Should I stay or should I go? - 2

Monitoring influences on NHS staff retention in the post COVID-19 world

Winter 2020 to spring 2023

IPR Report

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April 2024

IPR Institute for Policy Research

Acknowledgements

The research on which this report is based could not have been conducted without the funding of the Economic and Social Research Council (grant reference number ES/V015389/1) and follow-on funding from the health sector; research portfolio adoption of the study by the National Institute for Health Research; and facilitation of access to samples by YouGov, participating NHS Trusts, and UNISON.

Most importantly we extend our heartfelt thanks to all the NHS employees who participated in this research between November 2020 and May 2023, for finding the time to take part during a period of unprecedented challenges arising from the intersect between primary and secondary impacts of the COVID-19 pandemic.

Thank you also to the members of the ESRC funded project advisory panel, for their support, insight and contribution, Professor Julie Barnett (University of Bath), Alan Lofthouse (UNISON), Jacqueline Prosser, Fiona Holbrough & Charlene Pressley (NHS England), Nicola Lee (RCN), particularly during the early stages of development of our NHS employee survey question sets.

The conclusions and implications detailed in this report are those of the authors and do not necessarily reflect the interpretation placed on the survey findings by the project funders.

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Overview

The issue of staff retention in the NHS is not new but has been brought into sharp relief in the post-COVID-19 era of unpreceded staff shortage. While steps have been taken to train new health professionals and recruit from overseas, net gains to the NHS staff complement are at risk of being significantly blunted or defeated in the absence of finding ways to stabilise and enhance the retention of established staff.

At the institutional level, what has been widely characterised as a pandemic of *early-exit* risks a spiral of inter-related losses becoming endemic. Foreseeable impacts include loss of expertise and institutional memory, degraded capacity to deliver patient care, degraded workforce and work-team stability, loss of return on investment in health professional training, and increased human resource costs to employers (e.g. recruitment and employment of bank/agency staff). All have implications for standards of patient care and the potential to negatively impact on the well-being of staff in-post to the extent that it risks degrading their disposition and/or capacity to remain.

The foundation research on which this report is based, '**Should I stay or should I go? NHS staff retention in the post COVID-19 world: Challenges and prospects**', was funded by the Economic and Social Research Council, in response to the UKRI open-call for COVID-19 relevant social research in spring 2020, supplemented by follow-on funding from the health sector.

At its inception the research aims were to provide human resource strategy and policy relevant insight into:

- the impact of the COVID-19 experiences and its legacy on employees' strength of attachment, commitment and capacity to remain in NHS employment;
- the relative salience and strength of push and pull variables on staff stay versus leave intentions and behaviour;
- what might need to change to motivate/enable current employees to remain in NHS employment; and
- the need, nature and scope for intervention to maintain/enhance retention rates.

At Wave Four of our survey, the scope of data gathering broadened from its initial focus on primary impacts arising from COVID-19 in 2020/21 and its legacy to include other features of the post- pandemic work environment, including: staff shortages, workload, job-demands, working conditions, pay and other background climate factors on staff resilience, capacity and disposition to remain.

This report provides an overview of headline findings from the NHS employee survey component of our research. The survey sample covered all staff types, however a central focus was on health professionals and associated care staff, due to the more restricted scope for personnel substitution.

The current report is focused on findings from Wave Four of the survey, conducted in spring 2023, and represents an update on and point of comparison with findings from

the three earlier waves (winter 2020/21, summer/autumn 2021 and spring/summer 2022), published in the University of Bath Institute for Policy Research report series in January 2023 (Weyman et al. 2023).

In common with Wave Three, the Wave Four survey was completed by a sample of NHS employees in England. Waves One and Two were completed by UK-wide samples. However, the close alignment of the response profiles across the devolved nation samples in Waves One and Two gives confidence to considering Waves Three and Four findings to have UK-wide generalisability and relevance.

Main findings

The most prominent and salient finding from the four waves of data gathering between winter 2020/21 and spring 2023 is that, while impacts on staff well-being and disposition to remain in NHS employment directly attributable to the COVID-19 pandemic have attenuated, the core feature of insufficient institutional capacity to meet the demand for care persists. This presents as the biggest single root cause and challenge to staff resilience, in so far as it plays a key role in defining the NHS workplace climate, and the boundaries of the choice architecture of options available to managers and staff. Perhaps the most striking finding is the 24 percentage point drop from 61% to 37% in the proportion of staff who '*would recommend working for the NHS to others'* between winter 2020/21 and spring 2023.

Shortages of resources, in particular of staff, is perhaps most appropriately characterised as an extrinsic source of work-related stress, i.e. stress attributable to elements above and beyond the intrinsic features of a given profession/job role, but with the potential to produce corrosive secondary impacts on intrinsic elements, in particular job satisfaction and quality of working life. Secondary impacts include, but are not limited to, anxiety and frustration over standards of patient care, worry over making errors, future institutional and individual capacity and ability to cope, underpinned by low morale and low confidence over improvement to workload and working conditions in the near future.

These and related issues present as underpinning the widespread and enduring impression conveyed by our respondents of the NHS as an institution, experiencing unprecedented crisis, that undervalues its staff. Irrespective of whether staff impressions and beliefs are judged to be well-founded/reflect the reality, they embody the potential to constitute important drivers of behaviour, including stay or leave decisions.

The profile of a number of issues, notably those arising directly from the pandemic, e.g. worry over its resurgence, availability of personal protective equipment and the impact of removing COVID-19 risk controls, show a positive change in response profiles since winter 2020/21.

At Wave Four there is also an indication of some stabilisation of the rising profile of rates of staff applying for jobs outside the NHS that was apparent within the three previous waves of the survey. However, the (all-staff) external (non-NHS employment) application rate remains quite high at around one in seven employees, and one in four for certain segments, notably early career staff, ambulance service personnel and those who are regularly redeployed. In addition, there has been a steady rise in the proportion of staff who report looking into non-NHS job opportunities. This, in common with other evidence of structural/experiential demographic differences in leave versus stay orientation, points to the potential gains from a segmented approach to intervention focused on high risk (of exit) groups.

Overall, the majority of issues explored showed no change, or rising negative trajectories, i.e. ratings of an array of fundamental issues have become more negative between 2020 and 2023, year on year. Their persistence in the context of falling demand for COVID-19 care is suggestive of deeply rooted issues, that do not present

as transitory consequences of the unprecedented demands on staff at the height of the pandemic, or are solely attributable to the pandemic and its legacy.

This would seem to suggest that either the increasingly negative profile of these variables was present and incubating prior to the emergence of COVID-19, although plausibly becoming more visible because of the pandemic, or that negative changes to working conditions/arrangements that emerged in response to the pandemic have become baked-in features of the new-normal of the post-pandemic workplace climate. It is possible, perhaps likely, that elements of both may be at play.

In spring 2023, around two in three respondents rated staffing levels, workload and feeling undervalued by government as having worsened over the previous six months, a rise from one in two in spring 2022. The ascendant profile of the latter seems likely to be linked to the notably more prominent ranking of pay as a source of dissatisfaction and reason to leave in spring 2023, compared to the three earlier waves of the survey.

At Wave Four, one in two reported a worsening of morale or stress, and confirmed the rising linear profile indicated in previous waves. Mirroring findings at Wave Three, ratings of confidence that working conditions would improve over the next 12 months (from spring 2023) ranged from low (e.g. workload, NHS funding) to modest (e.g. delivering acceptable care) across each of the criteria explored.

Of an array of variables widely associated with employee burnout, around one in two respondents reported tiredness and one in three low energy (every day or on most days). Approximately one in four reported physical exhaustion, mental exhaustion and feeling overwhelmed in spring 2023. Of these, approximately one in two attributed this completely to their job in the NHS and almost all respondents said their work played at least some part. All burnout measures assessed had worsened relative to Wave Three.

The most commonly cited (*push*) reasons why staff leave NHS employment in spring 2023 were, respectively, stress, workload, shortage of staff/resources and pay. The first three reflect close alignment with their profiles in previous waves. A notable change since 2020, however, was the ascendant profile of pay. Pay was ranked eighth of the 15 variables explored in winter 2020/21, rising to fourth in spring 2023.

Contemporary perspectives on staff retention, and consideration of what might need to change to stabilise/enhance retention invariably focus on determining why staff leave. The capacity to recognise the array of *push* variables and their relative influence as precursors to exit is key to informing effective intervention strategy. However, a focus on *push* variables alone risks producing a partial perspective. It is also important to consider the role of *pull* variables, i.e. those factors that underpin why staff continue in their current employment. Insight into both *push* and *pull* variables is necessary to produce a comprehensive perspective on what might need to be preserved, emphasised, or enhanced to support staff well-being and mitigate exit rates.

Our findings indicate not only negative changes in the profile of *push* variables, but also a trend of weakening headline *pull* influences, notably with respect to job security and intrinsic elements relating to job satisfaction from caring for patients and personal commitment to the NHS. While the *pull* of job security might be predicted to be weaker post-COVID-19, in the context of a buoyant alternative domestic and international employment market, decreases in ratings of elements relating to intrinsic job

satisfaction and commitment to the NHS indicate challenges to fundamental elements. Relatedly, the negative profile of ratings of working conditions, concern over standards of patient care, and insufficient time to do their job properly gives rise to the inference that the arising impacts conspire to frustrate the primary motivation of a significant proportion of NHS care providers.

From the perspective of human resource intervention aimed at mitigating recognised *push* threats to staff well-being and disposition/capacity to remain, there are potential gains from activity that extends to mitigating the headline *pull* (stay) variables. While the degree to which the strength and status of *pull* variables can be considered to balance or offset the effect of *push* variables cannot be determined on the basis of the survey data, evidence from established decision-making research supports the conclusion that some degree of compensatory effect seems likely.

NHS human resources policy implications

Our survey, over four waves, focused on contextual influences on NHS employee well-being and other influences on staff disposition/capacity to stay or leave NHS employment over the (post) pandemic period (2020-2023). Reflecting alignment with the risk management systems tradition and evidence-based approaches to organisational learning, the focus was on situational influences and impacts on employees' health, well-being, attitudes, orientation and behaviour.

Its primary objective was to provide robust, replicable and reliable evidence relevant to NHS policy makers, and related stakeholders, to support the identification of priorities for intervention, most acutely with respect to the pressing need to find ways to enhance NHS staff retention rates.

The survey findings indicate a trend of a continuously rising rate of NHS staff actively engaged in steps towards seeking non-NHS employment, although the rate of staff actually submitting applications appears to have stabilised. The biggest *push* effects present as being attributable to direct and indirect impacts arising from staff shortages relative to the demand for care, producing increased workload, and potentially leading to more stress and burnout. The bounded scope for increasing staff numbers in the short to medium term, given the finite latitude for recruitment from overseas and time-lags associated with training of UK health professionals, highlights the need to use insights detailed in this report and other relevant sources, to identify priorities for change to mitigate the impacts of resource shortages on staff well-being and disposition to leave. By implication, failure to do this risks a vicious circle of high exit rates, increasing the pressure placed upon staff, and eroding their disposition/capacity to remain.

From the perspective of intervention aimed at stabilising/enhancing staff retention rates, it is also important to note that while there is overlap, the list of reasons why staff leave (*push*) and stay (*pull*) variables are not simply a mirror image of each other. A comprehensive perspective on intervention likely needs to find ways to both mitigate the former and propagate the latter.

In large degree, and by intention, our survey question set focused on hypothesised precursors, characterisable as challenges and threats, with the potential to erode and degrade employee well-being and disposition/capacity to remain in NHS employment. The data gathered over four waves offers the basis for the development of a set of lead indicators, the continued monitoring of which has the potential to detect change and, critically provide insight into the effectiveness of future intervention activity aimed at stabilising/enhancing retention rates. Lead indicator output is relevant in policy and intervention activity at both national and local (regional and individual care provider organisation) levels.

The NHS staff survey affords a degree of insight into salient issues, but there are strong grounds for believing that a dedicated set of lead indicators, monitored on a regular basis, is needed to comprehensively capture the vulnerabilities underpinning staff retention.

1.0 Background and context

This report summarises headline findings from a series of four large-scale surveys of NHS employees, conducted between December 2020 and May 2023. The surveys were initiated as a component of the Economic and Social Research Council (ESRC)-funded research **'Should I stay or should I go? NHS staff retention in the post COVID-19 world: Challenges and prospects'** (grant reference ES/V015389/1), awarded in response to the UK Research Council (UKRC) call for public policy research relevant to the COVID-19 pandemic, supplemented by follow-on funding from within the health sector.

Epistemologically, the research trajectory reflected a systems perspective, focused on contextual influences on NHS employee health, well-being and disposition to stay or leave. Variables explored encompassed structural elements, e.g. working arrangements and practices, workload, working hours, workplace climate, cultural as well as social normative variables, extending to more impressionistic psychosocial variables, e.g. perceptions relating to feeling valued by key stakeholders.

