



THE IMPACT OF DIGITAL TRANSFORMATION ON EMPLOYEE BURNOUT AND STAFF RETENTION

A Quantitative Study within Imperial College Healthcare NHS Trust

Author

Lucrezia Nappi (2312484)

Module Leaders

Md Kalam, Samuel Ofori

Submitted in partial fulfilment of the requirements for the degree of

Leadership and Management BA (Hons)

Module

LCLM6005 Independent Project

University of Wales Trinity Saint David

2026

Keywords: *Digital Transformation · Employee Burnout · Staff Retention · Turnover Intention · JD-R Model · NHS*

Table of Contents

CHAPTER 1: INTRODUCTION	3
1.1 Introduction	3
1.2 Statement of the Problem.....	4
1.3 Theoretical and Conceptual Framework.....	5
1.4 Statement of Purpose	5
Research Aim.....	6
Research Objectives.....	6
1.5 Research Questions	6
1.6 Significance of the Study.....	6
1.7 Definition of Key Terms	7
1.8 Chapter Summary	7
CHAPTER 2: LITERATURE REVIEW	8
2.1 Introduction	8
2.2 Digital Transformation in Healthcare	8
2.3 Employee Burnout and the Job Demands–Resources (JD-R) Model.....	11
2.4 Leadership, Organisational Support and Change Management	13
2.5 Staff Retention and Turnover Intention.....	15
2.6 Research Gap and Conceptual Framework	16
CHAPTER 3: RESEARCH METHODOLOGY.....	18
3.1 Introduction	18
3.2 Research Philosophy	18
3.3 Research Approach	19
3.4 Research Design	20
3.5 Research Setting and Population	21
3.6 Sampling Strategy	21
3.7 Data Collection	21
3.8 Research Instrument	22
3.9 Data Analysis	23
3.10 Reliability and Validity	23
3.11 Ethical Considerations.....	24
3.12 Chapter Summary.....	24
CHAPTER 4: FINDINGS AND ANALYSIS	25
4.1 Introduction	25
4.2 Participant Profile	25
4.2.1 Professional Role.....	25

4.2.2 Length of Service	26
4.2.3 Frequency of Digital System Use	27
4.3 Digital Transformation and Employee Experience	28
4.4 Employee Burnout and Turnover Intention	29
4.5 Organisational Support and Staff Retention	30
4.6 Summary of Findings	31
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS	31
5.1 Conclusion	31
5.2 Recommendations	32
5.3 Limitations and Future Research	32
References	33

CHAPTER 1: INTRODUCTION

1.1 Introduction

Digital transformation has become a central feature of organisational change across healthcare systems. It involves more than the introduction of new technologies, as it also requires changes in organisational processes, employee roles, decision-making practices and workplace culture. Vial (2019) defines digital transformation as a process through which digital technologies create significant changes in organisations and their value-creation activities. Within healthcare, this transformation includes Electronic Patient Records (EPR), digital communication systems, online workforce platforms and integrated information systems. These technologies may improve efficiency, information accessibility and service quality; however, their implementation can also create additional pressures for employees.

Imperial College Healthcare NHS Trust operates within a demanding environment in which employees must maintain safe and effective services while adapting to technological and organisational change. The implementation of digital systems may require employees to learn unfamiliar technologies, modify established working practices and manage temporary disruption. When systems are difficult to use, training is insufficient or implementation takes place under significant operational pressure, digital transformation may increase employee workload, uncertainty and stress (Cresswell and Sheikh, 2013; Tarafdar, Cooper and Stich, 2015).

These pressures are particularly important in healthcare, where employees already work in complex, regulated and time-sensitive conditions. Although digital technologies may create

organisational benefits, these benefits may not be sustainable when implementation negatively affects employees' wellbeing or willingness to remain within the organisation. Therefore, understanding employee experiences is essential to the successful management of digital transformation.

This study examines the relationship between digital transformation, employee burnout and staff retention within Imperial College Healthcare NHS Trust. It investigates whether perceived digital transformation demands are associated with burnout and whether burnout influences turnover intention, which is used as an indicator of staff retention risk. The study also seeks to develop practical recommendations that can support employee wellbeing and retention during digital transformation.

1.2 Statement of the Problem

The business problem addressed by this dissertation is the potential increase in employee burnout and decline in staff retention during the implementation of digital transformation. Burnout is commonly understood as a work-related syndrome involving emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach and Jackson, 1981). Within healthcare organisations, burnout may negatively affect employee engagement, job satisfaction, attendance, performance and willingness to remain within the organisation.

Digital transformation may intensify this problem when employees experience greater job demands without receiving sufficient organisational resources. Additional documentation, unfamiliar processes, system complexity, repeated training requirements and the temporary duplication of digital and manual procedures may increase cognitive and time pressures. Research on technostress suggests that technology-related overload, complexity and uncertainty can negatively affect employee wellbeing and organisational performance (Tarafdar, Cooper and Stich, 2015).

However, technology itself is not necessarily harmful. When digital systems are user-friendly and supported by appropriate training, leadership communication and technical assistance, they may improve access to information, reduce duplication and make work more efficient. The effect of digital transformation therefore depends significantly on the way in which organisational change is implemented and supported.

The problem is consequently organisational as well as technological. Management approaches that focus primarily on technical functionality may overlook the effects of implementation on employees. High levels of burnout may also create a wider workforce problem because they can increase employees' intention to leave. Tett and Meyer (1993)

identify turnover intention as an important predictor of voluntary employee turnover, while Leiter and Maslach (2009) demonstrate that burnout is associated with an increased intention to leave employment.

Consequently, the ineffective management of digital change may undermine employee wellbeing, workforce stability and the long-term value of digital investment. A systematic investigation is therefore required to examine these relationships and identify organisational practices that may reduce negative outcomes.

1.3 Theoretical and Conceptual Framework

The principal theoretical framework underpinning this study is the Job Demands–Resources (JD-R) Model developed by Demerouti et al. (2001). The model proposes that every occupation contains specific job demands and job resources. Job demands refer to aspects of employment that require sustained physical, emotional or psychological effort, including workload, time pressure, task complexity and emotional demands. Job resources include organisational support, autonomy, training, feedback and access to appropriate workplace tools.

According to the JD-R Model, burnout is more likely to develop when job demands are high and the resources available to employees are insufficient. The model is particularly appropriate for this study because digital transformation may simultaneously create both demands and resources. A poorly managed implementation may increase workload, complexity and uncertainty. Conversely, effective digital systems, adequate training, employee participation and responsive support may function as resources that enable employees to perform their work more effectively.

Maslach and Jackson's (1981) burnout framework provides the conceptual basis for understanding and measuring burnout indicators. Turnover intention theory further connects employee wellbeing with retention risk because employees experiencing sustained exhaustion or dissatisfaction may become more likely to consider leaving the organisation.

Together, these perspectives establish the conceptual pathway investigated within this dissertation. Perceived digital transformation demands may contribute to employee burnout, while increased burnout may subsequently influence turnover intention. Organisational resources, including leadership communication, training, technical support and employee involvement, may reduce or mitigate these negative outcomes.

1.4 Statement of Purpose

The purpose of this quantitative study is to examine employees' perceptions of digital transformation implementation within Imperial College Healthcare NHS Trust and to analyse

the relationships between perceived digital demands, employee burnout and turnover intention. Data will be collected through a cross-sectional questionnaire containing structured questions and established indicators.

The study aims to generate measurable evidence that can inform managerial decision-making and support the development of recommendations for implementing digital transformation without negatively affecting workforce wellbeing or retention.

Research Aim

To examine the relationship between digital transformation, employee burnout and staff retention within Imperial College Healthcare NHS Trust and to develop evidence-based recommendations to support employee wellbeing and staff retention.

Research Objectives

RO1. To assess employees' perceptions of digital transformation implementation within Imperial College Healthcare NHS Trust.

RO2. To measure burnout levels among staff using validated burnout indicators.

RO3. To analyse the relationship between perceived digital transformation demands and employee burnout.

RO4. To examine whether employee burnout predicts turnover intention as a proxy for staff retention risk.

RO5. To develop evidence-based recommendations to support digital transformation while reducing employee burnout and improving staff retention.

1.5 Research Questions

RQ1. How do employees perceive the implementation of digital transformation, and what is the relationship between perceived digital transformation demands and employee burnout within Imperial College Healthcare NHS Trust?

RQ2. What are the current levels of employee burnout, how do they influence turnover intention, and what organisational practices can reduce burnout and support staff retention during digital transformation within Imperial College Healthcare NHS Trust?

1.6 Significance of the Study

This study is significant because it integrates digital transformation, employee wellbeing and staff retention within a single research framework. Previous research often examines digital technology adoption, burnout and employee turnover separately. By investigating the

relationships between these variables, this dissertation may provide evidence that is relevant to managers, employees and organisational decision-makers.

The findings may help Imperial College Healthcare NHS Trust understand whether factors such as workload, system usability, training and organisational support influence employee responses to digital transformation. The results may inform practical actions, including protected learning time, phased implementation, accessible technical assistance, effective leadership communication and greater employee involvement in change processes.

Reducing burnout may also support workforce stability, preserve organisational knowledge and reduce costs associated with recruitment, induction, training and temporary staffing. More broadly, the study may contribute to understanding how healthcare organisations can achieve digital improvement without compromising the wellbeing of the employees responsible for delivering services.

1.7 Definition of Key Terms

Digital transformation: Organisational change enabled by digital technologies that affects organisational processes, structures, employee roles and value creation (Vial, 2019).

Employee burnout: A work-related syndrome characterised by emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach and Jackson, 1981).

Job demands: Physical, emotional, psychological or organisational aspects of work that require sustained effort and may create physical or psychological costs (Demerouti et al., 2001).

Job resources: Organisational or workplace factors that assist employees in achieving work objectives, managing job demands and supporting professional development (Demerouti et al., 2001).

Staff retention: An organisation's ability to maintain its employees and reduce voluntary workforce turnover.

Turnover intention: An employee's conscious willingness or intention to leave an organisation, commonly used as an indicator of potential voluntary turnover (Tett and Meyer, 1993).

1.8 Chapter Summary

This chapter introduced the research context and identified employee burnout and staff retention during digital transformation as the central business problem. It established the theoretical and conceptual foundations of the study through the JD-R Model, burnout theory

and turnover intention literature. The chapter also presented the research purpose, aim, objectives and two Research Questions. Chapter 2 will critically review the literature relating to digital transformation, employee burnout, job demands and resources, organisational support and staff retention.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Digital transformation has become a strategic priority across organisations, fundamentally changing how services are designed, delivered and managed. Within healthcare, the NHS has invested heavily in technologies such as Electronic Patient Records (EPR), electronic prescribing systems and integrated clinical information systems to improve patient safety, service efficiency and clinical decision-making (Vial, 2019). However, digital transformation extends beyond technology implementation, requiring changes in organisational structures, leadership, culture and employee behaviour (Bharadwaj et al., 2013).

