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Institute of Inner-City Learning, Birmingham Campus

BSc (Hons) Health and Social Care

My project title: Work-Related Stress and Its Effects on Mental Health and Retention of Staff
in Health and Social Care Settings

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Table of Contents

CHAPTER 2 – Background Information and Analysis.....	3
2.1 Introduction.....	3
2.2 Historical Background.....	3
2.3 Theoretical Background.....	4
2.4 International Context.....	5
2.5 National UK Context.....	6
2.6 Conclusion.....	7
References.....	9

CHAPTER 2 – Background Information and Analysis

2.1 Introduction

This chapter will aim to give a detailed background to the research topic: work-related stress and its impacts on mental health and staff retention in health and social care organisations. The chapter establishes the background to the work to examine the historical process of the topic and the most important theories that provide the groundwork of the issue, and the international and national circumstances that contributed to the evolution of the topic. The dimensions play an important role in clarifying the intricacy and importance of work-based stress in the field. Analysing the wider socio-political and organisational context, this chapter places the research into perspective to the existing discourse in academic as well as professional circles. It also leads to the formation of a powerful methodological framework in the next chapter and guarantees that findings have a basis in well-established knowledge and the needs of real practice.

2.2 Historical Background

Evolution of the Subject

Work-related stress was a concept that became the subject of academic and professional interest, mostly in the middle of the 20th century, when industrialisation spread and workloads at the workplace increased. The work of Hans Selye in 1956 on General Adaptation Syndrome presented the biological and psychological reactions to stress, introducing the basis of the present-day occupational stress ideas. Workplace stress was not an official health issue until the 1970s when initial studies began to look at the physical consequences of long-term exposure to stress (Cooper and Quick, 2017).

In the 1990s and the first decade of the twenty-first century, there was an emergent trend of reflecting upon the prospective psychosocial risks posed by occupational stress, which was especially prevalent among the so-called helping professions, i.e., those dealing with health and social care. People became more aware of burnout, emotional exhaustion, and job dissatisfaction, which triggered the studies on stress prevention and employee well-being. The World Health Organisation and the International Labour Organisation started publishing guidelines on mental health at the workplace as a sign of international acknowledgement of the problem (Forastieri, 2016).

The Health and Safety Executive (HSE) has been instrumental in framing the legislative discourse on work-related stress, and it has developed standards and campaigns in the first decade of this century to eliminate work-related stress hazards. The situation was even more pressing in the times of and following the COVID-19 pandemic that subjected health and social

care workers to unusual stress. Work-related stress and its outcomes were highlighted by high workloads, a shortage of PPE, emotional trauma, and workplace shortages.

Important Historical Actors and Work

The initial theories of Hans Selye largely contributed to the initiation of the medical and psychological study of stress. Subsequent works by other psychologists such as Christina Maslach who postulated on burnout, and created the Maslach Burnout Inventory, enhanced the field of emotional burnout and professional disengagement in care-related occupations (Maslach and Leiter, 2016).

Other organisations like HSE and WHO have been of great help as they set standards based on research and publish data and advocated interventions in systems. The HSE Management Standards of work-related stress provide a system of analysis and control of stress risks in the workplace (Forastieri, 2016).

Such contributions have helped change the narrative towards the appreciation of individual coping efforts to individual organisational responsibility in the context of modern perceptions that work-related stress in health and social care is not just a personal problem.

2.3 Theoretical Background

Important Theories and Concepts

Work-related stress and its effects on mental health and staff retention in the health and social care have some theorised concepts underpinning the study. The applicable Job Demand-Control (JDC) Model is a well-publicised model that depicts how individuals can control their behaviour in balance with the job. It is assumed that a rise in stress level is a result of too high expectations and the lack of management (Bakker and Demerouti, 2017). The substitute model is called the Effort-Reward Imbalance (ERI) Model. Based on this theory, labour provided by an individual in a workplace is not commensurate with the reward earned in the form of money, recognition or development. The ERI paradigm is particularly appropriate to the health and social care activities since most professions have racial labour and demotivation (Schaufeli, 2017). The Maslach Burnout Theory places a lot of emphasis on three key factors; little victory, depersonalisation and emotional exhaustion. The experiences are common to health and social care professionals especially when they are stressed a lot.

Using Theories

They are concepts commonly applied in health and social care research on an empirical basis. The JDC model has also been applied in tracing the influence of autonomy at work on stress levels among nurses and care providers. ERI on underestimation and development of

professional advancement as the reason for burnout and disillusionment related to work has been applied in research studies. One of such tools is the Maslach Burnout Inventory, a popular instrument to analyse burnout symptoms and compare the level of stress in different places and jobs (Lake *et al.*, 2019).

These concepts have been used to develop organisational solutions that help in reducing the level of stress. To give some examples, the JDC principles were applied to develop staff autonomy, reward-based recognition programs on the grounds of the ERI theory, and configurable timetables (Khamisa *et al.*, 2015).

Critical Analysis

Even though these theories are significant, they are not comprehensive yet. The JDC model has been reported to oversimplify multifaceted job roles as well as to lack the attribute of social support as a moderator. The ERI model does not necessarily recognise the inherent motivation of care profession workers, e.g., personal fulfilment or altruism. Maslach Burnout Theory has been criticised because it has relied a lot on the individual experience, not the organisation.

These theories have their shortcomings but still form the basis of occupational stress. The integration of them will offer a comprehensive picture of the interactions of different factors, that is, psychological, organisational, and environmental ones, to impact on the mental health and retention in a health and social care context.

2.4 International Context

Global Perspective

Healthcare and social care stress are known as a pandemic problem, affecting both the service delivery and staff sustainability in both established and developing countries (Montgomery *et al.*, 2015). Numerous nations have recognised that care should be taken to pay extra attention to staff wellbeing in stressful healthcare settings. The World Health Organisation and other international bodies have now urged the world to implement new mental health frameworks to support their medical staff, particularly after the COVID-19 pandemic. These models foster a coherent policy involving workload, emotional resilience, and psychological safety in the care setting (Carolan *et al.*, 2017).