Taking a risk mitigation and control perspective, a central focus was on identifying associative influences that can be characterised as incubating precursors with the potential to degrade: (i) staff resilience and strength of attachment to NHS employment, and (ii) NHS resilience and capacity to meet the demand for care. The focus on leaving relates to exits from NHS employment, rather than internal (within the NHS) transitions, underpinned by the rationale that the former represents the more salient issue of the net loss to public-sector healthcare delivery capacity.

The findings have primary relevance to Department of Health and Social Care and NHS staff, their employers, and other sector stakeholders with respect to identifying issues and priorities for intervention aimed at mitigating the effect of precursors to health professional exit and associated threats to future NHS capacity.

Four waves of data covering the period winter 2020/21 to spring 2023 afford insight into the extent to which phenomena identified at the height of the COVID-19 pandemic can be considered transitory or enduring, specifically whether the profile of the measured variables indicate upward or downward trends or have flatlined.

For this reason, approximately 80% of the survey content was kept constant across the four waves of data capture. However, in recognition of the fact that it was important to take account of the dynamic nature of the pandemic, its legacy, associated Government policy changes, changes within the (alternative) employment market, emergent industrial relations tensions and cost-of-living pressures, around 20% of items were bespoke at each wave.

This report uses our Wave Four data as the primary reference and point of comparison with the response profiles from the previous waves. Due to a change in funding source, survey Waves One and Two were based on UK-wide samples; Waves Three and Four were England only. However, examination of the response profiles in our largest sample at Wave Two (N=~11, 500) revealed close alignment between the devolved nations, which increases confidence in the degree of comparability across the four waves and the UK generalisability from the England-only samples at Waves Three and Four.

Deeper, more rigorous analyses of emergent phenomena, issues and relationships has been and will continue to be the subject of presentations to health sector stakeholders, at professional and academic conferences and through peer-reviewed journal publication.

2.0 A survey of NHS employees

2.1 Themes and topics explored

A breakdown of the headline themes and topics that were explored across the four waves of the survey is provided in table 1.

Table 1: Survey themes & topics explored – Wave 4

Themes	Topics – Psychosocial	Topics – Structural
Reasons why staff stay	Job (dis)satisfaction	Workload
Reasons why staff leave	Support Employer Managers	Resources & staffing levels
What's got better/worse	Physical health	Working hours
Worries & concerns	Mental health	Flexible working
Confidence in the future	Morale	Redeployment
Future work/retirement aspirations	Burnout	Pay & financial well-being
Non-NHS job seeking behaviour	Sickness presenteeism	Career & promotion opportunities
Strength of attachment to NHS	Work-homelife balance	Cost-of-living
What has changed & what needs to change	Recognition of effort/contribution	
	Feeling undervalued Government Senior managers Line Manager	
Aggression from patients/ public		

2.2 Configuration

The survey was produced in an on-line, self-completion format, with a completion time of ~12-15 minutes.

2.3 The sample

The central and common component at each wave of the survey was a sample derived from the YouGov Panel. YouGov has a panel of over a million UK adults recruited from an array of sources, including standard advertising and strategic partnerships. This yielded a UK-wide sample of ~2,000 NHS employees at Waves One and Two, and an England-wide sample of ~1,500 at Waves Three and Four.

In each case, these samples were controlled by occupational group and weighted by age, ethnicity, and region. They provided good and consistent representation by occupational group, type of secondary care provider organisation (acute, mental

health, community and ambulance) and job band/grade. Weights were applied to age, gender identity, ethnicity and region.

The core panel sample provided strong representation of staff in Acute settings and reasonable samples from Mental Health and Community settings but was recognised as unable to yield sufficient numbers of Ambulance sector respondents to support reliable analyses. Therefore, at Waves Two, Three and Four, the Panel sample of ambulance service respondents was boosted by parallel surveys using the same question set within three Ambulance Trusts. Additionally, at Wave Two the Panel sample was supplemented by parallel distributions of the survey within 14 NHS Trusts and a large health sector trade union. The Wave Two sample (n=~11,500) therefore permits a deeper interrogation of response profiles and comparisons than the Wave One, Three and Four data sets.

The principal strength of using the YouGov Panel samples related to their consistency as a basis for detecting stability/change and indications of trend in response profiles over the period winter 2020/21 to spring 2023. A notable feature was that approximately 50% of the sample at Waves Two, Three and Four had participated in one or more previous waves, which supported probing (free text response) reasons where notable changes in ratings were reported across time.

Table 2: Employee survey samples – Waves 1, 2, 3 & 4

	N	Timeframe
Wave 1 – YouGov Panel (UK)	1,962	Dec 2020 – Jan 2021
Wave 2 – YouGov Panel (UK)	2,240	June – July 2021
NHS Trusts	3,287	June – October 2021
Trades Union	8,650	June – October 2021
Wave 3 – YouGov Panel (England)	1,538	April – June 2022
Ambulance Trusts (x 3)	437	June – July 2022
Wave 4 – YouGov Panel (England)	1,643	March – April 2023
Ambulance Trusts (x 3)	1,105	May – June 2023
Total	**20,303**	

Table 3: Core sample breakdown (%) by occupation – Waves 1, 2, 3 & 4

	Wave 1	Wave 2	Wave 3	Wave 4
Nursing/nursing support/midwives	30	30	30	30
Allied health	18	15	15	13
Medical & dental	12	9	10	9
Scientific & technical	7	5	4	4
Ambulance	3	3	3	3
Clinical Management	1	1	1	1
Commissioning Managers	>0.5	1	1	>0.5
Ancillary & support	2	2	2	2
Admin, technical & corporate services	27	29	28	18
Other	>0.5	2	3	1

Table 4: Core sample profile (%) by type of care provider organisation – Waves 1, 2, 3 & 4

	Wave 1	Wave 2	Wave 3	Wave 4
Acute	59	56	57	57
Mental health	15	17	17	17
Community	16	14	15	15
Ambulance	3	4	4	4
Other	6	9	8	7

3.0 Headline findings

This section provides a themed overview of headline findings from the surveys. The primary focus is on Wave Four findings, on the basis of their greater contemporary relevance, and as a benchmark against which to compare the degree of stability/change in response profiles of those questions that were common across the four waves, from the early, mature and post phases of the COVID-19 pandemic.

The quantitative data is augmented with examples of verbatim responses from survey participants for a number of questions that invited open-ended free-text comment. This material is presented in the text boxes embedded within the relevant sections.

3.1 Reasons why staff stay in NHS employment

Respondents were presented with a list of *pull* influences that have been associated with staff remaining in NHS employment, distilled from published research insights. They were asked to '**Pick up to three reasons [from a presented list] that keep you working for the NHS**'[1]. Figure 1 provides a ranking of the relative importance ascribed to the respective *pull* influences.

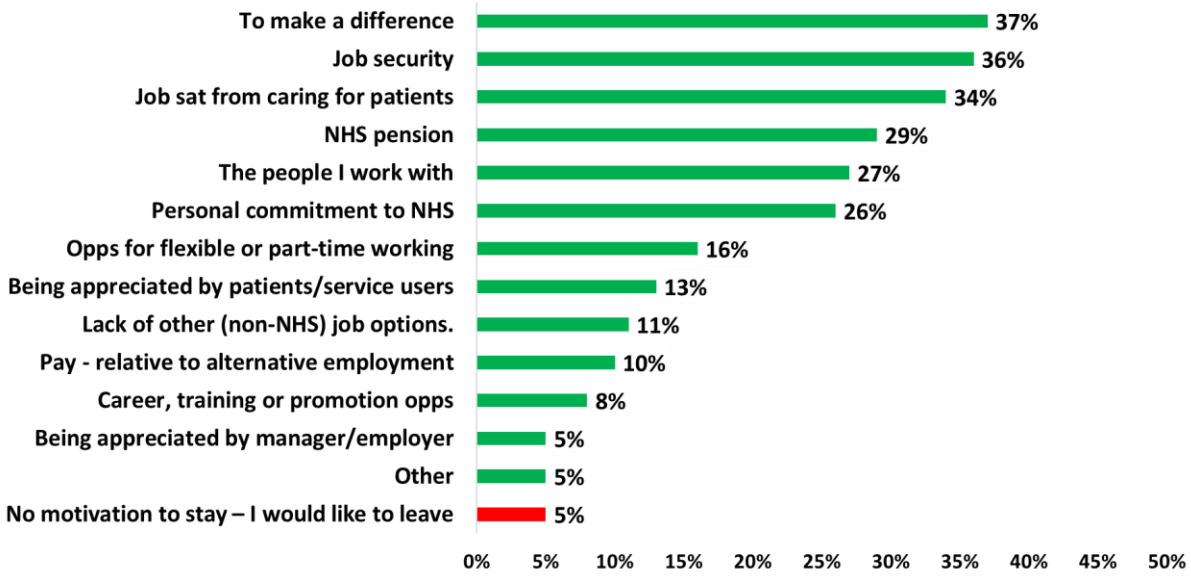

Figure 1: Reasons why staff continue working for the NHS (pull effects) – Wave 4

A comparison of response profiles for the most commonly cited variables across the four waves (figure 2) indicates a linear attenuation of the five most commonly cited *pull* variables: job security, to make a difference, job satisfaction from caring for patients, personal commitment to the NHS and people I work with. The implication is that a number of headline variables that keep staff working in the NHS have weakened/become eroded.

[1] The item presentation order was randomised.

Job security showed a drop of eight percentage points since winter 2020/21. It seems plausible that weakening job security may reflect the rise in opportunities for alternative, non-NHS employment following the re-opening of the economy and background labour shortage. The drops in 'To make a difference' followed by 'Job satisfaction from caring for patients' and 'Personal commitment to the NHS' present as suggestive of the erosion of fundamental elements relating to intrinsic motivation. Alternatively, or possibly additionally, it may be that the response profiles for these variables were amplified at the height of the pandemic and have returned to pre-pandemic norms.

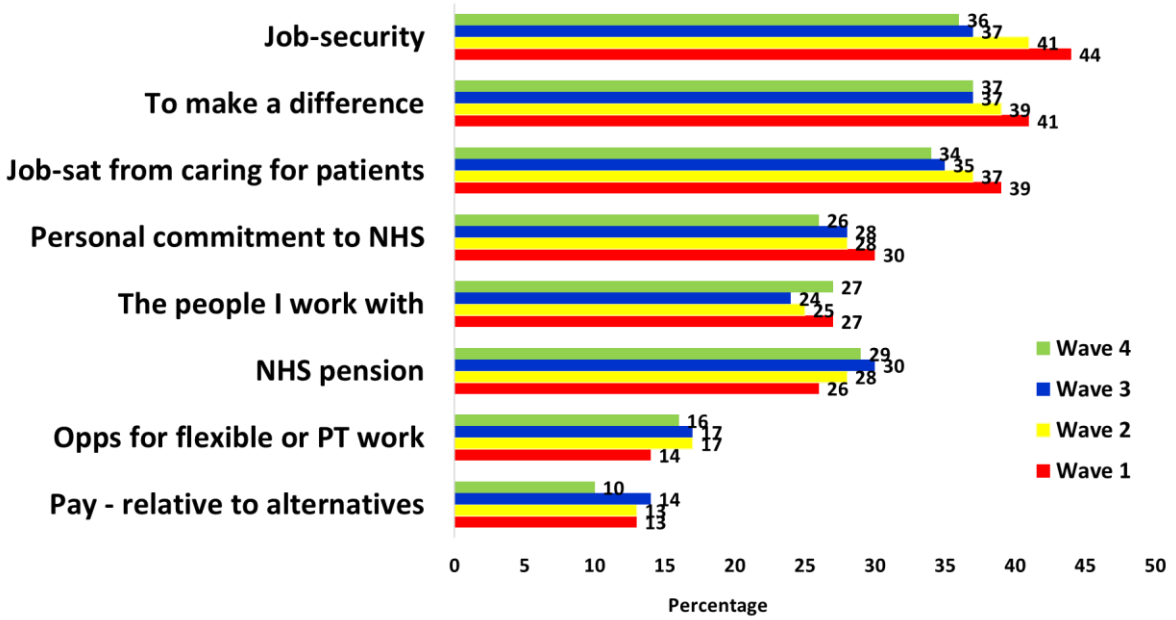

Figure 2: Reasons why staff continue working for the NHS (pull effects) – Waves 4, 3, 2 & 1 compared

Box 1: Example free-text comments – reasons to stay in NHS employment

"The NHS has helped me so much in my life that I feel obliged to work for them. Plus I don't really want to work for private companies." **Mental Health, Community Nursing**

"At the tail end of my career and want to hang on to my current terms and conditions." **Acute, Nursing**

"Don't want to look for another job as really wish I could just retire as I feel I should have done at 60, but can't afford to until I get my state pension." **Acute, Admin & Clerical**

"I love being a Midwife - there are minimal opportunities outside the NHS." **Acute, Midwifery**

3.2 *Reasons why staff leave NHS employment*

Respondents were presented with a list of widely cited precursor (*push*) influences on staff exit from NHS employment. They were asked **'How important are each of the following reasons to explain why staff who do your type of work leave the NHS?'**, referenced to a four-point anchor scale (not at all important, not very important, fairly important, very important). Figure 3 gives the percentage of respondents who rated the constituent variables as 'very important'.

