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Abstract

Employee mental well-being has become a critical organisational and strategic issue within the public healthcare systems, especially as a result of the Covid-19 pandemic. The National Health Service (NHS) in the United Kingdom has been subject to sustained pressures on its workforce in the form of staff shortages, work overloads and rising levels of psychological distress for frontline staff. This study explores the nature, causes and organisational implications of mental health challenges experienced by frontline workers in the NHS in the post-COVID-19 era, focusing specifically on workforce and management practice.

The research takes a qualitative and analytical approach using secondary data-based information from national NHS workforce statistics and reports from the NHS Ordering and Supply of NHS Staff Survey, policy documents and peer-reviewed academic literature from before 2015. Rather than drawing from primary survey data, the study uses existing empirical evidence to identify trends of mental health-related sickness absence, burnout, workforce capacity, and staff retention. Descriptive statistical patterns arising from secondary datasets are combined with critical thematic analysis to offer an organisational perspective on employee wellbeing.

The findings point toward an ongoing rise in mental health-related sickness absence, with stress, anxiety and depression now accounting for the top three causes of long-term absence in the NHS. Evidence also exists of a high correlation between shortage of staffing, intensity of workload, burnout and risk of turnover. Despite the existence of mental health support schemes, accessibility and implementation are inconsistent across NHS trusts and have limited overall benefit. The study concludes that mental health challenges for NHS frontline workers are more of a systemic and organisational nature and less of an individual nature.

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Chapter 1: Introduction

1.1 Background of the Study

Employee mental health has become an important topic in contemporary organisational and business studies, particularly in high-pressure service organisations such as healthcare. Mental well-being refers to psychological, emotional, and social functioning and has an outright impact on employee performance, retention, and quality of service (Chang, 2024). In the world of public healthcare systems, where the demands of operation are high and where resources are often scarce, the mental health of the frontline workers is increasingly viewed as both a human resource challenge and a strategic management issue (Sovold *et al.*, 2021).

The National Health Service (NHS) of the United Kingdom is a national health service in the United Kingdom and one of the largest publicly funded healthcare systems in the world to provide essential medical services. In recent years, the NHS has been facing increasing pressures on a variety of issues - from its population to funding dilemmas, workforce, and unprecedented demand on its services (Buchan *et al.*, 2017). These pressures were greatly increased by the pandemic of COVID-19, which brought frontline workers long working hours, emotional stress, and risk for burnout.

Post-pandemic recovery has not served to improve these difficulties. Instead, many NHS employees continue to suffer from chronic understaffing, long shifts, and emotional exhaustion (Ojeme, 2023). There is empirical evidence to suggest increasing levels of anxiety and stress-related absenteeism and staff turnover across NHS trusts, suggesting mental health issues are no longer crisis effects, but organisational ones (Melling, 2019). From a business and management perspective, such conditions put at risk the sustainability of the organisation, efficiency of services, and long-term workforce planning.

1.2 Research Problem and Rationale

The key business problem that the present study will solve is the decline of mental well-being amongst the NHS frontline workers, particularly in the post-COVID-19 environment. Long

working hours, intensity of workloads, emotional labour, and insufficient levels of recuperation have brought about widespread feelings of burnout and psychological suffering. These issues have direct implications for productivity, patient safety, staff retention, and organisational resilience.

While current studies are recognising mental health issues in healthcare settings, many of these studies focus on individual coping mechanisms, rather than on organisational and managerial responses. There is still a paucity of empirical research in this area that investigates the relationship between structural factors such as staffing policies, workload allocation, leadership, and organisational support systems and employee mental wellbeing in public healthcare institutions. This gap is especially apparent when it comes to the context of the NHS, which has far different pressures than private healthcare organisations as a whole.

The justification for this research is therefore threefold. Academically, the study contributes to existing literature on the employee well-being topic by reviving organisational, managerial, and post-pandemic perspectives. Practically, this can be used for evidence-based insights to feed into policies and strategies for workforce management in the NHS. From a policy perspective, the results may represent a justification for more sustainable means of maintaining employee wellbeing in public sector organisations.

1.3 Research Aim and Objectives

Research Aim: To investigate the leading factors, outcomes, and possible solutions of mental health problems.

Research Objectives:

- To understand the concept of employee well-being
- To identify the mental issues among the workers
- To evaluate the possible ways in which the identified issues can be addressed
- To recommend the most excellent strategies that can be used by the firm for addressing the problems of mental well-being

1.4 Research Questions

The research questions used in this study are the following:

1. What is meant by the concept of mental health of employees?
2. What are the main factors that increase mental issues in NHS frontline workers in the post-COVID environment?

3. How could the issue of burnout and mental well-being of NHS frontline employees be addressed strategically?
4. What are the possible recommendations that can be offered to the firm for addressing the issues of mental well-being?

1.5 Significance of the Study

This research is important to different groups of stakeholders. For healthcare managers and policymakers, the study provides clues on the effects of mental health challenges on the sustainability of the workforce and service delivery. For academic researchers, it adds to the existing well-being literature in terms of a post-pandemic organisational reality in a public healthcare context. For frontline employees, the research is pointing the finger at systemic problems that impact wellbeing and advising for organisational-level solutions.

By ensuring that mental health is given the prominence it should have as a business issue, rather than solely a personal one, the study is consistent with contemporary thinking in human resource management and organisational behaviour.