Although digital technologies offer significant opportunities to improve healthcare performance, implementation often occurs alongside workforce shortages, increasing patient demand and financial pressures. Consequently, employees are expected to adapt to new digital systems while maintaining high standards of patient care, increasing the risk of workload, stress and psychological strain (Cresswell and Sheikh, 2013). This suggests that the success of digital transformation should be evaluated not only through organisational performance but also through its impact on employee wellbeing.

Employee burnout has therefore become an important concern within healthcare management because it is associated with lower job satisfaction, reduced work engagement, increased sickness absence and higher turnover intention (Maslach and Jackson, 1981; Leiter and Maslach, 2009). As retaining skilled healthcare professionals has become a strategic priority for the NHS, understanding how digital transformation influences burnout and staff retention is increasingly important.

This chapter critically reviews the literature on digital transformation in healthcare, employee burnout, leadership and organisational support, and staff retention. It identifies gaps within existing research and develops the conceptual framework underpinning this dissertation.

2.2 Digital Transformation in Healthcare

Digital transformation has reshaped organisations across both the public and private sectors by changing how services are delivered, decisions are made and value is created. While early research viewed digital transformation primarily as the adoption of new technologies,

more recent studies recognise it as a broader organisational process involving strategic change, leadership, culture and employee behaviour (Vial, 2019). Consequently, successful digital transformation depends not only on technological investment but also on organisational readiness and employees' ability to adapt to new ways of working.

Vial (2019) argues that digital transformation involves fundamental changes to organisational structures, processes and value creation. This socio-technical perspective suggests that technology alone cannot improve organisational performance unless it is supported by appropriate organisational capabilities. Similarly, Bharadwaj et al. (2013) emphasise the strategic value of digital technologies in enhancing organisational performance and innovation. However, their perspective has been criticised for focusing primarily on competitive advantage while paying relatively limited attention to employees' experiences during digital change. In contrast, Westerman, Bonnet and McAfee (2014) argue that leadership commitment, governance and organisational culture are important determinants of digital maturity. Together, these perspectives indicate that digital transformation cannot be explained through technology alone but requires the interaction of technological, organisational and human factors.

This complexity is particularly evident within healthcare organisations. Across the NHS, digital initiatives such as Electronic Patient Records (EPR), electronic prescribing systems and clinical decision-support tools aim to improve patient safety, service efficiency and information sharing. Although these technologies offer considerable organisational benefits, implementation frequently occurs alongside workforce shortages, financial pressures and increasing patient demand. Consequently, healthcare professionals are required to adapt to new systems while maintaining high standards of patient care, making digital transformation considerably more complex than in many other sectors (Cresswell and Sheikh, 2013).

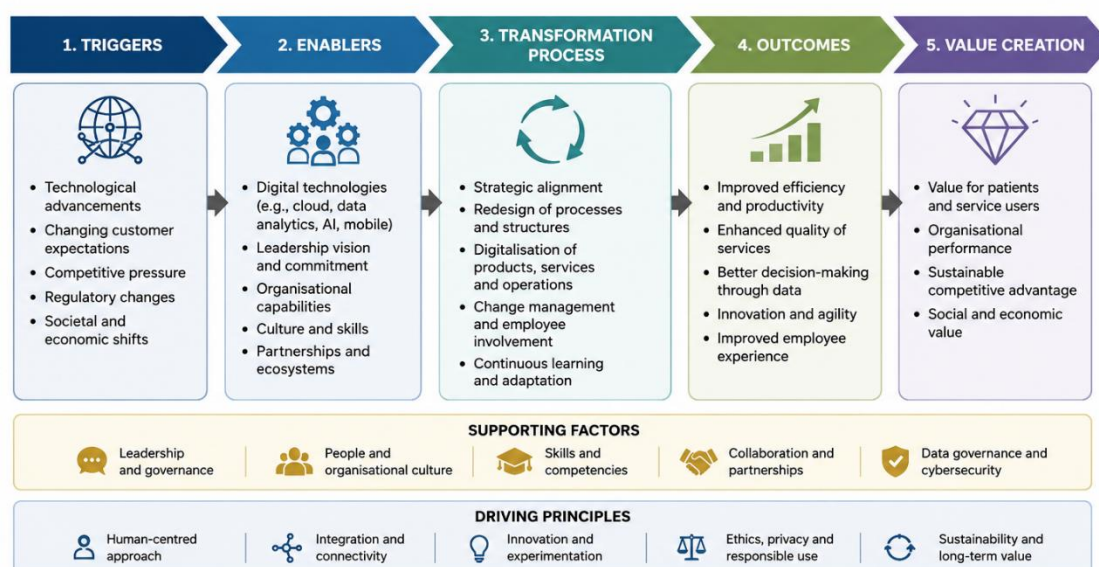
Evidence regarding the outcomes of digital transformation in healthcare remains mixed. Digital systems can improve communication, information accessibility and clinical decision-making, but EHR use may also be associated with increased administrative demands, workflow disruption, stress and burnout. A systematic review by Alobayli et al. (2023) found evidence of associations between EHR-related factors and clinician stress and burnout in hospital settings. More recent evidence also demonstrates that interventions addressing EHR usability, documentation burden and workflow may help reduce EHR-related burnout (Kang and Sarkar, 2024). Recent NHS evidence similarly indicates that employees' experiences of EPR systems vary considerably, reinforcing the importance of usability, training and effective implementation (NHS England, 2024).

These findings support the concept of **technostress**, which describes stress experienced by individuals through their interaction with information systems and rapidly changing technologies (Tarafdar, Cooper and Stich, 2019). Rather than viewing technology as inherently harmful, Tarafdar, Cooper and Stich (2019) argue that technological stress can produce different outcomes depending on system design and organisational conditions. Within healthcare, this is particularly relevant because poor EHR usability and excessive documentation demands may increase pressure on clinicians, while appropriate training, technical support and improved system design may reduce these pressures (Alobayli et al., 2023; Kang and Sarkar, 2024).

Overall, the literature suggests that digital transformation presents both opportunities and challenges for healthcare organisations. While digital technologies can support organisational performance and patient care, their success depends largely on implementation quality, organisational support and employee engagement. The contrasting evidence demonstrates that digitalisation should therefore be considered not simply as technological adoption but as an organisational change process affecting employees and working practices. Despite growing research in this area, relatively few studies have examined digital transformation, employee burnout and staff retention together within individual NHS organisations. Addressing this gap forms the focus of the present study.

Figure 2.1

Digital Transformation Framework (adapted from Vial, 2019)



Note. This framework illustrates the key components and interrelationships involved in digital transformation, from initial triggers to the creation of value, highlighting the importance of supporting factors and driving principles.

Source: Adapted from Vial (2019), "Understanding digital transformation: A review and a research agenda", *The Journal of Strategic Information Systems*, 28(2), pp. 118–144.

2.3 Employee Burnout and the Job Demands–Resources (JD-R) Model

Employee burnout is one of the most significant occupational health challenges within healthcare, where professionals face high emotional, cognitive and physical demands while maintaining quality patient care in increasingly complex organisational environments. Workforce shortages, service pressures and digital transformation have intensified these demands, making burnout a major concern for both researchers and healthcare managers.

Burnout was first described by Freudenberger (1974) as emotional depletion resulting from prolonged occupational stress. However, the most influential framework remains Maslach and Jackson's (1981) three-dimensional model, which conceptualises burnout as emotional exhaustion, depersonalisation and reduced personal accomplishment. Emotional exhaustion reflects the depletion of employees' physical and emotional resources; depersonalisation refers to detached or cynical attitudes towards patients and colleagues; while reduced personal accomplishment describes feelings of diminished competence and professional effectiveness. Together, these dimensions explain how chronic workplace stress negatively affects both employee wellbeing and organisational performance.

Although Maslach's model provides a valuable understanding of the psychological consequences of burnout, it focuses primarily on individual outcomes and offers limited explanation of why employees exposed to similar working conditions experience different levels of burnout. This limitation has led researchers to adopt broader organisational frameworks that consider both workplace demands and available resources.

The Job Demands–Resources (JD-R) Model developed by Demerouti et al. (2001) and further refined by Bakker and Demerouti (2007) proposes that employee wellbeing depends on the balance between job demands and job resources. Job demands include workload, time pressure, emotional labour, administrative complexity and organisational change. While these demands are not inherently harmful, prolonged exposure without sufficient support increases the likelihood of stress and burnout.

Conversely, job resources such as supportive leadership, autonomy, effective communication, training and technical support help employees achieve work objectives, reduce the impact of workplace demands and promote motivation and engagement. Unlike Maslach's framework, the JD-R Model explains burnout as the result of an imbalance between demands and resources, making it particularly appropriate for examining organisational change.

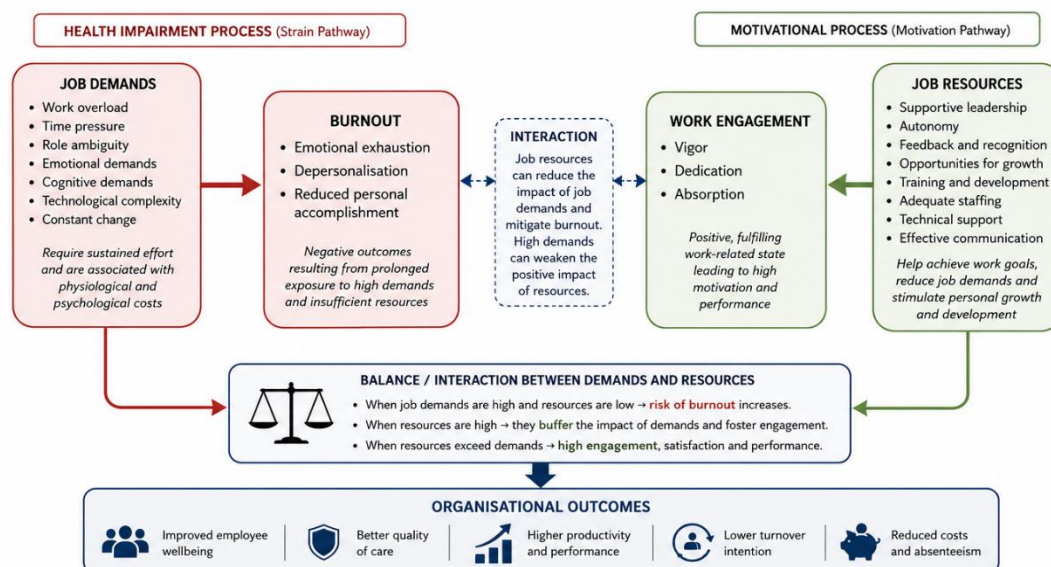
Within digital transformation, the JD-R Model is especially relevant because technology simultaneously creates new demands and new resources. Employees may experience increased cognitive workload while learning unfamiliar systems, adapting to revised workflows and coping with temporary productivity losses. However, when supported by effective leadership, adequate training and accessible technical assistance, digital technologies can improve communication, reduce administrative burden and enhance decision-making. This suggests that technology itself is not the primary cause of burnout; rather, employee outcomes depend on how digital transformation is implemented and supported.