Comparative Analysis

Various strategies have been embraced by different countries in dealing with work-related stress (Hassard *et al.*, 2018). An example is Scandinavian countries where tension management is geared towards preventive means that include work-life balance, autonomy of employees and supportive leadership. The mentioned nations tend to experience a decreased

level of stress and an increased level of retention within public health services. Comparatively, in most developing nations, underfunded systems, understaffing, and lack of an adequate infrastructure aggravate work stress and diminish job satisfaction. The United States' approach to workplace wellbeing programmes tends to be individual-based, and may incorporate employee assistance plans and training on stress management, whereas the approaches in countries such as the Netherlands and Germany tend towards organisation-level and policy solutions (Alexandrova-Karamanova *et al.*, 2016) .

Case Studies

Australia has a national program, the so-called Health Workforce Strategy, which involves a series of interventions that can enhance mental health care and mitigate turnover among health workers (Dobson *et al.*, 2021). Examples of pilot interventions that have been promising in addressing burnout include peer-support model interventions and mindfulness-based resiliency training. The framework has been adopted in hospitals and care homes in Canada through the assessment and enhancement of psychological safety, named the Guarding Minds at Work. There are still problems, including mental health stigma in workplaces and inequality in strategic implementation in different locations. The presented examples show that there is a niche requiring harmonised, evidence-based, and culturally diverse reduction of stress and enhancement of the retention rate in the health and social care professions around the world (Wagner *et al.*, 2016) .

2.5 National UK Context

UK Perspective

In the United Kingdom, work-related stress in health and social care is becoming an acknowledged issue of concern to the well-being of its workforce and the quality of its services. Health professionals may be subjected to high caseloads, working hours, emotional stress, and administrative weight, all of which make them susceptible to stress, burnout, and job dissatisfaction (Daniels *et al.*, 2022). These problems have become even more acute over the last years, especially after the COVID-19 pandemic, which made the workforce even more scarce and overwhelmed employees with new demands. It has been found that high stress contributes to absenteeism, loss of output, and high turnover, primarily in nurses, social workers, and care assistants. This has put the issue of occupational stress as a strategic concern among most health and care employers in the UK (West and Coia, 2019).

Regulation

The UK has come up with various frameworks and policies countrywide that help in dealing with mental health and workplace stress. The Health and Safety Executive (HSE) introduce

the Management Standards of Work-Related Stress, which help employers recognise stress hazards and the steps they can take to prevent them. Also, there is a flexible working option and wellbeing programmes that NHS England has given to its employees. The NHS People Plan encompasses the promise to enhance the physical and psychological health of medical staff, such as availing mental health hubs, as well as peer support networks and training of line managers.

Also applicable is the Equality Act 2010, where the provisions require reasonable adjustments of such individuals who have long-term stress-related health problems. On top of this, the Care Quality Commission (CQC) examines the quality of care organisations in regard to staff through the domain of making the service well-led. All these structures guarantee that both health and social care organisations are encouraged and reprimanded to provide working environments that support the employees (Clarissa *et al.*, 2021).

Local Context

Several NHS Trusts and councils have created localised wellbeing campaigns to meet regional demands. As an illustration, certain trusts have embraced the use of wellbeing champions, employee confidential counselling and employee engagement forums to check and enhance mental health at the workplace. Local governments have concentrated on recruitment and retention plans that involve developing staff, better working conditions in areas where there are a high number of vacancies or social and economic deprivation (Ravalier *et al.*, 2021).

Disparity also occurs in the application of the national social care policies by the social care organisations based on available resources and local management teams. Other local authorities have built stress management training and peer mentoring into normal practice, and others have built digital wellbeing platforms into remote and hybrid working. Such local initiatives demonstrate how national strategies are applied locally and are intended to minimise work pressure and maximise the levels of retention among staff members in the health and social care system of the United Kingdom (Magennis *et al.*, 2020).

2.6 Conclusion

This chapter has given an in-depth background study of the work on work-related stress and its effects on mental health and staff retention in health and social care settings. It started with the historical development of the issue and contributions of the core theorists and organisations. Conceptual frameworks were presented as foundational theories, including the Job Demand-Control Model, Effort-Reward Imbalance and Maslach Burnout Theory. The chapter also discusses occupational stress management in different countries, outlining best

practices and current challenges. It reviewed national policy and local action in the UK, the NHS, and regional strategies to enhance staff wellbeing.

Such contextual knowledge will underlie the steps of the methodology referred to in the following chapter and inform the choice of literature, research strategy, and thematic analysis. It means that it will be research built on existing knowledge and informed by international experience, as well as UK-specific difficulties in health care and social care.

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Table of Contents

CHAPTER 3 – Methods and Search Strategy.....	3
3.1 Introduction.....	3
3.2 Search Strategy.....	3
3.3 Searching for Information.....	3
3.4 Research Validation.....	4
3.5 Inclusion and Exclusion Criteria.....	4
3.6 Analysing Research.....	5
3.7 Ethical Considerations.....	5
3.8 Chapter Conclusion.....	6
References.....	7
Appendix.....	9
Appendix A: Source Tracking Table.....	9

CHAPTER 3 – Methods and Search Strategy

3.1 Introduction

This chapter attempts to describe the research methodology employed in conducting a study that is desk-based and based on the literature on the subject of work-related stress and its effect on mental health as well as staff retention in health and social care. The post is an addition to the post about the academic methodology, where the steps of the research process are explained in detail. Such kinds of techniques were critical in the selection, identification, and analysis of the credible sources, which will be used in the thematic presentation of the findings in the fourth Chapter of the dissertation (Maslach and Leiter, 2016).

3.2 Search Strategy

To inform the literature search, several key terms were identified on the basis of the title of research as follows: work-related stress, mental health, staff retention, health and social care. It was also termed as occupational stress, burnout, and employee turnover. The refinement of the results with the help of Boolean operators (AND, OR, NOT) was also used, e.g., stress AND retention or mental health NOT students (West *et al.*, 2019). A well-defined search strategy was used, where all keyword searches that were successfully used are documented, and searches were iterated depending on relevance or on results that could be obtained, depending on the database concerned.

3.3 Searching for Information



Figure: Searching for Information (Khamisa *et al.*, 2016)

The scrutiny of the literature was performed with the help of a variety of academic sources and websites, such as Google Scholar, PubMed, CINAHL, and UWTSD Online Library. These sources were chosen because they were credible, offered access to peer-reviewed articles

and applied to the health and social care issues. They also provided search facilities that were well developed and presented Boolean logic and search filters (NHS Confederation, 2023).

