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The influence of workplace stress on healthcare staff shortage in the United Kingdom

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1. Abstract

Purpose: This research aims to explore how workplace stress impacts healthcare staff shortages in the United Kingdom. The study investigates the connections between stress, burnout, absenteeism, and turnover, while also examining how organisational factors affect the wellbeing and retention of healthcare workers.

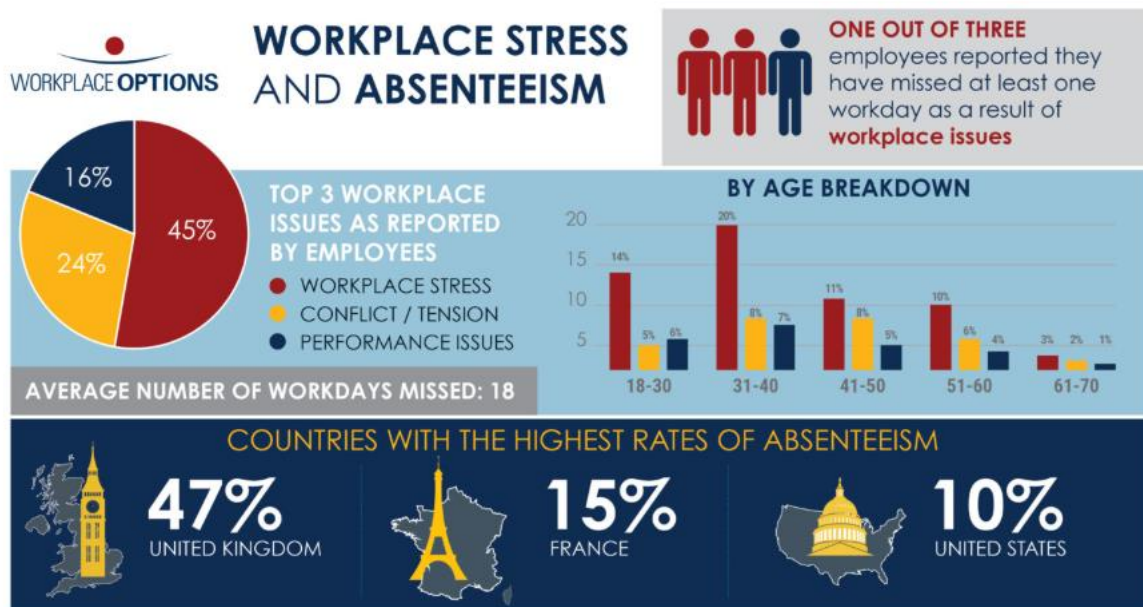
Methodology: This study used a secondary research design with a scoping literature review. Relevant studies published between 2019 and 2025 were identified through databases such as PubMed, CINAHL, and ProQuest, following clearly defined inclusion and exclusion criteria.

Findings: The review found that workplace stress, burnout, and heavy workloads significantly increase staff absenteeism and turnover. Employees facing high emotional and physical demands were more likely to take sick leave or leave their jobs, causing workforce instability. Insufficient organisational support, rigid HR policies, and limited managerial capacity worsened stress and reduced retention. Broader issues like poor leadership, resource shortages, and unsupportive cultures also contributed to emotional exhaustion and staff attrition. While employees developed personal coping strategies, these were often inadequate to address systemic pressures in healthcare organisations.

Results: The scoping review shows a clear link between workplace stress and staff shortages in UK healthcare. High workloads, emotional strain, and burnout lead to increased absenteeism and turnover, worsening staff shortages and creating a cycle of stress. Organisational issues like poor leadership and inflexible support worsen these problems. Conversely, compassionate leadership, flexible policies, and accessible wellbeing resources improve staff retention and morale.

