*<sup>139</sup>.

64. Straume and Vittersø in 2014, based on Norwegian workers, explored the extent to which a person’s life satisfaction (work and home) affects their ‘subjective health’ - that is perceptions of one’s own health status, and that ‘subjective health’ may be a predictor of sickness absence from work<sup>140</sup>. They acknowledged that *“employee health is not constrained to the work environment alone, but that overall satisfaction with life plays a part in jobholder’s health as well”*<sup>141</sup>. This suggests employers should be concerned with both the workplace impacts on employee health and wellbeing as well as *“the overall wellbeing of employees”*<sup>142</sup>.

#### *Work control and shared values*

65. Natti et al. in 2015 investigated the impact of ‘time pressure’ and ‘working time control’ on employee health and wellbeing, and their relationship with long-term sickness absence (which they defined as more than 10 days)<sup>143</sup>. They noted that factors such as ‘tight deadlines’, ‘perceived time pressure’, or ‘time famine’ could have a greater impact on worker health than *“hours spent on the job”* i.e., long hours<sup>144</sup>. They also explored the extent to which *“job control can buffer the negative effects of high [work] demands on health”*<sup>145</sup>. Based on a study of Finnish workers, they found that ‘high time pressure’ did increase sickness absence, and ‘working time control’ did decrease sickness absence. Although these were independent effects, they did not find any ‘buffering’ effect from working time control upon the effects of time pressure, however. This implies that both alleviation of time pressure and increase in control over work can reduce

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<sup>135</sup> Stansfield et al., (2015) [Pilot study of a cluster randomised trial of a guided e-learning health promotion intervention for managers based on management standards for the improvement of employee wellbeing and reduction of sickness absence](#). BMJ Open

<sup>136</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>137</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>138</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>139</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>140</sup> Straume & Vittersø. (2014) [Well-being at work: Some differences between life satisfaction and personal growth as predictors of subjective health and sick leave](#). Journal of Happiness Studies

<sup>141</sup> Straume & Vittersø. (2014) [Well-being at work: Some differences between life satisfaction and personal growth as predictors of subjective health and sick leave](#). Journal of Happiness Studies

<sup>142</sup> Straume & Vittersø. (2014) [Well-being at work: Some differences between life satisfaction and personal growth as predictors of subjective health and sick leave](#). Journal of Happiness Studies

<sup>143</sup> Natti, J. et al. (2015) [Time pressure, working time control and long-term sickness absence](#). Occupational and Environmental Medicine

<sup>144</sup> Natti, J. et al. (2015) [Time pressure, working time control and long-term sickness absence](#). Occupational and Environmental Medicine

<sup>145</sup> Natti, J. et al. (2015) [Time pressure, working time control and long-term sickness absence](#). Occupational and Environmental Medicine

the likelihood of sickness absence, but that work control alone cannot alleviate the adverse impacts of ongoing time pressures.

66. A previous study by Ala-Mursula et al., in 2005 found work stress could be alleviated by higher levels of control over working hours<sup>146</sup>. They concluded by saying: *“Our results are in line with the notion that time strain (high time pressure, low time control) is a significant risk factor for health. The present study showed that time pressure and [working time control] were independently associated with long-term sickness absence. High perceived time pressure increased long-term sickness absence, which high [working time control] decreased long-term sickness absence”*<sup>147</sup>. In the context of staff autonomy and control, The King’s Fund emphasised in 2019 how challenging it is to *“ensure everyone feels they have a voice and influence in the...management of the organisation... [But] it requires ensuring that staff feel their organisations are just and fair places to work”* and moving away from hierarchy to encourage a collective approach to leadership<sup>148</sup>.