This perspective is reinforced by the concept of **technostress**, defined as stress arising from continuous interaction with rapidly evolving digital technologies (Tarafdar, Cooper and Stich, 2015). Healthcare professionals may experience information overload, technological complexity and pressure to develop new digital competencies while continuing to provide uninterrupted patient care. Recent studies suggest that poor digital system usability, increasing documentation requirements and inadequate implementation strategies may contribute to higher levels of clinician burnout. These findings indicate that technostress is influenced not only by technology itself but also by organisational factors such as leadership support, training quality and the availability of technical assistance. Within the proposed research model, technostress is therefore conceptualised as an additional digital job demand that may increase burnout when organisational resources are insufficient. This interpretation strengthens the application of the JD-R Model by demonstrating how organisational resources can moderate the negative effects of digital transformation on employee wellbeing.

Overall, the JD-R Model provides the theoretical foundation for this dissertation because it explains how digital transformation may function as both a source of additional job demands and a valuable organisational resource. It therefore offers a comprehensive framework for examining the relationship between digital transformation, employee burnout and staff retention within Imperial College Healthcare NHS Trust.

Figure 2.2

Job Demands–Resources (JD-R) Model



Note. The JD-R Model proposes that every occupation has specific job demands and job resources. The balance between them influences employees' wellbeing and motivation, which in turn affects important organisational outcomes.

Source: Adapted from Bakker, A. B., & Demerouti, E. (2007). The Job Demands–Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328; Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands–Resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512.

2.4 Leadership, Organisational Support and Change Management

Successful digital transformation depends not only on technological implementation but also on effective leadership, organisational support and structured change management. Within healthcare, digital initiatives are introduced while employees continue delivering high-quality patient care, making organisational change particularly complex. Evidence indicates that clinical leadership can influence the successful adoption of health information technologies by supporting implementation and encouraging staff engagement (Ingebrigtsen et al., 2014).

Kotter's (1996) Eight-Step Change Model remains one of the most influential frameworks for understanding organisational transformation. The model highlights the importance of creating a shared vision, communicating effectively and empowering employees throughout the change process. However, its application within healthcare may be limited by its relatively structured and sequential approach. NHS organisations frequently implement change while simultaneously responding to workforce shortages, financial pressures and increasing patient demand. Consequently, although Kotter's model provides valuable guidance, healthcare transformation may require more flexible and adaptive approaches.

Schein (2010) argues that organisational culture strongly influences employees' responses to change because shared values and assumptions shape workplace behaviour. A culture

characterised by trust, collaboration and continuous learning may facilitate digital adoption. Nevertheless, organisational culture alone cannot explain implementation outcomes, as staffing, resources, technological capability and leadership also affect employees' experiences. Research on e-health similarly highlights the importance of leadership in supporting collaboration and technology implementation within healthcare environments (Keijser et al., 2016).

Leadership is also important within the Job Demands–Resources (JD-R) Model because managers can influence the organisational resources available to employees. Effective communication, employee participation, training and accessible technical support may reduce uncertainty and help employees manage the demands created by digital change. However, these resources need to be embedded within organisational practice rather than provided as isolated interventions. For example, employee involvement may have limited value if staff feedback does not influence implementation, while one-off training may be insufficient as digital systems and working practices continue to evolve.

Technical support should similarly be considered an ongoing organisational resource rather than solely an IT function. Digital implementation can require substantial changes to employees' working practices, and transitions between EHR systems represent significant organisational change rather than simple technological replacement. A systematic review of EHR transitions emphasised the importance of human and organisational factors when healthcare organisations introduce new systems (Huang et al., 2023).

Psychological safety is another important organisational resource during change. It enables employees to raise concerns, ask for assistance and discuss mistakes without fear of negative interpersonal consequences. A systematic review of healthcare teams identified organisational support, learning orientation, familiarity and inclusive working relationships among the factors that facilitate psychological safety (O'Donovan and McAuliffe, 2020). Psychological safety may therefore support employee participation and continuous learning during digital implementation.

Overall, the literature indicates that digital transformation does not automatically improve or harm employee wellbeing. Outcomes depend substantially on how leaders manage change, allocate resources and support employees throughout implementation. Leadership should therefore be viewed not simply as a managerial function but as an organisational resource that may influence the relationship between digital transformation, employee burnout and staff retention.

2.5 Staff Retention and Turnover Intention

Staff retention has become a major workforce challenge for healthcare organisations, particularly within the NHS, where workforce shortages, sickness absence and recruitment difficulties continue to place pressure on service delivery. Although employees' decisions to remain with an organisation are influenced by multiple factors, evidence consistently identifies employee wellbeing, organisational support and working conditions as key determinants of long-term retention.

Turnover intention is widely recognised as one of the strongest predictors of voluntary employee turnover. Tett and Meyer (1993) define it as an employee's conscious intention to leave their organisation. Although intention does not always result in resignation, research demonstrates a strong association between turnover intention and subsequent employee departure, making it a reliable indicator of staff retention.

Employee burnout is consistently identified as a major antecedent of turnover intention. According to Leiter and Maslach (2009), prolonged emotional exhaustion, depersonalisation and reduced personal accomplishment gradually weaken organisational commitment and increase employees' willingness to seek alternative employment. They argue that burnout develops through persistent mismatches between employees and their work environment, including excessive workload, limited control, inadequate rewards and perceived organisational unfairness. This perspective highlights that turnover is influenced not only by individual wellbeing but also by organisational conditions.

Within healthcare, poor staff retention has consequences beyond recruitment costs. High turnover disrupts team stability, increases pressure on remaining staff and may affect the continuity and quality of patient care. Consequently, reducing burnout has become both an employee wellbeing objective and a strategic workforce priority for NHS organisations.

Digital transformation further complicates this relationship. While well-implemented digital systems can improve efficiency, communication and job satisfaction, poorly managed implementation may increase workload, technological frustration and psychological strain. This suggests that digital technologies do not directly determine staff retention. Instead, employees' experiences of implementation, including leadership, training, communication and organisational support, influence whether digital transformation is perceived as a valuable resource or an additional job demand (Bakker and Demerouti, 2017).

Recent NHS research has also highlighted that the success of digital transformation depends on employees' experiences of system usability, training and organisational support. While digital technologies can improve efficiency and patient care, inadequate

implementation may increase frustration, workload and burnout, ultimately influencing employees' intentions to remain within the organisation. These findings further support the view that staff retention is shaped by organisational practices as much as by technological change.

The Job Demands–Resources (JD-R) Model provides a useful explanation of this relationship by proposing that high job demands combined with insufficient organisational resources increase burnout, whereas supportive leadership, adequate training and effective communication enhance engagement and organisational commitment. Staff retention should therefore be understood as an outcome of the interaction between digital transformation, burnout and organisational support rather than of technological implementation alone.

Overall, the literature suggests that improving staff retention requires organisations to address employee wellbeing alongside technological innovation. This dissertation therefore examines turnover intention as an outcome of employee burnout while considering the moderating role of organisational support during digital transformation within Imperial College Healthcare NHS Trust.

2.6 Research Gap and Conceptual Framework

Despite the growing body of literature concerning digital transformation, employee burnout and staff retention, several important research gaps remain. Much existing research has examined these topics independently, with many studies focusing either on technological implementation or on employee wellbeing rather than analysing the interaction between the two. Furthermore, while numerous investigations have explored digital transformation within healthcare organisations, comparatively fewer studies have examined how employees perceive digital implementation and how these perceptions influence burnout and turnover intention simultaneously.

Another limitation concerns organisational context. Previous research has frequently been conducted across multiple healthcare settings or international healthcare systems, making it difficult to generalise findings to individual NHS Trusts. The organisational culture, leadership practices and digital maturity of healthcare organisations vary considerably, suggesting that evidence obtained in one context may not be directly transferable to another. Consequently, there remains a need for organisation-specific research that reflects the experiences of employees working within a particular NHS Trust.

Existing literature also places considerable emphasis on technological outcomes such as system performance, implementation success and operational efficiency, while comparatively less attention has been devoted to the human consequences of digital

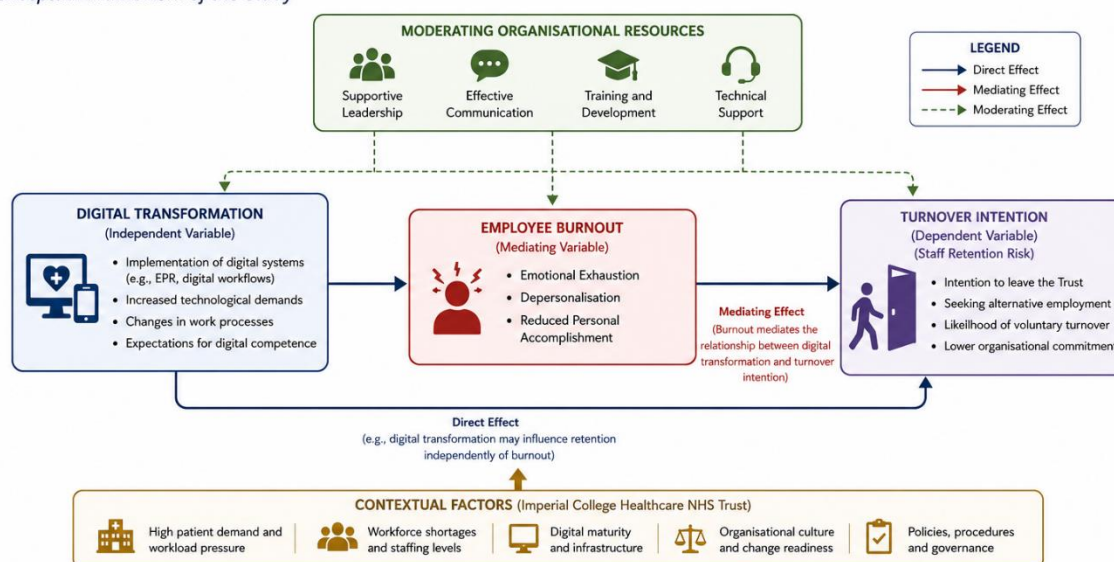
transformation. Understanding employees' experiences is particularly important because organisational success ultimately depends upon the acceptance and effective use of digital systems by the workforce.