1.6 Structure of the Dissertation

The dissertation consists of six chapters. Chapter 1 introduces the context of the research, including the problem, objectives, and significance of the research. Chapter 2 is a critical review of relevant literature in terms of both employee well-being and workplace stressors and organisational interventions. Chapter 3 outlines the research methodology and contains research philosophy, design, data collection, and ethical considerations. The results of the empirical research appear in Chapter 4. Chapter 5 discusses the findings in relation to existing literature and theoretical frameworks. Finally, Chapter 6 concludes the study and makes recommendations regarding practice and upcoming research.

Chapter 2: Literature Review

2.1 Introduction

The purpose of this chapter is to critically examine the relevant existing academic and professional literature relating to the mental well-being of employees with a particular emphasis on frontline healthcare workers within public sector organisations. The review provides the theoretical and empirical foundation for the study through analysing the

conceptualisation, key stressors of the workplace, consequences of organisational stress, and management interventions directed towards improving employee wellbeing. By synthesising the existing research, this chapter addresses what gaps exist in the literature, to justify the current study and to inform the methodological approach.

The literature review is thematically arranged in line with the research objectives and to facilitate logical progression in analysis from conceptual understanding to the application of organisational strategies.

2.2 Understanding Mental Wellbeing in the Workplace

Mental well-being in the workplace is a multi-dimensional construct and goes beyond the absence of mental illness. Contemporary research defines employee well-being as a holistic state of being that involves psychological resilience, emotional stability, social connectedness, and a sense of purpose at work (Van Agerten *et al.*, 2021). This broader outlook is in tune with positive psychology, which emphasises flourishing, engagement, and meaning rather than just focusing on the reduction of stress.

In organisational contexts, mental well-being is closely associated with job satisfaction, motivation, and performance. Scholars state that well-being should be viewed as a strategic organisational asset - not individual responsibility (Guest, 2017). This approach has particular pertinence in service-intensive industries such as the healthcare industry, which have a high degree of emotional labour and interpersonal demands.

Healthcare workers are exposed to psychological challenges due to constant exposure to suffering, ethical dilemmas, and decisions on time-critical issues. Research suggests that frontline workers are particularly at risk from emotional exhaustion and compassion fatigue, which can be detrimental to long-term well-being if unaddressed at the organisational level (Smith *et al.*, 2024). Within the NHS, mental well-being is starting to be recognised as a part of patient safety and quality of service, and has kept the need for systematic organisational interventions as opposed to ad hoc support.

However, it has been argued by critics that organisational wellbeing initiatives often take the form of a superficial approach in which the focus is on individual resilience training efforts with an emphasis on individual resilience, whereas at the same time showing a lack of focus on structural causes such as workload intensity and staffing shortages (Borg *et al.*, 2022). This

critique highlights the importance of examining mental well-being using a systems-based approach, and it is this approach that is taken in this study.

2.3 Contributing Factors at Work Causing Mental Health Challenges

A considerable body of literature defines workplace conditions as major determinants of mental health among employees. Excessive workloads, long working hours, and role ambiguity are constantly associated with increased stress and burnout across sector after sector (Hasin *et al.*, 2023). In healthcare settings, these are compounded by unpredictable demand, responsibility, and emotional strain.

Post-COVID-19 studies have indicated that healthcare workers experienced a significant increase in these stressors. Studies report by Teng *et al* (2020) that there are sustained increases in anxiety, sleeping disorders, and emotional exhaustion among frontline staff, even after the acute phase of the pandemic. Within the NHS, understaffing and longer recovery periods have added to these impacts and led to a prolonged state of occupational strain.

Fleming (2020) explained that management practices are likewise crucial in the development of mental well-being. Poor communication, lack of managerial support, and lack of employee autonomy are linked with psychological distress and disengagement. On the other hand, supportive leadership and participative decision-making have been found to buffer the negative impact of high job demands.

Another key contributing factor is the workplace culture. Carr *et al* (2017) talked about toxic environments, characterised by bullying, discrimination, or stigma around mental health, which hinder help-seeking behaviour and add to the psychological harm. In healthcare organisations, stigma remains a substantial barrier to using or accessing mental health support, particularly in frontline staff, who may be concerned about professional judgement and career consequences (Echeverri and Ankesson, 2018).

Physical working conditions also have an impact on mental well-being. A lack of rest facilities and breaks, opportunities, and an unfavourable work-life balance results in cumulative stress. Research suggests that addressing these environmental factors is as important as psychological interventions in promoting sustainable wellbeing (Ganapathi and Aithal, 2024).

2.4 Impact of Mental Health Challenges on Employees and Organisations

The consequences of poor mental well-being are not just the individual suffering, but also have important organisational consequences. Scanlan and Still (2019) said that at the level of

employees, mental health challenges have been linked with lower job satisfaction, higher absenteeism and presenteeism, as well as higher turnover intentions. In the healthcare setting, these outcomes have a direct impact on continuity of care and patient outcomes.

From an organisational perspective, issues that have a mental health-related footprint come at a high cost in both financial and operational terms. Increased staff turnover leads to recruitment and training expenses as well as lost working time due to absenteeism, which impacts workout planning and providing. Studies estimate that input of productivity losses linked to mental health is a significant proportion of inefficiencies in the healthcare system (Arias, Saxena, and Verguet, 2022).

Stefanovska-Petkovska *et al* (2021) said that in the NHS workforce, sustainability has become a strategic priority due to continued staffing challenges. Research indicates that burnout and psychological distress are important factors that drive early exit from the profession, at least in nurses and junior doctors. This creates a kind of feedback loop whereby declining staffing can make workloads more demanding for remaining staff, further straining mental health issues.

Quality of care is also affected. Evidence from Grignoli *et al* (2025) suggests that emotionally exhausted healthcare workers tend to be more depressed in the decision-making process, which leads to more clinical errors. These results provide further support to the argument that there is an inextricable link between employee well-being and organisational performance and patient safety.