67. Ala-Mursula et al., also found that *“transformational leadership behaviours may have an adverse effect on those employees who frequently show up for work while ill”*<sup>149</sup>, particularly where they are depicted as encouraging staff to *“perform above and beyond the call of duty”*<sup>150</sup>. The authors went on to draw upon the 1999 work of Bass and Steidlmeir who *“distinguished between authentic transformational leavers and pseudo-transformational leaders”*<sup>151</sup> with the latter manipulating staff to ‘do the right thing’ when is at the expense of the staff members health in order to achieve goals. Neilsen and Daniels went on to suggest the negative impacts of transformational leaders on sickness absence could be explained by the ‘pseudo-transformational leader’ concept<sup>152</sup>. Rather than discounting transformational leadership and the recognised benefits to staff wellbeing, they concluded that *“leaders need to strike a balance between encouraging vulnerable followers to perform above and beyond the call of duty and managing followers’ health and wellbeing”*<sup>153</sup>.

68. Kangas et al., in the Journal of Business Ethics in 2015, explored the ‘ethical culture’ of organisations to identify the extent to which ‘ethical’ characteristics of organisations can contribute to a lower sickness absence rate<sup>154</sup>. This amounted to the extent to which there was congruence or equivalence between the organisational and management values and those of staff. They described an ethical culture as including *“organisational resources such as adequate time and resources, and social resources, such as support from the organisation and supervisors in acting ethically”*<sup>155</sup>. Based on research within a large Finnish public sector body, they found that

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<sup>146</sup> Natti, J. et al. (2015) [Time pressure, working time control and long-term sickness absence](#). Occupational and Environmental Medicine

<sup>147</sup> Natti, J. et al. (2015) [Time pressure, working time control and long-term sickness absence](#). Occupational and Environmental Medicine

<sup>148</sup> West, M. (2019) [The NHS crisis of caring for staff: What do we need to do?](#). The King’s Fund

<sup>149</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>150</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>151</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>152</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>153</sup> Neilsen & Daniels. (2016) [The relationship between transformational leadership and follower sickness absence: the role of presenteeism](#). Work and Stress

<sup>154</sup> Kangas et al. (2015) [Is the ethical culture of the organisation associated with sickness absence? A multilevel analysis in a public sector organisation](#). Journal of Business Ethics

<sup>155</sup> Kangas et al. (2015) [Is the ethical culture of the organisation associated with sickness absence? A multilevel analysis in a public sector organisation](#). Journal of Business Ethics

such an organisational culture does play a role in improving staff wellbeing, as indicated by lower sickness absence, and that the role of supervisors (line-managers) play a particularly important role in maintaining this culture<sup>156</sup>. They found that *“the stronger the employees perceived the presence of congruency of supervisors, congruency of senior management, feasibility, supportability, transparency, discussability, and sanctionability to be, the less the sickness absence.”*<sup>157</sup> This suggests that the closer the equivalence between staff values and workplace values, particularly those demonstrated at the line-management level, the lower levels of sickness absence.

#### Questions for discussion:

- 1. To what extent are sickness absence and presenteeism a challenge for your service? How do you know this?**
- 2. What evidence or insights do you have about what is driving/enabling this situation?**
- 3. What mechanisms do you have in place to enable ‘work control’ and what mechanisms to ‘support’ staff? Which of these areas could you develop further?**

#### Workload and staff wellbeing

69. In 2016, the North West of England PWP Professional Network conducted a survey among Psychological Wellbeing Practitioners (PWPs) in conjunction with their ‘pathfinder site for a staff wellbeing learning collaborative’. They found at that time that *“Two-thirds of respondents often found the job stressful; 50% were rarely or never satisfied with the amount of time they spent on administration; 50% were rarely or never satisfied with the amount of time they spent meeting performance targets and nearly three quarters’ feel pressured into meeting targets and 50% were often or always satisfied with the amount of time they have for supervision”*<sup>158</sup>.

70. Patient need for IAPT services is increasing as is, arguably, the pressure within services to meet this demand. In 2017, the Mental Health Workforce Plan for England set out how an ‘additional 4,500 therapists [would be needed] between 2016 and 2020 in conjunction with the development of some Integrated IAPT Services’<sup>159</sup>, in order to adapt to the increasing patient need for IAPT services. It also highlighted how some ‘productivity gains’ in IAPT services could be achieved through online service delivery and *“enhance the capacity of available trained therapists”*<sup>160</sup>. By increasing capacity in IAPT it was expected that need for other health interventions, such as urgent care and admissions, could be reduced<sup>161</sup>. Since then, many services have rapidly expanded, some taking on significant cohorts of newly qualified staff, or staff in training. This mix of demand and supply-side pressure is likely to have a bearing on how current IAPT staff feel at work, are able to manage the workload demands placed upon them – including