This dissertation addresses these gaps by examining the relationships between employees' perceptions of digital transformation, burnout and turnover intention within **Imperial College Healthcare NHS Trust**. Grounded in the Job Demands–Resources (JD-R) Model, Maslach's Burnout Theory, the study investigates how organisational resources—including leadership, communication and training—may reduce burnout and support staff retention during digital transformation.

The conceptual framework presented in **Figure 2.3** illustrates the proposed relationships underpinning this research. Digital transformation is conceptualised as the independent variable, employee burnout as the mediating construct and turnover intention (representing staff retention risk) as the dependent variable. Leadership, organisational support and training are proposed as moderating organisational resources that may weaken the negative effects of digital transformation on employee wellbeing. This framework directly informs the research questions, methodology and data analysis presented in the following chapter.

Figure 2.3

Conceptual Framework of the Study



Note. The framework proposes that digital transformation (independent variable) influences employee burnout (mediating variable), which in turn affects turnover intention (dependent variable). Organisational resources are expected to moderate the relationships, weakening the negative impact of digital transformation on burnout and improving staff retention outcomes.

Source: Developed by the researcher, based on Bakker, A. B., & Demerouti, E. (2007); Maslach, C., & Jackson, S. E. (1981); Davis, F. D. (1989); and Tett, R. P., & Meyer, J. P. (1993).

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the research methodology adopted to investigate the relationship between digital transformation, employee burnout and staff retention within Imperial College Healthcare NHS Trust. The methodology was designed to ensure consistency between the research aim, objectives and research questions presented in Chapter 1.

A quantitative research design was adopted, using a structured online questionnaire to collect primary data from employees within the Trust. This approach was considered appropriate because the study seeks to measure employees' perceptions of digital transformation and examine their relationship with burnout and turnover intention.

Quantitative research enables variables to be measured systematically and relationships between them to be examined using statistical analysis (Saunders, Lewis and Thornhill, 2023).

The chapter outlines the research philosophy and approach, research design, population and sampling strategy, data collection instrument and procedures, data analysis, reliability and validity, and ethical considerations. These methodological decisions provide a structured framework for addressing the research questions while ensuring that the study is conducted systematically and ethically.

3.2 Research Philosophy

Research philosophy refers to the system of beliefs and assumptions that guides the collection, analysis and interpretation of research data (Saunders, Lewis and Thornhill, 2023). Selecting an appropriate research philosophy is essential because it influences the research design, methods of data collection and the interpretation of findings. Since this study aims to examine the relationships between digital transformation, employee burnout and staff retention using measurable variables, a **positivist research philosophy** was considered the most appropriate.

Positivism assumes that reality is objective and can be observed and measured through empirical evidence. It emphasises the collection of quantitative data and the application of statistical techniques to identify patterns and relationships between variables (Saunders et al., 2023). Rather than exploring individual experiences in depth, the positivist approach seeks to produce objective findings that can be analysed systematically and compared across participants.

The adoption of positivism is consistent with the objectives of this dissertation. Data will be collected through a structured questionnaire using standardised questions distributed to

employees at Imperial College Healthcare NHS Trust. This approach enables employees' perceptions of digital transformation, burnout and turnover intention to be measured consistently while reducing researcher bias. Using standardised responses also improves the reliability of the data and facilitates statistical analysis.

Alternative research philosophies, such as interpretivism, were considered less suitable because they focus on understanding individual experiences through qualitative methods, including interviews and observations. While these approaches provide rich contextual insights, they are less appropriate for examining relationships between variables across a larger group of participants. Consequently, a positivist philosophy provides the most appropriate foundation for achieving the aim of this research.

3.3 Research Approach

The present study adopts a **deductive research approach**, which is appropriate when research is guided by existing theories and seeks to test relationships between predefined variables (Saunders, Lewis and Thornhill, 2023). A deductive approach begins with established theoretical frameworks, from which research questions are developed and empirical data are collected to examine whether the proposed relationships are supported.

This approach is consistent with the objectives of the dissertation, which investigates the relationship between **digital transformation, employee burnout and staff retention** within Imperial College Healthcare NHS Trust. The study is underpinned by the Job Demands–Resources (JD-R) Model and Maslach's Burnout Theory, discussed in Chapter 2. These theories provide the conceptual foundation for examining how employees' perceptions of digital transformation influence burnout and turnover intention.

The deductive approach also supports the use of a structured questionnaire, enabling data to be collected consistently from all participants. The responses can then be analysed statistically to identify patterns and relationships between the key variables. This method enhances the objectivity of the research and allows the findings to be interpreted in relation to the theoretical frameworks underpinning the study.

Alternative approaches, such as the **inductive approach**, were considered less appropriate because they are primarily used to develop new theories from qualitative data rather than to test existing theoretical relationships. As the purpose of this dissertation is to evaluate established theories within the context of an NHS organisation, the deductive approach provides the most appropriate methodological framework.

3.4 Research Design

A **quantitative cross-sectional research design** was adopted for this study. A quantitative design was considered the most appropriate because the research aims to measure employees' perceptions of digital transformation and examine the relationships between digital transformation, employee burnout and turnover intention using numerical data. Quantitative research enables data to be collected from multiple participants in a standardised manner, facilitating statistical analysis and objective interpretation of the findings (Saunders, Lewis and Thornhill, 2023).

The study uses a **cross-sectional design**, meaning that data will be collected at a single point in time rather than over an extended period. This design is appropriate because the research seeks to capture employees' current perceptions and experiences of digital transformation within Imperial College Healthcare NHS Trust. Cross-sectional studies are widely used in organisational and management research as they provide an efficient method of examining relationships between variables within a specific organisational context (Bryman, 2021).

Primary data will be collected using a **structured online questionnaire** developed through **SurveyMonkey**. The questionnaire consists of **10 closed-ended questions** using a five-point Likert scale ranging from *Strongly Disagree* to *Strongly Agree*. Closed-ended questions were selected because they produce consistent and quantifiable responses, improving the reliability of the data and enabling statistical analysis. In addition, an online questionnaire offers participants flexibility to complete the survey anonymously at a convenient time, which may encourage honest responses and increase participation.

A quantitative survey design was considered more appropriate than qualitative methods such as interviews or focus groups. Although qualitative research can provide detailed insights into employees' experiences, it was not selected because the aim of this study is to examine relationships between predefined variables rather than explore individual experiences in depth. Furthermore, quantitative surveys allow data to be collected from a larger number of participants within the available timeframe, supporting greater consistency and comparability of responses.

Overall, the selected research design aligns with the positivist research philosophy and deductive approach adopted in this dissertation. It provides a systematic and efficient method for investigating how employees' perceptions of digital transformation relate to burnout and staff retention within Imperial College Healthcare NHS Trust.

3.5 Research Setting and Population

The research was conducted at **Imperial College Healthcare NHS Trust**, one of the largest NHS Trusts in England, providing acute and specialist healthcare services across multiple hospital sites. The Trust has implemented several digital transformation initiatives, including Electronic Patient Records (EPR), digital prescribing systems and other digital technologies designed to improve patient care and operational efficiency. This organisational context makes the Trust an appropriate setting for investigating employees' perceptions of digital transformation and its relationship with burnout and staff retention.

The target population comprised **clinical and non-clinical employees** currently working within Imperial College Healthcare NHS Trust. Including participants from different professional backgrounds provides a broader understanding of how digital transformation is experienced across the organisation. To ensure participants have sufficient experience of the Trust's digital systems, only employees who have worked at the Trust for at least **six months** and are aged **18 years or over** will be eligible to participate. Temporary agency staff, students and volunteers will be excluded, as they may have limited exposure to the organisation's digital transformation initiatives.

3.6 Sampling Strategy

A **non-probability convenience sampling** strategy will be used, as participants will be selected based on their accessibility and willingness to participate (Saunders, Lewis and Thornhill, 2023). This sampling method is widely used in small-scale organisational research where access to the entire population is limited.

The questionnaire will be distributed electronically through **SurveyMonkey**, using a survey link and QR code. Participation will be entirely voluntary, and no incentives will be offered.

The study aims to recruit approximately 30–50 participants. This target is considered more appropriate for a small-scale quantitative dissertation and should provide a stronger basis for identifying patterns and examining relationships between digital transformation, employee burnout and turnover intention. However, as non-probability convenience sampling will be used, the findings will remain specific to the selected organisational context and will not be statistically generalisable to the wider NHS workforce.

3.7 Data Collection

Primary data were collected using a structured online questionnaire created through **SurveyMonkey**. The questionnaire consists of **10 closed-ended questions** designed to examine employees' perceptions of digital transformation, burnout and staff retention within Imperial College Healthcare NHS Trust.

The survey link and QR code **were shared electronically** with eligible participants. Before accessing the questionnaire, participants **were provided with a Participant Information Sheet** explaining the purpose of the study, the voluntary nature of participation and how their data **would be used**. Participants **were also required to confirm their informed consent** before completing the questionnaire.

Data collection **took place over a period of approximately two weeks**, allowing participants sufficient time to complete the survey at their convenience. Participation **was entirely voluntary**, and participants could choose not to answer any question or withdraw from the study before submitting their responses.

No personally identifiable information, such as names, email addresses or employee identification numbers, **was collected**. All responses **remained anonymous and confidential**. The collected data **were securely stored** on password-protected devices and used solely for academic purposes in accordance with the University's ethical guidelines and the UK General Data Protection Regulation (UK GDPR).

Overall, the use of an online questionnaire **provided** a practical, cost-effective and efficient method of collecting standardised data while protecting participants' privacy and encouraging honest responses.

3.8 Research Instrument

The primary research instrument used in this study is a **structured online questionnaire** developed using **SurveyMonkey**. A questionnaire was selected because it provides a practical and efficient method of collecting standardised data from multiple participants while ensuring consistency in the responses (Saunders, Lewis and Thornhill, 2023).

The questionnaire consists of **10 closed-ended questions** designed to measure employees' perceptions of digital transformation, employee burnout and staff retention. Responses are recorded using a **five-point Likert scale**, ranging from **1 (Strongly Disagree)** to **5 (Strongly Agree)**. The use of a Likert scale enables participants to express different levels of agreement while producing quantitative data suitable for analysis.

The questionnaire was developed based on the literature reviewed in Chapter 2 and aligned with the research objectives and research questions. Items relating to digital transformation were informed by previous studies on technology implementation and employee perceptions (Vial, 2019), while questions concerning burnout were guided by the Job Demands–Resources (JD-R) Model (Demerouti et al., 2001; Bakker and Demerouti, 2007) and Maslach's Burnout Theory (Maslach and Jackson, 1981). Questions relating to staff retention

were informed by research on turnover intention (Tett and Meyer, 1993; Leiter and Maslach, 2009).