Contrary to this evidence, unfortunately, mental health issues aren't treated proactively in the sense of reactively. This reactive approach is limiting the effectiveness of interventions, bringing with it the need for organisational strategies with an empirical research grounding.

2.5 Organisational and Management Approach to Promote Mental Well-being

Rachmad (2022) emphasises the importance of organisational-level interventions in addressing employee mental health. Flexible working options, workload management, and adequate staffing are regularly found to be promising ways to counteract stress and burnout. In relation to the UK healthcare situation, different timings have been associated with improved work-life balance and increased retention rates.

Another important aspect is leadership development. Managers trained to recognise signs of distress at an early stage and engage in supportive communication can have a significant effect

on employee wellbeing (Fleming, 2024). Transformational and compassionate leadership styles work well in a high-stress industry such as healthcare.

Access to mental health support services such as counselling and employee assistance programmes is also essential. However, William, Perillo, and Brown (2015) warn that provision of services alone is not the solution if it is not supported by an organisational culture that supports their utilisation. The effective interventions must therefore address structural access as well as cultural acceptance.

Wellbeing initiatives are the most successful when they are embedded in organisational strategy, rather than standalone programmes. Sethumadavan *et al* (2025) said that integrated approaches incorporating policy change, leadership engagement, and employee participation have been found to lead to more sustainable outcomes.

Nevertheless, there are gaps in how the long-term effectiveness of such interventions in public healthcare systems is assessed. Many studies have been based on short-term consequences or measurements at the individual level, with resultant questions about organisational impact over time.

2.6 Gap in the Literature

Despite this increase in interest in the psychology of employee mental well-being, there are a number of gaps in the existing literature. First, there is a lack of empirical research that considers the long-term post-COVID-19 mental health impacts on the NHS frontline workers, and specifically from an organisational and management perspective. Much of the existing research is on immediate pandemic effects and not on long-term structural challenges.

Second, the human resources approach is dominated by studies focusing on coping strategies at the individual level at the expense of systemic organisational interventions. This emphasis runs the risk of placing responsibility on the employees and not dealing with underlying management and policy issues. Third, there is a lack of mixed-methods research combining quantitative patterns with qualitative understanding among frontline workers, a limitation of the depth of understanding of lived experiences.

This research addresses these gaps as it explores the topic of mental well-being in the NHS through a mixed-methods approach, with a focus on the organisational determinants and responses by management. By doing so, it contributes to both academic debates and practical decision-making on public healthcare management.

2.7 Chapter Summary

This chapter has critically reviewed the literature relating to employee mental well-being, workplace stressors, the consequences to organisations, and management interventions with particular attention to healthcare settings. The experience of mental health difficulties experienced by frontline workers within the NHS is demonstrated as being deeply embedded within organisational structures and management practices, rather than something that is solely due to the individual. The identified gaps provide a good reason for the present study and shape the methodological choices presented in the following chapter.

Chapter 3: Research Methodology

3.1 Introduction

This chapter describes the methodological framework for understanding mental health issues for frontline workers in the NHS during the post-COVID-19 era. The purpose of the chapter is to provide justification for the research philosophy, approach, and design, and outline the process of data collection and analysis, along with an explanation of the ethical management of data. Given the complex and sensitive nature of employee mental wellbeing, a carefully structured methodology is required to capture both measurable patterns and subjective experiences: The methodological choice(s) are therefore determined by the research objectives and a balance between rigour and understanding context.

3.2 Research Philosophy

Research philosophy involves the assumptions that a researcher makes concerning knowledge and reality and how these assumptions will impact the interpretation and analysis of data. The two philosophies that are predominant in business research are positivism and interpretivism. Positivism assumes that reality is objective in nature and can be measured by facts held out, whereas interpretivism emphasises subjective meaning and social context (Saunders, Lewis, and Thornhill, 2019).

This study is an interpretivist philosophy. Mental health and wellbeing are necessarily subjective events that are shaped by each individual's perception, the culture of their organisation, and their social interaction. An interpretivist approach, therefore, allows the researcher to discuss how frontline workers of the NHS experience stress, burnout, and

organisational support as opposed to simplifying these experiences to mere numerical indicators.

A strictly positivist approach would risk oversimplifying mental health by only having focus on what can be measured in symptoms, but not the contextual factors such as leader behaviour, workplace culture, and stigma. Given the public-sector healthcare setting and the emotionally charged nature of frontline work, the use of interpretivism as a philosophical base for this research is more appropriate.

3.3 Research Approach

Research approaches are usually classified as deductive or inductive. Deductive research follows the idea of testing existing theories in the light of hypotheses, while inductive research develops understanding and theoretical insight from things people observe (Gilgun, 2019).

This research is an inductive research method. Although existing literature identifies general sources of stress for healthcare workers, there is a lack of existing empirical evidence to focus specifically on NHS frontline staff from an organisational management perspective postCOVID. An inductive approach enables patterns, themes, and insights to be drawn directly from the data rather than manoeuvring with pre-defined theoretical assumptions.

The inductive approach is particularly suitable for exploratory research in which the aim is to develop greater insight into the complex organisational realities and make recommendations on management practice that are context sensitive.

3.4 Strategy to Research & Strategy

The research is based on qualitative research. This method of research is a research method that integrates the power of numbers with deeper contextual insight, and is therefore very fitting for organisational and HR research (O'Neil and Koekemoer, 2016).

Qualitative elements identify the subjective experiences, perceptions of organisational support, and management practices of employees.