In common with other topics explored and previous waves of the survey, a number of amendments to the set of *push* variables were made at Wave Four. These aimed to capture new and emergent issues that became (claimed/established) features of the mature post-pandemic period. The added variables were: increased workload, increased aggression from patients or the public, and feeling under-valued by Government, senior managers and line managers.

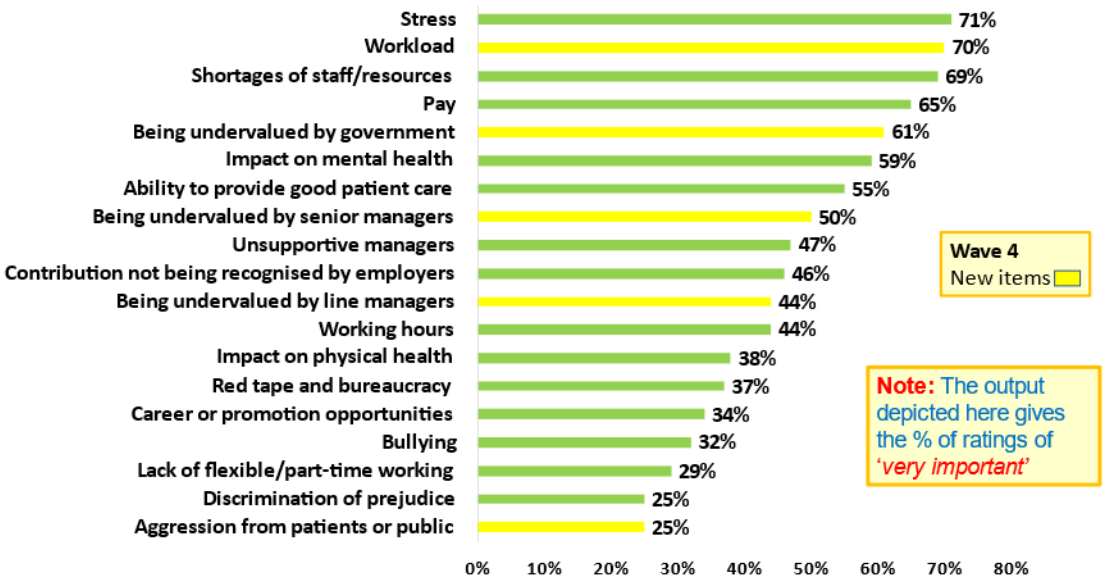

Figure 3: 'Very important' reasons why staff leave NHS employment (push effects) – Wave 4

Figure 4 provides a comparison of change in the profile of *push* variables rated as very important across the four waves (just for the variables common to all waves). For brevity, comparisons are limited to the (eight) most frequently cited *push* variables, i.e. variables that can be imputed to exert the strongest/most widespread *push* influence.

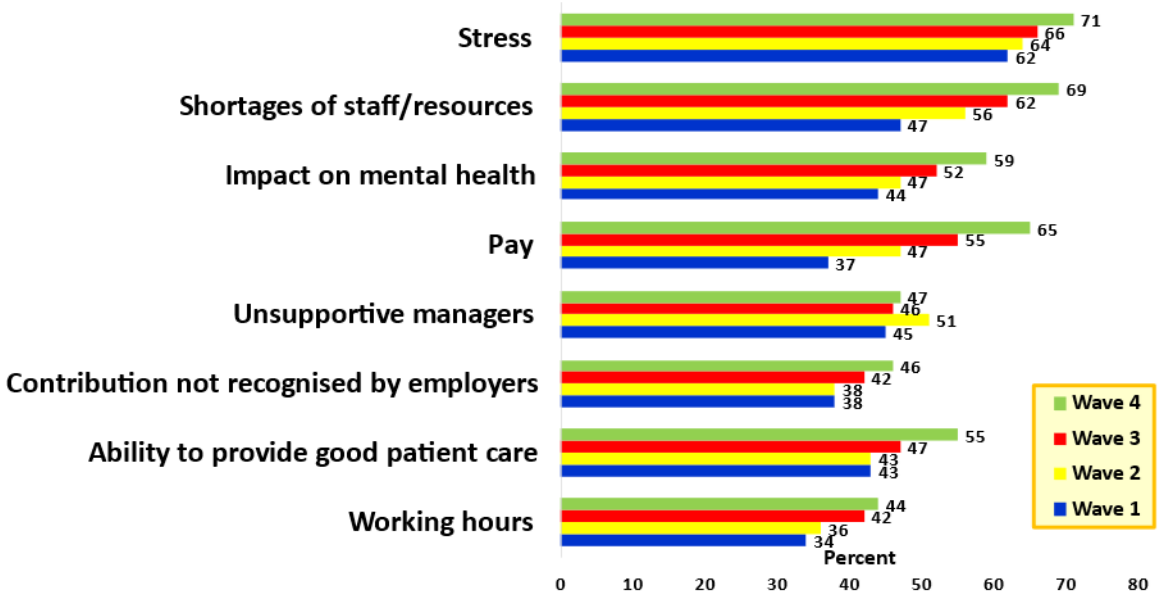

Figure 4: 'Very important' reasons why staff leave NHS employment (selected push effects) – Waves 4, 3, 2 & 1 compared

Comparison of the 'very important' ratings across the four waves indicates that the only variable that did not exhibit a negative trend profile was unsupportive managers, which, Wave Two excepting, exhibited a stable profile.

Pay showed the largest relative change (10 percentage points) between spring 2022 and spring 2023, and by far the biggest change of profile since 2020. The ascendance of this variable to become the third highest ranked issue at Wave Four comes as little surprise in the context of the unprecedented (in recent times) cost of living rise and ongoing industrial relations disputes over pay.

'Shortage of resources', 'Ability to provide a good standard of patient care' and 'Impact on mental health' show a similar negative rise (7-8 percentage points), and proportionally increasing negative profile.

3.2.1 Why has rating changed since last time?

Where there was a notable change in individual responses compared to the previous wave (i.e. a marked increase/decrease), respondents who took part in the previous survey were asked why the rating has 'changed since last time'. The following are key reasons:

- Cumulative impact of ongoing issues (workload, appreciation, staff leaving/shortages, pay, strike action)
- Increased strength of pay relative to other issues as a reason for leaving
- Ongoing lack of management support
- Ongoing poor senior management/organisational culture, lack of staff engagement/involvement
- Reduced or ongoing lack of flexibility and some increased flexibility (including job/role change)
- Ongoing limited career development/promotion opportunities and investment in staff increased strength of reason for leaving
- Ongoing and cumulative impact on health and well-being – mental and physical
- Cumulative deterioration due to Government inaction – lack of recognition/support
- Ongoing and increasing inability to deliver good care

Box 2: Example free-text comments – the rationale for a different rating at Wave Four to previous waves (participants in plural waves, only)

"My views have changed due to my poor mental health, and have realised that the working hours are not the issue, it is the other things surrounding the job, such as violence and aggression, poor pay, bureaucracy, understaffing, etc." **Mental Health, Nursing Support**

"Shortages getting worse and as more people leave the greater the workload for everyone else." **Mental Health, Medical Associate**

"I think previously we felt as we come out of pandemic things may change …however, the public and the government do not care about how desperate the people working in the NHS are for change and it kills us… knowing the level of care we are able to provide is not as good as it should be." **Acute, Medical**

"During the pandemic staff were bullied to work in critical care, this has now changed." **Acute Nursing**

"I have seen examples of colleagues leaving the NHS purely down to the lack of support by other colleagues and line managers." **Community, Admin Management**

"The availability of flexible working seems to be declining - and less requests are being authorised." **Ambulance Service, 999 Call Centre**

3.3 Health and well-being

3.3.1 Ratings of psychosocial variables

At Waves Three and Four, respondents were asked **'For each of the following, has the situation got better, got worse or is it unchanged?'** with reference to the extent to which an array of psychosocial variables had changed over the preceding six-month period.

Figure 5 shows the most frequently cited issues and the percentage of respondents who reported that the respective issue had got worse at Wave Four – this allows comparison with Wave Three (the balance of responses in each case relates to the proportion of respondents who reported no change or improvement).

Around two-thirds of respondents reported a worsening of staffing levels, recognition of contribution by government and workload at Wave Four. More than one in two reported worsening of stress and morale. All of the variables explored, with the exception of staffing levels, indicated a more negative profile at spring 2023 (Wave Four) compared with spring 2022 (Wave Three), with the most marked change relating to 'recognition of contribution by government' (12 percentage points worse).

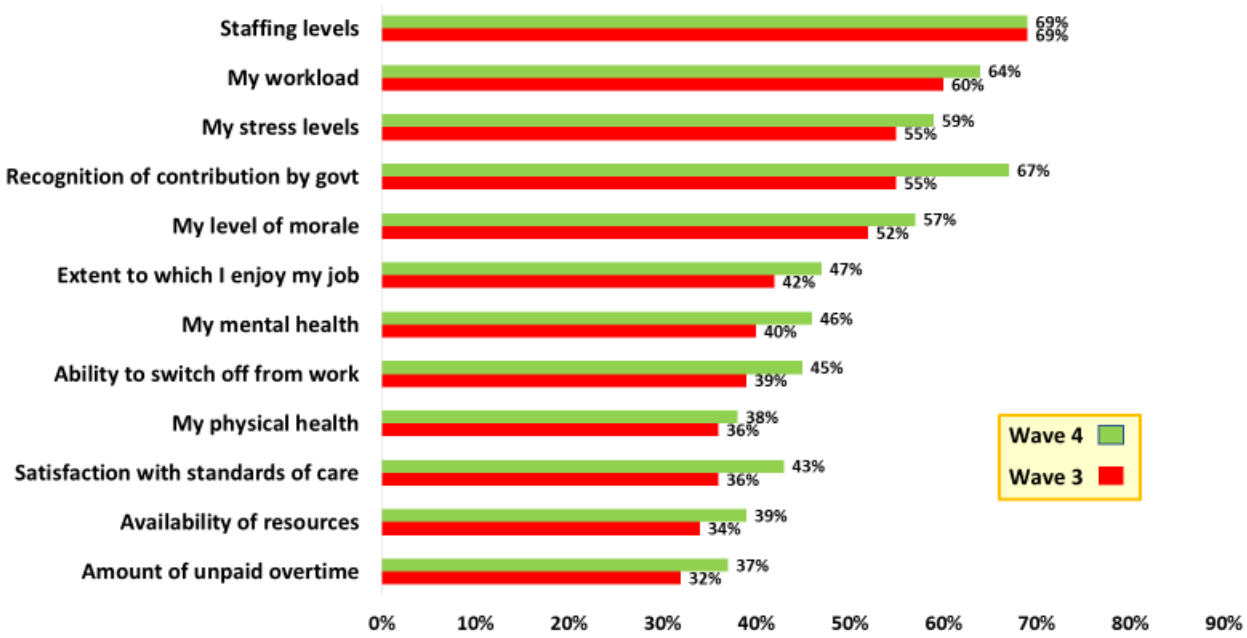

Figure 5: Proportion of staff rating psychosocial variables having got worse over the previous six months – Waves 4 & Wave 3 compared

3.3.2 Prevalence of symptoms of burnout

The issue of staff burnout was added to the survey at Waves Three and Four. Respondents were asked **'Over the last six months, to what extent have you experienced the following?'**, with reference to a list of commonly cited symptoms of burnout. Figure 6 shows the proportion who reported experiencing the respective symptom **'most days or every day'**.

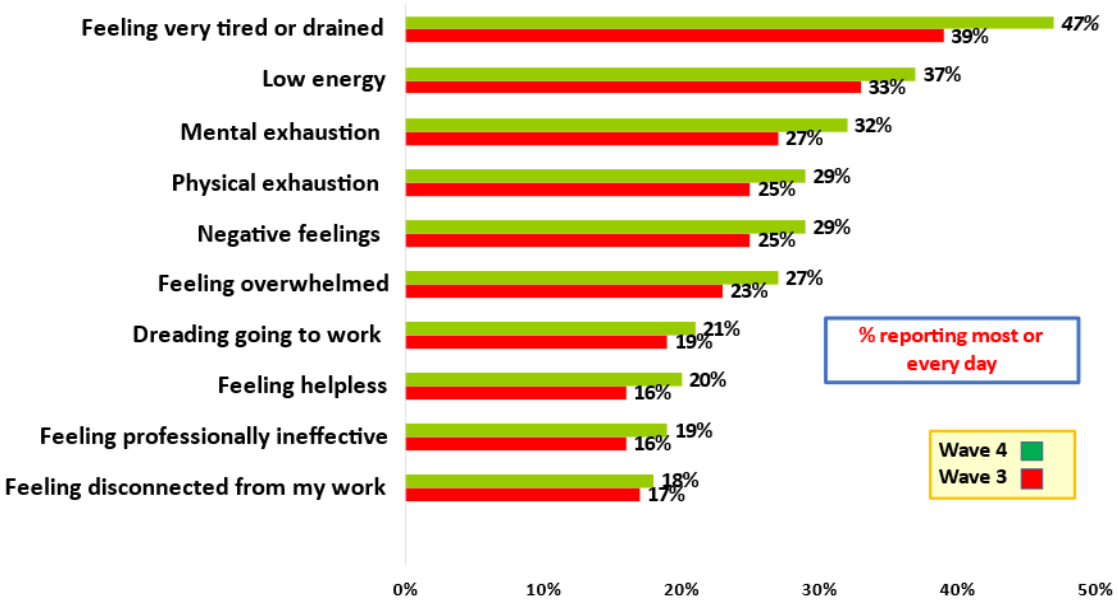

Figure 6: Proportion of staff reporting experiencing symptoms of burnout 'most days' or 'every day' – Waves 4 & 3 compared

At Wave Four almost one in two respondents reported feeling very tired or drained, with around one in three experiencing 'low energy' or 'mental exhaustion', and about one in four citing 'physical exhaustion', 'negative feelings' and 'feeling overwhelmed'. Around one in five reported 'dreading going to work', 'feeling helpless', 'feeling professionally ineffective' and 'feeling disconnected from my work' – most days or every day. Rates were notably higher amongst those who had applied for a non-NHS job recently, staff aged under 30 years, and those frequently deployed.

