

# The Impact of Organizational Policies on the Mental Well-Being of NHS Employees: A Critical Literature Review

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**Abstract- Introduction:** *The indispensable role of healthcare staff in any nation is a fact. However, issues surrounding the health and mental well-being of staff of public healthcare systems are not fully understood nor appreciated, even though it is known that performance is closely tied to well-being. This study sought to better understand the health and mental well-being of staff of a national healthcare system, vis-a-vis the organisational policies underpinning it, the prevailing realities, and how to ensure improvements. Also, the different approaches to achieving an optimal state of staff health were explored, with the importance of management and leadership.*

**Method:** *The study utilised a critical literature review research approach and integrated principles of qualitative reach with that of a qualitative one. The study presented a four-chapter investigation encompassing the current state of NHS employees' mental well-being, NHS organizational policies designed to promote staff mental health, barriers and enablers affecting policy implementation, and the role of managers in shaping policies and their impact on employees' workplace health. This ensured that issues around the health and general well-being of National Health Service (NHS) staff were better and more accurately captured. The study population was the staff of the NHS in the United Kingdom (UK), and it explored the period within the last ten years. An established research protocol (a variant of the Cochrane Handbook of Systematic Review of Interventions) was employed in conducting the systematic review process. Relevant and updated statistical data on the different health and mental wellbeing parameters were obtained and analysed and were put in proper context using current literature and data, including grey literature.*

**Findings:** *Most relevant data showed that there are marked improvements in some wellbeing parameters,*

*which include the general health and organisational strategies to improve staff wellbeing. Others were static or showed deterioration, and they were in the areas of physical violence, stress levels, and bullying and harassment. However, it showed that organisational initiatives can make a significant difference in staff health and mental well-being. Some of the identified factors that aid in this regard include peer support, adequate communication, immigration, and others while those that mitigate against it are discrimination (and stigma), and race and gender challenges. The role of managers and leadership in creating conditions that improve staff wellbeing were demonstrated and were shown to be areas where actions are being taken.*

**Implications:** *This study considered how well organisational-level policies on health and mental wellbeing are effective for NHS staff across the board. Success in this regard is very important, as it directly impacts on the quality of care they provide continuously and can indicate the state of public healthcare in any given nation. This study used up-to-date data to accurately show the present state of play as it concerns public healthcare in the UK and made well-informed recommendations to address identified challenges. The study would be very useful to managers and leaders of NHS trusts and organisations, researchers in the field, policymakers, and indeed the public, as it adds layer to the available body of literature in this area.*

**Recommendations and Conclusion:** *Based on the findings, this dissertation offers practical recommendations for policymakers, healthcare administrators, and NHS leadership. It advocates for the continuous development and evaluation of policies that prioritize the mental well-being of employees, coupled with efforts to foster a supportive organizational culture. Ultimately, this research underscores the imperative of prioritizing the mental*

*health of NHS employees to ensure the sustainability of high-quality healthcare provision. However, the study experiences involve individual lived experiences, therefore, future research should consider longitudinal studies and qualitative investigations to capture the evolving nature of this complex issue.*

***Index Terms-Employee Well-being, Mental Health, NHS Workforce Policies, Organizational Support, Healthcare Management***

## I. INTRODUCTION

This article explores the nexus between workers' general well-being and any organization's success (or otherwise) with the aim to understanding the role of policies that may impact on workers' mental health and overall performance, this is an area that has been and continues to be investigated. Many studies have found a direct relationship between the general performance of an organization and the emotional, physiological, and relationship well-being of its workforce (Parsons et al., 2022). Businesses, institutions, and organizations have continued to develop policies and strategies to improve the well-being of their employees. These policies vary in scope and approach, and whether they are evidenced-based or not, their effectiveness is also a major cause of concern and continuous research (Fox et al., 2021).

### Background

The National Health Service (NHS) is one of the largest healthcare systems globally, providing vital services to millions of people in the United Kingdom. NHS employees face certain work-related challenges, including high workloads, emotional stress, and exposure to traumatic events (Daniels et al., 2022). These challenges can significantly impact on the mental well-being of healthcare professionals, leading to burnout, decreased job satisfaction, and compromised patient care. According to the Royal College of Physicians (2015), burnout and low well-being among healthcare workers are an increasing issue. In an old review by Maslach and Jackson (1981), they agreed that burnout is a term used to characterize negative job-related attitudes that have three components: emotional tiredness with work,

depersonalization or disengagement from patients, and poor personal accomplishment.

A more comprehensive definition of mental well-being includes aspects of stress, emotional health, and mental health. This state of health has a detrimental effect on patient care, and higher degrees of low mental health are directly related to poorer levels of well-being in healthcare professionals (Hall et al., 2016; Johnson et al., 2017a). This study will consider both ideas of mental well-being and the impact of organizational policies in shaping the work environment which can significantly impact employee well-being. Organizational policies encompass a wide range of practices, guidelines, and procedures that guide employee behaviour, establish expectations, and shape the overall work culture (NHS, 2021b).

However, despite the recognition of the importance of organizational policies, there is a paucity of research specifically examining their influence on the mental well-being of NHS employees. This knowledge gap is particularly concerning given the demands and challenges faced by healthcare professionals within the NHS, one of the largest public healthcare systems in the world. These challenges include heavy workloads, burnout, high-stress levels, and presenteeism (Teoh et al., 2023). Organizational policies related to workload management, work-life balance, and support systems have been identified as crucial factors influencing employee well-being in various organizational contexts (Dollard & Bakker, 2010). Within the NHS, policies such as shift scheduling, performance management, and access to mental health support services have the potential to significantly impact on the mental well-being of healthcare knowledge and provide actionable insights for policymakers, healthcare administrators, and stakeholders involved in promoting employee well-being within the NHS.

### Contextual Rationale of the Study

In 2016, there was an estimated death of 1.9 million people globally, which were attributed to work-related diseases and ill health as reported by the World Health Organization (WHO) in 2022. It has been established that over 60% of the world's population spends a greater part of their lifetime at work, both in the public and private sectors. The Chartered Institute of

Personnel and Development (CIPD) reported that in 2020, work-related ill-health was on the rise and was the commonest cause of long-term absence from work. Also, a labour force survey found that work-related stress is considerably higher in the health sector than in other industries (Health and Safety Executive, 2020).

The NHS is a public healthcare sector that employs over 1.5 million staff and is one of the leading organizations in the world, providing healthcare facilities in the United Kingdom, thus it is supposedly an ideal model for workplace health and well-being (Majeed and Asanati, 2020). Unfortunately, staff health and wellbeing are not yet where they ought to be (Quirk et al., 2018). Several studies have also shown the challenge and impact of this development on service delivery to patients.

A guidance framework for managing stress at work was laid out by the NHS Employers in 2022, clearly indicating an increased rate of work-related stress. This justified the need for research study, to explore different strategic approaches for a safer and healthier work environment from the perspective of a manager. This study will explore in the chapters that follow the current state of NHS staff health and mental well-being, the existing policies and interventions deployed to address challenges in that regard, the various factors that are implicated in staff well-being as well as what NHS senior management and leadership, alongside other stakeholders, are doing to implement policies that will positively influence workplace health and well-being services for staff in the NHS.

#### Significance of Study

This study in its potential contributes to both theoretical and practical knowledge related to the mental well-being of NHS employees and the role of organizational policies. By critically examining the impact of organizational policies on the mental well-being of healthcare professionals within the NHS, this research aims to provide several key contributions.

#### Theoretical Significance

The study will contribute to the existing literature by focusing specifically on the influence of organizational policies on the mental well-being of

NHS employees. Previous studies have highlighted the importance of organizational factors in employee well-being (Dollard and Bakker, 2010). There is a dearth of research examining this relationship within the context of the NHS. Therefore, this study will fill a significant gap in literature and expand the theoretical understanding of how organizational policies can impact the mental well-being of healthcare professionals.

#### Practical Significance

The findings of this study will have practical implications for healthcare organizations, healthcare managers and policymakers, and human resource practitioners within the NHS. By identifying the specific organizational policies that influence mental well-being, this research will provide actionable insights into developing and implementing effective policies and support systems to promote the mental well-being of NHS employees.

Moreover, given the global shortage of healthcare professionals and the growing concerns about the mental health of healthcare workers (World Health Organization, 2022), the findings of this study will have broader implications for healthcare organizations worldwide. The identification of effective organizational policies can inform best practices in supporting the mental well-being of healthcare professionals, contributing to improved employee well-being, job satisfaction, and retention in the healthcare workforce.

#### Research Problem

The research problem addressed in this dissertation is the impact of organizational policies on the mental well-being of NHS employees. While healthcare professionals face numerous challenges in their work, including high workload, time pressure, and emotional demands, the role of organizational policies in supporting their mental well-being has not been extensively studied within the context of the NHS. Therefore, there is a need to investigate the specific policies in place and their potential effects on the mental well-being of NHS employees.

### Aim of the Study

This study is aimed at evaluating the efficacy of workplace policies and strategies designed to promote employees' mental well-being as well as the impact organizational policies play in enhancing employees' mental health in the healthcare context. The company employed in this study was NHS England.

### Objectives of the Study

- To investigate mental health strategies used as interventions in the NHS.
- To gauge the views of NHS employees on these Interventions.
- To review the latest data on guidelines and policies the NHS uses as an organization to support employees' mental well-being.
- To assess the influence of organizational policies on key factors related to mental well-being, such as job satisfaction, work-life balance, stress levels, and burnout.
- To identify the factors that may influence the effectiveness of organizational policies in promoting mental well-being among NHS employees.
- To compare the organizational policies and practices in the NHS with those of other healthcare systems to gain insights into potential areas of improvement.
- To provide evidence-based recommendations for enhancing the effectiveness of organizational policies in supporting the mental well-being of NHS employees.