2.Introduction

Stress at work is becoming an increasingly serious issue in the UK's healthcare sector, causing widespread staff burnout, absenteeism, and turnover. The NHS faces greater pressure due to rising service demands, limited resources, and staffing shortages. This has made it more difficult for healthcare professionals to stay healthy and deliver quality care. Recent studies show that chronic stress not only damages people's mental health but also decreases workforce stability by leading workers to take sick leave or resign altogether. This new crisis highlights the importance of understanding how work-related stress is connected to the persistent shortage of healthcare workers. This proposal aims to review existing research to identify key stressors, assess their relationship with staffing outcomes, and explore potential strategies to improve staff retention and lessen the impact of stress in UK healthcare settings.



Source: Based on participant data in WPO's Global Workplace Wellbeing study, July 2021.

(Workplace Options - UK, 2025)

The present research seeks to investigate the relationship between workplace stress and employee absenteeism. The statistics show that workplace stress is the most common

issue reported by workers (45%), followed by conflict or tension (24%) and performance issues (16%). One in three workers has missed at least one day of work because of problems at work, with an average of 18 days missed. The data also shows that the UK has the highest rate of people not showing up for work, at 47%, compared to France (15%) and the US (10%). These numbers show that stress at work has a big effect on attendance and the health of all employees.

2.1 Rationale:

Workplace stress is a key factor contributing to the shortage of healthcare staff in the United Kingdom. The demanding environment, heavy workloads, and emotional strain lead to burnout among medical professionals (Maben, Bridges and Taylor, 2021). Burnout reduces retention and increases turnover, creating a cycle of stress and staff loss (West, Coia and Bailey, 2020). Research also shows that chronic stress harms staff wellbeing, productivity, and patient care quality. Kinman, Teoh and Harriss (2020) found that occupational stress is strongly linked to poor mental health, absenteeism, and intentions to leave, highlighting the urgent need to address its causes.

2.2 Research Question:

How does workplace stress influence the healthcare staff shortage in the United Kingdom?

2.3 Objectives:

- Examine the association between burnout/stress levels and absenteeism rates or staff shortages among healthcare staff.
- Analyse which workplace stressors (workload, shift patterns, staffing levels, leadership) most strongly predict absenteeism or staff shortages.

- Propose targeted interventions to mitigate stress-driven absenteeism or staff shortages.

3. Background

Work-related stress has become a significant issue affecting workers' health, performance, and attendance across various fields. Stress may arise from excessive workload, organizational pressure, conflicts with colleagues, and elevated performance standards, all of which can hinder an individual's ability to perform effectively (Wu, Connors, and Everly Jr., 2020). Recent data on employee wellbeing reveals that 45% of workers identify stress at work as their primary concern, making it the most prevalent problem in the workplace (Workplace Options - UK, 2025). The same report indicates that one in three workers has missed at least one day of work due to work-related issues. On average, workers miss 18 days annually because of stress, tension, or performance difficulties.

Age-based data indicate that adults aged 31 to 40 experience the highest stress levels at work. This highlights how vulnerable working-age adults are when managing career, family, and financial pressures. International comparisons emphasise the extent of the issue, with the United Kingdom showing the highest absenteeism rate at 47%, compared to 15% in France and 10% in the United States (Workplace Options - UK, 2025). These patterns suggest that workplace stress impacts individual wellbeing and creates wider challenges for organisations, including absenteeism, reduced productivity, and lower workforce stability (West, Bailey and Williams, 2020). Understanding these trends provides crucial context for examining the link between workplace stress and absenteeism and highlights the need for strategies to improve employee mental health and reduce work-related pressures.

4.Methods:

4.1 Research Design:

This study will apply a secondary research design via a scoping literature review to investigate the impact of workplace stress on healthcare staff shortages in the United Kingdom. This method enables the systematic mapping of current evidence, the identification of knowledge shortages, and the synthesis of critical factors affecting workforce wellbeing (Trapé et al., 2025).