Comparing Wave Three and Wave Four profiles, all variables show a (negative) increase, the most marked being for 'feeling tired or drained' (a rise of eight percentage points).

3.3.3 Sickness presenteeism

At Wave Four[2] (new item) respondents were asked if **'there were any occasions when you worked when you were really too ill and should have taken sick leave?'** in the previous six months. The all-staff rate of presenteeism (57%) was found to be the same as the NHS staff survey 2019 rate (Daniels 2022).

Rates were found to be notably higher amongst: staff who scored high on ratings of burnout (82%); those who exhibited lowest confidence in the future of the NHS (75%); those who reported having applied for jobs outside the NHS in the previous six months (70%); those who expressed an intention to leave within five years (69%); and those who had been redeployed in the previous six months (66%).

In order to gain insight into the rationale for presenteeism, amongst those who reported one or more instances in the previous six months, and with reference to their

[2] The topic of sickness presenteeism was added to the survey at Wave Four and did not feature in Waves One to Three.

most recent episode, respondents were asked to rate each of a set of widely cited causes extracted from the presenteeism literature. Referenced to a three-point scale (No influence, 0; Some influence, 1; Strong influence, 2) the highest rated variables were, respectively: 'Extra burden on colleagues', 'No one else could cover my role' and 'Letting patients/service users down' (figure 7).

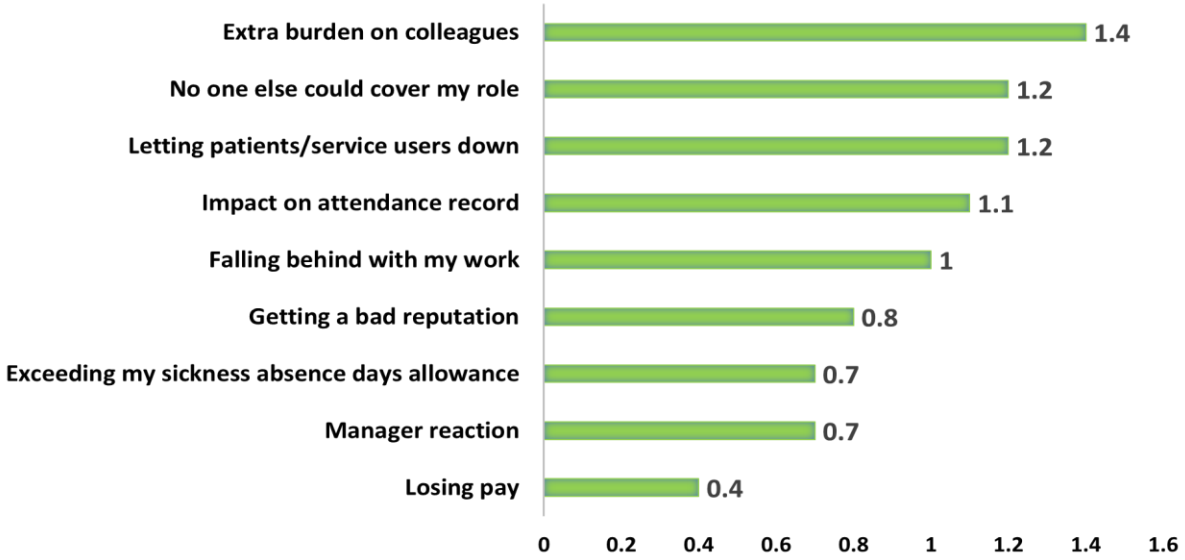

Figure 7: Mean ratings of drivers of presenteeism – Wave 4

Box 3: Example free-text comments – health and well-being

"Trust senior management often put schemes in place to make it seem like they listen to staff but often when concerns are raised, if concerns are around staff well-being then nothing changes." **Mental Health, Allied Health Professional**

"It feels as though the NHS is currently paying lip-service to staff mental health …we all want to be doing better for our patients and it is so frustrating and demoralising when we can't…many people are leaving because they have had enough." **Acute, Allied Health Support**

"I work part time now and would never go back to full time after burnout from being overwhelmed with work and lack of support. Also, night work is required and those shifts are so much tougher when you're in your 50s, so I and others have been forced out by that requirement - the fatigue just becomes too great." **Acute, Laboratory Professional**

"Working for the NHS is soul destroying… I am now burnt out, emotionally drained and exhausted. Most days end in despair and tears. Having to currently work for the NHS is the quite possibly the worst thing I have ever done." **Acute, Medical**

"Staff mental health and burnout is not taken seriously enough. Staff made to feel like they have to work, some made to feel guilty being off work." **Acute, Nursing**

"We worked hard in COVID. I worked in areas I never thought I would, to help… Then instead of returning to my normal work and feeling appreciated, I've felt used, overwhelmed and that I can't make a difference due to massive demand." **Community, Allied Health Professional**

"We are seeing talented and hardworking Paramedics have mental breakdowns and quit on a daily basis and are left with a constant influx of … trainees who are inexperienced and poorly trained. We see consistent impact on patient care, and every shift becomes more and more difficult." **Ambulance Service, Emergency Medical Technician/Assistant**

3.4 Concerns and confidence over future working conditions

3.4.1 Worries and concerns

At each wave, staff were asked **'To what extent are the following currently a worry for you?'**, referenced to a 10-point scale (Not at all worried, 1; Extremely worried, 10), for the array of variables depicted in figure 8. While the majority of variables were purposely kept constant across the four waves to support comparison, a number of additions and deletions were made to reflect changes in topical issues and prevailing conditions (see table 5).

Table 5: Worries and Concerns Item Set

Winter 2020/21	Summer/Autumn 2021	Spring 2022	Spring 2023
Abnormally high staff shortage	Abnormally high staff shortage	Abnormally high staff shortage	Abnormally high staff shortage
NHS being able to handle future pandemics	NHS being able to handle future pandemics	NHS being able to handle future pandemics	NHS being able to handle future pandemics
-	-	-	My financial well-being
Not enough time to do my job properly	Not enough time to do my job properly	Not enough time to do my job properly	Not enough time to do my job properly
Impact of work on my mental health	Impact of work on my mental health	Impact of work on my mental health	Impact of work on my mental health
Making mistakes due to my workload	Making mistakes due to my workload	Making mistakes due to my workload	Making mistakes due to my workload
Colleagues lack skills & competence	Colleagues lack skills & competence	Colleagues lack skills & competence	Colleagues lack skills & competence
Waiting lists for non-COVID patients	Waiting lists for non-COVID patients	Waiting lists for non-COVID patients	Waiting lists for non-COVID patients
Impact of work on my physical health	Impact of work on my physical health	Impact of work on my physical health	Impact of work on my physical health
-	-	-	Risk of blame for poor patient care standards
Being given too much responsibility	Being given too much responsibility	Being given too much responsibility	Being given too much responsibility
-	-	-	No say over redeployment
Being given work not trained for	Being given work not trained for	Being given work not trained for	Being given work not trained for
-	-	-	Aggression from patients / public
-	-	Impact of removal of COVID-19 restrictions	Impact of removal of COVID-19 restrictions
-	-	-	Lack of support from line manager
Effectiveness of PPE	Effectiveness of PPE	-	-
Being redeployed to COVID-19 care	Being redeployed to COVID-19 care	-	-
-	Pressure to receive COVID-19 vaccine	Pressure to receive COVID-19 vaccine	-
Being more vulnerable to COVID-19 due to my ethnicity	Being more vulnerable to COVID-19 due to my ethnicity	Being more vulnerable to COVID-19 due to my ethnicity	-

At Wave Four, the mean ratings for 9 of the 16 variables explored were the mid-point of the scale. Profiles for the sub-set of items that were common across Waves One to Four is depicted in figure 9. The three highest rated sources of worry at Wave Four were 'Abnormally high staff shortages', 'The NHS being able to handle future pandemics' and 'My financial well-being'. The primacy ascribed to abnormal staff shortages was a common feature across all four waves and is also reflected in other variables such as working with colleagues who lack skills.

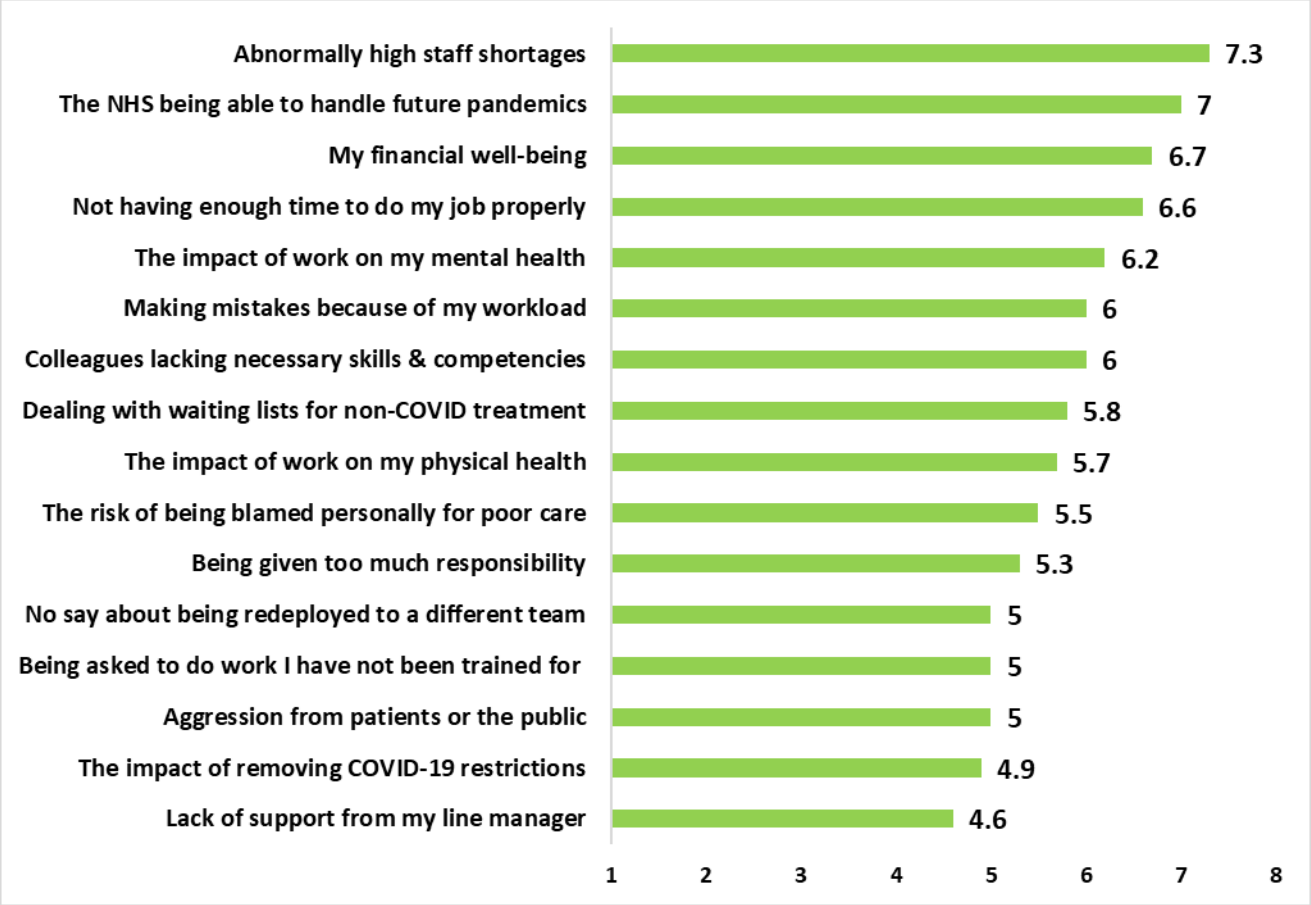

Figure 8: Mean ratings of sources of worry & concern – Wave 4

Comparison of ratings at Wave Four with previous waves indicates a negative trend profile for all items with the exception of 'the impact of removing COVID-19 restrictions'.