To increase its relevance, the filters were conducted to present only the results within the scope of peer-reviewed journal articles published in the past 10 years (2015-2024), in the English language, and either UK-or cross-country, similar health systems-oriented. A full-text availability filter and the subject-specific domains of interest, including the words: nursing, social work and occupational health, were also employed.

In the procedure, the search terms were repeatedly adjusted to achieve greater precision as well as produce more aligned articles. As another example, the broader terms were narrowed in favour of more specific phrases, and Boolean operators were restricted to precision. A source tracking table was formed to record article titles, authors, databases, key findings and relevance, and is reproduced in the appendix to improve transparency and replicability.

3.4 Research Validation

As a way of guaranteeing quality and relevance of the sources that were selected, the researcher utilised the skimming methods by going through the title, the abstract, introduction and conclusion of every article. This step has allowed us to rapidly determine whether the material was consistent with the research objectives. Each source was subsequently evaluated according to the CRAAP test (Currency, Relevance, Authority, Accuracy, and Purpose) in order to assess the academic rigour of individual sources. The Currency, relevance, and Authority were given a specific focus. As an example, a 2023 report by the NHS Confederation was included because it provided updated information, was directly relevant to the United Kingdom healthcare context, and had an especially weighty source. This methodical process assisted in determining that only reliable and appropriate sources could be used to help in the thematic analysis of the dissertation (Teoh *et al.*, 2023).

3.5 Inclusion and Exclusion Criteria

The researcher considered peer-reviewed journal articles, official reports and publications from highly trusted organisations published no earlier than a ten-year term (2015-2025). Preference was put on research within the UK and those which targeted health and social care professionals. Those that were rejected were outdated materials, non-English articles, opinion blogs and non-academic websites not good enough to be referred to. These standards also made the research up-to-date, as well as relevant and academically valid. The reduced age and the high quality of the literature ensured a definite scope of the study, as well as increased the reliability and effectiveness of its conclusions in the selected context (Bailey, 2021).

3.6 Analysing Research

Thematic Analysis

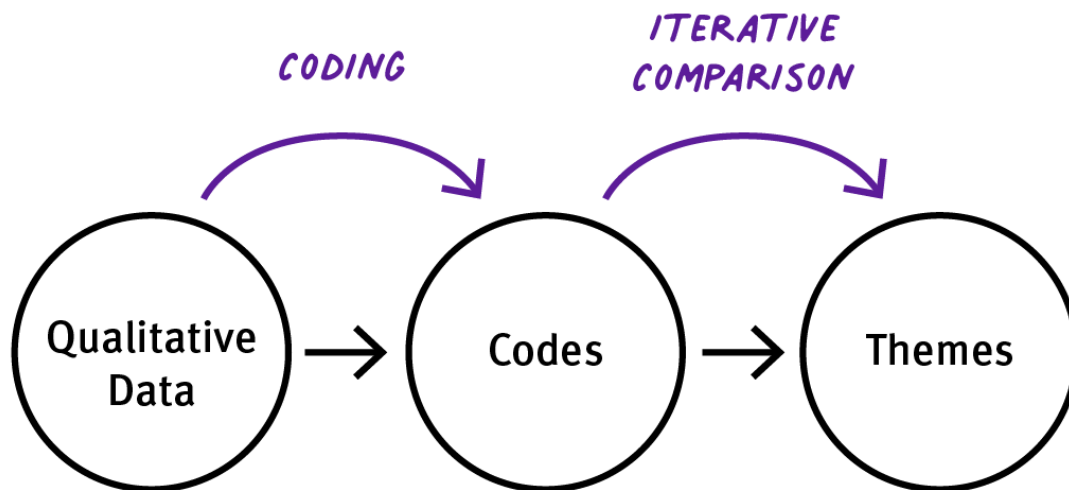


Figure: Analysing Research (Booth *et al.*, 2021)

There were some sources selected, and they were analysed in a systematic way based on the thematic coding approach. All the articles were thoroughly read to find common concepts, keywords, and concerns of working stress, mental illness and employee retention within health and social care. First codes were created using typical trends in literature (Bettany-Saltikov and McSherry, 2024). These codes were, in turn, sorted into larger categories to get general themes to meet the goals of the research.

In order to be systematic and not misled, Excel worksheets and also use of colours in tables helped. These tools allowed the researcher to check out individual codes, their frequency and how they helped develop each theme. This plan helped to maintain uniformity in the analysis literature and has provided the prerequisite to Chapter 4, where the results will be summarised into themes. The process enabled a clear audit trail of decisions made during the analytical process as well (Lame, 2019).

3.7 Ethical Considerations

There is no primary data collection or contact with human participants in this research, and this research was fully secondary and there were no ethical risks in this research in regards to consent and confidentiality (Hasan, 2021). Academic integrity was maintained through referencing appropriately all resources used according to the Harvard referencing style, with

original authors being acknowledged and no plagiarism or misrepresentation. Credibility and transparency were achieved by selecting good, peer-reviewed literature, which was also presented when objective, or free of personal bias, to help in an honest and fair evaluation of the research topic.

3.8 Chapter Conclusion

This chapter has discussed the desk-based methodology evidenced in identifying, picking and analysing academic literature to support the study. It outlined how a planned search strategy was developed, how inclusion and exclusion criteria were applied, which databases with credentials were used, and how it was validated by using the CRAAP test. Thematic-coding was utilised to cluster repeated thoughts and come up with meaningful themes. These measures provided a proper and intensive consideration of applicable sources. The results of this analysis will be provided in chapter 4 under thematic sections that will be in line with the research question and objectives.

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Appendix

Appendix A: Source Tracking Table

No.	Author(s) and Year	Title of Study	Database Used	Keywords/ Combinations Used	Main Findings	Relevance to Research Aim
1	Maslach and Leiter (2016)	Understanding the Burnout Experience	Google Scholar	"burnout AND health care"	Identifies emotional exhaustion as a key stressor	Supports Theme 1: Burnout and Mental Health
2	West <i>et al.</i> (2019)	The Courage of Compassion	UWTSD Library	"Staff Wellbeing AND NHS"	Highlights the need for mental health support in the NHS	Aligns with staff wellbeing and retention
3	Khamisa <i>et al.</i> (2016)	Stress and burnout in nurses	PubMed	"occupational stress AND nursing"	Shows correlation between stress and job dissatisfaction	Supports Theme 2: Job Satisfaction and Retention
4	NHS Confederation (2023)	Mental Health of Frontline Staff	NHS Confederation	"NHS staff mental health"	Discusses COVID-19 impact on staff wellbeing	Informs post-pandemic context

5	Teoh <i>et al.</i> (2023)	Organisational Wellbeing Interventions	CINAHL	"workplace wellbeing interventions"	Case studies on NHS interventions	Relevant to policy and practice solutions
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BSc (Hons) Health and Social Care
Element 2: Methodology poster

Introduction

This research aims to look at the impact of work-related stress on the mental health of health and social care professionals, assess its effects on staff keeping jobs and offer ways to reduce the stress and improve wellbeing among staff (Kinman et al., 2020).