4.2 Date base:

Searches will be conducted in major bibliographic databases, such as PubMed, CINAHL, and ProQuest, to identify relevant studies on workplace stress and staff shortages in UK healthcare (Shehata, 2025).

4.3 Keywords:

Workplace stress, burnout, healthcare workforce, staff shortage, employee retention, job satisfaction, mental health, NHS, United Kingdom, scoping review.

4.4 Inclusion Criteria:

- Studies published between 2019 and 2025
- Written in English
- Conducted within UK healthcare settings (e.g., NHS, hospitals, primary care)
- Focus on workplace stress, burnout, or mental health among healthcare professionals
- Examine the relationship between stress and staff shortages, retention, or turnover
- Include quantitative, qualitative, or systematic review research designs

4.5 Exclusion Criteria:

- Studies published before 2019
- Research not conducted in the United Kingdom
- Articles not written in English
- Studies focusing only on students or trainees rather than qualified healthcare staff
- Opinion pieces, editorials, or papers lacking empirical evidence
- Studies that do not link workplace stress to staffing outcomes such as turnover, retention, or shortages

4.6 Ethical considerations:

This review utilises publicly accessible, published literature, and does not include human participants; therefore, ethical approval is not required. It will adhere to sound academic principles by ensuring accurate citation, clear reporting, responsible data collection, and recognition of limitations and biases (Fromm, 2025).

5. Results

Table of findings:

The table below displays the characteristics of the studies selected in the scoping review.

Author/s and publication year	Aim	Methodology and methods	Findings
Remnant, Kelly, Cowley and Booth (2025)	To explore how NHS England Trusts support employees with fluctuating long-	Qualitative study using semi-structured interviews with 17 participants across	Three major themes emerged: (1) Misalignment between clinical managers and

	term health conditions, identify systemic workforce challenges, and highlight opportunities for more inclusive employment practices.	three NHS Trusts: HR staff, Occupational Health (OH) clinicians, and clinical line managers. Interviews were recorded, transcribed, anonymised, and analysed through abductive thematic analysis and constant comparison. Four follow-up workshops with disability/Purple Networks were also used to validate findings.	HR/OH practices—managers focused on condition specifics, while HR/OH focused on workplace adjustments. (2) Perceived inflexibility of HR policies often experienced as more performative rather than supportive. (3) High turnover, burnout, and workload pressures reduced managers' capacity to provide effective support. Despite challenges, examples of good practice included collaborative, flexible, person-centred adjustments. Study concludes that more flexible HR frameworks, improved manager
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			training, and shared organisational responsibility could strengthen retention and reduce absenteeism.
Karayanni et al. (2025)	To develop a context-specific, reliable, and valid scale to assess coping strategies employees use when facing citizenship pressure (CP) in the workplace.	Mixed-methods study: • Qualitative phase – Semi-structured interviews with 22 employees to generate coping strategy items. • Literature review – Existing coping scales analysed to expand the item pool. • Quantitative phase (2 rounds) – Surveys of 502 employees (Round 1) and 507 employees (Round 2) across various sectors. Exploratory Factor Analysis (EFA) and Confirmatory	The study identified two main types of coping strategies used by employees under citizenship pressure: 1. Self-reliance coping – Internal strategies such as accepting the pressure, adapting to it, organising work efficiently, reframing pressure positively, and personal growth. 2. Reliance on others coping – Seeking advice, emotional support, empathy, and shared understanding from colleagues, family, or friends.

		Factor Analysis (CFA) used to validate the scale. Final scale produced 16 items across two factors.	The final validated scale showed strong reliability and provided evidence that employees use these two distinct patterns to cope with CP.
Alkan et al. (2024)	To examine organisational factors—including workplace stress—that affect workforce development, recruitment, and retention of healthcare staff in the United Kingdom.	Systematic Review (PRISMA). Reviewed 51 studies focusing on UK healthcare workers. Data sources included MEDLINE, CINAHL, Web of Science, and PsycINFO. Studies were appraised for quality and synthesised thematically.	The review found that workplace stress, burnout, high workload, bullying, poor leadership, lack of support, and emotional exhaustion significantly contributed to staff turnover and shortages. Positive factors such as supportive leadership, improved working conditions, wellbeing resources, and manageable workloads increased retention.