Figure 9: Mean ratings of sources of worry and concern – Waves 4, 3, 2 & 1 compared

Box 4: Example free-text comments – staff worries and concerns

"The staffing issues I raise are chronic. Two members of staff have had more than six months off work on more than one occasion in the past two years. We get no backfill of staff. We are currently at 62% of staffing levels and constantly try to meet the same level of care but this is causing stress." **Mental Health, Allied Health Professional**

"Demand for our services is increasing at a rate that far exceeds our already over stretched resources (including staff)." **Mental Health, Clinical Psychology**

"Most staff are incredibly burnt out following COVID and now increasing pressures and workload from ever increasing waiting lists." **Acute, Nursing**

"I feel like I'm grieving for the loss of the values of my role and feel that I'm trying to consciously divorce myself to ease my grief." **Acute, Midwifery**

"Staff are not supported and when they raise an issue, they are made to feel that it is them that is the problem…. The level of pay is an absolute joke. Clinical staff who are educated at degree level are paid little more than supermarket workers." **Acute, Nursing**

3.4.2 Reporting of worries and concerns to line managers

Respondents who reported one or more high worry ratings (6+/10) were asked the supplementary questions, **'Have you raised your worries about this issue with your line manager?'** and **'if not, why not?'.**

Rates of under-reporting of worries present as high, an arising implication being that a significant proportion of staff concerns are under-articulated, unrecorded and potentially left to incubate. For example, at Wave Four, amongst all respondents, more than one in two did not report their high concern over 'The NHS being able to handle future pandemics' (61%), or 'My financial well-being' (53%). For the other variables in the set, rates ranged from about one in six to about one in three (figure 10).

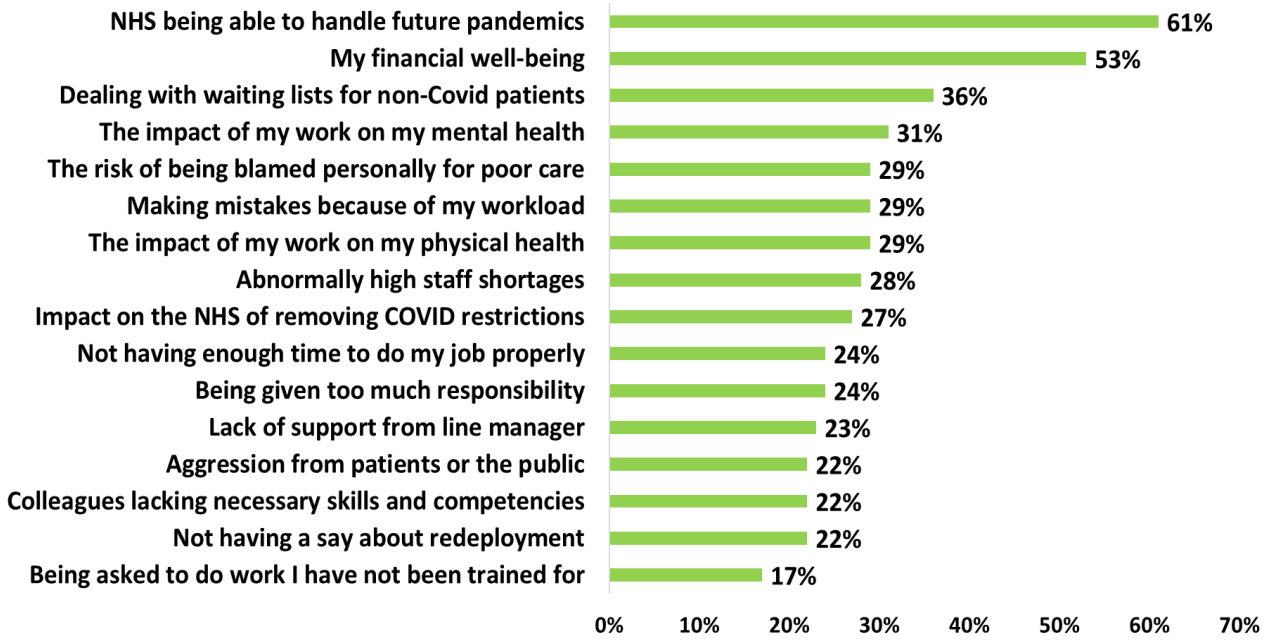

Figure 10: Rates of reporting of worries and concerns to line managers – Wave 4

Figure 11 shows that the most commonly cited reasons for not reporting worries to line managers at Wave Four were 'We are all in the same boat', 'No point – nothing happens' and 'Manager is already aware'. The profiles show high consistency with Waves One to Three (not shown).

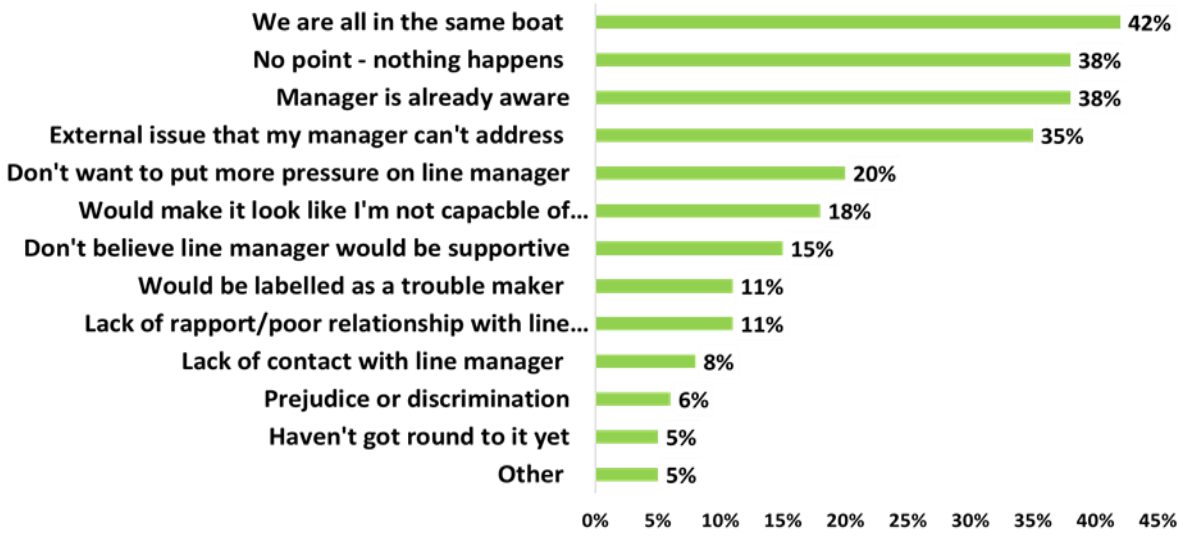

Figure 11: Most common reasons why staff rating worry as high did not report this to their line manager (base: all who a had significant worry they had not raised with their manager) – Wave 4 (N = 727)

A perturbing finding is the implication that approximately one in ten staff who expressed high worry (over one or more issues) were inhibited from raising this with their line manager due to concern over how they might be labelled; one in six reported that they might convey the impression that they were not capable of doing their job.

3.4.3 Confidence over future working conditions

At Waves Three and Four (only) in response to the question **'Thinking more generally about the next 12 months, how confident are you about the following issues?'**, respondents were asked to indicate their level of confidence in the realisation of each of a set of 12 statements. Each statement relating to future working conditions and related psychosocial elements was referenced to a four-point scale (Not at all confident, 0; Not very confident, 1; Fairly confident, 2; Very confident, 3). Figure 12 gives the mean rating on the scale for each variable at Wave Four.

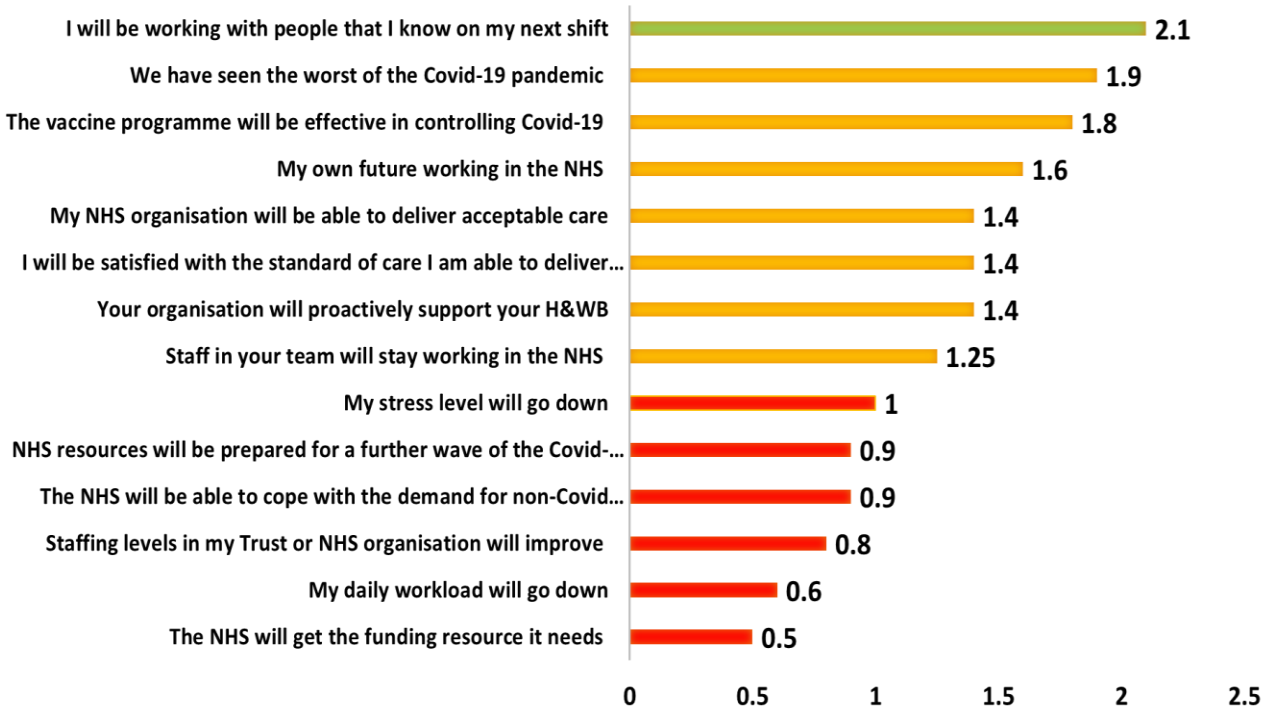

Figure 12: Ratings of confidence in future working conditions/arrangements and personal well-being – Wave 4

At Wave Four levels of confidence varied by issue, but each contributed to a global profile indicating very low to modest confidence over improvement to working conditions/arrangements and personal well-being over the 12 months following spring 2023. The lowest (most negative) ratings related to judgments of sufficiency of NHS funding, increases in staff numbers, reductions in individual workload and concern over capacity to meet the demand for non-COVID-19 care. Only one issue – 'I will be working with people I know on my next shift' – crossed the boundary for high confidence over the next 12 months.

Comparison of Wave Four findings with Wave Three (figure 13) indicated an improvement in ratings of confidence that the worst of the COVID-19 pandemic had passed, that COVID-19 vaccines would prove to be effective and that staff stress levels will reduce. All other variables (excepting 'I will be working with people I know on my next shift' and 'My NHS organisation will be able to maintain care standards' that were asked at Wave Four only) indicate a fall in confidence between spring/summer 2022 and spring 2023.