### Research Question

Based on the research problem and objectives stated earlier, to further investigate if employees of the NHS, who are generally at an elevated risk of adverse mental health challenges, are adequately covered by the service's strategies and policies meant to address these risks. These are some research questions that will guide the investigation, data collection, analysis, and discussion processes in this dissertation, allowing for a comprehensive exploration of the impact of organizational policies on the mental well-being of NHS employees:

- What is the state of Health and Mental Well-being of NHS Staff?
- What are the specific organizational policies within the NHS that are relevant to the mental well-being of healthcare professionals?
- And how do NHS employees perceive the effectiveness and impact of organizational policies on their mental well-being?
- How do organizational policies influence factors related to mental well-being, such as job satisfaction, work-life balance, stress levels, and burnout among NHS employees (Barriers and Enablers to Employees' Well-being)?
- What are the roles of managers in effective policymaking and promoting workplace health? Any gap in the current literature?

### Scope of the Study

The scope of this study is limited to secondary research, which involves analysing existing literature, reports, and data related to the impact of organizational policies on the mental well-being of NHS employees. The study will draw upon academic journals, scholarly articles, official reports, and other relevant sources to gather information about organizational policies within the NHS and their potential effects on mental well-being. The analysis will focus on synthesizing and interpreting the findings from these existing sources to gain insights into the research problem.

Chapter 1 presents a comprehensive review of relevant literature on the state of mental health and well-being of employees (especially mental health), with a specific focus on the context of the NHS. The literature review serves as a foundation for understanding the theoretical underpinnings and empirical evidence related to the research topic. It then explores the concept of mental well-being in the workplace, highlighting its multidimensional nature and the various factors that contribute to employee well-being. This includes an exploration of psychological well-being, work-related stress, burnout, job satisfaction, and work-life balance.

The literature review in Chapter 2 will continue the analysis by examining various organizational policies within the NHS that are tailored to employees' well-

being and workplace health as well as the theoretical framework that underpins the relationship between organizational policies and employee well-being. It provides a synthesis of existing knowledge, identifies gaps in the literature, and sets the stage for the subsequent analysis and discussion in this dissertation.

Subsequently, Chapter 3 delves into the factors that come into play influencing employee well-being. It examines how organizational policies, including those related to workload management, work-life balance, support systems, and mental health resources, can shape the psychological and emotional experiences of employees. The review also investigates potential barriers and enablers to work health and its link to relevant organizational policies.

Furthermore, the literature review focuses on organizational policies in the healthcare sector, emphasizing the unique challenges faced by healthcare professionals. It explores the specific organizational policies that have been studied in healthcare settings and their effects on employees' well-being. This review provides insights into the broader research landscape, highlighting the importance of studying organizational policies within the healthcare context and the need for further investigation in this area.

Lastly, the literature review will explore the role of healthcare managers in organizational policies within the NHS in Chapter 4, examining the impact of policymaking, implementation, and effectiveness. It will explore how leadership is adapting to emerging mental health challenges of its workers within the NHS. It will further identify gaps in the current research and highlight the significance of conducting a comprehensive investigation into the impact of organizational policies on the mental well-being of healthcare professionals within the NHS while setting the stage for understanding.

#### Study Limitation

As a secondary research study, there was no control over the data collection process. The data used in this study will rely on the availability and quality of existing literature and reports, which may have limitations in terms of sample size, methodology, and data. Conducting primary research, such as surveys or

interviews with NHS employees, would provide more detailed and specific insights into their experiences and perceptions regarding organizational policies. However, due to the nature of secondary research, this study relies on existing data and may not capture the full range of perspectives and nuances related to the research problem.

The existing literature on the impact of organizational policies on the mental well-being of NHS employees may have inherent biases or limitations. Researchers may have focused on specific aspects or neglected others, and studies with negative or non-significant findings may be underrepresented (Ioannidis, 2005). The researcher will strive to minimize bias by using a systematic approach to selecting and analysing the literature.

Conducting a comprehensive review of the literature within the given timeframe may limit the depth and breadth of the study. The research will focus on synthesizing the most relevant and recent literature available at the time of the study, but it may not capture all emerging research and developments in the field. The study is limited to the perspective of NHS employees and their perceptions of organizational policies. It does not include the perspectives of organizational leaders or policymakers, which could provide additional insights into policy development and implementation processes.

The study is conducted within the context of the NHS, and the findings may not be directly applicable to other healthcare systems or industries with different organizational structures, policies, and cultural contexts. However, the comparative analysis with other healthcare systems aims to provide broader insights and potential areas for improvement.

The study does not account for external factors such as individual characteristics, personal life circumstances, or external support systems that may influence employee mental well-being. While efforts will be made to control confounding variables, the influence of these factors on mental well-being cannot be fully eliminated.

The study is conducted during a specific timeframe and may not capture long-term effects or organizational policies and practices changes over

time. Therefore, the findings should be interpreted within the context of the research period. Having established the background, scope, context, and limitations of this study as an introduction, the study will now describe in detail the research designs and methods used in this review.

*professionals.*

*Understanding the impact of organizational policies on the mental well-being of NHS employees is essential for several reasons. First, it can help show a true picture of the current state of NHS staff health and wellbeing. Second, it can inform the development of new policies and interventions aimed at promoting positive mental health outcomes among healthcare professionals. Finally, addressing the mental well-being of NHS employees has broader implications for patient care, as the well-being of healthcare providers is closely linked to the quality and safety of healthcare delivery (Liu et al., 2021). By conducting a thorough investigation into the impact of organizational policies on the mental well-being of NHS employees, this research aims to contribute to the existing body of*

## II. METHODOLOGY AND METHODS

The right research paradigm is based on the understanding that there are several ways to identify and evaluate the same topic to ensure the most appropriate methodology and methods are being used (Gaudet and Robert, 2018). The research methodology used in this study is a critical Literature review that combines elements of quantitative and qualitative secondary data (Stern et al., 2021). It assesses related literature that has numbers and data in which context the statistics were drawn as well as the subjective perceptions of NHS staff on the effectiveness of organizational policies tailored for their mental well-being.

Ontology and epistemology, or a researcher's research philosophy, lead the researcher in deciding how to undertake their research and are the basis of any methodological approach (Nguyen and Chia, 2023). In this study, we will review primary datasets whose ontological position is the belief that organizational policies that are designed for the mental well-being of

NHS staff do exist, but their effectiveness is directly or indirectly impacted by some factors inherent in the healthcare setting, where its efficacy to address the mental well-being in the workplace is very relative to each staff, therefore, the ontological approach is that of relativism methodological style.

On the other hand, to better understand what the truth is, we considered literature that describes the subjective approach to understanding the stance and perceptions of NHS staff and how they view the impact of the organizational policies on their mental health, this gives an insider view the meaning and experiences of the impact of these policies designed to improve their mental health. This is an emic epistemological approach to the research question (Braun and Clarke, 2013). In addition to this approach, it is worth mentioning that the researcher's personal experience underpins an assumption that organizational policies could greatly impact an employee's mental well-being if not supported positively.

### Research Methods (Critical Literature Review)

The research method used in this study is a critical review of selected articles that combined both quantitative and qualitative data and numbers. It comprised a literature review of available knowledge on NHS workers' mental well-being and interventions in that regard and a discussion of the latest NHS staff survey and mental health guide. The latter was discussed alongside the results of the review. For the review, a modification of the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2022) was used to design the protocols for the study. It guided every stage of this work. Briefly, they follow:

- The systematic review question was formulated using SPICE.
- The eligibility criteria were established.
- The outcome of interest was outlined.
- Data was sought from relevant bibliographic databases following laid down standards and the study guide.
- The quality of the identified studies was assessed.
- The relevant data from acceptable studies were extracted and synthesized.

- The results were reported and presented in visually friendly formats.
- The latest NHS staff survey report and mental health guide are discussed alongside the results of the review.
- Conclusions were drawn and a few recommendations were made.
- The Research Review Question

The Setting, Perspective, Intervention, Comparison, and Evaluation (SPICE) Framework (Harris et al., 2018) was used to formulate the specific systematic review questions. Two sets of data were utilised in this qualitative literature review: a review of eligible and accepted academic studies and the analysis of surveys and reports on NHS workers' well-being and health. The former followed well-established protocols, while the latter will be analysed separately. Developing a good protocol for the study is very important, as it makes the review replicable and credible (Pollock and Berge, 2018). The Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2022) was used to develop the protocols for this literature review.

Using the SPICE Framework, the research question is this; Do employees of the NHS, who are generally at an elevated risk of adverse mental health risks, feel adequately covered by the service's strategies and policies meant to address these risks? The breakdowns are:

- Setting: The National Health Service (NHS) of the United Kingdom.
- Perspective: Employees working in the NHS.
- Interventions: The various NHS-wide policies and guidelines developed and deployed to improve employees' mental well-being within the last 10 years.
- Comparison: measuring employees' views before and after the deployment of said policies and strategies
- Evaluation: the perception of the employees' improved mental health and well-being.

Eligibility Criteria

Inclusive Criteria

Studies on the well-being of healthcare workers (and/or other workers in the sector) in the UK in the last ten years.

Both qualitative and mixed research studies were undertaken on strategies and policies employed by the health service to address these challenges.

Studies done and reported in the English Language.

Studies with low-bias assessment

Exclusion Criteria

Studies done on the well-being of workers in other sectors in the UK.

Studies done on healthcare workers in other countries or regions of the world.

Research studies not done and/or reported in the English Language.

Studies with high-bias assessment

Outcome of Interest

The prospective study will highlight results on the implementation of specific organisational policies on the mental health and well-being of employees. A detailed look at those policies, how they were implemented, and the measurements used to measure their effectiveness (or otherwise) will be the outcome of interest herein.

Data Sourcing

There was a systematic and exhaustive search of some publicly available bibliographic databases (CINAHL, Emerald Management 2.0, Scopus, Medline, ScienceDirect, and Google Scholar) for two weeks in July 2023. This was to identify and retrieve intervention research studies that investigated the effectiveness of organizational policies in addressing workers' mental health and well-being.

Also, searches were conducted on search engines like Google as well as the UK government publications, healthcare professionals' regulatory bodies and NHS Employers' websites to identify any potentially relevant grey literature. This systematic review is a snapshot of the available body of knowledge on the NHS policies and strategies for employees' mental well-being and their effectiveness over the last 10

years and is not a full systematic review of all that is available on the subject matter (as included in the limitations of the study section).