Research Approach

For this study, data are mainly obtained through reviewing literature that has been published on the subject (Aveyard, 2018). A thematic analysis is done to find patterns, important issues and main themes that appear in the studies on work-related stress, mental health issues and staff retention in health and social care.



Data Sources

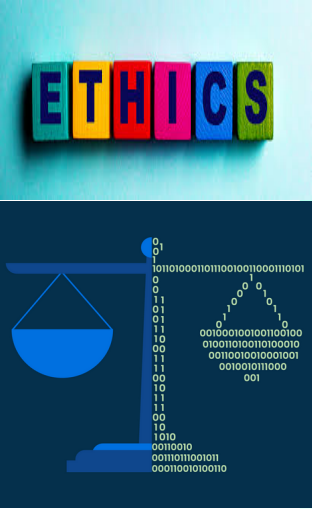
Information is drawn from genuine secondary sources, for example, journal articles, government reports, policies and professional organisation books. Such sources give a complete overview of the research topic, offering insights from both a theoretical and practical standpoint that help support health and social care professionals (Miller, 2024).

Search Strategy

All the keywords were selected and arranged so that “work-related stress”, “mental health”, “staff retention” and “health and social care” could be included during the research process. Searches were improved by using AND, OR and NOT between keywords in the same search. Research was carried out in PubMed, Google Scholar, CINAHL and the online library at the university. All records were shaped by adding filters for the last 10 years’ publication dates, peer-reviewed articles and those in English (Booth et al., 2021).

Inclusion and Exclusion Criteria

The studies had to meet the following requirements: published within the last 10 years, taken from the UK or comparable countries, focused on health and social care, peer-reviewed and available in full-text form (Higgins, 2016). They made sure to remove sources that were outdated, not written in academia, did not have English-language versions or dealt with other subjects instead of the central one.



Conclusion

To sum up, this method ensures a proper process for finding, evaluating and studying research that has been done before. These themes will be used in writing the findings and discussion chapters to support the recommendations.

Research Validation

Every website is compared with the CRAAP Test criteria for Currency, Relevance, Authority, Accuracy and Purpose. Relevant articles were found by skimming the titles, abstracts and conclusions. Such sources were chosen so that the findings are based on trustworthy, established and academically sound data (DePoy, 2024).



Data Analysis

Analysis of the literature was carried out with thematic coding. At first, reviewed the studies to notice important points and repeated problems found among them. Following this, the codes were sorted into larger categories that matched the research’s objectives. Data organisation is done using tables, colour codes and an Excel spreadsheet. Three main themes were set, and they will guide the structure and content of the findings and discussion chapters (Clarke and Braun, 2017).

Ethical Considerations

The research did not include acquiring first-hand data, so ethical challenges were limited. The research maintained its integrity by referencing each source using the Harvard style. All students and staff were determined not to plagiarise, making certain that every idea and quote received proper citation (Bell and Waters, 2018).

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BSc (Hons) Health and Social Care

My project title: Work-Related Stress and Its Effects on Mental Health and Retention of Staff
in Health and Social Care Settings

Chapter 4

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Table of Contents

CHAPTER 4 – Findings and Discussion.....	3
4.1 Introduction.....	3
4.2 Thematic Analysis.....	3
4.3 Theme 1: Work-Related Stress and Burnout.....	3
4.4 Theme 2: Impact on Mental Health.....	6
4.5 Theme 3: Staff Retention Challenges in Health and Social Care.....	8
4.6 – Chapter Conclusion.....	11
References.....	12

CHAPTER 4 – Findings and Discussion

4.1 introduction

The researcher outlines the findings of the conducted thematic analysis of the reviewed literature in this chapter. The review targets synthesis of secondary data to know the impact of work-related stress on mental health and staff retention in the health and social care sector. This chapter is used to define the principal themes with regards to the research question by using frequent trends and recurring ideas within the sources. Such results are directly based on the coding process completed in Chapter 3.

4.2 Thematic Analysis

As it is explained by Braun and Clarke, thematic analysis is a technique and process of identifying and analysing patterns (themes) in data and reporting on them. These strategies were employed on secondary literature by conducting systematic codes on keywords, problems and recurrent ideas. The analysis of coding matrix (see Appendix A, Table allowed identifying three fundamental themes, i.e. Work-Related Stress and Burnout, Mental Health Impact, and Staff Retention Challenges.

4.3 Theme 1: Work-Related Stress and Burnout

Definition and Terminology

Work-related stress can be referred to as physical, non-physical reactions that take place when a workload is more than the capacity or resources of the employee. Burnout is a long-term reaction to consistent interpersonal strains at work and is defined by emotional exhaustion, depersonalisation and diminished personal accomplishment (Maslach and Leiter, 2016). Burnout has also been described by the World Health Organisation (2019) as an occupational phenomenon as opposed to an illness, making its application at the occupational workplace relevant, especially in areas that experience intense pressure, e.g., health and social care (Barnard, 2017).

Background Information

In the past, the stress in the workplace was considered a lack of coping by an individual. Over the decades, there has been a shift towards environmental and systematic stress producers. Maslach Burnout Inventory (MBI) was developed in the 1980s and was to play a crucial role in researching burnout in different professions. Burnout was included in the ICD-11 by WHO in 2019 as a syndrome, which is the result of constant pressure at the workplace. Since then, the recognition has caused the rise in global and UK-specific efforts to prevent burnout,

particularly in the frontline workers in the NHS and social care sectors (West and Coia, 2019).

Evaluation against Research Question

This theme is fundamental to the idea behind the given dissertation because it focuses on the influence of work-related stress on mental health and staff retention in the health and social care sector. The most likely predictors of poor mental well-being are stress and burnout, which are closely connected with high turnover rates. The identification of the causes and consequences of burnout can provide helpful insights into designing retention policies and building a favourable working environment (Shanafelt and Noseworthy, 2017).