Themes

The analysis of the findings has generated two themes.

Themes	
Theme1	Workplace stress, burnout, and high workload significantly contribute to staff turnover and absenteeism in UK healthcare settings.
Theme2	Lack of organisational support (such as inflexible HR policies and limited managerial capacity) worsens staff shortages by reducing employee wellbeing and retention.
Theme3	Organisational stressors such as poor leadership, high workload, and lack of support drive staff shortages in UK healthcare

Theme 1: Workplace stress, burnout, and high workload significantly contribute to staff turnover and absenteeism in UK healthcare settings.

The findings from Remnant, Kelly, Cowley, and Booth (2025) show that workplace stress, particularly burnout and excessive workload, has a direct impact on staff turnover and absenteeism across NHS England Trusts. The study revealed that high workload pressures reduced managers' capacity to effectively support employees, creating

environments where staff felt overwhelmed and insufficiently assisted. This contributed to increased stress levels and a higher likelihood of employees taking sick leave or leaving their roles altogether. Similarly, the authors reported that burnout was a major challenge within the Trusts, arising from both emotional strain and constantly increasing demands, which further weakened retention and workforce stability. Together, these findings highlight how stress, burnout, and workload pressures play an important role in worsening staff shortages within UK healthcare.

Theme 2: Lack of organisational support worsens staff shortages by reducing employee wellbeing and retention.

Karayanni et al. (2025) found that employees rely on two primary forms of coping when experiencing citizenship pressure in the workplace. The first is self-reliance coping, where individuals internally manage the pressure by adapting to demands, organising their work efficiently, reframing stress in a positive way, and focusing on personal growth. These strategies help employees maintain performance despite rising expectations. The second form is reliance on others coping, which involves seeking emotional support, empathy, and practical advice from colleagues, friends, or family members. This external support helps employees feel understood and reduces the emotional burden associated with citizenship pressure. Together, these findings show that workers use a combination of internal and interpersonal strategies to cope with the pressures of expected extra-role behaviours in the workplace.

Theme 3: Organisational stressors such as poor leadership, high workload, and lack of support drive staff shortages in UK healthcare

Alkan et al. (2024) identified several organisational stressors that directly contribute to staff shortages across the UK healthcare system. Their systematic review revealed that workplace stress, emotional exhaustion, and persistent high workloads were major factors behind staff turnover and difficulties in workforce retention. Additionally, poor leadership practices and inadequate organisational support intensified burnout, making healthcare environments more challenging and unsustainable for employees. Conversely, the review found that supportive leadership, improved working conditions, and access to wellbeing resources helped reduce stress and increased staff retention. These findings show that organisational structures and leadership quality play a critical role in shaping workplace stress and, in turn, influence the stability of the healthcare workforce.

6. Discussion

The research question enquired: What is the impact of workplace stress on healthcare staff shortages in the United Kingdom? The analysis of the chosen studies revealed three prominent themes: (1) workplace stress, burnout, and a heavy workload are major causes of turnover and absenteeism; (2) a lack of organisational support makes it harder to keep employees; and (3) broader organisational stressors, like bad leadership and a lack of resources, are causing instability in the UK healthcare workforce.

Theme 1 demonstrated that stress at work and a heavy workload directly influence the number of employees who leave and are absent. The research conducted by Remnant et al. (2025) shows that increasing workloads and emotional stress reduced managers' ability to adequately support staff, resulting in burnout and a higher likelihood of employees either taking sick leave or resigning entirely (Remnant, Kelly, Cowley & Booth, 2025). These findings align with broader studies indicating that occupational stress impacts mental health, absenteeism, and turnover intentions within healthcare workforces (Kinman, Teoh & Harriss, 2020).