The keywords searched for were "NHS UK", "healthcare workers", "mental health", "general well-being", "policies and strategies", and "health interventions". The author screened the abstracts and titles of every potentially relevant article using a predetermined set of standards. Those deemed ineligible were excluded, while those eligible recovered and studied further. The eligibility criteria guided the decision on inclusion.

#### Assessment of Quality of Retrieved Studies

According to Higgins et al. (2011), biases cannot be completely eradicated from a study, they can only be kept at the very minimum, however, to assess the quality of any research article, a good investigation of the inherent biases in the potentially relevant articles is important. There are different ways bias can be introduced into a critical literature review; the two main ones are from the original study authors or by the reviewers themselves. In the first instance, the individual study investigators may have knowingly or unwittingly brought bias into their study. This could be via the study's general protocol or methodology, execution, or data processing and reporting. This would have a significant influence on the results, inferences, and conclusions, as certain unwanted results may be discarded or go unreported. It is therefore imperative to consider the possibility of bias in every study.

Also, 'selective reporting bias' can be introduced by the researcher as we cannot rule out a personal inclination to the research question. The researcher has a lived experience of the topic in question, but strict efforts were made to remove the risk of personal bias by the author. Using Higgins et al. (2011) as a guide to assess systematic errors and grade the articles accordingly. Articles that had a high-bias assessment were excluded from the study as seen in the Study Eligibility criteria. It must be noted that a simpler variant of the assessment tool was utilised, for certain reasons. The possible systematic errors considered included design flaws, results of the studies, and conflicts of interest of study authors or funding sources, amongst others.

### III. FINDINGS

#### *Health And Well-Being of NHS Staff*

Mental well-being at the workplace hinges on the intersection of the work environment, the work itself, and the individual worker (Greiner et al., 2022). Others have argued that home life also plays into this dynamic, as all the aforementioned (work environment, work, the worker, and home life) are intricately interconnected and influence each other, essentially determining the well-being of the employee. In the workplace, mental well-being refers to employees' positive psychological state characterized by overall satisfaction, positive emotions, and a sense of fulfilment in their work (Page and Vella-Brodrick, 2009). This study by Page and Vella-Brodrick (2009) encompasses not only the absence of mental health problems but also the presence of positive psychological functioning, therefore the importance of mental well-being in the workplace has garnered increasing attention due to its profound impact on employee performance, job satisfaction, and organizational outcomes.

Several key factors contribute to mental well-being in the workplace. One in every four adults and one in every ten children suffer from mental illness, and many more of us know and care for those who do (NHS England, 2023). One critical aspect is job satisfaction, which refers to the extent to which individuals are content with their work and the fulfilment they derive from it (Unanue et al., 2017). The study clearly showed that job satisfaction is strongly linked to mental well-being, as employees who are satisfied with their jobs tend to experience higher levels of psychological well-being.

Another crucial element is work-related stress, which arises from the demands and pressures experienced in the work environment (Schaufeli and Taris, 2014). Excessive or prolonged stress can have detrimental effects on mental well-being, leading to burnout, decreased job satisfaction, and increased risk of mental health problems (Demerouti et al., 2001). On the other hand, a positive work environment that promotes work-life balance provides adequate resources and offers social support can contribute to



enhanced mental well-being (Allen et al., 2014; Dollard & Bakker, 2010).

Additionally, work-life balance plays a crucial role in mental well-being, as it reflects the ability to effectively manage the demands of work and personal life (Greenhaus & Allen, 2011). When employees can maintain a healthy balance between their work responsibilities and personal obligations, they are more likely to experience greater well-being and reduced stress levels (Frone et al., 1997). Promoting mental well-being in the workplace is essential not only for individual employees but also for organizations. Research has shown that organizations that prioritize and foster mental well-being among their employees benefit from increased productivity, reduced absenteeism, and improved employee retention (Kelloway et al., 2008). Therefore, organizations are increasingly recognizing the importance of implementing policies and practices that support the mental well-being of their workforce.

#### Mental Health and Wellbeing

In recent years, due to the COVID-19 Pandemic and all that surrounded it, attention was already being shown to workers' mental health in the workplace and how it can be improved. The pandemic, which took the world by storm in 2020, completely exacerbated an already difficult situation. Globally, healthcare workers were at the forefront of constantly treating sick patients and at the same time having to make decisions on treatment choices for patients. They lived the reality of contracting or spreading the virus, in interactions with their loved ones, colleagues, friends, neighbours, and others. This constant fear combined with the increased daily workload during the pandemic accounted were predisposing risk factors to work-related stress on NHS staff (NHS Employers, 2022b). The Mental Wellbeing in the Workplace Infographic (See Appendix B) indicates that 1 in 3 of NHS staff felt unwell due to work-related stress, accounting for 44% of NHS staff in 2022 (NHS Employers, 2022b).

However, other social risk factors associated with the pandemic such as fears about money matters and job security, the perceived air of uncertainty, rapid changes in home and work life, and social distancing were also major triggers that significantly impacted

the mental well-being of NHS staff, thereby elevating the numbers of mental health symptoms seen in various workers (Wu et al., 2021). The elevated levels of stress among NHS staff, even when working outside their usual roles, can be attributed to specific stressors and traumatic experiences they endure within their demanding profession. One significant stressor is the emotional unpreparedness that often accompanies highly traumatic situations. This emotional vulnerability increases their susceptibility to stress-related issues. Notably, the COVID-19 pandemic has exacerbated these challenges, shedding light on the prevalence of moral distress among healthcare professionals (NHS Employers, 2023).

Mental health symptoms are broad and range from anxiety to depression, stress to burnout, panic attacks, post-traumatic stress disorder to Moral distress (CIPD, 2022). Moral distress, a key stressor faced by NHS staff, arises when they find themselves in situations where they cannot uphold their professional standards due to various systemic and situational factors. This distress often escalates into moral injury, creating a detrimental impact on their psychological well-being. Good mental well-being entails a right work-life balance, a safe, conducive, and positive work environment, a good work relationship with coworkers, managers, and others, and a general sense of fulfilment and self-worth. This optimal state is the goal of every organisation's mental health and well-being policy, strategy, and intervention. However, their success is dependent on many factors (NHS England, 2022).

#### *THE CURRENT STATE OF HEALTH AND THE MENTAL WELLBEING OF NHS STAFF*

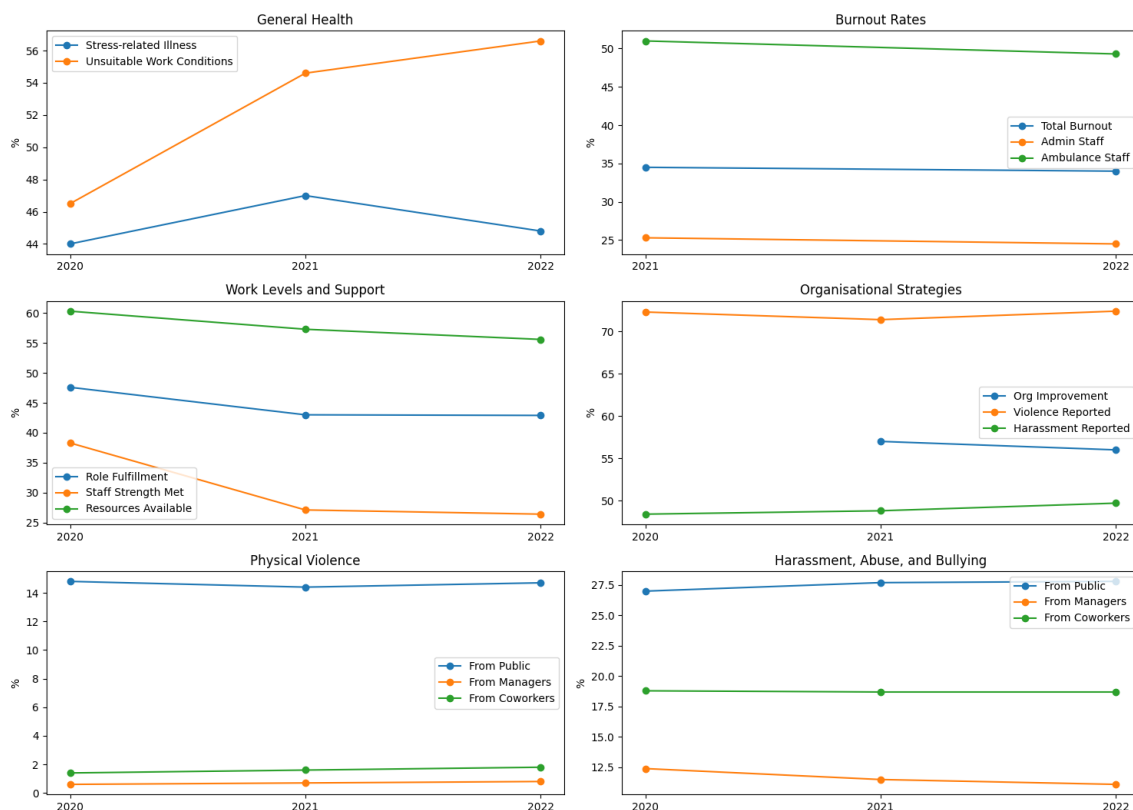
The International Public Policy Observatory published a report on the NHS in 2022, and their assessment of the current state of staff wellbeing is that it is not good enough. It has even been estimated that about £2.5 Trillion was lost globally due to mental health challenges, and this has been projected to become £6 Trillion by 2030 (Greiner et al., 2022). The NHS has long-standing issues with its workforce that have direct and significant bearings on how good, safe, and timely the services it delivers are regularly. This includes pervasive and chronic staff shortages, with increased workload and challenges of funding. These problems, which have been worsening over the years,

have been brought to crisis levels by the COVID-19 pandemic, moreover, in the subsequent years, the pandemic has exerted an almost superhuman effort from healthcare and other workers, stretching the NHS almost to its limits.