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<sup>156</sup> Kangas et al. (2015) [Is the ethical culture of the organisation associated with sickness absence? A multilevel analysis in a public sector organisation](#). Journal of Business Ethics

<sup>157</sup> Kangas et al. (2015) [Is the ethical culture of the organisation associated with sickness absence? A multilevel analysis in a public sector organisation](#). Journal of Business Ethics

<sup>158</sup> Kell, L. (2016) [PWP Wellbeing a pathfinder site for the staff wellbeing learning collaborative](#). North West PWP Professional Network

<sup>159</sup> NHS Health Education England website. (2017) [Stepping forward to 2020/21: The mental health workforce plan for England](#). NHS Health Education England

<sup>160</sup> NHS Health Education England website. (2017) [Stepping forward to 2020/21: The mental health workforce plan for England](#). NHS Health Education England

<sup>161</sup> NHS Health Education England website. (2017) [Stepping forward to 2020/21: The mental health workforce plan for England](#). NHS Health Education England

responding to change and flux, and their own sense of wellbeing.

71. Similarly, a number of IAPT staff burnout studies have been conducted by Kostaki (2018), Turnpenny (2017), and Westwood et al. (2017) showing that *“higher therapist workload was an important predictor of stress and burnout”*<sup>162</sup> and that *“the work environment and organisational structure in which IAPT clinicians and trainees work has an important impact on stress and burnout”*<sup>163</sup>. In particular, Kostaki (2018) found that *“more manageable workload, more positive relationships with colleagues and more managerial support – were associated with less perceived stress”*<sup>164</sup>. Although research specifically into the experiences of IAPT trainees is less developed Owen et al., (2021) posited that IAPT trainees may experience more stress and burnout than qualified staff<sup>165</sup>.

#### *Stress and workload demands*

72. The Health and Safety Executive in 2001 identified six factors leading to workplace stress, in its ‘Six stressor domains in the work environment’<sup>166</sup><sup>167</sup>. The first factor listed was ‘demands’ comprising ‘workload, work patterns and environment’. As McCloskey and Taggart said in 2010: *“There is a growing consensus that stress entails a sequence of events triggered by the presence of demands”*<sup>168</sup>.

73. A study published in 2002, from Walsh and Walsh, explored the links between the mental health of mental health practitioners and patient caseload complexity. The authors started by highlighting existing evidence of a link between practitioner mental health and larger caseloads, longer patient contact time, and severity of patient condition (citing the work of Carson, et al. from 1996 and Landeweerd & Boumans, 1988 etc), and an association of high job demand with low job satisfaction in psychiatric hospital nurses (from Janman, et al., 1988)<sup>169</sup>. They went on to find a positive relationship between the complexity of patient caseload and better practitioner mental health.

74. The study mainly involved community mental health nurses. But also included psychologists and other mental health practitioners. It found that higher patient need was associated with greater role clarity, and researchers considered that *“perhaps staff are prepared for working with high levels of need, know what is expected of them with this client group, and thus are able to plan clear goals”* and this accounted for better practitioner mental health<sup>170</sup>. They concluded that role clarity may be a *“predictor of staff mental health and is itself predicted by some caseload features”*<sup>171</sup>. (The study was however limited by the small sample size and validity issues around

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<sup>162</sup> Owen, J et al. (2021) [Stress and burnout in Improving Access to Psychological Therapies \(IAPT\) trainees: a systematic review](#). The Cognitive Behavioural Therapist

<sup>163</sup> Owen, J et al. (2021) [Stress and burnout in Improving Access to Psychological Therapies \(IAPT\) trainees: a systematic review](#). The Cognitive Behavioural Therapist

<sup>164</sup> Owen, J et al. (2021) [Stress and burnout in Improving Access to Psychological Therapies \(IAPT\) trainees: a systematic review](#). The Cognitive Behavioural Therapist