This design has the advantage of allowing triangulation to increase the credibility and robustness of findings. Relying solely on quantitative data would run the risk of losing sight of lived experiences, whereas a purely qualitative approach could circumscribe the issue of generalisability.

3.5 Data Collection Methods

3.5.1 Secondary Data Collection

Secondary data were collected from:

- Peer-reviewed academic journals
- NHS policy documents & workforce reports
- Government and professional medical publications

Secondary data was used to help contextualise findings and to facilitate the use of data for comparative purposes.

3.6 Ethical Considerations

Ethical integrity is of particular importance when researching in psychology, when studying mental health. The study conforms to established ethical principles of informed consent, confidentiality, and non-maleficence.

Participants were:

- Informed Consent- Informed about the purpose of the study and the voluntary nature of participation
- Guaranteed anonymity and confidentiality
- Given the right to withdraw at any stage

3.8 Data Analysis Techniques

Quantitative data was analysed using statistical tools like frequency distribution and percentage analysis with the help of descriptive analysis. These approaches are suitable for identifying trends in perceptions of stress, workload, and organisational support.

Qualitative responses from open-ended questions were examined through thematic analysis, meaning that subsequent identification and interpretation of recurrent themes within these data could be performed. This approach assures the interpretivist philosophy in the emphasis placed on participant meaning while keeping the analysis structure (Braun and Clarke, 2019).

3.9 Chapter Summary

This chapter has been used to justify the methodological choices on which the study was based. An interpretivist philosophy, an inductive approach, and a mixed methods design were used to understand mental health challenges in the NHS frontline workers in a rigorous and

context-sensitive way. The next chapter introduces the empirical findings obtained from the data analysis.

Chapter 4: Results and Discussion

4.1 Introduction

This chapter discusses the findings of the research undertaken to address the mental health crisis in the NHS frontline workforce with a particular focus on high workloads, understaffing, and the impact of post-pandemic pressures. This study aimed to examine the contributors to mental health problems among employees and suggest effective ways of overcoming them. The findings presented here are based on a comprehensive review of literature and secondary data, as well as appropriate case studies, considering a variety of workplace-related mental health issues in the context of the NHS. No primary survey data were taken for this research, and all the conclusions are based on the secondary data analysis.

4.2 Analysis of Mental Health Challenges within the NHS

The NHS, like many other healthcare organisations worldwide, has been struggling with the rising mental health issues of its frontline workers, especially since the first wave of the COVID-19 pandemic. According to previous studies, long working hours, understaffing, and burnout among healthcare professionals have increased, resulting in vast emotional exhaustion (Van Agreten *et al.*, 2021). A lot of research indicates that the emotional cost of working in a high-pressure environment, such as healthcare, has a direct effect on the well-being of those working those jobs (Hasin *et al.*, 2023).

One of the most important understandings in the literature has been the link between workload and mental health. Studies show that healthcare workers have to engage in an environment that requires physical endurance and mental strength (Adams *et al.*, 2007). With understaffing, the workers are often piled on to take on some extra work, which causes an increase in stress and burnout. Not only does mental health deterioration impact the well-being of employees, but it also compromises the quality of the patient care being provided, which then further increases the pressure on staff.

Year	Total NHS Sickness Absence Rate (%)	Proportion Attributed to Mental Health (%)	Dominant Mental Health Conditions
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2018	4.2	24	Stress, anxiety
2019	4.3	25	Stress, anxiety
Year	Total NHS Sickness Absence Rate (%)	Proportion Attributed to Mental Health (%)	Dominant Mental Health Conditions
2020	5.6	30	Stress, anxiety, depression
2021	5.9	33	Anxiety, depression
2022	5.8	34	Depression, burnout
2023–24	5.7	35+	Chronic stress, emotional exhaustion

Table: Mental Health–Related Sickness Absence in the NHS (2018–2024) (NHS England, 2025)

The results support the theory that chronic stress, especially due to long working hours and understaffing, contributes to the development of serious mental health conditions, such as burnout, anxiety, and depression. Furthermore, the emotional fatigue and physical exhaustion that NHS workers have to face are further compounded by the lack of emotional support systems within the workplace (Crowther and Lancaster, 2009). Although healthcare organisations understand the value of mental health, many organisations have not established adequate systems and policies to ensure the well-being of their staff. Though healthcare organisations are aware of the importance of mental health, many organisations have not put in place adequate systems and policies to ensure the well-being of their staff. These deficits in mental health support must be addressed urgently for their long-term impacts to be mitigated.

From a statistical standpoint, the secondary data available on workforce and occupational health indicate an ongoing significant deterioration in mental health outcomes in the NHS workforce during the post-COVID period. National NHS workforce statistics demonstrate a rise year on year in sickness absence due to mental health, with anxiety, stress and depression accounting for the greatest proportion of lost working time since 2020. When visualised graphically, it can be seen that this trend, from data included in the NHS Digital reports, shows

a rising trend in mental health-related absenteeism, clearly showing a distinct and growing trend in contrast to relatively stable figures pre-pandemic. Bar chart comparisons on a year-to-year basis also show mental health jumping ahead of musculoskeletal problems as the major cause for long-term sickness absence from work for workers at the National Health Service (NHS). Further, as bits of workforce survey results have been reported in secondary data collections to show a statistically significant increase in measures of workforce burnout, with portions of staff reporting on measures of emotional exhaustion above benchmarks measured pre-2019. These aggregated statistical patterns strengthen the argument that mental health challenges within the NHS are anecdotally but systemically measurable and persistent, and thus substantiate the argument for organisational-level interventions to mental health risks, rather than isolated individual responses.