The results have been widespread staff burnouts, departures, and various mental health problems (Daniels et al., 2022). The NHS staff survey is one of the biggest single-worker surveys on earth, and it has been done continuously since 2003. The annual survey seeks to know the perception of the staff about their

jobs in their different organisation under the NHS (NHS Staff Survey, 2023). In this study, a review of the current NHS staff survey reports (for 2022) has been discussed but the current staff health statistics will now be used to capture the current state of things in the NHS as they pertain to the health and mental well-being of its worker. A critical review of the staff health statistics will give the needed understanding of the current state of health and mental well-being of NHS staff, as indicated below:

NHS Staff Health Statistics (2020–2022)



## Staff Health Statistics

### General Health

The NHS staff survey determined that the levels of stress at work made about 44% of NHS workers ill in 2020, 47% in 2021, and 44.8% in 2022.

The total reported rate of NHS staff working while not in conditions suitable for work was 46.5% in 2020, 54.6% in 2021, and 56.6% in 2022.

3. The percentage of NHS workers reporting burnout from work was 34.5% in 2021 and 34.0% in 2022, with administrative and allied staff reporting the

lowest rate (25.3% in 2021, 24.5% in 2022) while ambulance staff reported the highest rate (51.0% in 2021, 49.3 in 2022) (Daniels et al., 2022; NHS Staff Survey, 2023). (All figures can be found in the appendix section).

#### Works Levels and Support

The percentage of employees that fulfil all the requirements of their roles per time was 47.6% in 2020, 43.0% in 2021, and 42.9% in 2022.

26.4% reported that the required staff strength was met in their workplace in 2022, compared with 38.3% in 2020 and 27.1% in 2021.

The percentage number of employees that indicated that they have all that is required in the discharge of their duties was 60.32 for 2020, 57.3% for 2021, and 55.6% for 2022 (NHS Staff Survey, 2023). (All figures can be found in the appendix section)

#### Organisational Strategies

56% reported that their organisations have significantly improved staff health and well-being in 2022, down from 57.0% in 2021.

72.4% of NHS employees who saw violence on the job in 2022 revealed that they or a coworker made it known to the authorities. The figure for 2020 was 72.3% and that of 2021 was 71.4%.

In cases of bullying, abuse, or harassment, 48.4% of staff exposed to them said they or a coworker revealed it to the authorities in 2020, 48.8% in 2021, and 49.7% in 2022 (NHS Staff Survey, 2023). (All figures can be found in the appendix section)

#### Physical Violence

14.7% of NHS staff reported having been subjected to violent acts from people receiving a service from them, a member of the family of such an individual, or any other person. In 2020 the percentage rate was 14.8%, while that of 2021 was 14.4%.

0.8% reported violence from managers in 2022, up from 0.6% in 2020 and 0.7% in 2021.

1.8% indicated that they were victims of violence from coworkers, which was 1.4% in 2020 and 1.6% in 2021

(NHS Staff Survey, 2023). (All figures can be found in the appendix section)

#### Harassment, Abuse, and Bullying

27.8% of NHS workers reported any of the above three from people receiving service from them, a member of the family of such an individual, or any other person. The percentage rate was 27.0% in 2020 and 27.7% in 2021.

11.1% reported the same from managers, it was 12.4% in 2020 and 11.5% in 2021.

18.7% revealed that they were subjected to any of the three from a coworker in 2022, consistent with the percentage rates of 2020 (18.8%) and 2021 (18.7%) respectively (NHS Staff Survey, 2023). (All figures can be found in the appendix section).

The NHS staff survey reported that they had met all the demands of their job well per time (47.6%), coupled with those that reported sufficient staff strength (26.4%), which indicated the severity of staff shortages within the NHS (Oliver, 2023). It is noteworthy to also point out that less than half of the NHS staff survey reported that they had met all the demands of their job well per time (47.6%). This coupled with those that reported sufficient staff strength (26.4%), showed how serious staff shortages are in the NHS. The impact of staff shortages on other healthcare professionals is startling; increased nursing staff departures, with about half seriously considering doing the same, 4 to 10 early career physicians planning to walk away, many others actively looking at switching careers, and paramedics being in very short supply (Oliver, 2023). The ensuing staff shortages create high workloads for the remaining staff, which could cause burnout and disrupt the work-life balance. The affected staff includes clinicians, nurses, paramedics, and other frontline workers. This has also affected the quality and frequency of care being delivered, with more people than ever on the waiting list (Clark et al., 2023). As Holt (2023) observed, the very high staff shortages in the NHS, coupled with other problems, might just be the resultant cause of poor mental well-being within the healthcare system. Other issues include:

### Stress, Burnout, and Well-being

The statistics from the NHS staff survey reveal alarming trends in staff health. The escalating levels of stress over the years, as evidenced by the data (44% in 2020, 47% in 2021, and 44.8% in 2022), are deeply concerning (NHS Staff Survey, 2023). This continuous high level of stress not only jeopardizes the mental health of NHS staff but also raises questions about the sustainability of the healthcare system. Additional Studies such as The Health Foundation in 2019 emphasized that high levels of stress among healthcare workers can lead to reduced patient safety and quality of care, thereby affecting the entire healthcare ecosystem.

### Working Conditions and Support

The data indicate a concerning decline in staff working in suitable conditions, with 56.6% reporting unsuitable conditions in 2022 (NHS Staff Survey, 2023). This suggests that despite the heightened demand during the COVID-19 pandemic, the NHS has not been able to improve the working conditions for its staff. Such conditions can lead to a further decline in the overall well-being of NHS employees, potentially compromising patient care.

### Organizational Strategies and Reporting

The drop in the percentage of employees reporting that their organizations have improved staff health and well-being from 57% in 2021 to 56% in 2022 is discouraging (NHS Staff Survey, 2023). This suggests that despite the awareness of these issues, not enough has been done to address them effectively. Research by The King's Fund in 2020 emphasized that organizational strategies for staff well-being are vital for retention and morale. The current trends indicate that these strategies may not be as effective as desired. Otherwise, highlighting the need for this study.

### Physical Violence and Harassment

The prevalence of physical violence, even from managers and coworkers, is alarming, with 14.7% experiencing violence from patients or their families in 2022 (NHS Staff Survey, 2023). This not only endangers the physical safety of NHS staff but also contributes to their mental distress. The British Medical Association (BMA) published a report in 2021 highlighting the long-lasting psychological

effects of violence and harassment on healthcare workers, urging action to address these issues.

Meanwhile, the rates of violence, harassment, abuse, and bullying (all referred to as workplace violence accounts for about 15% of staff report physical violence from the public and the latter three about 28% of the risks posed to NHS staff from the public they serve. A very recent study found that violent episodes increased across almost all 152 NHS Trusts with emergency departments in the UK, not only confirming this worrying trend but also highlighting the fact that certain professionals are at an elevated risk of this (Donald and Lindsay, 2023). These incidents contribute to staff departures, PTSD, depression, anxiety, and others. Online threats, bullying, and harassment are also on the increase (Iacobucci, 2022). These terrible acts are not just perpetuated by patients or the public, but also by superiors and coworkers at the NHS.

The rate of workplace sexual assaults and harassment in some NHS Trusts was recently revealed to be so pervasive that the government was asked to take urgent and comprehensive actions to arrest it, as they may result in a hostile workplace that is unsafe for staff (Torjesen and Waters, 2023).

### Harassment, Abuse, and Bullying

A significant percentage of NHS workers (27.8%) reported experiencing harassment, abuse, or bullying from patients, family members, or others in 2022 (NHS Staff Survey, 2023). This toxic work environment can lead to emotional trauma and burnout. A 2019 publication by the Royal College of Nursing emphasized that such experiences negatively affect the mental well-being of healthcare professionals and can lead to attrition, exacerbating the staffing crisis in the NHS.

These statistics and figures above further rationalise the need for this study as the NHS needs to put in place effective interventions and policies that will address these issues, including better working conditions, improved support systems, and robust strategies to prevent violence and harassment. Failure to do so could result in a deteriorating healthcare system and a group of mentally unstable skilled healthcare

professionals, with devastating consequences for patients and staff alike.

#### Cost of Poor Staff Mental Health to the NHS

The costs of poor mental health are simply staggering. A conservative estimate determined that the financial implications of poor mental health and well-being on NHS England are put at £12.1 billion yearly, with presenteeism (£6.07 billion), staff cancellations (£3.79 billion), and agency/bank staff cost at £2.24 billion (Daniels et al., 2022). Mental health challenges accounted for the highest staff absence in 2021, at 29%. It is shown thus:

Criteria	England	Scotland	Wales	Northern Ireland
Full-time staff	1,212,478	155,834	88,638	63,874
Rate of Sickness	5.4%	4.7%	6.7%	No data
Rate of turnover	11.06%	5.2%	No data	4.8%
Vacancies	10.3%	5.4%	No data	6.7%
Cost is A/B Staff	£6.20 billion	£0.32 billion	£0.20 billion	£0.28 billion

\*Figures are for 2021.

A/B= Agency/Bank

Table 1: Breakdown of the financial cost of mental health on the NHS UK (Daniels et al., 2022)

The data from the above table paints a picture of the current state of health and mental well-being of NHS employees. As earlier noted, some of the causative problems predate the pandemic, however, they have since become more serious, with higher waiting rates and longer waiting periods for patients, and various occupations and professionals within the NHS embarking on industrial actions to demand changes (Dobson, 2023). This report indirectly implied that close to half of all NHS staff went to work while ill in 2022. These rather high levels have been largely consistent with the two previous years and point to the lingering effects of the pandemic on healthcare

delivery. Presenteeism, working while ill, and absenteeism, absence from work due to sickness, are pervasive within the NHS, with huge costs, financially and otherwise.