<sup>165</sup> Owen, J et al. (2021) [Stress and burnout in Improving Access to Psychological Therapies \(IAPT\) trainees: a systematic review](#). The Cognitive Behavioural Therapist

<sup>166</sup> McCloskey, S & Taggart, L (2010) [How much compassion have I left? An exploration of occupational stress among children’s palliative care nurses](#). International Journal of Palliative Nursing

<sup>167</sup> Health and Safety Executive website. [Work-related stress and how to manage it](#). Health and Safety Executive

<sup>168</sup> McCloskey, S & Taggart, L (2010) [How much compassion have I left? An exploration of occupational stress among children’s palliative care nurses](#). International Journal of Palliative Nursing.

<sup>169</sup> Walsh & Walsh. (2002) [Caseload factors and the psychological well-being of community mental health staff](#). Journal of Mental Health

<sup>170</sup> Walsh & Walsh. (2002) [Caseload factors and the psychological well-being of community mental health staff](#). Journal of Mental Health

<sup>171</sup> Walsh & Walsh. (2002) [Caseload factors and the psychological well-being of community mental health staff](#). Journal of Mental Health



caseload data used.)

75. An earlier and alternative study from 1987, investigating the impact of workplace context (institutional or private practice settings) and caseload on burnout of psychotherapists, found that practitioners with patients with more severe mental health conditions in institutional settings reported 'more stress and more professional doubt and personal depletion'. While therapists in private practice settings experienced less personal depletion but more stress. The study also variously discussed practitioner perceptions of complexity, practitioner adaptability, patient behaviours, and professional experience. The findings suggested that *"Therapists with more disturbed patients reported more stress from maintaining the therapeutic relationship and more professional doubt and personal depletion...suggest[ing] that practice setting and caseload may be factors in vulnerability to burnout"*<sup>172</sup>.

76. Similarly, in 2017 a New Zealand study of midwives also found workplace setting to be a factor relating to staff burnout. Dixon et al., studied midwives working in an employed setting and those self-employed working in community settings. They found *"...self-employed midwives, providing continuity of care in a caseload model, either full-time or combined with some employed work, had much better emotional health (lower levels of burnout, anxiety, stress and depression) than midwives working in an exclusively employed capacity"*<sup>173</sup>. Similar to multiple other studies, they found a mix of available support and autonomy was a protective factor against burnout<sup>174</sup>, and concluded that *"the quality of midwifery management was fundamental to how midwives assessed their emotional health"*<sup>175</sup>.

77. Alternatively in 2000, Edwards et al. found the opposite from their stress and burnout literature review, where health professionals working in Wales as part of community teams experienced more stress and burnout linked to increasing workloads, increasing administration and lack of resources<sup>176</sup>. They also summed up by identifying that *"Stressors intrinsic to the job itself included increases in workload and administration, problems surrounding time management, having to see inappropriate referrals, safety issues revolving around and dealing with potentially violent and suicidal clients"*<sup>177</sup>.

#### *Autonomy and flexibility*

78. Similar to the above, autonomy has frequently been shown as a protective factor against burnout. A Northern Ireland study from Parahoo in 1991 identified 30 factors that contributed to the job satisfaction of community mental health nurses, with *"the most frequently identified factors contributing to job satisfaction were 'working independently', 'being one's own manager' and 'being an independent practitioner'"*<sup>178</sup>. This could suggest that in some cases,

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<sup>172</sup> Hellman & Morrison. (1987) [Practice setting and type of caseload as factors in psychotherapist stress](#). *Psychotherapy: Theory, Research, Practice, Training*

<sup>173</sup> Dixon, L. et al. (2017) [The emotional wellbeing of New Zealand midwives: Comparing responses for midwives in caseloading and shift work settings](#). *New Zealand College of Midwives Journal*

<sup>174</sup> Dixon, L. et al. (2017) [The emotional wellbeing of New Zealand midwives: Comparing responses for midwives in caseloading and shift work settings](#). *New Zealand College of Midwives Journal*