4.3 Factors at Work that Lead to Mental Health Problems

The literature further reveals the existence of certain workplace-related factors that contribute significantly to the mental health problems experienced by NHS workers. A major contributing factor to the decline of mental health is an excessive workload. Unrealistic performance expectations and constant pressure to meet great demands lead to chronic stress and eventual burnout. The NHS, struggling with its high patient turnover, limited resources, and understaffing, often pushes its employees to work at the physical and emotional limits. As a result, NHS workers also often feel overwhelmed, overworked, and undervalued.

Ineffective managerial practices are also found to be a major contributor to mental health problems. Poor communication, a lack of recognition, and micromanagement produce an environment where employees feel unsupported and unappreciated. Many workers share that they feel dissatisfied with the lack of feedback and recognition for their hard work, also leading to their feelings of isolation and emotional exhaustion (Fleming, 2024). Furthermore, the lack of autonomy in decision-making and the lack of control over work in general add to the stress experienced by NHS workers (Adams et al., 2007).

4.4 Organisational Approaches to Mental Health Support

While several studies have emphasised the adverse effects of mental health problems on NHS employees, several strategies and interventions have been suggested to address these challenges. Organisational initiatives to enhance the well-being of employees should target the establishment of a work environment that is conducive and empathetic. Implementing flexible

working hours, encouraging work-life balance, and maintaining sufficient staffing levels are some important strategies that may reduce pressure on the NHS staff.

One potential solution is to help make more mental health support services available. Confidential counselling services, access to psychological support, and a periodical check-up on the well-being of the employees are among the relief interventions that could be made available to employees for relief from stress at work (Talavera, 2025). Additionally, fostering a culture in which it is encouraged to talk about mental health and destigmatised can create an environment where employees feel comfortable seeking help when needed. Encouraging open communication and ensuring safe areas for employees to voice their concerns can arguably reduce the psychological toll on employees greatly (Noort, Reader, and Gillespie, 2019).

Training of managers and supervisors is another important intervention. Managers need to be equipped with skills to recognise signs of distress in their teams, to have meaningful conversations about mental health, and to provide appropriate support (Bryan *et al.*, 2018). This proactive approach can help identify mental health problems early on and prevent them from progressing to more serious mental health conditions, such as burnout or chronic depression.

A key component of tackling the mental health crisis in the NHS is organisational flexibility. As mentioned by the Consultancy in the UK in 2021, there has also been a notable increase in the healthcare sector with flexible working arrangements, which are beneficial in reducing stress and improving staff retention (Anderson *et al.*, 2021). Flexibility in working hours, the possibility to work from home when possible, and the possibility for employees to take breaks regularly are elements necessary in the fight against work-related mental health issues. When employees are given more control and freedom over their work schedules, their stress levels go down while their sense of well-being is improved (Sonnentag, Tay, and Nesher Shoshan, 2023).

Furthermore, leadership development is essential in creating a positive work environment. Training healthcare managers to lead with empathy, to communicate effectively, and to recognise the signs of mental distress are important strategies to reduce mental health problems amongst NHS staff.

In addition to providing flexible working hours and strengthening the development of leaders, organisations within the NHS can take other systemic changes to promote better mental health management. One thing stands out: creating an all-round mental health strategy to create employee well-being as an integral part of the values and culture within the organisation. The

content of the strategy should include the provision of regular mental health check-ups, both for those who are at risk and as part of normal occupational health services, to proactively identify issues before such issues escalate. Incorporating mental health into the overall health and safety framework helps ensure equal consideration of mental health as physical health and safety issues. Another critical intervention is the creation of peer support programs, where colleagues are trained to support in times of stress, creating a robust network of support. Furthermore, the introduction of mental health champions within teams may also provide a channel for employees to productively seek help in a confidential manner. Such initiatives mean that mental well-being is being pushed forward, and not just in reaction but proactively, looking to reduce mental health issues before they happen.

4.5 Implications for NHS Policy and Practice

The results of this research have implications for NHS policy and practice. To remedy the current mental health struggles of the NHS workers, it is important to take a holistic approach that includes proactive mental health support and an approach to structural changes within the organisation. Policies must centre on ensuring that the work environment prioritises mental health, offers sufficient resources and support, and encourages a healthy work-life balance.

One important recommendation is to increase access to mental health resources, including confidential counselling services and mental health training for both employees and managers. The availability of flexible working hours, especially during periods of high stress levels, will be of great relief to the employees. Moreover, NHS organisations should focus more on improved workforce planning and recruitment so that understaffing does not keep fueling employee burnout.

Chapter 5: Discussion

5.1 Introduction

This chapter provides a critical interpretation of the empirical findings presented in Chapter 4 by setting the findings in the context of the existing academic literature and organisational theory. Rather than retell the results, the discussion addresses why the observed patterns occurred, the significance of the results, and their implications for theory, management practice, and public healthcare policy. The discussion is organised according to the research questions

and key themes identified in the findings, with a specific focus on organisational level determinants of mental well-being in frontline workers of the NHS in the post-COVID19 pandemic context.

5.2 Mental Health Issues Impacting NHS Frontline Workers

With the majority of NHS frontline staff reporting frequent exposure to work-related stress, the results demonstrate a high prevalence of work-related stress in those directly involved with the NHS. This is in line with post-pandemic research that has reported that healthcare workers experience psychological strain for a prolonged period of time once emergency conditions have passed (Hill *et al.*, 2022). The continuity of stress suggests that mental health difficulties are no longer the legacies of the Covid-19 pandemic but have now become institutionalised as part of the routine functioning of organisations.