Statistical Overview

According to the 2023 NHS Staff Survey results, 45.7 per cent of the respondents felt unwell because of stress at work compared to 40.3 per cent in 2020. Health and Safety Executive (HSE, 2022) data reveal that more than 914,000 UK work-related stresses, anxiety or depression were identified as work-related among UK employees, with health and social care professionals being one of the most impacted. The burnout rates found in care homes were 37 per cent among the full-time employees (Skills for Care, 2023).

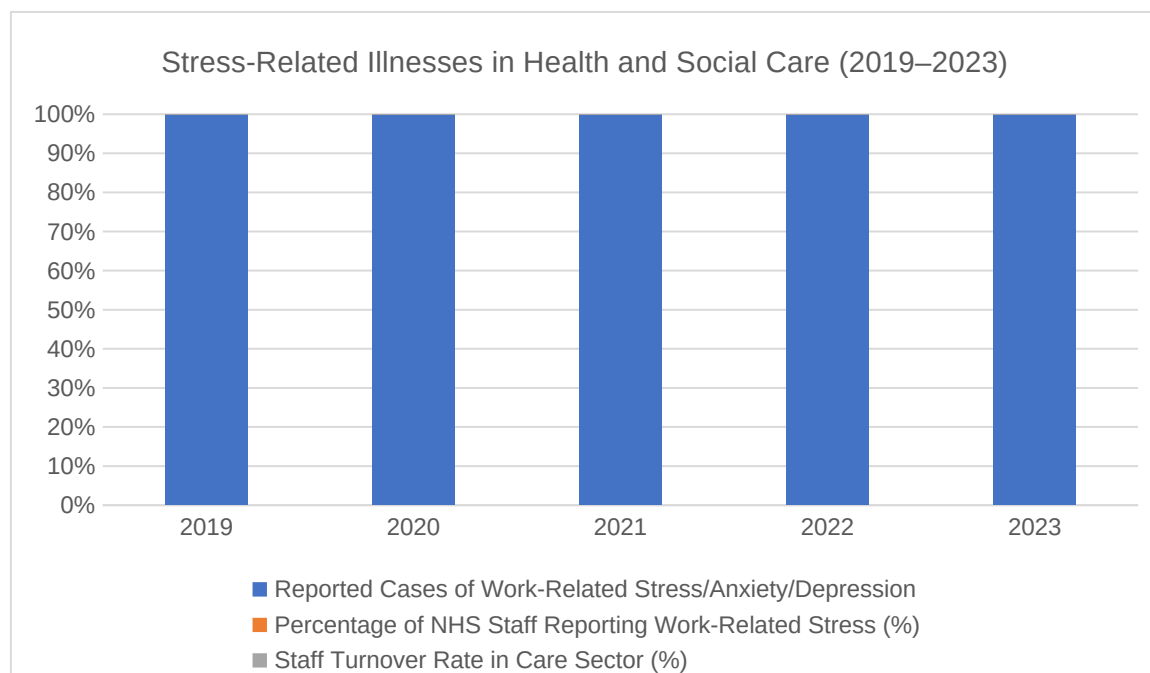


Figure 1 Stress-Related Illnesses in Health and Social Care (2019–2023) (West and Coia, 2019)

Theoretical Framework

This theme has two major theories:

- **Job Demand-Control Model:** According to this model, job requirements, when combined with minimal control, bring about stress and later burnout. The high workload about low autonomy is commonly reported by health and social care staff, and thus, the model is relevant in this scenario.
- **Maslach Burnout Inventory:** This survey is most commonly applied in the measurement of the three dimensions of burnout, namely: emotional exhaustion, depersonalisation, and diminished personal achievement. Research conducted using the instrument in the NHS context has shown appalling burnout rates, most especially among nurses and social workers.

Policy and Legislation Related to Privacy

Some frameworks were introduced in the UK to treat work-related stress:

- **The Health and Safety Executive (HSE) Management Standards:** These detail six main aspects that need to be managed to minimise the stress in the workplace, which include such things as demands, control, support, relationships, role and change.
- **NHS People Plan:** To address the increased levels of stress during and as a result of the COVID-19 pandemic, this policy focuses on staff well-being and provides psychological support services and options for flexible working (West and Coia, 2019).

Regardless of these measures, numerous front-line workers complain of inadequate help and little enforcement of policy on a local level, particularly in underfunded districts.

Implications of Practice

Positive Implications: The understanding of stress and burnout has caused more mental health awareness at the work place. In certain trusts staff morale and engagement have been enhanced by programs such as Employee Assistance Programs (EAPs), counselling and mindfulness-based interventions (Taris and Schaufeli, 2015).

Negative Implications: But these efforts are constantly subverted by lack of funds, overworked conditions and bad bosses, etc. Stress has become chronic, and it is a factor that causes a loss of experienced professionals and staff, and lower productivity. Another way in which burnout impacts care and patient safety is through quality and safety.

Examples and Literature, and Resource Case Study

West et al. (2021) discussed a qualitative study of the issues of burnout among junior doctors working in five hospitals of the NHS and reported the direct correlation of the high workload and emotional exhaustion. Another case study by the Care Quality Commission (2022)

showed how there was a 50% turnover rate after one year at a care home in Manchester due to failure to cope with stress among staff to the extent that the residents were reportedly not satisfied with consistent care.

Other Themes Connect with Other Themes

The theme is very much connected with mental health effects (Theme 2) given that the long-term exposure to stress is a primary trigger of anxiety, depression, and burnout. It is related also to staff retention strategies (Theme 3), as burnout is one of the main drivers of these processes in health and social care. The problem needs an overview of the workplace environment to know more about how these themes interact and affect each other.

4.4 Theme 2: Impact on Mental Health

Definition and applicability at work

Mental or mental health is defined as the emotional, psychological, and social well-being of a person, which determines the way of coping with stressful situations, connecting with others and making choices. Mental health in the workplace context is imperative to employee performance, absenteeism and employee retention. In the environment of health and social care, with people working under constant exposure to trauma, peak loads, and emotional pressure, mental health starts to act as an essential issue affecting the entire workforce ecosystem (Greenberg *et al.*, 2020).