<sup>175</sup> Dixon, L. et al. (2017) [The emotional wellbeing of New Zealand midwives: Comparing responses for midwives in caseloading and shift work settings](#). *New Zealand College of Midwives Journal*

<sup>176</sup> Edwards, et al. (2000) [Stress and burnout in community mental health nursing: a review of the literature](#). *Journal of Psychiatric and Mental Health Nursing*

<sup>177</sup> Edwards, et al. (2000) [Stress and burnout in community mental health nursing: a review of the literature](#). *Journal of Psychiatric and Mental Health Nursing*

<sup>178</sup> Edwards, et al. (2000) [Stress and burnout in community mental health nursing: a review of the literature](#). *Journal of Psychiatric and Mental Health Nursing*

despite level of workload, having some work autonomy in managing and organising work can help mitigate the risks of stress leading to burnout.

79. In 2010 a study from McCloskey and Taggart investigated palliative care nurses and occupational stress in Northern Ireland, based on 18 participants. It found the *“development of positive coping strategies, including purposeful problem solving, self-care and learning through reflection was ...essential”*. It also suggested *“organisational attention should be given to ...peer support, critical incident debriefing and clinical supervision”*<sup>179</sup>. The stressors, as experienced by nurses, identified in the study included workplace demands, such as ‘emotional load’, ‘ethical conflicts’, ‘constraints to good care’, ‘limited resources’ and ‘administration’<sup>180</sup>.
80. In 2021, West et al., explored the links between ‘leader support, staff influence over work decisions, work pressure and patient satisfaction’<sup>181</sup>. They argued that although levels of staffing ‘contribute’ to work pressure other factors are also relevant with *“lack of voice and influence, and fear and blame cultures”* being recognised<sup>182</sup>. In fact, they highlighted that ‘staff influence over decisions’ may be a psychological buffer to negative aspects of work pressure<sup>183</sup>. In particular, supportive leaders are characterised as *“giving clear feedback, seeking team member input about decisions that affect their work...and showing appreciation for people’s work”*<sup>184</sup>.

#### *Demand management*

81. Monica Duncan, in 2019, in the British Journal of Community Nursing, defined workforce resilience as *“the amount of flexibility in the team”* which can lose balance when *“capacity (funding and staff availability) and demand (workload and both clinical and quality standards)”* increase beyond *“equilibrium”*<sup>185</sup>. She went on to describe three potential scenarios that occur when a *“demand for services exceeds the ability of a team to respond”*<sup>186</sup>. These were:
- Stage 1 - a limited response with rapid recovery, following temporary increase in workload,
  - Stage 2 – recovery period, with “protracted” service compromise then recovery, and
  - Stage 3 – a sustained increase in pressure, needing longer term “transformational change”<sup>187</sup>.
82. Duncan implied that maintaining resilience in that context required *“prior planning to predict what ‘normal’ demand for services is on a daily basis and... trying to predict what future demand*

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<sup>179</sup> McCloskey & Taggart. (2010) [How much compassion have I left? An exploration of occupational stress among children’s palliative care nurses](#). International Journal of Palliative Nursing

<sup>180</sup> McCloskey & Taggart. (2010) [How much compassion have I left? An exploration of occupational stress among children’s palliative care nurses](#). International Journal of Palliative Nursing

<sup>180</sup> McCloskey & Taggart. (2010) [How much compassion have I left? An exploration of occupational stress among children’s palliative care nurses](#). International Journal of Palliative Nursing

<sup>181</sup> West. et al. (2021) [The relationship between leader support, staff influence over decision making, work pressure and patient satisfaction: a cross-sectional analysis of NHS datasets in England](#). BMJOpen

<sup>182</sup> West. et al. (2021) [The relationship between leader support, staff influence over decision making, work pressure and patient satisfaction: a cross-sectional analysis of NHS datasets in England](#). BMJOpen

<sup>183</sup> West. et al. (2021) [The relationship between leader support, staff influence over decision making, work pressure and patient satisfaction: a cross-sectional analysis of NHS datasets in England](#). BMJOpen

<sup>184</sup> West. et al. (2021) [The relationship between leader support, staff influence over decision making, work pressure and patient satisfaction: a cross-sectional analysis of NHS datasets in England](#). BMJOpen