Using a structured questionnaire ensures that all participants are asked the same questions under the same conditions, thereby improving the consistency and reliability of the data collected.

3.9 Data Analysis

The data collected through SurveyMonkey were analysed using descriptive statistics, including frequencies and percentages. Tables and charts were used to summarise participants' responses and identify patterns relating to digital transformation, employee burnout, organisational support and turnover intention.

The findings were organised according to the research questions presented in Chapter 1. Responses concerning digital transformation were considered alongside burnout indicators, while burnout and turnover-intention responses were compared descriptively.

Spearman's rank correlation had initially been considered to examine relationships between the key variables. However, the available survey results were aggregated rather than retained as paired individual-level responses. Therefore, an individual-level correlation analysis could not be conducted reliably. The findings were consequently interpreted descriptively and cautiously, particularly given the relatively small sample size.

3.10 Reliability and Validity

Reliability and validity are important considerations in quantitative research because they ensure that the findings are consistent, accurate and credible (Saunders, Lewis and Thornhill, 2023).

Reliability refers to the consistency of the research instrument. In this study, reliability will be enhanced through the use of a structured questionnaire containing standardised questions presented in the same order to all participants. The use of a five-point Likert scale further supports consistency by ensuring that all respondents evaluate each statement using the same response categories.

Validity refers to the extent to which the research instrument measures what it is intended to measure. To improve content validity, the questionnaire was developed based on established literature and recognised theoretical frameworks discussed in Chapter 2, including the Job Demands–Resources (JD-R) Model, Maslach's Burnout Theory and the Technology. Furthermore, the questionnaire was reviewed by the dissertation supervisor

before data collection to ensure that the questions were appropriate and aligned with the research objectives.

Although the relatively small sample size may limit the generalisability of the findings, the study aims to provide credible insights into employees' perceptions of digital transformation within the selected organisational context.

3.11 Ethical Considerations

Ethical approval was obtained from the University of Wales Trinity Saint David before data collection began. The study complied with the University's ethical requirements and the principles of the UK General Data Protection Regulation (UK GDPR).

Participation was entirely voluntary, and all participants received a Participant Information Sheet explaining the purpose of the research, the procedures involved and their rights as participants. Informed consent was obtained before participants accessed the questionnaire.

Participants remained anonymous throughout the study. No personal identifiers, such as names, email addresses or employee numbers, were collected. All data were treated confidentially, stored securely on password-protected devices and used solely for academic purposes. Only the researcher and dissertation supervisor had access to the collected data.

Participants had the right to withdraw from the study at any time before submitting their questionnaire, without providing a reason and without any negative consequences.

These ethical measures protected participants' privacy, ensured confidentiality and maintained the integrity of the research process.

3.12 Chapter Summary

This chapter has described the research methodology adopted for the study. It explained the research philosophy, deductive approach, quantitative research design, research setting, sampling strategy, data collection procedures, research instrument, data analysis, reliability and validity, and ethical considerations.

The selected methodology provides a structured and appropriate framework for investigating employees' perceptions of digital transformation, burnout and staff retention within Imperial College Healthcare NHS Trust. The following chapter presents the findings obtained from the questionnaire and analyses the results in relation to the research questions and the literature reviewed in Chapter 2.

CHAPTER 4: FINDINGS AND ANALYSIS

4.1 Introduction

This chapter presents and analyses the findings obtained from the questionnaire conducted among employees working within Imperial College Healthcare NHS Trust. The purpose of the analysis is to examine employees' perceptions of digital transformation and its relationship with workload, burnout, turnover intention and organisational support.

A total of 25 participants responded to the questionnaire. However, the number of responses varied across individual questions, as some participants did not answer every item.

Questions 1–3 received 25 responses, Question 4 received 15 responses, while Questions 5–10 received 22 responses. The analysis therefore reports the valid number of responses for each question rather than treating missing responses as completed data.

The findings are initially presented using descriptive statistics, including frequencies and percentages, to provide an overview of the characteristics and perceptions of the participants. The results are then interpreted in relation to the study's research objectives and theoretical framework, particularly the Job Demands–Resources (JD-R) Model. Where the available data permit, relationships between key variables are also considered to explore the associations between digital transformation, burnout, organisational support and turnover intention.

Given the relatively small sample size, the findings are interpreted cautiously and are intended to provide insight into the experiences of the participating employees rather than to be generalised to the entire workforce of Imperial College Healthcare NHS Trust.

4.2 Participant Profile

The demographic section of the questionnaire examined participants' professional roles, length of service within Imperial College Healthcare NHS Trust and frequency of digital system use. All 25 participants responded to these three questions.

4.2.1 Professional Role

Table 4.1 presents the professional roles represented within the sample.

Table 4.1: Professional Role of Participants

Professional Role	Frequency (n)	Percentage (%)
Nurse	6	24
Doctor	6	24

Professional Role	Frequency (n)	Percentage (%)
Allied Health Professional	1	4
Administrative Staff	1	4
Healthcare Assistant	4	16
Domestic/Support Services	5	20
Other	2	8
Total	25	100

The sample included employees from a range of professional groups within the Trust. Nurses and doctors represented the largest individual groups, each accounting for 24% of participants. Domestic and support services represented 20%, while healthcare assistants accounted for 16%. Allied health professionals and administrative staff each represented 4%, and 8% selected another professional role.

The distribution indicates that the study captured perspectives from both clinical and non-clinical employees. This is relevant to the research because digital transformation may affect professional groups differently depending on their responsibilities, level of interaction with digital systems and working environment. However, because the sample is relatively small, differences between individual occupational groups should be interpreted cautiously.

4.2.2 Length of Service

Participants were also asked how long they had worked for Imperial College Healthcare NHS Trust.

Table 4.2: Length of Service

Length of Service	Frequency (n)	Percentage (%)
Less than 1 year	1	4
1–3 years	8	32
4–6 years	8	32
7–10 years	5	20
More than 10 years	3	12

Length of Service Frequency (n) Percentage (%)

Total	25	100
-------	----	-----

The results demonstrate that the sample contained employees with varying levels of organisational experience. The largest groups had worked within the Trust for either 1–3 years or 4–6 years, each representing 32% of respondents. A further 20% reported between 7 and 10 years of service, while 12% had worked for the Trust for more than 10 years. Only 4% had less than one year of service.

Overall, **64% of respondents had between one and six years of service**, while 32% had seven years or more. This provides useful diversity in organisational experience, as the participants included both relatively recent employees and individuals with longer-term experience of organisational and technological change.

4.2.3 Frequency of Digital System Use

The final demographic question examined how frequently participants used digital systems, such as Electronic Patient Records and digital documentation systems, in their daily work.

Table 4.3: Frequency of Digital System Use

Frequency of Use Frequency (n) Percentage (%)

Never	3	12
Rarely	0	0
Sometimes	5	20
Often	5	20
Always	12	48
Total	25	100

The findings demonstrate a high level of exposure to digital systems among the participants. Almost half of respondents (48%) reported always using digital systems in their daily work, while a further 20% reported using them often. Therefore, **68% of participants used digital systems often or always**.

Only 12% reported never using digital systems, while 20% used them sometimes and no respondents selected rarely. This level of digital exposure is particularly relevant to the study because the majority of participants have regular experience of digital technologies in their

working environment and are therefore positioned to provide perceptions of how digital transformation affects their work.

Overall, the demographic findings indicate a professionally diverse sample with varying lengths of service but generally high exposure to digital systems. This provides an appropriate foundation for examining participants' perceptions of digital transformation, workload, burnout, organisational support and turnover intention in the subsequent sections.

4.3 Digital Transformation and Employee Experience

Questions 4–6 examined employees' perceptions of digital systems, training and workload. Question 4 received 15 responses. Of these, 46.7% were neutral regarding the effectiveness of digital systems, while 33.3% agreed or strongly agreed and 20% disagreed or strongly disagreed. The high proportion of neutral responses indicates that perceptions of digital systems were mixed, although the lower response rate for this question requires cautious interpretation.

Training was viewed more positively. Of the 22 respondents to Question 5, **72.7% agreed or strongly agreed that they had received sufficient training** to use new digital systems effectively, while 13.6% disagreed or strongly disagreed. This suggests that training may represent an important organisational resource during digital transformation.

However, Question 6 revealed additional pressures associated with digitalisation. **54.5% of the 22 respondents agreed or strongly agreed that digital transformation had increased their workload**, compared with 18.1% who disagreed or strongly disagreed. These findings illustrate the dual nature of digital transformation identified within the JD-R Model: adequate training may function as a job resource, while increased workload may simultaneously represent an additional job demand. Nevertheless, the results reflect employee perceptions and do not establish a causal relationship between digital transformation and workload.

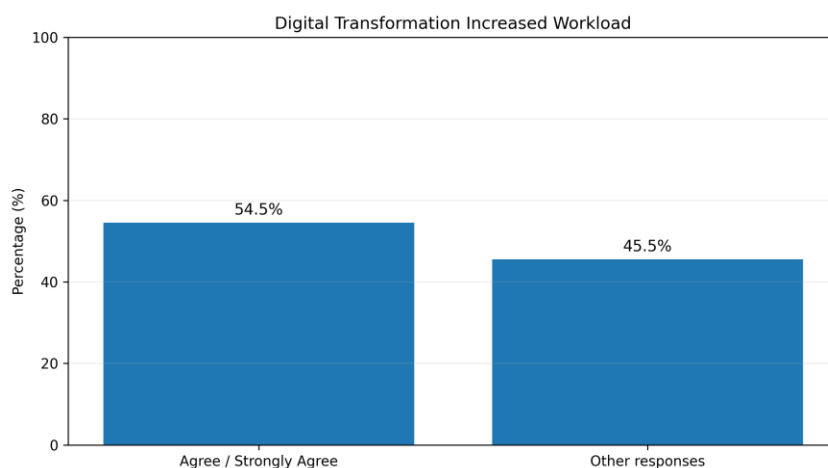


Figure 4.1: Employees' Perceptions of Increased Workload During Digital Transformation

Source: Primary survey data (2026), $n = 22$.

4.4 Employee Burnout and Turnover Intention

Questions 7 and 8 examined emotional exhaustion and turnover intention. Of the 22 respondents to Question 7, **36.4% agreed or strongly agreed that they felt emotionally exhausted because of their work**, while 27.2% disagreed or strongly disagreed and 36.4% remained neutral. The findings therefore indicate that emotional exhaustion affected a substantial proportion of respondents, although it was not experienced consistently across the sample.

Question 8 examined whether burnout had influenced participants' intention to leave the Trust. **36.4% agreed** that burnout had influenced their intention to leave, while 50% disagreed or strongly disagreed and 13.6% remained neutral. This suggests that burnout may represent a retention concern for some employees but is unlikely to be the only factor influencing turnover intention.