Theme 2 emphasised that insufficient organisational support, characterised by rigid HR policies and unresponsive leadership, intensifies workplace stress. The research

conducted by Karayanni et al. (2025) demonstrated that employees employ coping mechanisms, including self-reliance and dependence on others, in the absence of adequate support systems (Karayanni et al., 2025). Although these strategies may help people manage stress temporarily, they do not reduce the importance of strong organisational structures. In the UK healthcare system, insufficient organisational support makes staff less healthy, increases their stress, and results in more absences and staff turnover.

Theme 3 examined the effect of larger organisational stressors, which include systemic issues such as poor leadership, limited resources, and ineffective management practices. Alkan et al. (2024) found that workplace stress, emotional exhaustion, bullying, and lack of support contribute to staff attrition within the NHS (Alkan, Cushen-Brewster & Anyanwu, 2024). Conversely, supportive leadership, resources for well-being, and improved working conditions help retain staff. These findings demonstrate that the culture and environment of a workplace significantly influence stress levels. This highlights that effective leadership and a supportive atmosphere are crucial for maintaining a stable workforce.

6.1 The importance of the findings for health and social care

These results are significant for health and social care because a lack of staff directly impacts patient safety, quality of care, and continuity of services. When stress and burnout lead to more people missing work, those remaining must take on additional responsibilities, which increases pressure and reduces staff well-being, as demonstrated by West et al. (2020). Healthcare organisations can utilise this information to introduce targeted changes, such as compassionate leadership, more flexible HR policies, and improved mental health support. These actions can lower staff turnover, enhance staff retention, and encourage a healthier, more stable workforce.

6.2 Research limitations

A limitation of this research is that the scoping review used a limited number of studies, which may not fully reflect all experiences within the NHS workforce. The included studies employed different research designs, making it difficult to directly compare results.

Furthermore, most studies focused on Trusts or specific workforce groups, thus reducing the generalisability across diverse healthcare settings. Lastly, because this research relied on secondary data, the analysis was constrained by the quality and scope of the existing literature, rather than by collecting primary data (Fromm et al., 2025).

7.Conclusion

This scoping review shows that workplace stress is a vital and persistent factor leading to shortages of healthcare staff in the United Kingdom. Among the reviewed studies, high workloads, emotional exhaustion, and burnout consistently appeared as strong indicators of absenteeism and staff turnover. The findings suggest that while individual coping strategies may provide short-term relief, they are inadequate to tackle the systemic pressures in the UK's healthcare environments, such as high workloads and staff shortages. Organisational weaknesses, especially poor leadership, rigid HR policies, and limited managerial capacity, further increase stress and weaken workforce stability. The impact of these stressors not only affects staff wellbeing but also undermines patient safety, care quality, and the long-term sustainability of NHS services. Addressing workplace stress is therefore a vital priority for strengthening workforce resilience and ensuring healthcare organisations can maintain safe staffing levels.

8.Recommendations

To mitigate the impact of workplace stress and improve retention, healthcare organisations should adopt a wide range of approaches.

- Enhancing leadership skills is vital; compassionate, supportive, and transparent leadership practices can lessen emotional stress and boost staff morale.
- Organisations should also update HR policies to ensure more flexibility, especially in applying reasonable adjustments, handling sickness absence, and supporting staff with variable health conditions.
- Reducing excessive workload through improved staffing models, fair shift patterns, and targeted recruitment initiatives is vital for preventing burnout. Investing in wellbeing resources such as mental health support, peer support groups, and

dedicated occupational health services will further enhance resilience and lower the risk of absenteeism.

- Finally, fostering a positive organizational culture that values employee voice, recognition, and collaboration can improve job satisfaction and promote long-term retention. Implementing these recommendations would contribute to a healthier workforce, more stable staffing levels, and improved patient outcomes across the UK healthcare system.

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