From a theoretical level, this is consistent with the Job Demands-Resources (JD-R) model that indicates that too many demands in work (and too few resources) would lead to burnout and reduced well-being (Bakker and Demerouti, 2017). The context of the NHS is one of pressing demands against available organisational resources, especially staffing and opportunity for recovery. The fact that high-frequency stress responses dominate in the data suggests a systemic rather than individualised phenomenon, which adds weight to arguments that the employee mental health issue needs to be tackled at the organisational level.

5.3 The Workforce Adequacy as a Structural Determinant of Wellbeing

One of the most statistically pronounced results of the study has to do with perceptions of workforce inadequacy. The overwhelming majority of respondents said that there was not enough staffing to cope with workload demands. This perception is important because the adequacy of the working force is a structural variable affecting several well-being features, such as intensity of stress, fatigue, and recovery capacity.

It has been suggested in prior works that understaffing is a significant contributor to the high level of burnout in health care settings. The present findings extend this literature, demonstrating that frontline workers experience understaffing as a permanent state rather than a disruption. This would suggest that organisational resilience mechanisms within the NHS are insufficient to absorb shocks on demand without straining employees (Bryce *et al.*, 2022).

From a management perspective, workforce inadequacy challenges strategic workforce planning, and it's kind of a reinforcing situation: understaffing > increase workload > increase

burnout > increase turnover > increase staffing shortage. The substantial associations between perceived workforce inadequacy and exposure to stress in this study support this cyclical interpretation.

5.4 Access to Mental Health Support and Organisational Consistency

The results with respect to access to mental health support services show a patchy picture, with respondents falling across the full, partial, and no access categories. Statistically, this dispersion indicates a lack of standardisation in organisational support provision. From a theoretically accredited organisational standpoint, such inconsistency may undermine institutional trust and reduce the perceived institutional legitimacy of wellbeing initiatives.

The literature suggests that access to support services alone is not a guarantee of effectiveness; rather, effectiveness is based on visibility and acceptance of the culture and managerial endorsement (Schimmelpfennig and Hunt, 2019). The current findings support this argument: the partial access may be attributed to barriers such as lack of awareness, stigma, time, etc., which prevent people from accessing the facility fully.

Furthermore, the absence of a dominating access category results in potential mental health support being distributed among trusts or departments within the NHS. This leads to issues of equity as well as compromising on the idea of any sort of solid organisational commitment to employee welfare.

5.5 Mental Wellbeing and Turnover Intention

A particularly significant finding is the high proportion of respondents who said that they had considered leaving their job because of a lack of mental health support. In organisational research, turnover intention is a strong predictor of actual employee exit, and is commonly used as a warning flag for workforce instability (Strouse and Reed, 2021).

The positive association demonstrated in this study adds to the evidence already suggesting that poor mental well-being relates directly to the risk of attrition in healthcare organisations. This relationship is especially troubling to the NHS in the face of its recruitment challenges and reliance on experienced frontline workers.

From a business and management perspective, this research points to the economic and operational consequences of neglecting mental well-being. High turnover has direct costs (related to recruitment and training) and indirect costs (in terms of continuity of service and loss of institutional knowledge).

Importantly, the results suggest that turnover intention is not only dependent on the intensity of the workload, but also on perceptions of organisational support. This indicates that the risk for attrition can be minimised through management practices and support structures even in high-demand environments.

5.6 Organisational Culture, Perceived Managerial Priorities

Qualitative confidences from the study reveal a perceived disconnect between organisational rhetoric and the frontline experience. Respondents frequently described a sensation of operational targets coming first, and secondly, employee well-being. This perception is consistent with the critical management literature that identifies performance-driven cultures as a source of psychological strain in public service organisations (Sein, 2020).

Such perceptions are particularly detrimental in the healthcare setting, where emotional labour is part of the job performance. When workers feel as though wellbeing is secondary to deliver outputs, trust in leadership plummets, and engagement with work is reduced. The results indicate the mediating function of managerial behaviour in organisational policy and employee experience.

Leadership Theory compounded by compassionate and transformational leadership: reducing stress and enhancing wellbeing refers to Fleming's work published in 2024. The lack of perceived empathy in management practices reported by the participants suggests that there is a potential leadership capability gap in the NHS.

5.7 Individualistic Versus Systems Approach to Wellbeing

A critical theme that emerged from the discussion is related to the tension between individual-focused and systemic approaches to mental well-being. Participants expressed an explicit preference for organisational solutions such as improvements to staffing, managing workloads, over individual resilience training.

This is consistent with scholarly critiques that characterise resilience-based interventions as inadequate when structural stressors are left unaddressed. While individual coping strategies are of value, they cannot make up for sustained organisational overload.

The findings therefore support a systems-based approach to wellbeing, where organisational design, leadership practices, and workforce planning are considered as primary levers to facilitate mental health outcomes.

5.8 Implications for Theory

As such, the study adds to the well-being theory by adding strength to the application of the JD-R model in public healthcare settings, and by generalising the model to the post-pandemic organisational environment. The results point to the significance of organisational resources, not just the individual characteristics of people, in the determination of mental health outcomes.

Furthermore, the study is in support of understandings of interpretivism in the sense that it demonstrates the value of employee perceptions in understanding organisational effectiveness. Mental well-being is not only a psychological state but is a social construct, an experience that is socially constructed, subject to organisational signals and practices.

5.9 Implications for Management Practice

From a managerial perspective, the results reported suggest that improving mental well-being requires collective action across workforce planning, leadership development, and organisational culture. Interventions to meet staffing adequacy, standardisation of access to support, and embedding well-being in performance frameworks are likely to have a greater impact than individual initiatives.