From a JD-R perspective, these findings are consistent with the view that sustained job demands may contribute to emotional exhaustion and potentially influence employee retention. However, the descriptive results cannot establish causality or demonstrate that the respondents reporting emotional exhaustion were the same individuals reporting turnover intention. An individual-level correlation analysis would be required to establish whether a statistical association exists between these variables.

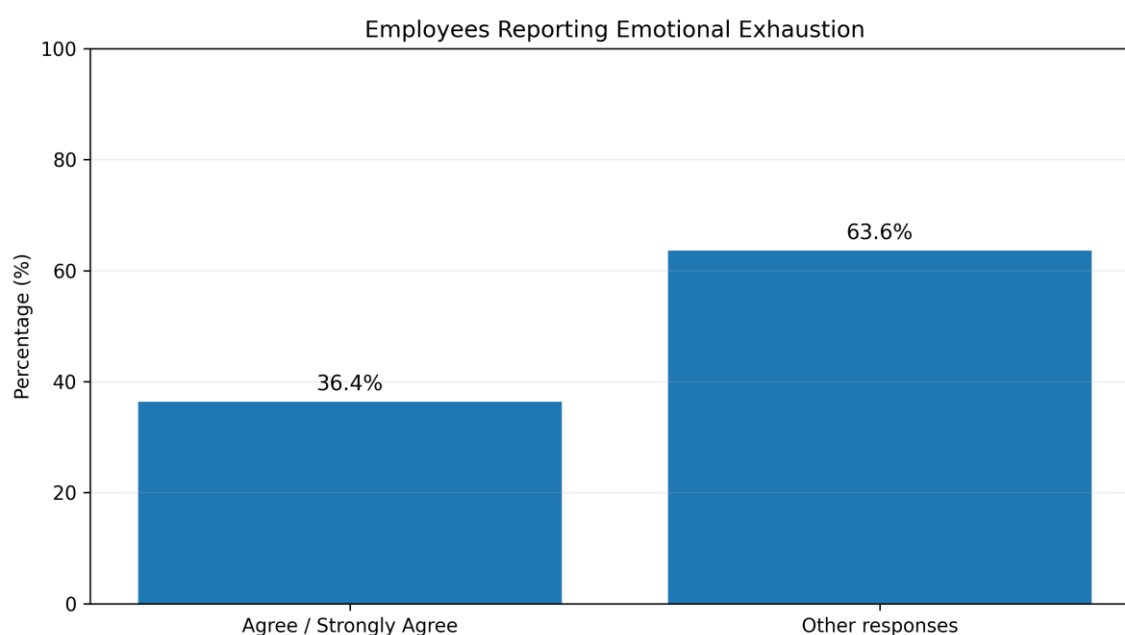


Figure 4.2: Employees' Experiences of Emotional Exhaustion

Source: Primary survey data (2026), $n = 22$.

4.5 Organisational Support and Staff Retention

Questions 9 and 10 examined organisational support during digital transformation. Of the 22 respondents to Question 9, **50% agreed or strongly agreed** that they received adequate support from their manager, while 31.8% disagreed or strongly disagreed and 18.2% remained neutral. This indicates that managerial support was perceived positively by half of the respondents, although experiences were not consistent across the sample.

Question 10 showed stronger agreement regarding the importance of organisational support. **59.1% of respondents agreed or strongly agreed** that improving organisational support during digital transformation would help reduce burnout and encourage staff retention. In comparison, 13.6% disagreed or strongly disagreed and 27.3% were neutral.

These findings support the JD-R perspective adopted in this study, suggesting that organisational support may operate as a job resource capable of helping employees manage the demands associated with digital transformation. However, given the small sample size, these results indicate perceptions within the participating group rather than establishing a causal relationship between organisational support, burnout and retention.

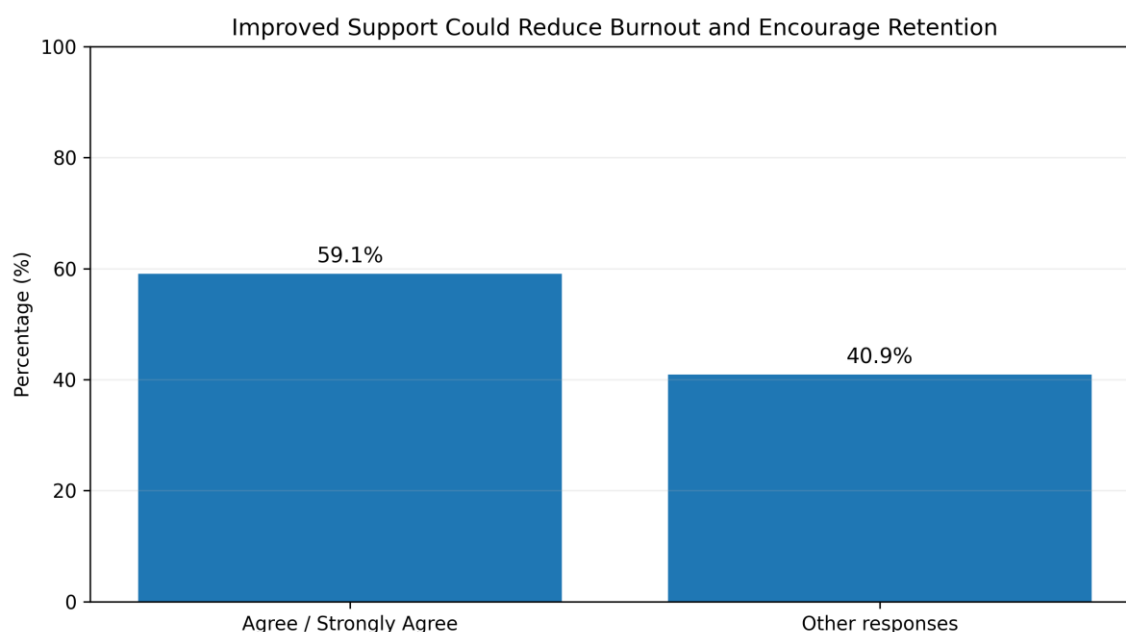


Figure 4.3: Organisational Support, Burnout and Staff Retention

Source: Primary survey data (2026), $n = 22$.

4.6 Summary of Findings

Overall, the findings present a mixed picture of digital transformation within Imperial College Healthcare NHS Trust. Most participants regularly used digital systems, with **68% reporting that they used them often or always**. Among respondents to the relevant questions, **72.7% considered their digital training sufficient**, while **54.5% believed digital transformation had increased their workload**. This demonstrates that digital transformation may simultaneously provide organisational resources and create additional job demands.

Regarding employee wellbeing, **36.4% reported emotional exhaustion**, while the same percentage indicated that burnout had influenced their intention to leave the Trust. However, 50% disagreed that burnout had influenced their intention to leave, demonstrating that retention decisions are likely to involve factors beyond burnout alone.

Finally, organisational support emerged as an important consideration, with **59.1% agreeing or strongly agreeing** that improved support during digital transformation could help reduce burnout and encourage staff retention. Overall, the findings broadly support the JD-R framework by illustrating the importance of balancing digital job demands with appropriate organisational resources.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This dissertation examined the impact of digital transformation on employee burnout and staff retention within Imperial College Healthcare NHS Trust. The study focused particularly on employees' perceptions of digital systems, workload, training, emotional exhaustion, organisational support and turnover intention, using the Job Demands–Resources (JD-R) Model as the primary theoretical framework.

The findings demonstrate that digital transformation presents both opportunities and challenges for employees. Most participants regularly interacted with digital systems, with 68% reporting that they used them often or always. Training emerged as a positive organisational resource, as 72.7% of respondents to the relevant question believed that they had received sufficient training. However, 54.5% reported that digital transformation had increased their workload, demonstrating that technological change may simultaneously provide resources and create additional job demands.

Employee wellbeing findings were more mixed. Emotional exhaustion was reported by 36.4% of respondents, while 36.4% also indicated that burnout had influenced their intention to leave the Trust. However, half of respondents disagreed that burnout had influenced their

intention to leave. These findings suggest that burnout may contribute to turnover intention for some employees, but staff retention is influenced by multiple organisational and individual factors.

Organisational support also emerged as important. Half of respondents considered managerial support during digital change adequate, while 59.1% believed that improving organisational support could help reduce burnout and encourage staff retention. Overall, the findings support the JD-R perspective that the impact of digital transformation depends partly on the balance between additional job demands and organisational resources.

5.2 Recommendations

Based on the findings, Imperial College Healthcare NHS Trust should continue providing training throughout digital implementation rather than limiting support to the initial introduction of new systems. Managers should also monitor whether new technologies create additional workload and provide accessible technical assistance where difficulties arise.

Employee involvement should be encouraged during digital change through regular communication and opportunities to provide feedback. Particular attention should be given to employees reporting emotional exhaustion, as early organisational support may help reduce the risk of burnout and strengthen staff retention.

5.3 Limitations and Future Research

The study has several limitations. The final sample consisted of 25 participants, limiting the generalisability of the findings to the wider Trust workforce. Response numbers also varied between questionnaire items, with some questions receiving fewer responses than others. Furthermore, the cross-sectional design captures employee perceptions at one point in time and cannot establish causal relationships.

The available aggregated data also limited the ability to conduct the proposed individual-level correlation analysis. Future research should therefore use a larger sample and retain paired individual responses to enable inferential statistical testing of the relationships between digital transformation, burnout, organisational support and turnover intention. Longitudinal research could additionally examine how employee experiences change over different stages of digital implementation.