<sup>185</sup> Duncan, M. (2019) [Getting the best out of staff in a district nursing team: nurturing resilience](#). British Journal of Community Nursing

<sup>186</sup> Duncan, M. (2019) [Getting the best out of staff in a district nursing team: nurturing resilience](#). British Journal of Community Nursing

<sup>187</sup> Duncan, M. (2019) [Getting the best out of staff in a district nursing team: nurturing resilience](#). British Journal of Community Nursing

*might look like to inform escalation arrangements*<sup>188</sup>. She posited that this kind of managed response would *“reassure team members that their frustrations with workload pressures are being heard and acted on and may help to reduce workplace stress, sickness and staff turnover”*<sup>189</sup>.

#### *Emotional labour*

83. Cramer et al., in 2019 described ‘emotional labour’ being where *“workers [are] required to engage with persons in direct contact situations [and] manage experience and expression of their own emotions in order to accomplish the professional task”*<sup>190</sup>. While Johnson et al. in 2018 investigated mental health staff and burnout by conducting a literature review of trends and causes of mental health worker burnout. Drawing on multiple sources, including from 2004 onwards, they argued many of the factors associated with burnout in other healthcare professions also applied to mental health staff, such as *“inadequate staffing, excessive workload, poor leadership, lack of support, and lack of opportunity for skills development”*<sup>191</sup>. However, they expanded on this by arguing that additional or heightened factors inherent in mental health work could predispose these staff to higher levels of stress and burnout.
84. They too described the *“emotional labour”* of caring for mentally unwell patients, ‘high levels of violence, detaining and treating patients against their will, and caring for patients who may harm themselves’ and the risk of suicide associated with some mental health patients. They said *“These emotional demands induce moderate to high stress in mental healthcare staff (McGrath et al. 1989), as well as high rates of depression”*<sup>192</sup>. In response, they suggested a mix of individual and organisational responses, with the latter including ‘educational interventions, work scheduling changes, and teamwork training’<sup>193</sup>.
85. Arising from a meta-analysis, Johnson et al. found that individual interventions were more effective than organizational interventions for burnout reduction, and organizational interventions alone did not effectively reduce burnout. However, they noted that potentially effective organisational interventions included: *“increasing staffing levels, which would both improve staff–patient ratios, facilitate time for clinical supervision and training and give staff time to monitor patients at risk of self-harm or suicide, (ii) training in known areas of need, such as de-escalation of violence, reducing coercive practices and the management of self-harm and suicide risk, (iii) training managers in leadership skills, (iv) effective supervision (White & Winstanley 2010), and (v) improving support for staff after incidents have occurred (Goulet & Larue 2016)”*<sup>194</sup>.
86. In 2013 research, mental health therapists engaged in trauma work with working-age adults in ten NHS Trusts were surveyed to investigate how trauma cases affected the practitioner. A higher risk of staff burnout was associated with higher risks of secondary traumatic stress

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<sup>188</sup> Duncan, M. (2019) [Getting the best out of staff in a district nursing team: nurturing resilience](#). British Journal of Community Nursing

<sup>189</sup> Duncan, M. (2019) [Getting the best out of staff in a district nursing team: nurturing resilience](#). British Journal of Community Nursing

<sup>190</sup> Cramer, R. et al. (2019) [Coping, mental health, and subjective well-being among mental health staff working in secure forensic psychiatric settings: Results from a workplace assessment](#). UCLAN

<sup>191</sup> Johnson, J et al. [Mental healthcare staff wellbeing and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions](#). International Journal of Mental Health Nursing

<sup>192</sup> Johnson, J et al. [Mental healthcare staff wellbeing and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions](#). International Journal of Mental Health Nursing

<sup>193</sup> Johnson, J et al. [Mental healthcare staff wellbeing and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions](#). International Journal of Mental Health Nursing