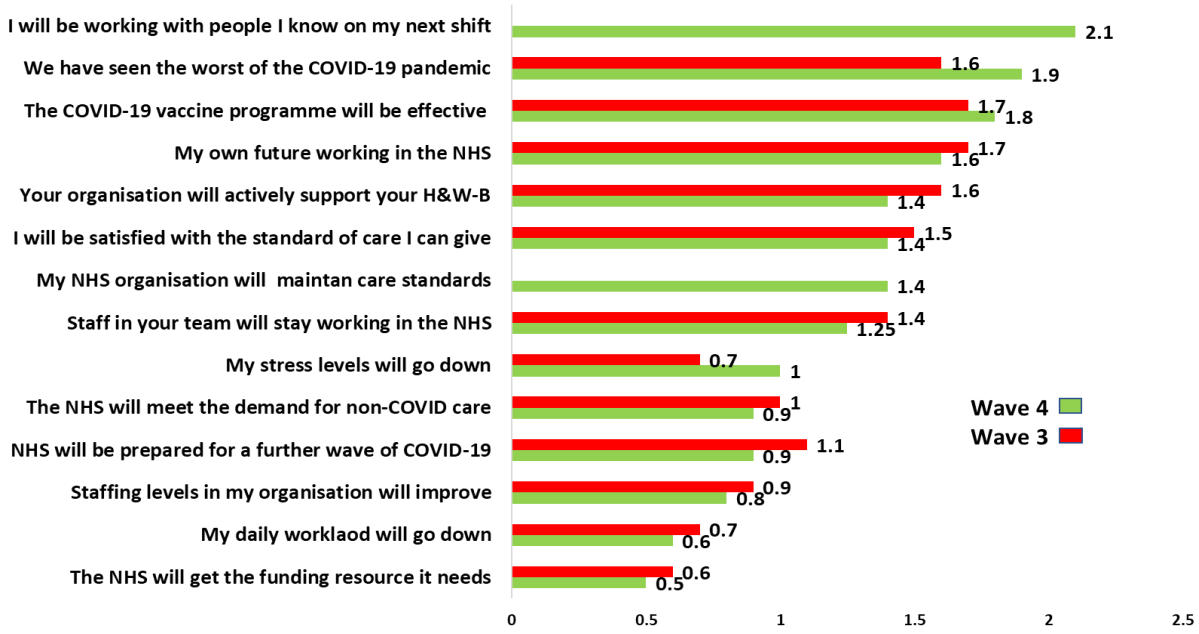

Figure 13: Ratings of confidence in future working conditions/arrangements and personal well-being – Waves 4 & 3 compared

Box 5: Example free-text comments – confidence in the future

"I have worked in the NHS in some form or another for the whole of my working life, which is 43 years, I have never known morale be so low or people feel so undervalued as they do now. I genuinely fear for the future of the NHS." **Acute, Admin and Clerical**

"This government has destroyed the NHS and put the future of the organisation at risk, and I have no confidence in them rectifying this as they clearly do not care about staff or patients." **Acute, Medical**

3.5 Stay versus leave intentions and behaviour

3.5.1 Future employment aspirations

At each wave, respondents were asked about where they would like to be (in employment terms) in five years' time; what steps, if any, they have taken towards non-NHS employment during the previous six months; their rationale for seeking alternative employment; and whether they would recommend a job in the NHS to others.

At Wave Four of the survey, responses to the question **'Which of the following best describes what you would like to be doing five years from now?'** yielded the profile depicted in figure 14, shown alongside the same responses from earlier waves.

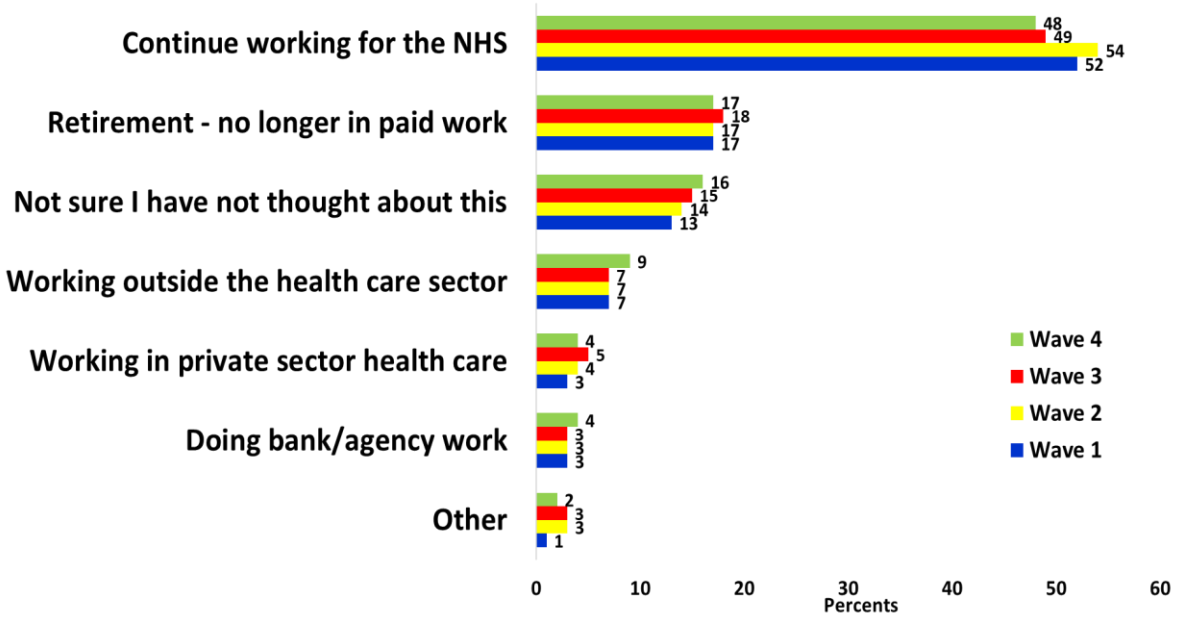

Figure 14: Where would you like to be in (employment terms) five years from now? – Waves 4, 3, 2 & 1 compared

In recognition of the proneness of questions relating to intention-to-quit to over-estimate potential exit rates, the output from this question should be viewed as more robust in relative (between waves) than absolute terms, i.e. it is likely that greater than about one in two current employees will remain in NHS employment in 2028. Treating any inherent bias as a constant over the four waves reveals a high degree of commonality/stability in the response profile. Potentially, of note, however, is the six percentage points reduction in the proportion of respondents who aspire to remain in NHS employment between Waves Two and Four, as well as the indication of a linear profile of weakening intention to stay in NHS employment.

Also worthy of note is that the proportion of nurses aspiring to stay in NHS employment within five years is lower at Wave Four (40%) than at Wave Three (44%) and lower than the global (all-staff) NHS figure at Wave Four. This may, in some degree, be attributable to a higher proportion of nurses hoping to retire by 2028, which may itself be the product of their skewed age profile, i.e. nurses are a relatively older (high mean age) and ageing cohort within the NHS workforce (Weyman, Roy and Nolan, 2019; Buchan, 2021). Responses under the 'other' category indicated that aspirations to take up positions outside the UK were most prevalent amongst doctors.

3.5.2 Behavioural precursors to exit

In pursuit of a potentially more objective behaviour-based[3] insight into potential rates of staff exit in absolute terms, at each wave of the survey respondents were asked **'What steps (if any) have you taken towards non-NHS employment in the last six months?'** Response options were referenced to a six-anchor behavioural ladder

[3] There are strong grounds for regarding retrospective behaviour-based measure responses as stronger and more reliable predictors of future behaviour than prospective forecasts of intentions.

(Guttman-type) scale, spanning the range from talking to others about non-NHS job opportunities to being offered a job outside the NHS (figure 15).

Only a third of respondents had taken no steps on the ladder and nearly half had actively looked at non-NHS roles.

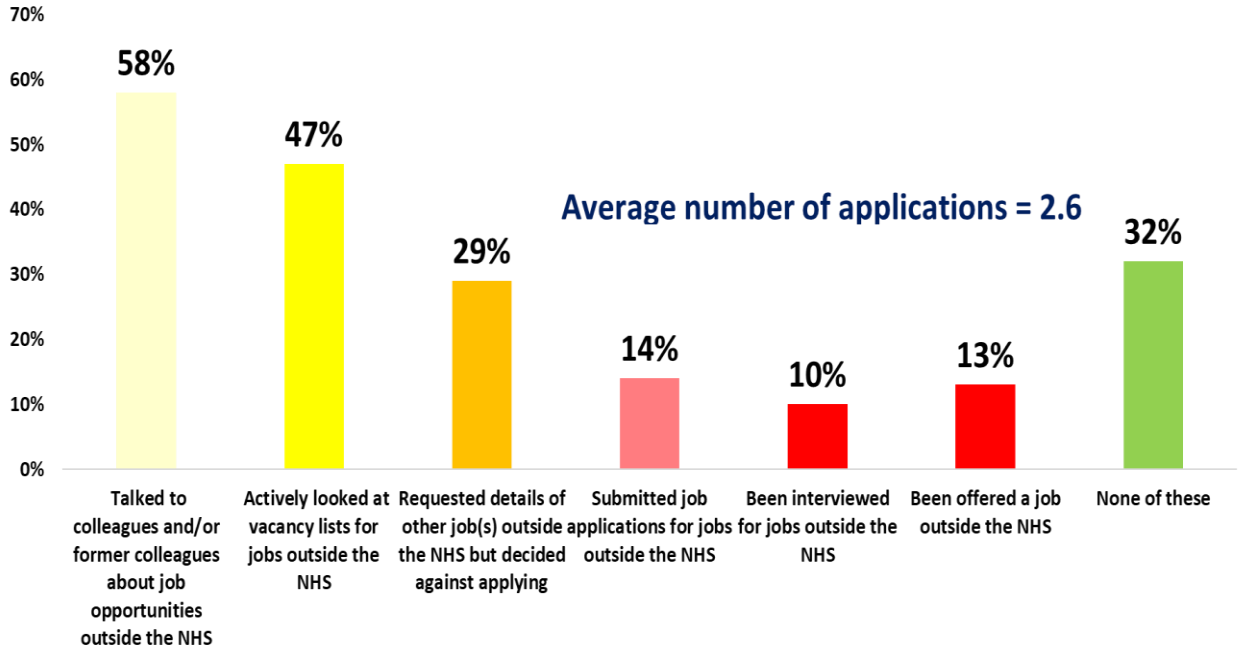

Figure 15: Proportion of staff engaging in exit behaviour(s) in previous six months – Wave 4

Comparison of the response profiles across the four waves of the survey indicates steadily rising rates of interest in non-NHS employment opportunities, but stabilisation of the proportion of staff actually submitting job applications, which globally (all staff) remains approximately one in seven (figure 16).

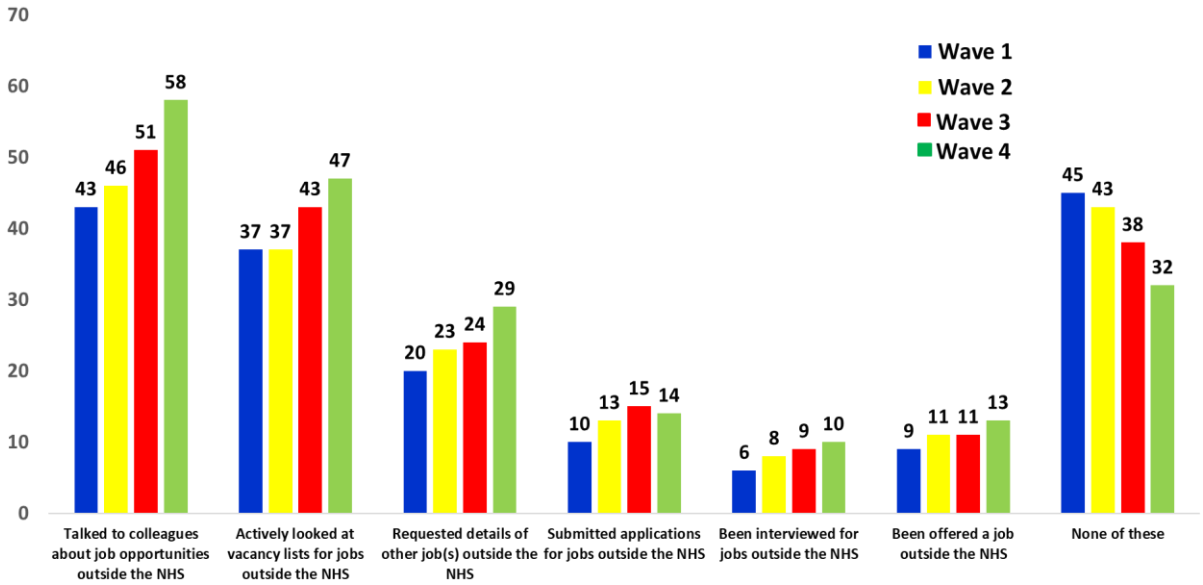

Figure 16: Proportion of staff engaging in exit behaviour(s) in previous six months – Waves 4, 3, 2, & 1 compared

At Wave Four, 58% of respondents reported having discussed non-NHS job opportunities with a colleague; a rise of 15 percentage points compared with Wave One. More than one in four had requested details of one or more non-NHS jobs in the six months to spring 2023. However, the rising trend of engagement in precursor behaviours is not mirrored by a similar rise in rates of application submission, although the rate remains high at around one in seven. The Wave Four survey does, however, show a continuation of the rising trend in staff being interviewed for non-NHS roles and indeed being offered such jobs (not always via a formal process). Rates of staff reporting being offered alternative employment outside the NHS are consistently higher than those reporting attendance at a job interview. This would seem to imply that staff are receiving unsolicited non-NHS job offers, the trend for which indicates a rising rate.

Deeper examination of the proportion of respondents who reported having submitted one or more non-NHS job applications over the six months prior to spring 2023 revealed notable variability across a range of employee demographics (figure 17).

Among redeployed staff (and especially those who are moved around more often) the figure was markedly higher at more than one in five. Findings from a parallel series of surveys of ambulance staff also revealed consistent rates of around one in four submitting applications for jobs outside the NHS. The external application figure for nurses was much the same as for all staff.

These findings are suggestive of variables associated with features of working conditions, arrangements and/or other experiences associated with these roles having a negative impact on disposition or capacity to stay.