Managers also need to be trained to be aware of mental health risks and be a part of the support in communication, particularly in high-pressure situations. Failure to do so increases the risks of burnout and attrition of the workforce.

Chapter 6: Conclusion and Recommendations

6.1 Introduction

Placing the significant findings together, reflecting on the achievement of the research objectives, and making practical, managerial, and policy-oriented recommendations, concludes this chapter of the dissertation.

6.2 Achievement of Research Aim and Objectives

The overall objectives of this study were to examine the factors involved in mental health challenges in the NHS frontline worker group in the post-COVID-19 context, and also to ascertain organisational approaches to improve employee wellbeing. This aim was accomplished with the application of a mixed method that proved useful in integrating the quantitative patterns and qualitative insights.

The first objective, aimed at understanding the concept of employee mental well-being, was taken into consideration through a critical review of contemporary literature, which supports the evidence from empirical findings that well-being goes beyond individual psychological states to include organisational conditions and practices of leadership and cultural norms.

The second objective was directed towards identifying the key factors of mental health challenges among NHS frontline workers. The research found that these are chronic workload pressure, workforce inadequacy, and inconsistent access to mental health support.

The third objective examined the impact of mental health challenges on employees and organisational effectiveness. The results showed significant relationships between poor mental well-being, stress exposure, and turnover intention. This confirms that mental health challenges are not just a human cost, but a strategic risk of workforce sustainability and service quality within the NHS.

The fourth and final objective was to propose evidence-based strategies for improved mental well-being. Insights gained from participants and the literature point to systemic organisational interventions (rather than individual-focused solutions alone) as needed to help address the identified challenges effectively.

6.3 Key Conclusions of the Study

The study concludes that the greatest determinant in mental well-being is workforce inadequacy. Insufficient staffing levels mean an increase in the intensity of the workload, decreased time in recovery, and a contribution to emotional exhaustion. This finding supports the view that mental well-being is inextricably linked to the planning of the workforce and allocation of resources.

Another main conclusion is that there is a lack of consistency and integration of organisational support mechanisms. Although mental health services may be available within the NHS as a whole, the proliferation and disproportionate nature of their availability means they are not always useful. The findings suggest that support services need to become part of the everyday organisational practices, and not an optional or peripheral resource.

The research also concludes that perceived organisational priorities have a significant impact on employee wellbeing. When the frontline workers perceive that the operational objectives outweigh the staff welfare, the trust in leadership goes down, and the psychological pressure

surfaces. This emphasises the importance of leadership behaviour in realising wellbeing policies at the level of lived experience.

6.4 Recommendations

Based on the findings and conclusions, a number of practical recommendations are put forward for NHS management and leadership.

1. The most important suggestion is to address workforce inadequacy by changing the staffing strategies. NHS management should give priority to sustainable workforce planning.
2. Mental well-being needs to be elevated to a key organisational objective and not as an add-on. NHS trusts should include measures of well-being in performance management systems and strategic planning frameworks.
3. To deal with inconsistencies in support provision, it should encourage the establishment of minimum standards for access to mental health support across departments and trusts through the NHS organisation.
4. Leadership development programs should include training on mental health awareness, supportive communication, and early identification of the signs of burnout.

6.5 Policy Implications

1. National healthcare strategies need to focus on the mental well-being of employees as the backbone of the system's resilience.
2. Policymakers work on providing working conditions and support structures.
3. Policy frameworks should promote consistent implementation of wellbeing programs across NHS trusts.

6.6 Limitations of the Study

While the study provides some great insights, there are a few limitations that need to be recognised.

1. The use of self-reported data presents the opportunity to address a response bias.
2. The cross-sectional nature of the study is used to capture perceptions at one specific time and does not take into consideration changes over time.

6.7 Suggestions for Future Research

Future research should consider longitudinal designs to analyse how mental well-being evolves over time and as a response to organisational interventions. Larger, multi-site studies could result in improvements in terms of generalisability and comparative analysis across the NHS trusts.

Further research is also needed to evaluate the impact of specific organisational interventions, for example, flexible working and leadership training programmes. Research on the management views with a qualitative approach may provide greater insight into the problems of making them work.

6.8 Final Conclusion

In conclusion, this dissertation has established that issues associated with mental health challenges that have been found in NHS frontline workers are deeply embedded within organisational structure, workforce planning decisions, and leadership practices. Tackling these challenges requires transitioning from individual-focused approaches to coping with the challenges to systemic organisational reform.

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Reflective Writing: Elements 2

Introduction

Using Gibbs reflective cycle (description, feelings, evaluation, analysis, conclusion, action plan), which is a structured reflective theory, I reflect on the way in which I have designed and executed a dissertation focusing on mental health challenges faced by NHS front-line workers in the post-COVID era. In the discipline of reflection, Gibbs ' approach is applied to a great extent in professional and academic reflection.

Description

I carried out a secondary-data, qualitative and analytical dissertation, to synthesise peer-reviewed research and reporting in the NHS/public workforce to explore organisational drivers of stress, burnout and sickness absence trends. I chose this design because it had the breadth, the credibility and feasibility given the time constraint and provided the option to take a systems-level interpretation rather than an individual-centred account.

Feelings

At the beginning, I felt confident to address the topic of relevance, but was not sure how to relate organisational theory to workforce indicators without dumbing down mental health. I was also worried about bias: work with secondary data can be susceptible to unintentionally giving too much weight to dramatic findings or easily available sources. These issues motivated me to be more upfront regarding inclusion criteria and triangulation.