Presenteeism, the practice of employees coming to work even when they are unwell or not at their best, has a profound impact on the mental well-being of NHS staff (CIPD, 2018). While it might seem like a dedicated approach to their jobs, it often leads to adverse consequences that affect both the individuals and the healthcare system. There is a decline in the productivity and effectiveness of the healthcare staff when they continue to work despite being unwell, as they are required to be alert and at their best to make critical decisions, administer treatments, and provide care effectively. However, when they push through illness or mental health challenges, their cognitive abilities and judgment are compromised, which can result in medical errors, misdiagnoses, or suboptimal patient care (CIPD, 2018). Increased presenteeism is associated with increases in reported common mental health conditions as well as stress-related absence, which are among the top causes of long-term sickness absence, accounting for about 25% of staff absenteeism (Daniels et al., 2022; Parsons et al., 2022).

This highlights that around 25% of staff absenteeism is due to mental health problems, indicating that many healthcare workers are struggling with their psychological well-being. A study by Silver-Costa (2020) strongly indicates that presenteeism can exacerbate these issues by adding additional stress and pressure on already strained mental health. Working while mentally unwell can lead to burnout, depression, and anxiety, which can, in turn, result in more extended leaves of absence. A study by Biron et al. (2022) found a strong association between presenteeism and increased depressive symptoms among healthcare workers, indicating that many healthcare workers are struggling with their psychological well-being. Presenteeism can exacerbate these issues by adding additional stress and pressure on already strained mental health. Working while mentally unwell can lead to burnout, depression, and anxiety, which can, in turn, result in more extended leaves of absence. This increased absence leaves accounts for over £6 billion cost for NHS

England in 2021 amounting to huge financial losses that are attributed to reduced productivity, higher healthcare costs due to worsened health conditions, and the ripple effect of presenteeism on absenteeism, hence, a decrease in presenteeism will directly reduce the impact of absenteeism on healthcare costs with a £6 billion for NHS England in 2021.

This Chapter has provided key details on the current realities of NHS staff health and mental wellbeing. The study will now consider the policies within the NHS as an organisation and how they are tailored to the mental well-being of NHS employees.

#### Organizational Policies in the NHS

Employee well-being is essential to organizational success and productivity (Vaart et al., 2015). Organizations that prioritize employee well-being through implementing policies and practices are more likely to have satisfied employees who are motivated to perform their duties effectively. Human resource policies that encourage and support employee health and wellness have been found to benefit both individual employees and their organizations. According to research conducted by Ahmed et al. (2022), policies that support employee health and well-being may contribute to reducing the exceptionally high costs of turnover in healthcare organizations. For example, work-life balance policies such as childcare, parental leave entitlements or working time arrangements are organizational policies that can significantly improve employees' mental health and well-being. These policies aim to provide flexibility and reduce work-life conflicts, and stress that can negatively impact employee wellness. Another study by Olaniyi (2022) strongly agrees that organizational policies that prioritize employee well-being emphasise the importance of health for job satisfaction, and greater involvement at home can act as a source of employee motivation.

All policies within the NHS are tested and piloted as an intervention, and their effectiveness is assessed before they can be recommended for adoption and become a policy. There are pieces of evidence for and against interventions as effective instruments to effect positive changes in the work environment for workers and constitute important tools for implementing mental health efforts. Fox et al. (2021) noted that they

are effective in that they continue to contribute to helping workers gain more control and empower them to become more visible and helped. They reviewed 83 intervention studies that covered the full spectrum of mental health and found that they employed a diverse range of concepts and means of evaluating well-being. The study identified four major intervention approaches and the frequency of their usage when it comes to mental well-being; participatory process interventions, relational and team dynamics initiatives, flexible work and scheduling changes, and job and task modifications (Fox et al., 2021) as shown in the figure below:

Table 2: Intervention Approaches and the Frequency of Use (Teoh et al., 2023)

Intervention Approaches	Number of Interventions Utilised
Participatory Process	13
Relational and Team Dynamics	11
Flexible Work and Scheduling Changes	11
Job and Task Modifications	6

#### Participatory Approach

This entails the employees playing an active role in formulating, implementing, and running the organisation's policies and strategies on wellbeing. It's a collaborative approach that brings together both the management and leadership with the staff of the organisation. As Persson et al. (2022) observed, participatory intervention is rooted in the idea of collective ownership and empowerment. Its dual merits include the assurance of appropriation of the intervention, and its links with empowerment, both would invariably lead to a greater level of work satisfaction and have been indicated as the highest used approach to intervention in the table above.

Robinson et al. (2013) explored such an approach in an intervention targeting several businesses and

organisations. The study examined the effectiveness of the Altogether Better Mental Health and Employment program (a health intervention that covered a region of England, involving several businesses, and sought to improve individual, family, and community health). It essentially involved using a "Champion", a trained and equipped worker in that organisation, as both a 'facilitator and activator of mental health activities, exercises, and strategies. Using qualitative research, they conducted 28 adaptive interviews with various participants in the program (workers, champions, project heads, and others). They reported that the strategy significantly improved workplace well-being in participating organisations. It is important, however, to be a little sceptical of the results, as even the authors noted that a much larger range of workers needed to be assessed over a longer period to get a truer picture.

#### *Flexible and Scheduling Changes*

*These largely encompass interventions that introduce change in how, when, and/or where people carry out the functions and duties of their jobs. Specific types of flexible changes include spatial flexibility (tele-jobs), temporal flexibility (revised work times), and time-spatial flexibility (novel ways of performing tasks). These interventions are almost always an integral component of organizational plans and strategies to ensure the mental and overall well-being of their workforce (De Ruiter and Peters, 2021).*

*Bray et al. (2018) conducted a group randomized multi-site controlled experimental study with an extended evaluation period, to ascertain the effectiveness of workplace initiatives in resolving workers' work-life challenges. The specific intervention, a flexible work initiative, was designed to give greater adaptability to work hours to workers and facilitate more management support for performance-based work evaluation. The performance indices (hours on the job, both actual and expected, presenteeism, and others) of nine employees under the intervention, were assessed using different models. The authors reported that the results were largely mixed, with little changes observed in the work-life challenges affecting workers' job scorecards. The only real change was the shortening of the expected work hours by about an hour. This intervention, like all*

*within this group, is most effective when implemented together with other complementary well-being initiatives.*

*In another study, Sayli et al. (2022) investigated the use of non-monetary motivational tools to encourage more nursing staff retention in some NHS Trusts. The Retention Direct Support Programme (RDSP) encompasses several measures, including more flexible work hours for nurses. The authors found a significant level of nursing staff retention in the participating trusts than those that didn't. Although one measure could not be responsible for the entire result, it is noteworthy that the flexible working hours were particularly mentioned by the nurses.*

#### *Relational and Team Dynamics Initiatives*

*This approach is gaining wider acceptance, especially in the healthcare sector. The previous approach had been focused on equipping and enlarging workers' coping skills and capacity. Creating a healthier and well-being-conscious work environment would largely prevent many of the health challenges, rather than just offering support to workers to cope with them (Brand et al., 2017).*

*An extensive systematic review was conducted to identify these whole systems approaches in the UK healthcare sector, investigate specific interventions, and determine if they are effective. Brand and her colleagues (2017), closely adhering to the principles of the NHS Centre for Review and Dissemination (CRD), developed a suitable research protocol. This was followed in the literature searches, eligibility criteria, study inclusion, data extraction, quality determination, data analysis, and results reporting. The initial literature research yielded 14,526 records, although only eleven (11) studies passed the review process. They reported that although all the reviewed studies indicated a measure of improvement in health outcomes of various types, they assessed their study design and quality were rather poor. These studies provided useful data and evidence-based interventions, but it was determined that the interventions outlined in them were not detailed enough to allow for replication, a major hallmark of credible research. Despite all, the reviewers believed that these interventions could make meaningful and desirable changes to the health (mental and otherwise)*

of healthcare staff. Although more research is needed to fill the knowledge gaps, there is merit in their conclusion.

In a similar systematic review but on construction workers, Greiner et al. (2022) looked at the organisational-level work-based interventions. In an industry particularly hit by COVID-19, mental ill health has become a very serious problem in the construction sector. The reviewers followed standard systematic review protocols to search five major databases for relevant studies published from 2010 to mid-2022, to carry out study inclusion, data extraction, quality assessment, data synthesis, analysis, and reporting. Out of an initial 1,326 identified records, only five articles met all the present criteria and passed review. Participatory interventions were done in two studies, relational and team-based interventions were the team of another two. The last study dealt with alterations on the job. All reviewed studies were assessed to be of poor quality, with one of moderate quality. The review showed obvious gaps in research and knowledge, although the reviewers acknowledge that the results were not representative of all interventions in the industry. As with the previous review, these studies were of little replicable power and showed limited evidence for the effectiveness of the interventions. These two reviews have shown that the interventions on workers' mental well-being still lack a strong theory base and replicable power.

#### *Jobs and Task Modifications*

Organisational interventions usually utilize job or task modifications as part of their strategies, especially in cases where stressors are directly linked to the job. Bakker and de Vries (2020) observed that interventions using this approach may not be as effective as others, because their focus was on the job itself and not on the worker. Kapu et al. (2019), however, inferred that work modification strategies would be beneficial to certain professionals (like nurses) at certain stages of their careers, even as other approaches are incorporated therein.

It is very important that employees do have a thriving life outside of work, and that they maintain a healthy work-life balance. Mellner, Osika, and Niemi (2020), in a study assessing managers' success in

incorporating mindfulness of work-life balance considerations in reorganizing businesses (using a specific intervention), reported that job and task modifications in the work can partly lead to a more balanced work-life situation for the employees. Also, a study from China that investigated gender disparity in work fulfilment and balance of doctors in a major hospital found that incorporating modifications in work or specific tasks helps improve work-life balance for the doctors (Liu et al., 2021). All these studies have indicated that interventions that incorporate this approach do see improvements for the staff.

*The NHS Approach to Health and Mental Wellbeing*  
The need to address the issue of NHS staff's general health and mental well-being has been around for quite some time. In 2008, the Boorman review was commissioned to investigate this issue and make informed recommendations to the government. This review revealed that NHS staff's rate of absence due to sickness was considerably higher than the rest of the public service sector, they get sick or injured more frequently than others, most go to work even while sick, sick leave of absence is mostly used by bone/muscle problems, stress, and other mental issues, they complain of constantly being under stress and indicated that they are not receiving sufficient support, understanding, and help from managers and their organizations.