References

- Adams, R., Ryan, T. and Wood, E. (2021) 'Understanding the factors that affect retention within the mental health nursing workforce: a systematic review and thematic synthesis', *International Journal of Mental Health Nursing*, 30(6), pp. 1476–1497.
- Alobayli, F., O'Connor, S., Holloway, A. and Murtagh, M.J. (2023) 'Electronic health record stress and burnout among clinicians in hospital settings: a systematic review', *Digital Health*, 9.
- Bakker, A.B. and Demerouti, E. (2007) 'The Job Demands–Resources model: State of the art', *Journal of Managerial Psychology*, 22(3), pp. 309–328. doi: 10.1108/02683940710733115.
- Bakker, A.B. and Demerouti, E. (2017) 'Job demands–resources theory: Taking stock and looking forward', *Journal of Occupational Health Psychology*, 22(3), pp. 273–285. doi: 10.1037/ocp0000056.
- Bakker, A.B., Demerouti, E. and Sanz-Vergel, A. (2023) 'Job Demands–Resources Theory: Ten years later', *Annual Review of Organizational Psychology and Organizational Behavior*, 10, pp. 25–53. doi: 10.1146/annurev-orgpsych-120920-053933.
- Bharadwaj, A., El Sawy, O.A., Pavlou, P.A. and Venkatraman, N. (2013) 'Digital business strategy: Toward a next generation of insights', *MIS Quarterly*, 37(2), pp. 471–482.
- Cresswell, K. and Sheikh, A. (2013) 'Organizational issues in the implementation and adoption of health information technology innovations: An interpretative review', *International Journal of Medical Informatics*, 82(5), pp. e73–e86. doi: 10.1016/j.ijmedinf.2012.10.007.
- Demerouti, E., Bakker, A.B., Nachreiner, F. and Schaufeli, W.B. (2001) 'The job demands–resources model of burnout', *Journal of Applied Psychology*, 86(3), pp. 499–512. doi: 10.1037/0021-9010.86.3.499.
- Freudenberger, H.J. (1974) 'Staff burn-out', *Journal of Social Issues*, 30(1), pp. 159–165. doi: 10.1111/j.1540-4560.1974.tb00706.x.
- Huang, C., Koppel, R., McGreevey, J.D., Craven, C.K. and Schreiber, R. (2023) 'Transitions from one electronic health record to another: challenges, pitfalls, and recommendations', *Applied Clinical Informatics*.
- Ingebrigtsen, T., Georgiou, A., Clay-Williams, R., Magrabi, F., Hordern, A., Prgomet, M., Li, J., Westbrook, J. and Braithwaite, J. (2014) 'The impact of clinical leadership on health

- information technology adoption: systematic review', *International Journal of Medical Informatics*, 83(6), pp. 393–405. doi: 10.1016/j.ijmedinf.2014.02.005.
- Keijser, W., Smits, J., Penterman, L. and Wilderom, C. (2016) 'Physician leadership in e-health? A systematic literature review', *Leadership in Health Services*, 29(3), pp. 331–347.
- Kotter, J.P. (1996) *Leading Change*. Boston, MA: Harvard Business School Press.
- Leiter, M.P. and Maslach, C. (2009) 'Nurse turnover: The mediating role of burnout', *Journal of Nursing Management*, 17(3), pp. 331–339. doi: 10.1111/j.1365-2834.2009.01004.x.
- Maslach, C. and Jackson, S.E. (1981) 'The measurement of experienced burnout', *Journal of Occupational Behaviour*, 2(2), pp. 99–113. doi: 10.1002/job.4030020205.
- Melnick, E.R., Dyrbye, L.N., Sinsky, C.A., Trockel, M., West, C.P., Nedelec, L., Tutty, M.A. and Shanafelt, T. (2020a) 'The association between perceived electronic health record usability and professional burnout among US physicians', *Mayo Clinic Proceedings*, 95(3), pp. 476–487. doi: 10.1016/j.mayocp.2019.09.024.
- Melnick, E.R., Harry, E., Sinsky, C.A., Dyrbye, L.N., Wang, H., Trockel, M.T., West, C.P. and Shanafelt, T. (2020b) 'Perceived electronic health record usability as a predictor of task load and burnout among US physicians: Mediation analysis', *Journal of Medical Internet Research*, 22(12), e23382. doi: 10.2196/23382.
- NHS England (2024) *2024 Electronic Patient Record (EPR) Usability Survey for Secondary Care – Key Findings*. London: NHS England.
- O'Donovan, R. and McAuliffe, E. (2020) 'A systematic review of factors that enable psychological safety in healthcare teams', *International Journal for Quality in Health Care*, 32(4), pp. 240–250. doi: 10.1093/intqhc/mzaa025.
- Özkan, A.H. (2022) 'The effect of burnout and its dimensions on turnover intention among nurses: A meta-analytic review', *Journal of Nursing Management*.
- Saunders, M.N.K., Lewis, P. and Thornhill, A. (2023) *Research Methods for Business Students*. 9th edn. Harlow: Pearson.
- Schein, E.H. (2010) *Organizational Culture and Leadership*. 4th edn. San Francisco, CA: Jossey-Bass.
- Shanafelt, T.D. and Noseworthy, J.H. (2017) 'Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout', *Mayo Clinic Proceedings*, 92(1), pp. 129–146. doi: 10.1016/j.mayocp.2016.10.004.

Shanafelt, T.D. et al. (2016) 'Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction', *Mayo Clinic Proceedings*, 91(7), pp. 836–848.

Tarafdar, M., Cooper, C.L. and Stich, J.-F. (2019) 'The technostress trifecta – technoeustress, technodistress and design: Theoretical directions and an agenda for research', *Information Systems Journal*, 29(1), pp. 6–42. doi: 10.1111/isj.12169.

Tett, R.P. and Meyer, J.P. (1993) 'Job satisfaction, organizational commitment, turnover intention, and turnover: Path analyses based on meta-analytic findings', *Personnel Psychology*, 46(2), pp. 259–293. doi: 10.1111/j.1744-6570.1993.tb00874.x.

Vial, G. (2019) 'Understanding digital transformation: A review and a research agenda', *The Journal of Strategic Information Systems*, 28(2), pp. 118–144. doi: 10.1016/j.jsis.2019.01.003.

West, C.P., Dyrbye, L.N., Erwin, P.J. and Shanafelt, T.D. (2016) 'Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis', *The Lancet*, 388(10057), pp. 2272–2281. doi: 10.1016/S0140-6736(16)31279-X.

Westerman, G., Bonnet, D. and McAfee, A. (2014) *Leading Digital: Turning Technology into Business Transformation*. Boston, MA: Harvard Business Review Press.

Research Process Reflection

A Reflection on the Digital Transformation, Employee Burnout and Staff Retention Study

Structured Using Gibbs' (1988) Reflective Cycle

Author

Mrs Lucrezia Nappi

Introduction

This reflection applies Gibbs' (1988) Reflective Cycle to critically examine the process of designing, conducting and completing a quantitative research project on digital transformation, employee burnout and staff retention within Imperial College Healthcare NHS Trust. The cycle's six stages — Description, Feelings, Evaluation, Analysis, Conclusion and Action Plan — provide a structured framework for moving from a factual account of what happened towards actionable learning for future research practice.

1. Description	2. Feelings	3. Evaluation
4. Analysis	5. Conclusion	6. Action Plan

1 Description

What happened? A factual account of the research undertaken.

This research project examined the impact of digital transformation on employee burnout and staff retention within Imperial College Healthcare NHS Trust. I selected this topic because digital systems are increasingly important in healthcare, but their implementation can also create additional pressures for employees.

I used a quantitative, cross-sectional approach and developed an online questionnaire through SurveyMonkey. Ethical approval was obtained before data collection, and participants received an information sheet and provided informed consent. The survey produced 25 responses, which were analysed using frequencies and percentages.

2 Feelings

What were you thinking and feeling at each stage of the process?

At the beginning of the research process, I felt confident about the relevance of the topic but less confident about conducting independent academic research. The literature review was challenging because I needed to compare different perspectives rather than simply describe previous studies.

Data collection was particularly encouraging because receiving real responses made the project feel more meaningful. However, I was disappointed when I realised that the available aggregated SurveyMonkey results did not allow me to conduct the individual-level correlation analysis that I had initially considered.

3 Evaluation

What was good and bad about the experience?

Several aspects of the process worked well. The questionnaire enabled me to collect data efficiently while protecting participants' anonymity, and the Job Demands–Resources (JD-R) Model provided a clear framework for connecting digital demands, organisational resources, burnout and turnover intention. The findings also allowed me to compare participants' experiences with themes identified in the literature.

A limitation was the relatively small sample of 25 participants and the variation in response numbers across some questions. In addition, relying on aggregated survey results restricted the statistical analysis that could be undertaken.

4 Analysis

What sense can you make of the situation? Why did things happen as they did?

The research process demonstrated the importance of aligning research objectives, data collection and analysis from the beginning. I learned that selecting a statistical technique is not sufficient; the data must also be collected and retained in a format that permits that analysis.

The experience also improved my understanding of research ethics, particularly informed consent, anonymity, confidentiality and secure data management. Reviewing the literature strengthened my ability to evaluate evidence critically and showed me that digital transformation should not be considered purely as technological change. Organisational support, leadership, training and workload can significantly shape employees' experiences of digital implementation.

5 Conclusion

What else could you have done? What have you learned overall?

Overall, completing this project improved my research, analytical and academic writing skills. I became more confident in using academic literature, designing a questionnaire, interpreting quantitative findings and acknowledging limitations rather than overstating conclusions.

The project also reinforced the importance of adapting a research plan when practical limitations emerge while maintaining methodological transparency.

6 Action Plan

If a similar situation arose again, what would you do differently?

In future research, I would recruit a larger and more diverse sample and ensure that individual-level anonymised responses could be exported for statistical analysis. I would plan the data-analysis requirements before launching the questionnaire and test the complete data-export process during the pilot stage.

I would also consider a mixed-methods design, using interviews alongside a survey, to explore in greater depth why employees experience digital transformation differently. These improvements would strengthen both the statistical analysis and the practical understanding of employee experiences.

Key Commitments for Future Research

- Recruit a larger and more diverse participant sample.
- Confirm that individual-level anonymised data can be exported before launching the questionnaire.
- Plan data-analysis requirements (e.g. correlation testing) before finalising the research instrument.
- Pilot the complete data-export process, not just the questionnaire itself.
- Consider a mixed-methods design combining interviews with the survey for richer insight.

The Impact of Digital Transformation on Employee Burnout and Staff Retention

Imperial College Healthcare NHS Trust | Research Methodology & Key Findings

1 Research Aim

To examine how digital transformation influences employee burnout and staff retention, with particular attention to workload, training, organisational support and turnover intention.