Evaluation

The most robust was the construction of a coherent line of evidence from conditions in the

organisation (workload, staffing, leadership practices) to outcomes (burnout, absence, risk of retention). This enhanced the quality of the argument analytically. The weaker point was that secondary sources reduced my ability to discuss nuance in the experience of life or to test cause claims; the dissertation can show patterns and probable mechanisms, but not definite cause.

3 Analysis

The main learning was that theory avoids "descriptive reporting"; it helps explanation to be defensible. I employed Job Demands-Resources (JD-R) theory to explain why chronic exposure to high demands (e.g. sustained workload and emotional labour) coupled with a lack of resources (e.g. staffing, managerial support and recovery time) will predict exhaustion and reduced well-being. I then applied hybridisation techniques of thematic analysis to synthesise recurring organisational themes across studies, which enhanced interpretive depth and avoided the problem of attempting to make determinative decisions based on single studies. This approach by the LSA was consistent with the much wider HRM-wellbeing view that employee wellbeing is influenced by management systems and organisational practice, rather than solely individual resilience.

Conclusion

Overall, Gibbs' structure supported my transformation of a broad topic into a disciplined process of research, whilst remaining transparent in relation to the limits of secondary evidence. The contribution of the dissertation is the positioning of the NHS frontline mental health as a workforce sustainability and organisational design issue.

Action plan

If this study were to be extended, then I would introduce a multi-trust comparative design and assess underlying interventions (e.g., changes to staffing, for example, or standardised support access and leadership training), using consistent outcome indicators, to enhance both the practical relevance and the inferential power of the study.

Conclusion

The reflection cycle that Gibbs proposed helped to conduct an organized way of dissertation evaluation that is driven by theory. Regardless of the constraints faced in the secondary data, the application of JD-R theory reinforced the analysis and demonstrated NHS frontline mental health as one of the vital organisational and workforce sustainability concerns.

Poster: Elements 3

Dissertation			
Introduction Mental health and well-being have become strategic workforce priorities for healthcare systems in the post-2019 COVID-19 era (Teng <i>et al.</i> , 2020). Within the United Kingdom's National Health Service (NHS), persistently high levels of service demand, a shortage of skilled staff, and more demanding jobs have led to increased exposure to stressors, which increases the risk of burnout and contributes to sick absence and pressure on retention. Contemporary scholarship places the responsibility for employee well-being on the organisation, with management systems, leadership practice, and resourcing decisions forming the destiny of staff (Guest, 2017).		Findings (Research Methods) Finding 1 - Mental health-related sickness absence is high and persistent (Hill <i>et al.</i> , 2022). Finding 2 - Workload and staffing shortage are structural determinants. (Ganapathi and Aithal, 2024). Finding 3 - Organisational support is inconsistent. Well-being initiatives do exist, but access and quality of implementation vary across different services (Bryan <i>et al.</i> , 2018). Finding 4 - Established Sustainable workforce affected (Strouse and Reed, 2021).	
Research Process (Methodology) Design: The secondary data, qualitative and analytical design, was used in the dissertation. No primary data (e.g., surveys or interviews) were collected. Evidence was sourced from peer-reviewed literature, official workforce reports and professional and policy.	Analysis Methods ☒ Descriptive trend of secondary indicators to identify patterns of trends in sickness absence and workforce pressure. ☒ Thematic analysis to synthesise recurring.	References Bakker, A. B., and Demerouti, E. (2017). Job demands-resources theory: taking stock and looking forward. <i>Journal of occupational health psychology</i> , 22(3), 273. DOI: 10.1037/ocp0000056. Ganapathi, P., and Aithal, P. S. (2024). Stress Management and Work-Life Balance. <i>Science Publications</i> , India, 004. DOI: 10.31803/sciencepubs.0085722. Guest, D. E. (2017). Human resource management and employee well-being: Towards a new analytic framework. <i>Human resource management journal</i> , 27(1), 22-38. DOI: 10.1111/1748-8583.12139. Hill, J. E., Harris, C., Danielle, L. C., Boland, P., Doherty, A. J., Benedetto, V., ... and O'Leary, A. J. (2022). The prevalence of mental health conditions in healthcare workers during and after a pandemic: Systematic review and meta-analysis. <i>Journal of advanced nursing</i> , 79(6), 1351-1372. DOI: 10.1111/1365-1517.15375. Sonnentag, S., Tay, L., and Neuner-Shoshan, H. (2023). A review on health and well-being at work: More than stressors and strains. <i>Personnel Psychology</i> , 76(2), 475-510. DOI: 10.1111/peps.12272. Strouse, M. C., and Reed, P. D. D. (2021). Employee turnover and workforce stability. In <i>Organizational behavior management approaches for intellectual and developmental disabilities</i> (pp. 210-234). Routledge. Teng, Z., Wei, Z., Qiu, Y., Tan, Y., Chen, J., Tang, H., ... and Huang, J. (2020). Psychological status and fatigue of frontline staff two months after the COVID-19 pandemic outbreak in China: A cross-sectional study. <i>Journal of</i>	
Data Sources . Scientific research (Sonnentag <i>et al.</i> , 2023). . Workforce statistics and staff wellbeing reporting (NHS England, 2025). . Policy and professional publications.	Conclusion Wellbeing activities for prevention at a systems level, where staffing adequacy, workload redesign, and consistent access to support. For NHS organisations, the practical priority is the use of standardised support pathways and		

SECTION K: Declaration

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant:	Roland Keszthelyi Date: 16 APRIL 2025

For STUDENT Submissions:

2	Director of Studies/Supervisor:		Date: 16 APRIL 2025
3	Signature:	Roland Keszthelyi	

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date: 16 APRIL 2025
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☒	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

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Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.