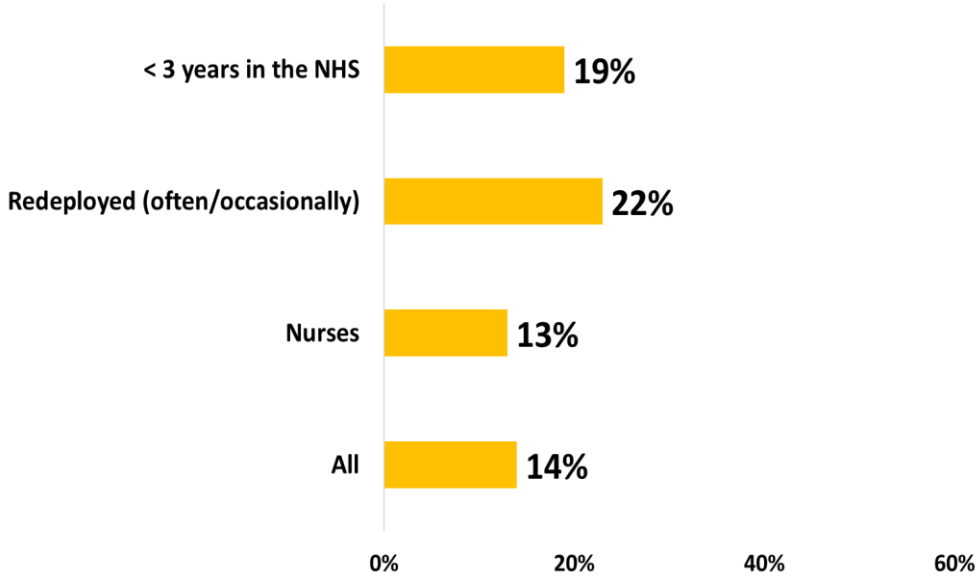

Figure 17: Demographic contrasts in rates of submission of non-NHS job applications – Wave 4

Reflecting practice within earlier waves of the survey, in spring 2023 the sub-sample who reported having engaged in precursor behaviours associated with seeking alternative (non-NHS) job opportunities were asked to select three reasons from a list of widely cited *push* (leave) influences (figure 18). The most frequently cited variable was the desire for more pay, followed by treatment by the Government, excessive workload and impact on mental health.

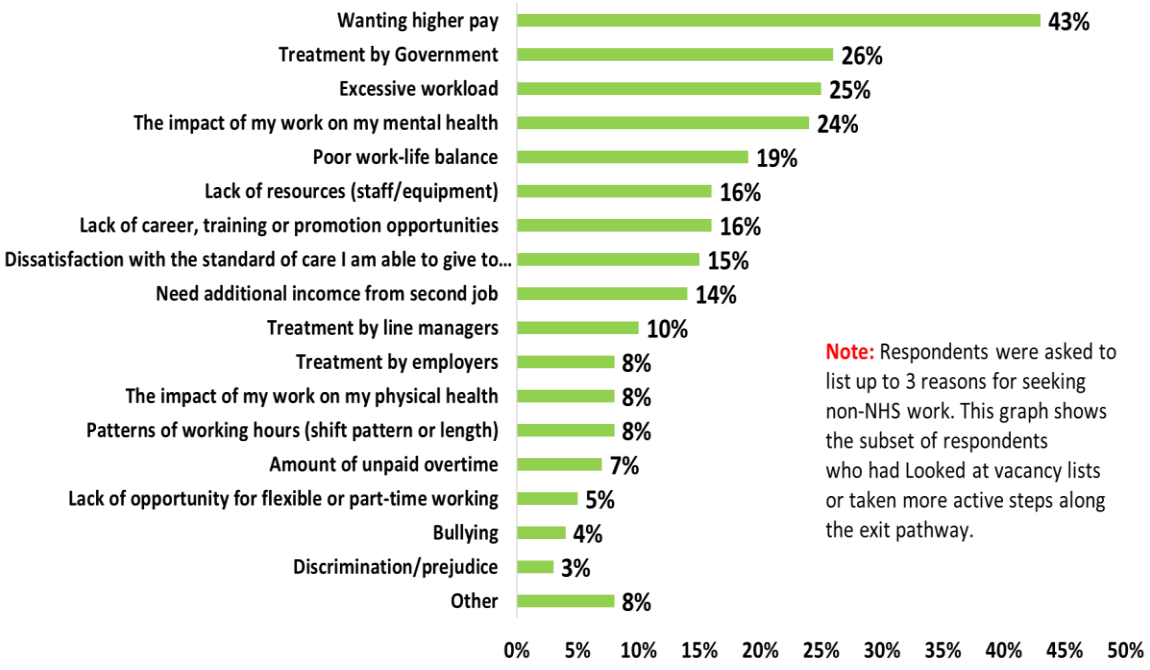

Figure 18: Reasons why staff apply for non-NHS jobs – Wave 4

Comparison of the sub-sample that had completed one or more non-NHS job applications in the six months prior to spring 2023 with those respondents who had not taken such a step indicated that applicants attached notably greater importance to a number of factors that explain why staff leave the health service – feeling undervalued by government, senior managers and line managers, lack of career or promotion opportunities and bullying, i.e. the *push* effect of these variables presents as notably stronger amongst applicants for non-NHS jobs.

Box 6: Example free-text comments – respondents who have completed applications for non-NHS jobs

"My pay Band does not reflect the work I do with no opportunity to change." **Mental Health, Admin & Clerical**

"I applied for, and secured, a second job to supplement my income." **Mental Health, Nursing support**

"KPIs are oppressive." **Mental Health, Allied Health Professional**

"Our department is run on a shoestring compared to other places I have worked. I don't feel like I can offer the level of work I know I am capable of due to this." **Acute, Scientific and Technical Support**

"Disillusioned with the standard of care that ward staff give my patients. Mainly due to poor staffing.", **Acute, Nursing Support**

"No uplifting despite policy in place stating I should change banding once completing a Master's degree- which I did as of January 2023, as "there is no money."" **Acute, Nursing**

In response to the supplementary question **'Would this have been in addition to your NHS role or to replace it?'**, one in four respondents who reported having applied for one or more jobs outside the NHS in the previous six months (N = 209) reported that this was in addition to their NHS employment. An intuitive conclusion is that seeking additional employment reflects the desire or need to supplement their NHS income. However, it is not, at this stage, possible to determine the degree to which the reported rate reflects or deviates from historical rate of supplementary employment.

3.5.3 Recommend working for the NHS to others

With a view to capturing affective sentiments on their experience of employment in the NHS, respondents were asked to indicate their level of agreement with the statement **'I would recommend working for the NHS to others'**, referenced to a five-point agree/disagree scale. Reponses to this question over the four waves of the survey indicate a negative linear profile, with a marked drop at Wave Four. The proportion of respondents agreeing with the statement fell by 24 percentage points between winter 2020/21 and spring 2023; additionally, the 14 percentage points drop between spring/summer 2022 and spring 2023 suggests that the rate of decline may be increasing (figure 19).

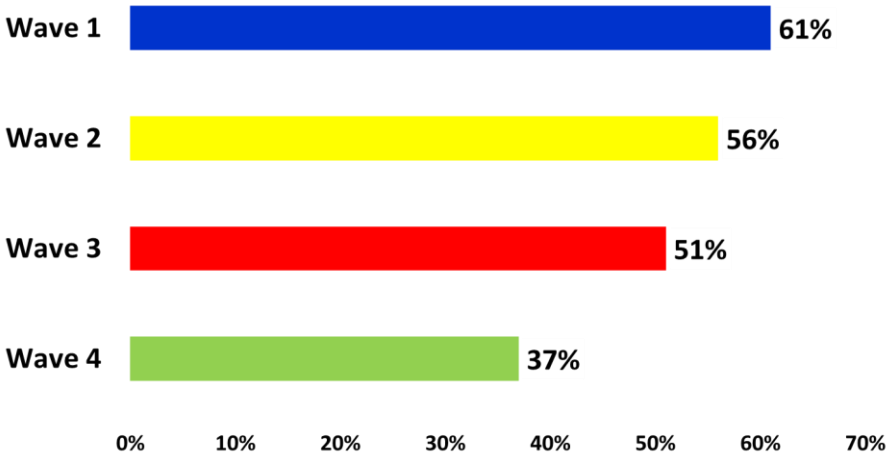

Figure 19: Proportion of staff who would recommend working for the NHS to others – Waves 4, 3, 2, & 1 compared

Deeper examination also reveals that rates of recommendation are notably lower for certain demographics which, as on other issues, is interpreted as suggestive of effects arising from structural/contextual influences associated with job role/experiences (figure 20). At Wave Four, only a quarter of nurses and a fifth of doctors agreed that they would recommend working for the NHS.

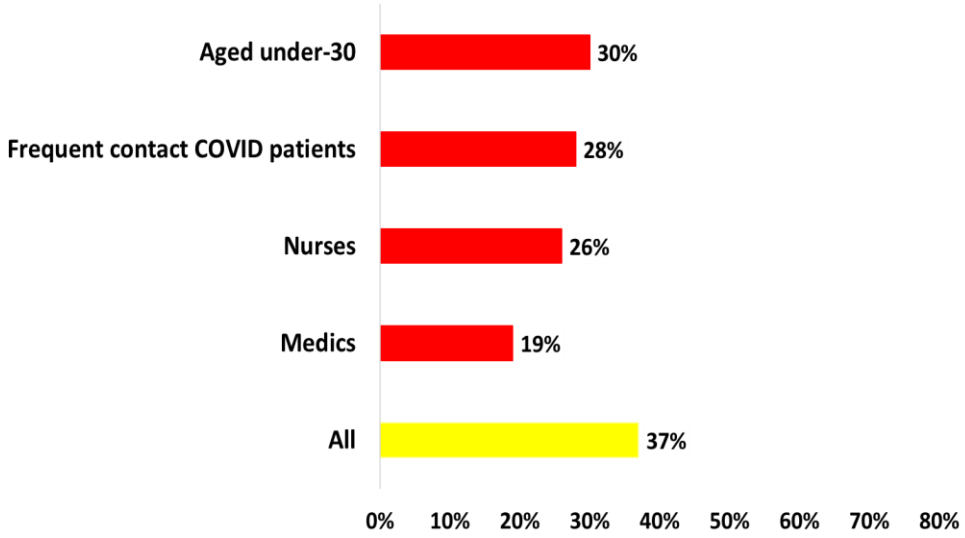

Figure 20: Proportion of staff who would recommend working for the NHS to others; noteworthy demographic contrasts – Wave 4

Box 7: Example free-text comments – I would not recommend working for the NHS to others

"The NHS is a really hard place to work. I would not recommend anyone I liked to join it. I worry about the future of the NHS and of nursing. Bring back the bursary to attract student nurses." **Mental Health, Community Nursing**

"I would not recommend working in health care to anyone and actively tell my daughter it is the worst career to go into. The pay does not reflect the amount of education you undertake and the ever-increasing workload asked of the profession." **Acute, Nursing**

3.5.4 Employee views on priorities for change to enhance retention rates

At Wave Four, respondents were presented with a set of recognised *push* variables and were asked to **'select up to three priorities for change/improvement'**[4] (figure 21).

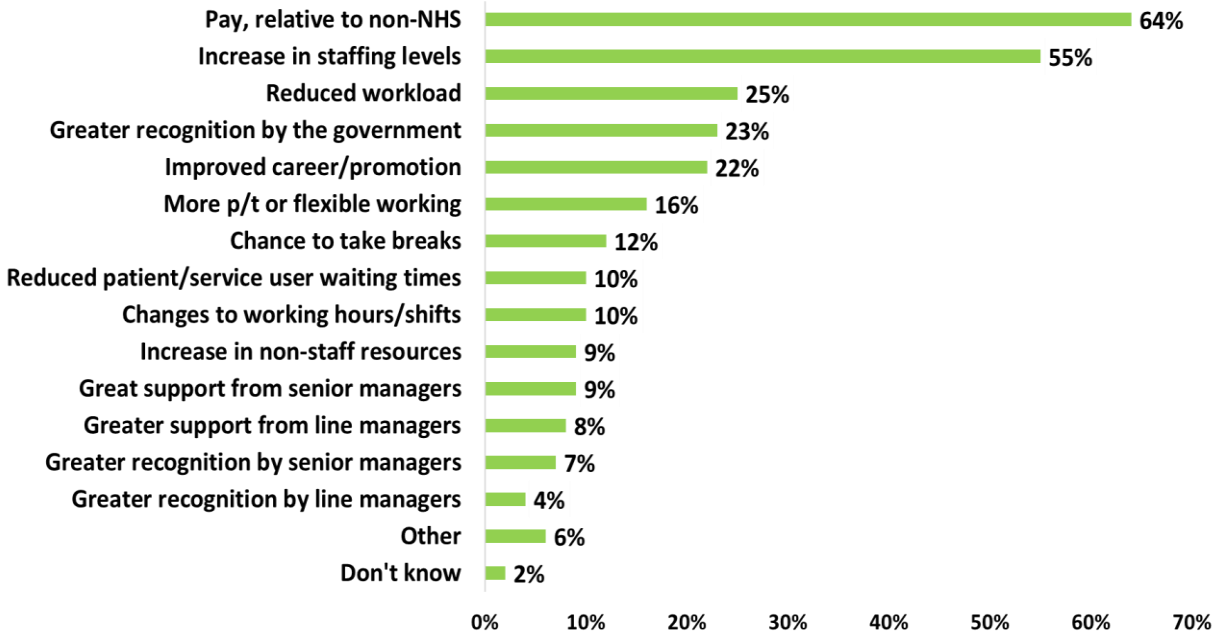

Figure 21: Priorities for change/improvement to enhance staff retention – Wave 4

[4] The item presentation order was randomised.