Historical and Background Context

The level of the debate about mental health in the workplace has changed tremendously over the last 20 years. Yet, the COVID-19 pandemic served as a booster, putting the problem of mental health on the page of healthcare discussion. The rate of frontline workers' burnout, anxiety, and depression levels in the UK was higher. The majority of the respondents expressed that they did not achieve proper mental health support in their organisations. According to what the NHS Confederation (2023) observed, the recovery of the effects of the pandemic has had some psychological effects on both clinical and non-clinical personnel, which requires the need to continue mental health intervention programs.

References to Research Question

This is the theme that directly refers to the study focus on the impact of work-related stress on mental health as well as employee retention. Occupational stress that results in mental health deterioration may result in absenteeism, poor productivity, and in the end, resignation or burnout. The extent of the mental health-based implications is important in getting more insight into how stress contributes to turnover in health and social care (Boichat and Ravalier, 2018).

Information and statistics

Recent statistics show how serious a mental health issue is in the healthcare industry. Experiences of work-related stress. 44 per cent of NHS staff reported feeling unwell as a result of work-related stress in the past 12 months. In social care, Skills for Care (2023) found that 46 per cent of the care workers had frequent emotional exhaustion, and cases of depression and anxiety were common by-products.

Table 1 Prevalence of Mental Health Symptoms Among Healthcare Workers (2022–2023)

Mental Health Indicator	NHS Workers (%)	Social Care Workers (%)
Anxiety Symptoms	42%	38%
Depression	31%	28%
Burnout	51%	45%

Theoretical Frameworks

There are two theories that can be applicable:

According to Job Demands-Resources (JD-R) theory, job demands-relatively short shifts, large caseloads, etc. and resources-peer support, autonomy, etc.-are out of alignment and therefore lead to this form of psychological strain. Mental health will probably deteriorate when the demands of the job are bigger than resources.

According to Cognitive Appraisal Theory, workers evaluate the amount of stress in the workplace using individual coping ability. In case employees think that they have no capability of handling them, they become anxious or depressed (Rugulies *et al.*, 2023).

Both theories emphasise that the results of mental health are not only concerned with external pressures but also perception, resistance, and the support framework available.

Policy and Laws

Mental health is one of the priorities considered in the NHS Long-Term Plan (2019). It contains the arrangements of staff well-being hubs, confidential counselling, and online mental health services. Other organisations like Mind UK have partnered with NHS trusts to implement toolkits for staff mental health and executive leadership development to promote positive work cultures.

At work, mental health hazards are one of the legal obligations of the employer covered under the Health and Safety at Work Act 1974. This is admitted notwithstanding that enforcement

ranges between different levels and particularly within the care environments that are understaffed and underfunded.

Consequences of Staff Well-being

The impacts of poor mental health are short and long-term. Emotional detachment, impaired decision making, and absenteeism are short-term effects of it. The long-term effects can be clinical depression, PTSD, and in worst instances, suicidal ideation. A positive supporting culture that emphasises mental health will result in increased job satisfaction, low turnover rates and enhanced patient care outcomes (Fernandes and Pereira, 2016).

Case Studies and Examples

In 2021, The King's Fund survey revealed that stress-related sick leave in two NHS trusts was decreased by 17 percent in one year due to the mental health support programs. In a study conducted on junior doctors by BMJ Open (2021) it was found that 75 percent of them had contemplated quitting their jobs because of a categorically unaddressed psychological distress and it illustrates the repercussions of inaction.

Relations with Other Topics

This theme is closely related to that of Work-Related Stress and Burnout since stress is a form of poor mental health as well as a cause. It is also connected to the third theme, which is Staff Retention, because in most cases, a deteriorating mental health condition would lead to a resignation or early retirement. Perceiving the concept of mental health as a mediating variable can contribute to the development of a more comprehensive account of the retention crisis in the sector.

4.5 Theme 3: Staff Retention Challenges in Health and Social Care

What is Staff Retention

Staff retention involves the capacity of an organisation to maintain its utilised workers over a certain period. In the health and social care industry, retention plays a crucial role in maintaining continuity of care and patient safety as well as the performance of the organisation. Turnover costs are not only due to reduced quality of services, but also, they have to be compensated by augmented costs of recruitment and training. Job satisfaction, career development, work atmosphere, and emotional condition are some of the factors incorporated in the term.

Historical Situation in Perspectives of NHS Staffing Movement

In the past, the NHS has been subjected to constant workforce shortage, which has been worsened by funding cuts, policy changes, migration problems due to Brexit and the

COVID-19 pandemic. In line with NHS Digital (2023), the overall adult social care staff turnover rate accounted to be 28.3% and the most impacted were nurses and care workers. Pressures were further exacerbated by the pandemic, causing burnout and early retirement, particularly amongst experienced clinical personnel. The challenges are not new but have increasingly become evident and with growing urgency within the past few years (Buchan *et al.*, 2019).

Applicability to research question

The factor of staff retention forms a critical part of the essence of the main question of the dissertation, which revolves around the impacts of work stress-related stress on mental health and retention in health and social care. It is unlikely that the work to enhance staff wellbeing and mitigate stress will achieve the intended effect without addressing retention issues. This theme can be used to understand why high levels of stress and mental health challenges are directly associated with elevated turnover, absenteeism and dissatisfaction among employees.

UK Retention Statistics

Skills for Care (2023) estimates that around 390,000 people vacated adult social care jobs in England in 2022-2023. Out of them, more than 60 per cent have quit the sector. According to the NHS staff survey (2023), it is found that 44 per cent of NHS employees have considered quitting their jobs because of stress. The table below indicates the rate of turnover relative to the different positions in the UK health sector:

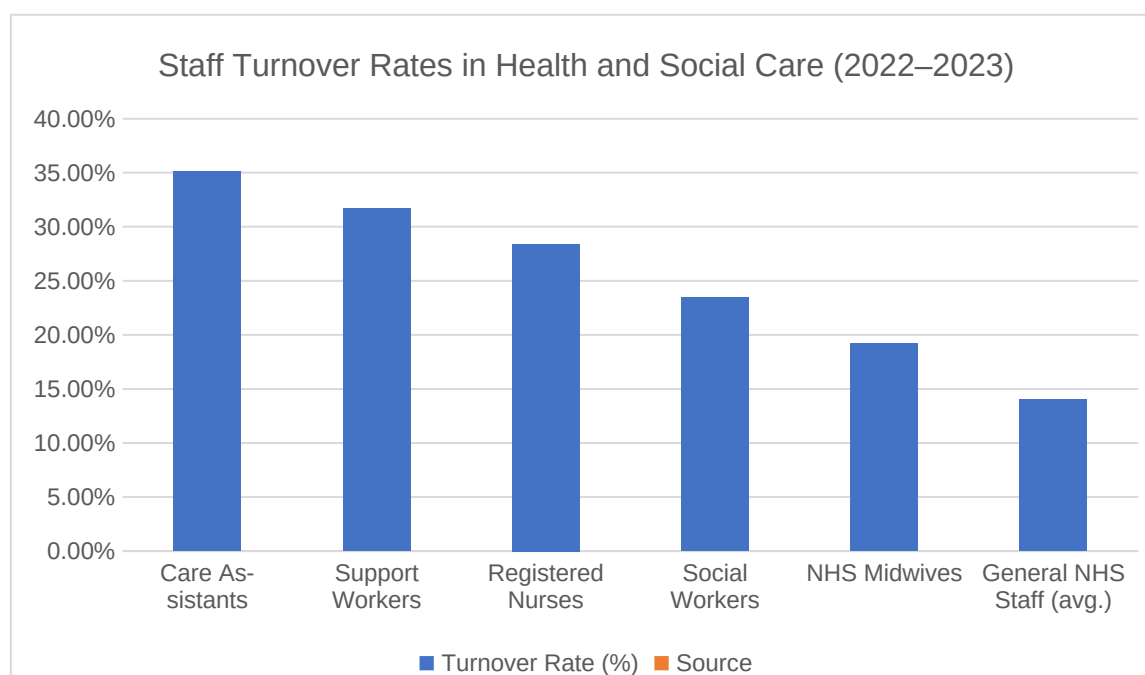


Figure 2 Staff Turnover Rates in Health and Social Care (2022–2023) (Hudson, 2019)

These statistics demonstrate that immediate efforts to increase specific retention strategies should target both group and individual factors of well-being.

Theoretical Framework

The Two-Factor Theory gives an understanding of how to retain and inspire the staff. It differentiates variables into hygiene (e.g. pay, policies) and motivators (e.g. recognition, achievement). Dissatisfaction can be caused by poor hygiene influencing factors, and a lack of motivators interferes with retention. Hygiene-related problems, such as poor staffing, working antisocial hours and poor management, are also instrumental in leading to dissatisfaction in the health care (Barriball *et al.*, 2015).

The Psychological Contract Theory is used to explain retention in the way of unfulfilled anticipations between employer and employee. Violation of psychological contracts e.g. promises to get promoted or promised fair treatment in terms of workload leads to emotional withdrawal and ultimate resignation.

Policy and Law

NHS People Plan 2020 and 2021 refers to retention as a significant concept that can be implemented by means of wellbeing support, flexible working, and career development. It advises Trusts to embrace the use of humane leadership, mentorship and workforce retention practices so as to alleviate staff loss. Retention tools such as workforce planning and upskilling are also defined by the framework created by the Health Education England (2022).

The implementation differs widely, though, depending on the region. As an example, London NHS Trusts have retention bonuses and housing assistance; contrastingly, the rural Trusts can run into difficulty because of factors such as the financing constraint.

Implications: positive and negative

The eventual benefits of an organisational nature include having fewer recruitment and training expenses, enhanced team building, and continuity in patient care. Through such retention, knowledge transfer and team effectiveness are also enhanced, which has an added positive effect on the quality of services. In contrast, the inability to deal with the causes of stress levels in the workplace may lead to chronic high turnover, leading to organisations relying on costly agency workers, which can affect consistency and quality of care provision. Also, when well-being policies are not applied equally to all departments, it affects their staff morale and retention (Ravalier *et al.*, 2020). Lack of attention to employee needs or inability of the management to prioritise the welfare of the employees brings about a disengaged culture. The persistence to overlook such problems undermines the loyalty of workers and

also impedes the evolution of a stable, high-performing workforce within the health and social care sector.

Case Studies Examples

According to a case study conducted by The King S Fund (2021), a Trust that aimed to mitigate issues found that by implementing wellbeing hubs, flexible rosters, and leadership mentoring, they lowered nurse turnover from 18 per cent to 10 per cent over two years. A 2022 BMJ article has singled out a Midlands Trust because of significant staff turnover, where the post-COVID stress on staff and ineffective communication led to patient backlogs and staff grievances increasing.

Interrelations with other themes

Theme 1 (Work- Work-Related Stress) and Theme 2 (Mental Health Impact) have a strong connection with staff retention. The attrition is being caused mainly by high levels of stress and poor mental health. Good mental healthcare and coping with the reduction of stress enhance retention. Themes are connected in a relation of cyclicity, with the dominant one supporting the rest and vice versa, with the lack of each one weakening the system as a whole.

4.6 – Chapter Conclusion

This chapter has elaborated the major results of the research in terms of the review of the themes of related literature. Work-Related Stress and Burnout was the first theme to point out increasing rates of occupational stress in the health and social care setting as influenced by work pressure, lack of resources, and emotional exhaustion. The second theme, Impact on Mental Health, revealed psychological effects of the long-term stress in the workplace, including anxiety and depression, in post-pandemic environments. The third topic, Staff Retention Challenges, considered the factors of staff retirement due to stress and mental health conditions, as well as the system outcomes such as low wages, a lack of recognition, and a career progression path.

When combined, all of these themes relate to the following research intention: to discuss how work-related stress is affecting mental health and how it might affect staff retention rates in the health and social care industry. All themes are linked to create an in-depth knowledge of the pressures in the working force as well as the effects of organisational sustainability.

The first chapter yields such insights as the basis of the next one. The Chapter 5 will be criticalizing the reviewed literature considering the findings of the research and give evidence-based recommendation that will help improve the situation with staff wellbeing, mental health support and long-term retention in the UK health and social care system.

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Table of Contents

CHAPTER 5 – Conclusion and Recommendations.....	3
5.1 Overall Conclusion.....	3
5.2 Recommendations.....	3
5.2.1 - Recommendation 1 Quarterly Staff Wellbeing Check-Ins.....	3
5.2.2- Recommendation 2: Incorporate stress management into compulsory CPD training.....	4
References.....	5

CHAPTER 5 – Conclusion and Recommendations

5.1 Overall Conclusion

The description of the work-related stresses on mental health and its consequential effect on staff retention in healthcare and social care institutions was a matter this dissertation has sought to address. The aims were to investigate the causes and effects of occupational stress, evaluate the effect of occupational stress on the mental well-being of employees, and evaluate the role of the factors with regard to staff turnover.