The review concluded that the NHS itself needed care. Some recommendations were made, which formed the basis for subsequent and current approaches of the NHS and its organisations to the health and well-being of its staff (Bajorek and Holmes, 2020). Interventions on workers' health and mental well-being could either be to address an identified problem or to prevent one, although it could also be both. This distinction is important as the different intervention approaches are discussed. A detailed review commissioned by NHS Employers and done by the Institute for Employment Studies reflected on the various NHS interventions pre-2023 (Bajorek and Holmes, 2020). A recent report, supported by the Wellcome Trust and Birkbeck, University of London (Teoh et al., 2023) considered organisational interventions for NHS staff wellbeing. These two reports, alongside the NHS Health and Wellbeing Framework (NHS, 2021a) would form the basis for consideration and discussion.



### *The NHS Health and Wellbeing Framework*

The NHS strategies on staff health and mental well-being have three distinct features; they are participatory, involve a whole-systems approach, and are staff-focused. The NHS People Plan for 2020/2021 (2020) set out how to revamp the NHS into a system where more individuals are employed and retained, new and better ways of doing things are explored and embraced, and a supportive, inclusive, and kind workplace culture for everyone is created. This, with other documents like the NHS long-term plan, and lessons learned from the COVID-19 pandemic, has led to the NHS Wellbeing Intervention Framework. This document outlines how NHS staff's health and mental well-being would be continuously improved. The thinking behind this framework is that the care and support given to NHS staff will invariably trickle down to the people they serve, engendering a positive experience and better health outcomes for them. This framework is meant as a guide, as NHS organisations and trusts have varying and often unique contexts and realities, and they are encouraged to customize it to fit their context. The major pillars of this policy framework are seen in Figure 1 below:

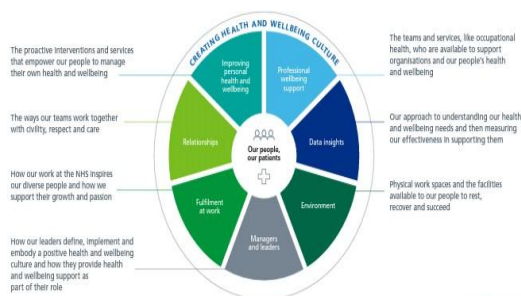


Figure 1: The NHS Health and Wellbeing Framework (NHS, 2021)



Figure 2: The Goals of the Framework (NHS, 2021)

### *The Pillars of the NHS Health and Wellbeing Policy*

- **Improving Personal Health and Well-being:** The physical health and mental and emotional health of employees will be prioritized, and a healthy lifestyle will be encouraged and supported.
- **Relationships:** Good workplace relationships are very important for the staff's mental and general well-being. Positive, working, and supportive relationships within teams and the wider organisation will be fostered and encouraged, with wellbeing champions leading the charge.
- **Fulfilment at Work:** People who work at NHS organisations need to feel good and proud of the work they do. Adequate support would be given to ensure a right work-life balance, make everyone feel a sense of belonging and ownership, find purpose, reach their full potential, and be recognized for their work.
- **Managers and Leaders:** The importance of leaders and managers in the NHS cannot be overstated. Everything will be done to ensure that managers and other leaders know and perform their duties satisfactorily, always show healthy leadership behaviour, and have all the requisite skills to foster a culture of health and general well-being.
- **Environment:** The workplace influences health and mental well-being considerably and should be kept as safe and conducive for work as possible. The NHS strives to create a healthy, safe, supportive, and secure workplace environment for staff and patients alike.
- **Data Insights:** Data drives everything in this modern world, the NHS is no different. Data will

guide decisions on who, which, where, and how when it comes to health and mental well-being interventions. It will also guide focus on preventative interventions, not just reactive ones.

- Professional Well-Being Support: The successful establishment and maintenance of a good health and well-being culture in any workplace is a collective effort. This policy is designed to provide support for individuals, teams, whole organizations, and entire systems.

#### Major Programs Based on the Health and Wellbeing Policy

The following is a brief list of some of the programs implemented across certain NHS Trusts and organisations based on the NHS health and wellbeing policy documents:

**Time to Change Pledge:** The NHS has taken the Time to Change pledge; a program aimed at reducing the stigma and discrimination associated with mental health issues. By doing so, the NHS commits to creating an open and supportive environment for discussing mental health concerns (NHS Harrogate and District, 2018).

**Work-Life Balance Policies:** Work-life balance policies aim to support employees in managing their personal and professional responsibilities effectively. These policies may include flexible work hours, telecommuting options, and parental leave provisions. They have been shown to improve employee satisfaction and reduce work-related stress (Allen, French, & Shockley, 2015).

**Health and Safety Policies:** Health and safety policies focus on creating a safe and healthy work environment for employees. They encompass measures to prevent workplace accidents, provide proper training and protective equipment, and address occupational health hazards. Research has highlighted the positive impact of robust health and safety policies on employee well-being and job satisfaction (Masi, Cunha, & Kavanagh, 2017).

**Mental Health Support Policies:** Organizations are increasingly recognizing the importance of addressing mental health concerns among employees. Mental health support policies can include employee assistance programs (EAPs), counselling services, and awareness campaigns to reduce stigma. Such policies

have been shown to enhance employee well-being, reduce absenteeism, and improve productivity (Gates & Akabas, 2007).

**Diversity and Inclusion Policies:** Diversity and inclusion policies promote a culture of respect, fairness, and equal opportunities within the organization. These policies encompass practices such as inclusive hiring, diversity training, and creating affinity groups. Research suggests that organizations with strong diversity and inclusion policies tend to have higher employee satisfaction, engagement, and overall well-being (Roberson, 2019).

**Employee Development and Growth Policies:** Policies that support employee development and growth contribute to their well-being by providing opportunities for learning, skill enhancement, and career advancement. These policies may include training programs, mentoring initiatives, and performance feedback mechanisms. Studies have shown that organizations with effective employee development policies have higher job satisfaction and lower turnover rates (Allen & Mayfield, 2017).

**Thriving at Work:** This initiative focuses on improving mental health in the workplace across all sectors, including the NHS. It promotes recommendations for employers to support mental health, such as creating a mental health at-work plan, developing awareness campaigns, and monitoring employee well-being (DWK and DHSC, 2017).

**Employee Assistance Programs (EAPs):** Some NHS trusts provide EAPs to employees, offering confidential counselling and support for various personal and work-related issues, including mental health concerns (NHS Blood and Transplant, 2023).

**Support for Managers:** The NHS offers training and resources for managers to help them support their staff's mental health effectively. This includes guidance on recognizing signs of mental distress, initiating conversations, and providing appropriate support (NHS Employers, 2022b).

**Occupational Health Services:** NHS employees have access to occupational health services, which can assist in managing work-related stress, mental health

issues, and returning to work after a period of absence (NHS Employers, 2023).

While these programs and initiatives reflect a commitment to addressing employees' mental well-being, the effectiveness of their implementation can vary across different NHS organizations (Teoh et al., 2023) and will be explored further in the chapter that follows.

#### The Bajorek and Holmes Report (2020)

In this report, health interventions were considered under two different distinctions: treatment-focused and preventative interventions, and general health and mental health interventions. Under the treatment-focused physical health interventions, two studies were considered. Both were for the musculoskeletal health of a specific NHS staff population. The other two were systematic reviews of various interventions in NHS staff health. The last study was a technology-based one that sought to determine the effectiveness of health intervention communications. All the studies and reviews showed varied results, indicating an appreciable result while the reviews show an all-too-familiar trend in intervention studies, poor research quality, and no longer-term evaluation protocols.

The mental health interventions were divided into two ICT-based and mental strength-building interventions. The latter included two studies on online solutions, one for stress management in nurses and the other for a support service for ill-health-related staff absences. While the stress management study showed mixed results, the support study reported significant improvement in measure parameters. The ICT-based one was a review, which had similar results as the ones highlighted earlier. In the preventative section, various studies that looked at a wide range of approaches were considered, ranging from system-wide initiatives to specific mental well-being plans (most especially to prevent excessive stress and burnout in specific NHS professionals).

Two major themes that stood out from the report represent those that showed marked effectiveness: team building and support for mental health, and the introduction of mental 'champions' and increasing managers' competence in mental health and wellbeing. The report presents several conclusions regarding

intervention studies, particularly in the context of health and well-being interventions, however, a critical review of this report presents some limitations such as:

**Treatment-focused vs. Preventative Interventions:** The categorization of interventions into treatment-focused and preventative is a common and useful way to classify healthcare strategies. Research has shown that both approaches are important in healthcare. For example, a study by Green et al. (2018) in the *Journal of the American Medical Association (JAMA)* demonstrated the effectiveness of preventative interventions in reducing the incidence of chronic diseases. However, it is essential to recognize that some interventions can have both treatment and preventative aspects. Therefore, the categorization may not always be clear-cut.

**Focus of Treatment-Focused Interventions:** The report suggests that treatment-focused interventions primarily target bones and muscle problems, while mental health interventions focus on stress reduction. This aligns with the traditional approach to healthcare, where musculoskeletal issues and mental health problems are significant concerns. However, it is important to acknowledge the growing recognition of the mind-body connection, suggesting that addressing mental health can positively impact physical health and vice versa. The effectiveness of interventions in these domains may vary widely, and it is crucial to consider evidence-based practices tailored to specific conditions (National Institute for Health and Care Excellence - NICE, 2021).

**Systems-wide Approach:** Advocating for a systems-wide approach to mental health and well-being interventions is supported by a considerable body of research. A systemic approach recognizes that health is influenced by various interconnected factors, including social, economic, and environmental determinants. The World Health Organization (WHO) emphasizes the importance of a comprehensive approach to mental health that addresses not only individual-level factors but also societal and structural determinants (WHO, 2020). Such an approach can be effective in promoting population-level well-being.