2 Methodology

- Philosophy: Positivism
- Approach: Deductive
- Design: Quantitative, cross-sectional survey
- Platform: SurveyMonkey
- Sampling: Convenience sampling
- Final sample: 25 participants
- Analysis: Frequencies and percentages
- Ethics: Approval obtained; informed consent, anonymity and confidentiality maintained

3 Research Process

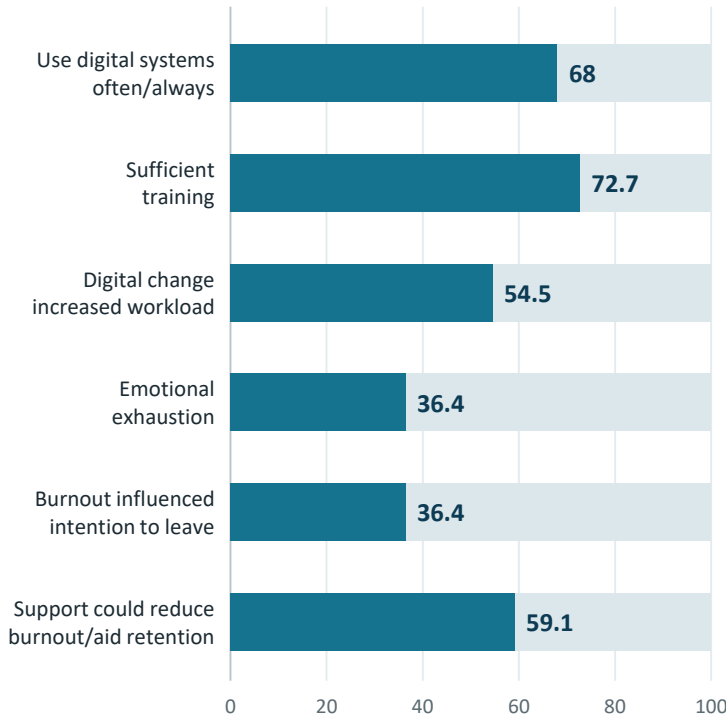


4 JD-R Interpretation

Digital transformation can operate as both a job demand and a job resource. Increased workload, documentation burden and technostress may contribute to burnout, while training, supportive leadership, communication and technical assistance can help employees manage digital change. The findings therefore support the Job Demands–Resources (JD-R) Model as the study's primary theoretical framework.

5 Key Findings (Overall sample: n = 25)

Percentage of respondents



6 What the Results Suggest

Training was generally viewed positively, but more than half of respondents reported increased workload during digital transformation. Burnout affected a notable minority, while organisational support was widely viewed as a potential protective resource. The findings indicate that implementation quality matters as much as the technology itself.

7 Limitations

The sample was small (n=25), limiting generalisability. Response numbers varied across questionnaire items. SurveyMonkey results were available in aggregated form, so paired individual-level correlation analysis could not be conducted reliably. Findings were therefore interpreted descriptively and cautiously.

8 Conclusion

Digital transformation produced both benefits and pressures for employees. The study suggests that workload, training and organisational support shape how staff experience digital change. Burnout may contribute to retention risk for some employees, but the relationship is influenced by wider organisational conditions.

9 Recommendations

- Continue training beyond initial system implementation.
- Monitor workload and documentation burden.
- Provide accessible technical support.
- Strengthen communication during digital change.
- Involve employees in implementation decisions.
- Identify and support staff experiencing emotional exhaustion.

10 Key References

Bakker & Demerouti (2007; 2017)
Demerouti et al. (2001)
Maslach & Jackson (1981)
Vial (2019)
Tarafdar, Cooper & Stich (2019)
NHS England (2024)
Alobayli et al. (2023)

11 Research Output

A practical evidence-based view of how NHS digital transformation can be managed to support employee wellbeing and workforce retention.

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

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

This document is also available in Welsh.

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.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Lucrezia Nappi			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student
3	Institute/Academic Discipline/Centre:	IICL			
4	Campus:	London			
5	E-mail address:	2312484@student.uwtsd.ac.uk			
6	Contact Telephone Number:	07413274474			
For students:					

7	Student Number:	2312484
8	Programme of Study:	BA(Hons) Leadership Management
9	Director of Studies/Supervisor:	Md Kalam

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
Institute Research Committee		☐			
Other (write in)		☒	11/06/2026		

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3	[List any other relevant documents here]	☐

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution					
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?	YES	☐	NO	☐	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
7		Employed	YES	☐	NO	☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO	☐

9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐
---	---	---	-----	--------------------------	----	--------------------------

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	Digital Transformation on Employee Burnout and Staff Retention within NHS			
2	Proposed start date:	From 12/07/2026	Proposed end date:	18/08/2026	
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: <i>Purpose of Research Activity</i> <i>Proposed Research Question</i> <i>Aims of Research Activity</i> <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain <i>What the research activity will add to the body of knowledge</i> <i>How it addresses an area of importance.</i>				
3	Purpose of Research Activity The purpose of this research is to investigate the relationship between digital transformation, employee burnout and staff retention within an NHS Trust. The study aims to explore how digital technologies and organisational changes associated with digital transformation influence employees' wellbeing and their intention to remain within the organisation. The findings may help NHS managers develop strategies to improve employee wellbeing and retention during periods of digital change. (this box should expand as you type)				
4	Research Question What is the impact of digital transformation on employee burnout and staff retention within an NHS Trust? (this box should expand as you type)				
5	Aims of Research Activity The aim of this study is to examine the effect of digital transformation on employee burnout and staff retention among NHS employees and to identify factors that may influence these relationships. (this box should expand as you type)				
6	Objectives of Research Activity - To examine employees' perceptions of digital transformation within an NHS Trust. - To investigate the relationship between digital transformation and employee burnout.				

	- To examine the relationship between employee burnout and staff retention intentions. - To assess whether digital transformation influences employees' intention to remain with the organisation. - To provide recommendations for NHS managers to support employee wellbeing and retention during digital transformation initiatives. <i>as you type</i>
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	This study will use a quantitative approach based on an anonymous online questionnaire distributed to NHS employees. Participation will be voluntary, and informed consent will be obtained before completion. <i>(this box should expand as you type)</i>
	Location of research activity Identify all locations where research activity will take place.
8	London <i>(this box should expand as you type)</i>
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A <i>(this box should expand as you type)</i>

10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. <i>(this box should expand as you type)</i>		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☐	☒

15	A more equal Wales	☐	☒
16	A Wales of cohesive communities	☐	☒
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	(this box should expand as you type)		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☒	☐
2	Use of interviews?	☐	☒
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☐	☒
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☐
	Details of any other primary data collection method:		
	(this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

Who are the intended participants:		YES	NO
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☐
	Details of any other participant groups: (this box should expand as you type)		

Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?		
10	How many participants are expected?	Approximately 10-20 participants. (this box should expand as you type)
11	Who will the participants be?	Employees working within an NHS Trust. (this box should expand as you type)
12	How will you identify the participants?	Participants will be identified through convenience sampling. The online survey link will be shared with NHS employees who are willing to take part voluntarily. (this box should expand as you type)

Information for participants:		YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐

17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
<i>(this box should expand as you type)</i>				

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☐	☒
28	If YES to any question, please provide full details			
<i>(this box should expand as you type)</i>				

SECTION H: Anticipated Risks

Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.					
1	Full risk assessment completed and appended? <table border="1" style="float: right;"> <tr> <td>Yes</td> <td>☐</td> </tr> <tr> <td>No</td> <td>☒</td> </tr> </table>	Yes	☐	No	☒
Yes	☐				
No	☒				
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Risk to participants: The study presents minimal risk. Participants may experience minor discomfort when answering questions about workplace stress, burnout or job satisfaction. <i>(this box should expand as you type)</i> </td> <td style="width: 50%; vertical-align: top;"> How you will mitigate the risk to participants: Participation will be voluntary and anonymous. Participants may withdraw at any time before submitting the questionnaire and may choose not to answer any question. No personal identifiable information will be collected, and all data will be stored securely and treated confidentially. <i>(this box should expand as you type)</i> </td> </tr> </table>	Risk to participants: The study presents minimal risk. Participants may experience minor discomfort when answering questions about workplace stress, burnout or job satisfaction. <i>(this box should expand as you type)</i>	How you will mitigate the risk to participants: Participation will be voluntary and anonymous. Participants may withdraw at any time before submitting the questionnaire and may choose not to answer any question. No personal identifiable information will be collected, and all data will be stored securely and treated confidentially. <i>(this box should expand as you type)</i>		
Risk to participants: The study presents minimal risk. Participants may experience minor discomfort when answering questions about workplace stress, burnout or job satisfaction. <i>(this box should expand as you type)</i>	How you will mitigate the risk to participants: Participation will be voluntary and anonymous. Participants may withdraw at any time before submitting the questionnaire and may choose not to answer any question. No personal identifiable information will be collected, and all data will be stored securely and treated confidentially. <i>(this box should expand as you type)</i>				
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should				

	make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities		
	The study does not involve highly sensitive topics, illegal activities, or personal medical information. Questions focus only on participants' perceptions and experiences of digital transformation, burnout and staff retention in the workplace. <i>(this box should expand as you type)</i>		
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest		
	Risk to the investigator: Minimal risk. The researcher may experience minor stress associated with data collection and analysis. <i>(this box should expand as you type)</i>	How you will mitigate the risk to the investigator: Data collection will be conducted online in a safe environment. Support will be sought from the academic supervisor if any issues arise. <i>(this box should expand as you type)</i>	
5	University/institutional risks For example: adverse publicity, financial loss, data protection		
	Risk to the University: Potential risk of data protection breaches or misuse of research data. <i>(this box should expand as you type)</i>	How you will mitigate the risk to the University: All data will be collected anonymously, stored securely, and used solely for academic purposes in accordance with University policies and GDPR requirements. <i>(this box should expand as you type)</i>	
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems		
	Risk to the environment: No significant environmental risks are anticipated. <i>(this box should expand as you type)</i>	How you will mitigate the risk to environment: The research will be conducted online, minimising paper use and environmental impact. <i>(this box should expand as you type)</i>	

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	Participants will be provided with a brief debrief statement at the end of the questionnaire thanking them for their participation and explaining how the data will be used. Contact details of the researcher will be provided for any further questions. <i>(this box should expand as you type)</i>
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before

	data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Participants will receive an information sheet explaining the purpose of the study, what participation involves, and their rights as participants. Before accessing the questionnaire, participants will be required to confirm their informed consent. Participation will be voluntary, and participants may withdraw before submitting their responses. <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	Participation will be anonymous, and no personally identifiable information will be collected. All data will be treated confidentially, stored securely, and used only for academic purposes. Results will be reported in aggregate form to ensure that individual participants cannot be identified. <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
1	"Personal data" means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☐	☒
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	<i>(this box should expand as you type)</i>		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	"Special category data" means sensitive personal data consisting of information as to the data subjects' – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	<i>(this box should expand as you type)</i>		
	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☐	☒

6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☐	☒
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☐	☒
10	"Cloud" storage or websites?	☐	☒
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	<i>(this box should expand as you type)</i>		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☐	☒
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	<i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	The researcher under the supervision of the academic supervisor <i>(this box should expand as you type)</i>		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	The researcher under the supervision of the academic supervisor. <i>(this box should expand as you type)</i>		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		

	Data will be stored electronically on password-protected devices and University-approved storage systems. Data will be retained until the completion of the dissertation and in accordance with University data retention requirements. Data will not be publicly archived. <i>(this box should expand as you type)</i>		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		
	<i>(this box should expand as you type)</i>		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

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:	Lucrezia Nappi	Date: 21/06/2026

For STUDENT Submissions:

2	Director of Studies/Supervisor:		Date:
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
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.

RESEARCH STUDENTS ONLY

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.