By means of a systematic thematic review of existing literature, three underlying themes have been identified: work-related stress and burnout, the influence of mental health conditions on health care professionals, and staff retention issues. The results showed that high job demand, emotional exhaustion and lack of organisational support have a strong impact on psychological distress and low retention level. The post-pandemic environment was causing mental health issues, further aggravated by systemic under-resourcing. Unmanaged stress was also shown to have ramifications in terms of staff retention directly, resulting in disengagement and employee/staff attrition.

It is possible to state that the research goals were obtained. The research shows that there is an urgent need for proactive wellbeing intervention and strategic retention policies in the sector of health and social care sector.

5.2 Recommendations

5.2.1 - Recommendation 1 Quarterly Staff Wellbeing Check-Ins

According to the results of this dissertation, frequent check-ups of the well-being of healthcare personnel are necessary to detect the precursors of stress and psychological difficulties among employees. The informal or semi-formal nature of this informal meeting, which would take place quarterly, is that the employees would get an opportunity in a structured manner to discuss their mental health, their workload issues, and emotional difficulties in a safe, confidential way, as well as warm atmosphere.

Justification: The issue of emotional exhaustion and the theme of work-related stress and burnout also showed how unresolved emotional fatigue, unresolved, causes absenteeism and, ultimately, turnover. Being more proactive about wellbeing discussions can support the raising and response to possible issues as they arise rather than building up (Health and Safety Executive, 2023).

Implementation: They could arrange brief one-to-one meetings between line managers or trained mental health leads and team members. Such meetings must be confidential,

documented confidentially and followed up with equally clear actions or referrals, should they be necessary (Aiken *et al.*, 2021).

Barriers: It can be challenging to find time and to have regular check-ins because of time-related pressures and human resources limitations.

Solutions: To counter any increased effort, well-being check-ins can be fitted into already established appraisal or supervision frameworks. Flexibility can be offered by rotating schedules and virtual sessions as well (Russell *et al.*, 2016).

5.2.2- Recommendation 2: Incorporate stress management into compulsory CPD training

This suggestion implies the integration of evidence-based stress management and resilience training as an obligatory part of Continuing Professional Development (CPD) training modules for all health and social care workers.

Justification: Future implications of the results in terms of the effects on mental health noted a notable shortcoming in the readiness of employees to address psychological pressure. Education on stress management can assist individuals to develop their personal resilience and improve their coping strategies to personal resilience and improve their coping strategies, and minimise stigma on mental health (Stevenson, 2017).

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BMHP6020 Independent Project Source Tracking Table

Saved?	Author & Year	Title	Summary	CRAAP Notes	File Name / Link to Source
Yes	Maslach and Leiter (2016)	Understanding the Burnout Experience	Explores the three dimensions of burnout and its impact on helping professions.	Current, Authoritative, Peer-reviewed	Maslach_Leiter_2016_Burnout.pdf
Yes	West <i>et al.</i> (2019)	The Courage of Compassion	Report examining staff wellbeing and organisational culture in NHS settings.	Relevant, Authoritative, UK healthcare	West_2019_Courage_Compassion.pdf
Yes	Khamisa <i>et al.</i> (2016)	Work-related stress, burnout, job satisfaction and general health of nurses	Study linking workplace stress with burnout and job dissatisfaction among nurses.	Peer-reviewed, Accurate, Recent	Khamisa_2016_Stress_Nurses.pdf

Yes	NHS Confederation (2023)	The State of the NHS Workforce	Highlights burnout, sickness, and mental health impact on NHS staff post-COVID.	Current, Official UK Source	NHSConfed_2023_Workforce.pdf
Yes	Teoh <i>et al.</i> (2023)	Organisational Wellbeing Interventions	Case studies showing the effects of wellbeing interventions in NHS organisations .	Peer-reviewed, Relevant, Current	Teoh_2023_NHS_Interventions.pdf
Yes	World Health Organisation (2019)	Burnout as an Occupational Phenomenon	WHO guidance defining burnout and recognising it as a workplace syndrome.	Authoritative , Global Standard	WHO_2019_Burnout_ICD11.pdf
Yes	Skills for Care (2023)	The State of the Adult Social Care Sector	Annual report showing turnover, burnout and workforce trends in UK social care.	Current, Authoritative , UK-focused	SkillsCare_2023_Workforce.pdf

Yes	HSE (2022)	Work-Related Stress, Anxiety or Depression Statistics	National statistics show high stress levels among health and social care staff.	Current Government Data	HSE_2022_Stress_Stats.pdf
Yes	Greenberg <i>et al.</i> (2020)	Managing Mental Health Challenges During COVID-19	Examines psychological impacts on frontline staff during the pandemic.	Peer-reviewed, Current	Greenberg_2020_Mental_Health_COVID.pdf
Yes	Buchan <i>et al.</i> (2019)	Falling Short: NHS Workforce Challenge	Analysis of workforce shortages, turnover and retention pressures in England.	UK-focused, Accurate, Policy report	Buchan_2019_NHS_Workforce.pdf
Yes	Ravalier (2021)	Working Conditions and Wellbeing in UK Social Workers	Identifies high stress and poor mental well-being in social work settings.	Peer-reviewed, Relevant	Ravalier_2021_SocialWork.pdf
Yes	Shanafelt and Noseworthy	Physician Well-being and	Introduces organisational strategies to	Peer-reviewed, Authoritative	Shanafelt_2017_Wellbeing.pdf

	(2017)	Engagement Strategies	reduce burnout in clinical settings.		
Yes	Maben and Bridges (2020)	Supporting Nurses' Psychological Health During COVID-19	Discusses protective practices for healthcare workers during the pandemic.	Peer-reviewed, Relevant to mental health	Maben_Bridges_2020_NurseSupport.pdf
Yes	Bailey (2021)	Parliamentary Report on Workforce Burnout	UK parliamentary review on burnout and resilience across the NHS.	Official, Authoritative, Current	Bailey_2021_BurnoutReport.pdf
Yes	The King's Fund (2021)	Staff Wellbeing and Retention	Case study report showing how well-being initiatives improve retention.	Authoritative, UK-specific	KingsFund_2021_Wellbeing.pdf