**Quality of Highlighted Studies:** The report rightly points out that many of the highlighted studies were of

low or indeterminate quality and lacked longer-term evaluation plans. This underscores the importance of rigorous research methodologies and robust evaluation processes in healthcare interventions. High-quality evidence is crucial for informed decision-making and the implementation of effective interventions (Guyatt et al., 2018).

**Diversity of Interventions:** The report correctly emphasizes that there is no one-size-fits-all solution in developing interventions. This aligns with the concept of personalized medicine and patient-centred care. Engaging healthcare professionals in the design and execution of interventions is consistent with a participatory approach and can enhance intervention acceptance and effectiveness (Coulter and Ellins, 2017).

#### The Teoh Review (2023)

In the Teoh Review (2023), the authors identified thirteen (13) organisational interventions implemented (or currently being implemented) in the NHS and extensively elaborated on them. In their dissection, two perspectives were employed: the first was that interventions should reveal the "demands" of workers' jobs and roles that must be met continuously, and the "resources" needed to do so while ensuring optimal staff health and well-being (Job Demand-Resources Model). The second looks at these identified demands and resources at every level of organizational structure where they are domiciled and deployed respectively; 'individual, group, leader, organisation, and prevailing context' (the IGLOO theory). Each intervention was then considered using their demands/resource solutions and how they were implemented at the various levels:

Table 3: The Identified Demands and Resources in the Interventions (Teoh et al., 2023)

Demands	Resources
Workload Emotional demands Stigma Conflict Manager's expectations	Team climate and support Empowering teams and autonomy Role clarity Line manager competence Leader motivation

Physical demands Work-life conflict	Staffing levels Collaboration Learning and development Organizational support Staff voice Funding National Guidance Legislation Policies
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#### *Barriers And Enablers to Effective Policies on Staff Health and Mental Well-Being.*

##### Policy Determinants

There is a strong association in this study as to whether the various organizational policies within the NHS that are tailored for the mental well-being of its staff are effective or not, therefore, within this chapter, this study will review factors for both arguments. To present this evidence, the following have been considered as determinants of the effectiveness of all policies within the NHS that are tailored for employees' mental well-being:

##### Job Satisfaction

This refers to the degree of fulfilment or pleasure individuals feel in performing the duties or tasks of their jobs. It is directly connected to job performance, staff retention, and quality of services rendered, all important metrics for any organisation (Akosile and Ekemen, 2022). Job satisfaction also has a huge bearing on the quality and direction of the lives of workers, their relationships, and even their health and general well-being. Poor job satisfaction levels for specific professionals in the NHS are well-known and documented, especially doctors (Marino et al., 2023). The latest NHS staff survey (2023) showed that about a third (32.3%) are seriously considering leaving their workplaces, about half (53%) are satisfied with public regard for their work, and only a quarter (25.6%) are pleased with their pay. These values, largely consistent with 2021, are not encouraging. The relatively high inflation in the UK in very recent years has affected the entire population, with higher prices for goods, services, and housing. NHS staff, with similar concerns and a static income, feel increasingly

dissatisfied with work. This much is evidenced in the frequency of strike actions by different professionals within the NHS in 2023 (Harbisher, 2023).

#### Stress Levels

Work stress can be defined as the harmful results generated in people because of excess pressure or demands put on them. There are always some levels of stress associated with every job or task, however, if the stress becomes acute or chronic, it could cause physical and/or mental ill-health (Ravalier, McVicar, and Boichat, 2020). The healthcare sector is one with a higher degree of workloads and other demands, and as such, staff are exposed to much higher levels of stress. During the difficult stages of the COVID-19 pandemic, healthcare staff were exposed to very high levels of stress; it was estimated that about 40% of intensive care unit (ICU) staff and 45% of nurses and midwives developed PTSD during that time (Daniels et al., 2022). In the years post-COVID, stress levels in NHS staff are still unacceptably high, with 44% falling sick from workplace stress and 56% working while sick in 2022, consistent with previous years (NHS staff survey, 2023). This could be due to significant staff departures which increases workloads, more work due to renewed focus on other sicknesses neglected during the pandemic, and socioeconomic challenges.

#### Work-Life Balance

This is a very broad concept encompassing not just the interplay between work and family life, but also work and everything else outside of it. Many workers have other obligations, likes, and activities outside their jobs and have very little or nothing to do with family or relations. As Higgins et al. (2022) observed, work-life balance deals with how an individual's work life (demands, duties, time) interferences interchangeably with that person's other life roles and demands (family, hobbies, health, others). An optimal work-life balance indicates a healthy, productive worker, and points to high job satisfaction and low stress levels. Work-life balance has often been mentioned as one of the major challenges NHS staff has alongside stress. It was determined that 30% more people quit working for the NHS in 2021 than in 2011 for this reason, buttressing its pivotal role in staff health and mental well-being (NHS Employers, 2022). Although the work-life balance was shown to have improved slightly in 2022

(51.5%), it is still low, with more than half still reporting that their organisations are not doing enough to help them in this regard (54.3%) (NHS Staff Survey, 2023).

#### Barriers to the Success of NHS Staff Health and Mental Wellbeing Policies

##### Stigma/Discrimination

It has been shown that the NHS recognizes and appreciates the importance of staff health and general wellbeing, and has instituted interventions, programs, and initiatives to address specific areas of interest. However, a major barrier to their uptake by members of staff is stigma, both self and expected. In the different studies on the use of such health and wellbeing resources by NHS staff during the pandemic, respondents reported how colleagues and managers look at them and what they think prevented them from accessing some of these resources (Clarrisa, Quinn, and Stenhouse, 2021; Clarkson et al., 2023). As Shemtob et al. (2022) observed, the shame and guilt driving such stigmatization can be overcome by strong and continuous support and encouragement from colleagues, managers, and the organisation.

##### Moral Injury

Williamson et al. (2023) described moral injury (as the mental pain or agony felt after an individual is exposed to a situation or circumstance where moral or ethical beliefs are not upheld. In the medical field, life and death decisions are made daily, and clinical staff are expected to be trained and prepared for this. Potentially moral injurious events (PMIE) can occur at work, and although moral injury (MI) is not a mental health problem, it could lead to one.

The COVID-19 pandemic exposed all healthcare staff to PMIE, and there are reports of high MI rates and resultant mental health disorders among NHS staff. In a large study to investigate MI and associated mental health challenges in a large NHS trust, thousands of a wide range of staff, representative of the various professional populations, were sampled (Williamson et al., 2023). Almost 25% of respondents reported experiences with MI, with feelings of betrayal being the most cited cause. This cut across all types of staff, inadequate support, or resources, and changing

workplaces were organisational factors that contributed to this, they revealed. The feelings of betrayal stem from staff not being issued all the required personal protective equipment (PPE), their concerns not being prioritized and attended to quickly, and others, all pointing to organisational failures. These result, like those of Williamson et al., 2023, suggests workplace dynamics are mostly responsible for PMIE and MI. However, Clarkson et al. (2022) in their review, argued that issues around patient care and relationships also play a huge part in PMIE. Both could be right, with organisational factors, work-life dynamics, and patient care all contributing to the occurrence and frequency of PMIE. Mild or easily treatable mental health challenges were often reported from MI, although more serious ones can occur.

#### Shortage of Staff

The NHS has been grappling with significant staff shortages for some time, even before the pandemic. Blighe et al. (2022) investigated the effectiveness of a specific well-being support initiative inside an NHS acute hospital trust. The feedback was very positive, and staff shortages and reassignment were some of the identified impediments to establishing a good mental state. Clarkson et al. (2023) identified it also as a barrier in their study. Adequate staff strength ensures a more balanced work demands and as such, policies and interventions can be implemented as they should. Staff shortages increase these demands on the other staff, amplifying stress levels and all other attendant problems. Any staff health wellbeing would have its effectiveness blunted by this. In most cases, the first and most important intervention is an increase in staff strength (Al-Oraibi et al., 2023). As Clarkson et al. (2023) emphasised, more funding in engaging sufficient staff levels would improve the use of many well-being support programs, with workers having more time to prioritize their health and well-being, and everyone benefits. This is proving rather challenging, as there are more complex and competing demands for funding in the NHS, and the appearance of non-prioritization of staff wellbeing in funding decisions may cause more moral injury.

#### Race

The NHS as an institution makes every effort to make inclusiveness, diversity, and professionalism

entrenched in its cultures and processes, striving to ensure its organisations and trusts are great places to work (NHS England, 2018). However, the experiences of different people may be different. Staff from BAME (black, Asian, and minority ethnic) groups extraction do vary, with some reporting largely positive attitudes and support at work while some others complain of harassment, lack of support, or protection (Clarrisa, Quinn, and Stenhouse, 2021). Some of these have worsened since the pandemic, as healthcare workers of Asian and Middle Eastern extraction are more likely to face more as trws from fear of harassment, intimidation, and bullying. This could be due to the erroneous idea that the virus may have originated from that part of the world (Blighe et al., 2022). In a similar study, Rhead et al. (2023) also found that black NHS staff, together with others from ethnic minorities were more likely to have adverse events at work than white workers. However, they contended that this wasn't necessarily because of racism or blatant discrimination but simply a lack of appreciation and acknowledgement of their unique needs and support requirements.

#### Gender

Historically, the healthcare industry has been dominated by women, particularly in nursing and administrative roles. The NHS workforce is characterized by a gender imbalance, with women comprising a substantial majority of employees (NHS Digital, 2020). While this may suggest progress in terms of gender inclusivity, it also underscores the need for targeted policies addressing the unique challenges faced by female staff members. Studies have consistently shown that female healthcare workers are more likely to experience stress and burnout compared to their male counterparts (Haque et al., 2020). This can be attributed to a variety of factors including the dual burden of professional and domestic responsibilities, unequal distribution of leadership positions, and pervasive gender discrimination within the healthcare sector (Jansson et al., 2018). These stressors not only jeopardize the well-being of female staff members but also have broader implications for patient care.