<sup>194</sup> Johnson, J et al. [Mental healthcare staff wellbeing and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions](#). International Journal of Mental Health Nursing

arising from practitioner handling of adult trauma patient cases, and they were both associated with a lower potential for compassion satisfaction at work. They went on to find that *“maturity, time spent engaging in R&D activities, and a higher perceived supportiveness of management and their supervision predicted higher potential for compassion satisfaction in therapists”*<sup>195</sup>, where as *“youth and a low perceived supportiveness of management were risk factors for burnout”*<sup>196</sup>. The findings included how staff engaging in research and development were more likely to experience compassion satisfaction at work, arguing that *“perhaps this time spent away from direct client work helps therapists bring a balance to their work life”*<sup>197</sup>. They clarified that compassion satisfaction comprises level of job satisfaction; how competent and in control and person feels in their work; and availability of *“positive collegiate support”*<sup>198</sup>.

### *Building resilience*

87. A study based in Paediatric Oncology Services in Queensland from 2018 considered interventions that could build staff resilience for working in a specialty that, they explained, experiences 31% staff burnout<sup>199</sup>. They argued that as well as *“training, staff need a range of personnel-and organization-directed interventions to address the risk of burnout, ... A review of coping and resilience in paediatric oncology nurses found strategies needed to be flexible, diverse, and acknowledge the personal nature of coping and resilience”*.
  
88. A wellbeing programme was implemented in Queensland with one part focused on *“addressing urgent individual needs and the next focusing on team culture”*. Strategies included: *“embedding wellbeing training sessions within the existing education programs, a review of the debriefing process... targeted workshops with multidisciplinary teams, group supervision, developing and following up on self-care plans, provision of information and resources on well-being... and tools for staff to assess their character strengths, self-care, and well-being. ... acknowledging staff achievements, initiating a well-being “champions network”, addressing equipment and facility issues, connecting staff through social activities, and communicating self-care opportunities”*<sup>200</sup>. While these interventions had raised wellbeing awareness amongst staff, the researchers concluded interventions needed to go *“beyond addressing the needs of individual staff and start addressing the organizational aspects of well-being, such as team culture”*<sup>201</sup>.
  
89. Revallier et al., in a mixed methods study from 2020, using a survey and semi-structured interviews, looked at workers in three NHS trusts to understand staff wellbeing and stress. Using the ‘job resources-demands model’ (where ‘resources act as a buffer against job demands, unless demands outweigh resources when it can lead to stress and eventually burnout’) they thematically analysed interview responses to find ‘high workload’ and ‘changes

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<sup>195</sup> Sodeke-Grigson E.A., et al. (2013) [Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients](#). European Journal of Traumatology

<sup>196</sup> Sodeke-Grigson E.A., et al. (2013) [Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients](#). European Journal of Traumatology

<sup>197</sup> Sodeke-Grigson E.A., et al. (2013) [Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients](#). European Journal of Traumatology

<sup>198</sup> Sodeke-Grigson E.A., et al. (2013) [Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients](#). European Journal of Traumatology

<sup>199</sup> Slater, PJ et al. (2018) [Evaluation of a staff well-being program in a paediatric oncology, haematology, and palliative care services group](#). Journal of Healthcare Leadership

<sup>200</sup> Slater, PJ et al. (2018) [Evaluation of a staff well-being program in a paediatric oncology, haematology, and palliative care services group](#). Journal of Healthcare Leadership

<sup>201</sup> Slater, PJ et al. (2018) [Evaluation of a staff well-being program in a paediatric oncology, haematology, and palliative care services group](#). Journal of Healthcare Leadership

at work' were notable factors in generating stress, with workload being a "predominant" workplace stressor by research participants<sup>202</sup>. One participant described, for example, "unrealistic deadlines and workloads and consecutive clinic appointments: "Sometimes you're asked to do things at very short notice which sometimes is nigh impossible" (P16, consultant, female)." <sup>203</sup>