The primacy of pay in 2023 was perhaps to be expected due to cost-of-living rises and ongoing industrial action over wage rates, against a background of rising private sector pay and post-pandemic widening of international employment opportunities. However, for nurses, pay ranked second, after staffing levels, and both they and medics ranked staffing level 10+ percentage points higher than the other job families (figure 22). In respect of type of care organisation contrasts, findings from our parallel surveys of ambulance sector personnel indicate that the primacy of pay, relative to ratings of other variables in the list, is notably greater.

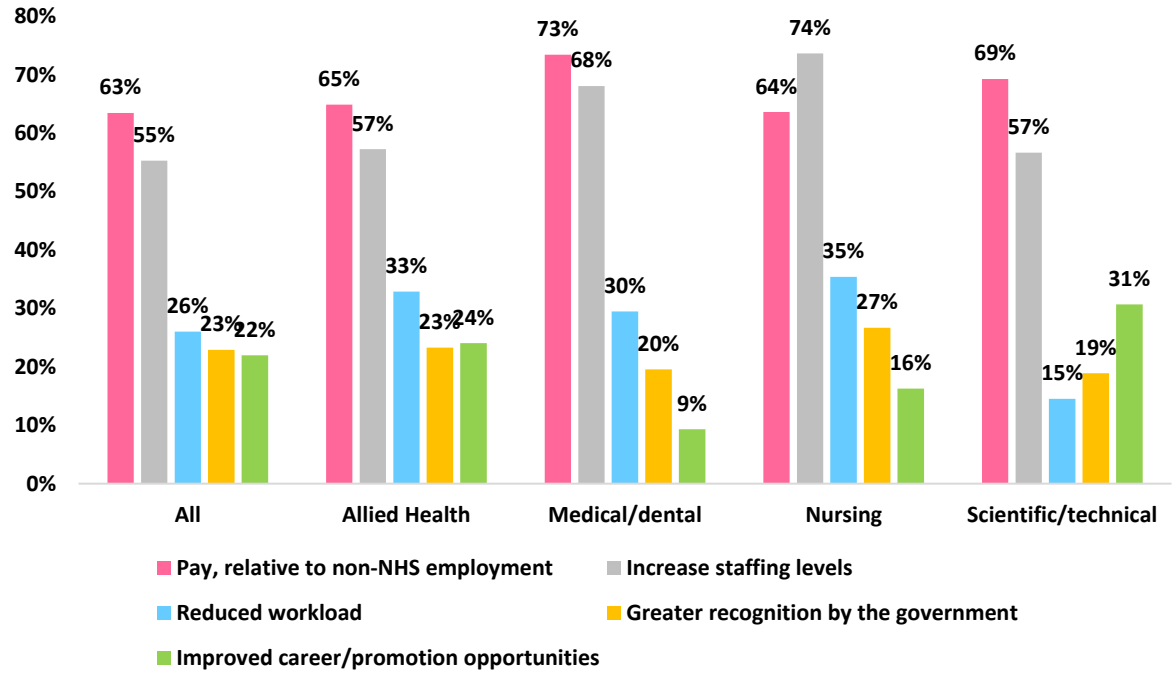

Figure 22: Priorities for change/improvement to enhance retention; job-family contrasts – Wave 4

Box 8: Example free-text comments – what needs to change to enhance staff retention

"The government need to do more to recognise what NHS staff go through especially in Mental Health, the physical and verbal abuse we experience on a day to day without no police protection or action." **Mental Health, Admin/Clerical**

"There needs to be work on ensuring line managers provide formal and informal support and skills building." **Mental Health, Nursing**

"The government need to properly fund the NHS and pay staff in line with inflation and cost of living crisis." **Acute, Laboratory Professional**

"Support for ward-based nurses needs addressing. Shifts are long, busy and exhausting. Newly qualified nurses are key staff to the future of the NHS and they are getting burnt out early on in their career." **Acute, Nursing**

"Unless the government acts to restore pay and deal with pension issues, it will continue to lose staff. I don't blame them for leaving at all." **Acute, Medical**

"The government [focus] *... needs to be on retaining the doctors we have by creating a desirable training programme and paying at the global market rate. Otherwise, UK will continue to haemorrhage doctors."* **Community, Medical**

"Nurse training needs to be "on the job" as in apprentice style, not university based. Students don't get anywhere near enough practical experience and majority of them don't want to work in a hospital setting when they finish." **Community, Nursing**

"Properly tackle the causes of stress rather than issuing the lip-service that is the never-ending stream of 'well-being' advice." **Community, Admin & Clerical**

4.0 Main findings

The most prominent and salient finding from the four waves of data gathering between winter 2020/21 and spring 2023 is that while impacts on staff well-being and disposition to remain in NHS employment directly attributable to the COVID-19 pandemic have attenuated, the core feature of insufficient institutional capacity to meet the demand for care persists. This presents as the biggest single root cause and challenge to staff resilience, in so far as it plays a key role in defining the NHS workplace climate, and the boundaries of the choice architecture of options available to managers and staff. Perhaps the most striking finding is the 24 percentage point drop from 61% to 37% in the proportion of staff who '*would recommend working for the NHS to others'* between winter 2020/21 and spring 2023.

Shortages of resources, in particular of staff, is perhaps most appropriately characterised as an extrinsic source of work-related stress, i.e. stress attributable to elements above and beyond the intrinsic features of a given profession/job role, but with the potential to produce corrosive secondary impacts on intrinsic elements, in particular job-satisfaction and quality of working life. Secondary impacts include, but are not limited to, anxiety and frustration over standards of patient care, worry over making errors, future institutional and individual capacity and ability to cope, underpinned by low morale and low confidence over improvement to workload and working conditions in the near future.

These and related issues present as underpinning the widespread and enduring impression conveyed by our respondents of the NHS as an institution experiencing unprecedented crisis, that undervalues its staff. Irrespective of whether staff impressions and beliefs are judged to be well-founded/reflect the reality, they embody the potential to constitute important drivers of behaviour, including stay or leave decisions.

The profile of a number of issues, notably those arising directly from the pandemic, e.g. worry over its resurgence, availability of personal protective equipment and the impact of removing COVID-19 risk controls, show a positive change in response profiles since winter 2020/21.

At Wave Four there is also an indication of some stabilisation of the rising profile of rates of staff applying for jobs outside the NHS that was apparent within the three previous waves of the survey. However, the (all-staff) external (non-NHS employment) application rate remains quite high at around one in seven employees, and one in four for certain segments, notably early career staff, ambulance service personnel and those who are regularly redeployed. In addition, there has been a steady rise in the proportion of staff who report looking into non-NHS job opportunities. This, in common with other evidence of structural/experiential demographic differences in leave versus stay orientation, points to the potential gains from a segmented approach to intervention focused on high risk (of exit) groups.

Overall, the majority of issues explored showed no change or rising negative trajectories, i.e. ratings of an array of fundamental issues have become more negative between 2020 and 2023, year on year. Their persistence in the context of falling demand for COVID-19 care is suggestive of deeply rooted issues that do not present

as transitory consequences of the unprecedented demands on staff at the height of the pandemic, or are solely attributable to the pandemic and its legacy.

This would seem to suggest that either the increasingly negative profile of these variables was present and incubating prior to the emergence of COVID-19, although plausibly becoming more visible because of the pandemic, or that negative changes to working conditions/arrangements that emerged in response to the pandemic have become baked-in features of the new-normal of the post-pandemic workplace climate. It is possible, perhaps likely, that elements of both may be at play.

In spring 2023, around two in three respondents rated staffing levels, workload and feeling undervalued by government as having worsened over the previous six months, a rise from one in two in spring 2022. The ascendant profile of the latter seems likely to be linked to the notably more prominent ranking of pay as a source of dissatisfaction and reason to leave in spring 2023, compared to the three earlier waves of the survey.

At Wave Four, one in two reported a worsening of morale or stress, and confirmed the rising linear profile indicated in previous waves. Mirroring findings at Wave Three, ratings of confidence that working conditions would improve over the next 12 months (from spring 2023) ranged from low (e.g. workload, NHS funding) to modest (e.g. delivering acceptable care) across each of the criteria explored.

Of an array of variables widely associated with employee burnout, around one in two respondents reported tiredness and one in three low energy (every day or on most days). Approximately one in four reported physical exhaustion, mental exhaustion and feeling overwhelmed in spring 2023. Of these, approximately one in two attributed this completely to their job in the NHS and almost all respondents said their work played at least some part. All burnout measures assessed had worsened relative to Wave Three.

The most commonly cited (*push*) reasons why staff leave NHS employment in spring 2023 were, respectively, stress, workload, shortage of staff/resources and pay. The first three reflect close alignment with their profiles in previous waves. A notable change since 2020, however, was the ascendant profile of pay. Pay was ranked eighth of the 15 variables explored in winter 2020/21, rising to fourth in spring 2023.

Contemporary perspectives on staff retention, and consideration of what might need to change to stabilise/enhance retention invariably focus on determining why staff leave. The capacity to recognise the array of *push* variables and their relative influence as precursors to exit is key to informing effective intervention strategy. However, a focus on *push* variables alone risks producing a partial perspective. It is also important to consider the role of *pull* variables, i.e. those factors that underpin why staff continue in their current employment. Insight into both *push* and *pull* variables is necessary to produce a comprehensive perspective on what might need to be preserved, emphasised, or enhanced to support staff well-being and mitigate exit rates.

Our findings indicate not only negative rises in the profile of *push* variables, but also a trend of weakening headline *pull* influences, notably with respect to job security and intrinsic elements relating to job satisfaction from caring for patients and personal commitment to the NHS. While the *pull* of job security might be predicted to be weaker post-COVID-19, in the context of a buoyant alternative domestic and international employment market, decreases in ratings of elements relating to intrinsic job

satisfaction and commitment to the NHS indicate challenges to fundamental elements. Relatedly, the negative profile of ratings of working conditions, concern over standards of patient care, and insufficient time to do their job properly gives rise to the inference that the arising impacts conspire to frustrate the primary motivation of a significant proportion of NHS care providers.

From the perspective of human resource intervention aimed at mitigating recognised *push* threats to staff well-being and disposition/capacity to remain, there are potential gains from activity that extends to mitigating the headline *pull* (stay) variables.

5.0 NHS human resources policy implications

Our survey, over four waves, focused on contextual influences on NHS employee well-being and other influences on staff disposition/capacity to stay or leave NHS employment over the (post) pandemic period (2020-2023). Reflecting alignment with the risk management systems tradition and evidence-based approaches to organisational learning, the focus was on situational influences and impacts on employees' health, well-being, attitudes, orientation and behaviour.

Its primary objective was to provide robust, replicable and reliable evidence relevant to NHS policy makers, and related stakeholders, to support the identification of priorities for intervention, most acutely with respect to the pressing need to find ways to enhance NHS staff retention rates.

The survey findings indicate a trend of a continuously rising rate of NHS staff actively engaged in steps towards seeking non-NHS employment, although the rate of staff actually submitting applications appears to have stabilised. The biggest push effects present as being attributable to direct and indirect impacts arising from staff shortages relative to the demand for care, producing increased workload, and potentially leading to more stress and burnout. The bounded scope for increasing staff numbers in the short to medium term, given the finite latitude for recruitment from overseas and time-lags associated with training of UK health professionals, highlights the need to use insights detailed in this report and other relevant sources to identify priorities for change to mitigate the impacts of resource shortages on staff well-being and disposition to leave. By implication, failure to do this risks a vicious circle of high exit rates, increasing the pressure placed upon staff, and eroding their disposition/capacity to remain.

From the perspective of intervention aimed at stabilising/enhancing staff retention rates, it is also important to note that while there is overlap, the list of reasons why staff leave (*push*) and stay (*pull*) variables are not simply a mirror image of each other. A comprehensive perspective on intervention likely needs to find ways to both mitigate the former and propagate the latter.

In large degree, and by intention, our survey question set focused on hypothesised precursors, characterisable as challenges and threats, with the potential to erode and degrade employee well-being and disposition/capacity to remain in NHS employment. The data gathered over four waves offers the basis for the development of a set of lead indicators, the continued monitoring of which has the potential to detect change and, critically, provide insight into the effectiveness of future intervention activity aimed at stabilising/enhancing retention rates. Lead indicator output is relevant in policy and intervention activity at both national and local (regional and individual care provider organisation) levels.

The NHS staff survey affords a degree of insight into salient issues, but there are strong grounds for believing that a dedicated set of lead indicators, monitored on a regular basis, is needed to comprehensively capture the vulnerabilities underpinning staff retention.

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