90. This research also highlighted how workplace communication and inter-personal relations can have a positive or negative bearing on staff wellbeing. For some participants, 'bottom-up' communication – staff making suggestions about changes to senior staff, was something they felt able to do comfortably, while for many it was felt 'top down' communication, from seniors to staff, was poorly handled - such as communicating change after the event<sup>204</sup>. The researchers also highlighted the positive impact good working relationships between staff and their peers could have on staff wellbeing, saying "Peers were a source of support.." and "... they appeared to be a key source of encouragement for many..."<sup>205</sup>.
91. Pettit and Stephen in 2015 explored professional resilience among health visitors. Among the range of factors identified that negatively impacted the resilience of health visitors was workload and work/life balance. These researchers identified a range of interventions that they argued promoted "compassionate behaviours" in the workplace, to support practitioner resilience in the face of multiple adverse factors. These included: "supervision, mentoring, coaching, courageous conversations, relationship-based models, action learning, performance feedback, interagency/disciplinary groups, peer support and compassionate resilience"<sup>206</sup>. They particularly drew attention to the benefits of supervision comprising a 'restorative function', saying: "Professionals receiving supervision with a restorative function report an improvement in both professional and personal outcomes, including their resilience to stress whilst maintaining compassion, improved working relationships and team dynamics, managing a work/life balance more effectively and an increase in enjoyment and satisfaction related to their work"<sup>207</sup>. The restorative elements involved 'listening, supporting, and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations, enhancing personal confidence and self-efficacy, and addressing stress management techniques'<sup>208</sup>.
92. In discussing compassionate resilience, Pettit and Stephen, highlighted six skills to support health visitors to uphold their resilience despite "challenging [workplace] circumstances" these were: "enhancing self-awareness, being in the now, developing acceptance, expressing vulnerability, building supportive relationships, and fostering hope"<sup>209</sup>. They concluded that "professionals receiving restorative supervision report an improvement in their resilience to

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<sup>202</sup> Revallier, J. et al. (2020) [Work Stress in NHS Employees: A Mixed-Methods Study](#). International Journal of Environmental Research and Public Health

<sup>203</sup> Revallier, J. et al. (2020) [Work Stress in NHS Employees: A Mixed-Methods Study](#). International Journal of Environmental Research and Public Health

<sup>204</sup> Revallier, J. et al. (2020) [Work Stress in NHS Employees: A Mixed-Methods Study](#). International Journal of Environmental Research and Public Health

<sup>205</sup> Revallier, J. et al. (2020) [Work Stress in NHS Employees: A Mixed-Methods Study](#). International Journal of Environmental Research and Public Health

<sup>206</sup> Pettit & Stephen. (2015) [Supporting Health Visitors and Fostering Resilience: Literature Review](#). Institute of health Visiting/NHS Health Education England

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<sup>208</sup> Pettit & Stephen. (2015) [Supporting Health Visitors and Fostering Resilience: Literature Review](#). Institute of health Visiting/NHS Health Education England

<sup>209</sup> Pettit & Stephen. (2015) [Supporting Health Visitors and Fostering Resilience: Literature Review](#). Institute of health Visiting/NHS Health Education England

*stress whilst maintaining compassion, improved working relationships and team dynamics, managing a work/life balance more effectively and an increase in enjoyment and satisfaction related to their work”<sup>210</sup>.*

93. In thinking about workload, it may be helpful to consider these insights in conjunction to responses to the following NHS Staff Survey questions, for example:

<b>Qu.</b>	<b>NHS Staff Survey Question</b>
Q3c	Able to do my job to a standard I am pleased with
Q4e	Able to meet conflicting demands on my time at work
Q4g	Enough staff at organisation to do my job properly
Q5c	Satisfied with support from colleagues
Q5d	Satisfied with amount of responsibility given
Q6a	I have realistic time pressures
Q6b	I have a choice in deciding how to do my work
Q7c	Able to provide the care I aspire to
Q8b	Immediate manager can be counted on to help with difficult tasks

**Questions for discussion:**

- 1. Where are the workload pressure points in your service? How do you know this?**
- 2. In what areas do your staff thrive within their current workload, and why might this be?**
- 3. What mechanisms are in place to support and restore staff in the face of ‘emotional labour’? In what ways could these be improved or further developed?**

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<sup>210</sup> Pettit & Stephen. (2015) [Supporting Health Visitors and Fostering Resilience: Literature Review](#). Institute of health Visiting/NHS Health Education England

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