Gender norms and stereotypes are barriers to seeking mental health support and can significantly impact the

willingness of healthcare professionals to seek help for mental health issues. Research indicates that men in healthcare professions are less likely to seek support for mental health concerns due to societal expectations of stoicism and emotional restraint (NHS Employers, 2019). Conversely, women may face stigmatization for expressing vulnerability or emotions, further exacerbating the challenges they encounter.

#### *Enablers to the Success of NHS Staff Health and Mental Wellbeing Policies*

##### Peer Support

The support of other healthcare professionals and colleagues in mental health and wellbeing programs is so important that formalizing the role in interventions has been proposed (Mubahaeddin and Chreim, 2022). Peer support is all about people helping each other through mental and other health matters, showing understanding, empathy, and encouragement (Watson and Meddings, 2019). These shared and lived experiences communicated with struggling colleagues help to overcome stigma and hesitancy to seek help when needed. When used rightly, peer support can greatly improve the effectiveness of health and wellbeing programs and ensure that the financial implications of such programs are minimized (Price et al., 2022). Different reviews and studies have supported these points (Lewis and Foye, 2022; Price et al., 2022), and it is an integral component of the NHS health and wellbeing framework (NHS, 2022).

##### Accessible Wellbeing Services

Workers can access and benefit from health and wellbeing programs if they are easily and conveniently available to them. In a study that investigated the rate and dynamics of frontline NHS personnel utilization of health and wellbeing support in a Scottish healthcare setting (Clarrisa, Quinn, and Stenhouse, 2021), the staff reported that support which was made readily available and accessible to them was used more frequently, hence more effective than the others that were not readily accessible. In another similar study (Clarkson et al., 2023), staff in clinical settings wanted the support much closer to them physically, due to the nature of their job. They asserted that access at specific times would greatly increase their use of this support.

##### Clear Communication

The entire NHS workforce should be made aware of every health and well-being support that can be beneficial to them. This may not be plausible due to the size and complexity of the NHS, and the sheer number of wellbeing support, programs, and interventions available. Also, not all staff have the time or the knowledge to interact with various forms of social media, or even check their emails regularly (Clarkson et al., 2023). A very good communication system is paramount at every level and stage of well-being support or program implementation. The target population must not only be brought along but know what the support is and what it aims to achieve. Their regular and progressive feedback will determine how effective or otherwise the support is, and what needs to change or be modified (Daniels et al., 2022).

##### Immigration

There are divergent views and opinions on whether this contributes positively to NHS staff wellbeing or is indeed one of its problems. Some studies believe that immigration (legal and/or illegal) has been indiscriminate, putting great strain on public services, the NHS inclusive. These increased workloads on NHS staff contribute to its challenges (Grinan-Moutinho, 2022; Melhuish, 2023). However, other studies argued that the NHS has been better for it, as immigrant doctors, nurses, and other healthcare professionals have continued to keep the NHS running; without them, it would have collapsed (Christen, 2022; Marsh, 2023). Therefore, migration impacts the NHS significantly as many immigrants who work in the NHS have had to contend with some of the rhetoric and actions of the anti-immigration group, which puts additional strain on them. Likewise, immigrant nurses and other professionals have reported mental health challenges because of these (Spiliopoulos and Timmons, 2023). Immigration is one of the viable intervention measures to address the chronic staff shortages in the NHS, with an indirect positive impact on staff health and wellbeing (Mehta and Chakraborty, 2023).

It has been said that bringing about an increase in well-being and better health of NHS staff in any organisation or Trust is only possible with the managers and leaders helping to foster a workplace,

culture of support, encouragement, and team spirit (Daniels et al. 2022). This next chapter will look at the roles of managers, the implication of some management theories and styles and their impact on organizational policies for staff health and well-being.

*THE ROLE OF MANAGERS IN THE EFFECTIVE APPLICATION OF MENTAL WELL-BEING POLICIES AND WORKPLACE HEALTH.*

Daniels et al. (2022), in their review and economic discourse, tried to make an investment case for management science in the NHS. They made the argument that to fully address the challenges the NHS faces, a holistic, governance-driven approach is needed. This view was largely shared by the government-ordered review of Messenger and Pollard (2022), whose recommendations included some major changes to management in the NHS, this is due to incessant underlying cultures and behaviours that impact organisational performance and the lack of support to managers in addressing these challenges. Indeed, the review is far from being punitive toward managers and concludes that leadership and governance determine the success of the NHS. The importance of adequate and purposeful leadership and management at every level of the NHS, including its trusts and organisations, is an already known fact. Their pivotal role in creating a supportive, conducive, positive, and safe workplace environment is also not in doubt (Fitzsimons, 2022; Phung et al., 2022; Clarkson et al., 2023). The aforementioned factors, among others, underpin the rationale for effective management policies for employees' mental well-being.

Managers can only do so much with what they have been given. With chronic staff shortages, reduced funding, and the bottlenecks of public bureaucracy, NHS managers and leaders may be constrained in how much they can do to improve performance as well as help their workers alleviate some of their work-related stressors (Deakin, 2022). Contrary to popular belief, the notion that the NHS is burdened with an excessive number of managers is unfounded and lacks empirical support. In fact, the managerial workforce within the NHS accounts for a mere 2%, a significantly lower figure compared to the private sector (NHS Confederation, 2022). This statistic underscores the

pivotal role of effective management in sustaining the functioning of the NHS. While it is acknowledged that there are areas for improvement in NHS management, understanding the different styles and approaches to management and their implication for effective policymaking on employees' mental well-being and workplace health remains a factual basis.

*Management Theories and Styles and its implications.*

The Scientific Management Theory by Taylor (1911) emphasizes efficiency through systematic approaches to tasks and standardization. In the NHS, elements of scientific management can be seen in standardized protocols for patient care, which can contribute to reducing stress on employees. However, research from Hammer et al. (2018) suggests that an exclusive reliance on scientific management can lead to burnout and reduced job satisfaction among healthcare professionals. This is due to the rigidity of protocols in handling complex medical cases and potentially neglecting the mental well-being of staff due to a focus on task efficiency.

The Human Relations Theory, on the other hand, highlights the importance of relationships, communication, and employee satisfaction (Mayo, 1933). This theory underscores the significance of a supportive work environment, effective communication, and recognition of the emotional needs of healthcare professionals, which can foster a more empathetic approach towards employees' mental health. Shanafelt et al. (2015) demonstrate that fostering positive relationships and open communication can enhance employee well-being and reduce stress levels in healthcare settings. In addition, the Contingency Theory posits that there is no one-size-fits-all management approach, and the most effective style depends on various situational factors. This aligns well with the NHS context, where the nature of healthcare tasks can vary widely. For instance, managing a busy emergency department requires a different approach compared to a research lab. While studies suggest that customizing management styles to suit specific situations can lead to benefits like enhanced employee job satisfaction and decreased turnover rates (Lawrence & Lorsch, 1967; Aarons et al., 2012), it is however important to acknowledge that there may still be some challenges



associated with this approach and its implementation. The Transformational Leadership style can be highly beneficial in the NHS, as it can create a motivating work environment that encourages personal and professional development. It can have a huge impact on mental well-being by providing a sense of purpose and achievement. Numerous studies such as Bass & Riggio (2006) have highlighted the positive impact of transformational leadership on employee motivation and performance by providing a sense of purpose and achievement.

However, Cummings et al. (2018) support that while transformational leaders can positively influence staff well-being other counteracting views such as subjective assessment, cultural variations, overemphasis on charisma, situational applicability, potential for burnout, ethical concerns, resource-intensiveness, and dependence on leader availability do not support this style of management as most effective. Burns (1978) highlights the necessity of a transactional management style in high-stakes environments like hospital emergency units. This approach fosters efficient decision-making crucial for patient care. It also provides clarity, reducing stress for employees. By delineating roles and ensuring clear communication, it establishes a supportive work environment, positively impacting mental well-being. In essence, integrating this style not only enhances operational efficiency but also safeguards the psychological health of healthcare professionals in critical settings.

However, recent studies by Aij et al. (2015) argue that an overemphasis on transactional leadership in healthcare settings can lead to lower job satisfaction and higher levels of stress among employees. Emerging research by Sendjaya et al., (2016) views the servant style of management as one that prioritizes the needs of employees and aligns well with the values of healthcare. This indicates that servant leaders in healthcare settings can create a supportive and empowering work environment, leading to improved employee well-being (Stone et al., 2018). On the other hand, recent literature from West et al. (2015) advocates for an integrated approach to management as it combines elements of different management theories and styles. Studies demonstrate that a balanced approach, considering the specific needs of

healthcare professionals, can lead to improved mental well-being and workplace health outcomes. It is, therefore, crucial to recognize that different leadership styles can have varying effects on employees' mental well-being. Healthcare leaders should adapt their leadership styles to the specific needs and challenges of their team members because it leads to improved patient care, enhances team morale and engagement, builds trust and communication, tailors development opportunities, facilitates faster problem-solving, reduces stress and burnout, promotes cultural sensitivity and inclusivity, enables flexibility in response to change, demonstrates empathy and compassion, and enhances overall team performance and outcomes. Adaptability in leadership is essential for both the well-being of healthcare professionals and the success of healthcare organizations.

#### *Role of Managers in Effective Policy Implementation*

With the introduction of the new Integrated Care System (ICS) of the NHS in 2022, managers across the board have a more dynamic role in managing and leading their teams to meet performance metrics while ensuring that health and wellbeing standards are met. The NHS provides the national guidelines and standards for the healthcare components to meet; among other things, the goals of healthcare service delivery, and staff health and wellbeing. NHS Trusts and organisations are left with formulating local operational strategies and plans to ensure these goals are met. The implementation and execution of these strategies fall on managers (frontline, service, operational, clinical, and other types of managers in the NHS). An instance is the National Institute for Health and Care Excellence (NICE) data-supported guidelines on how to ensure the health and well-being of healthcare workers and professionals (Ouirk et al., 2018; NHS, 2021c).

Managers will determine the strategies and which guidelines to utilize in ensuring the goal for the health of their workforce becomes a reality. It is important to state that management training or certification is not centralized in the NHS; organisations and Trusts train their managers in-house mostly or recruit from outside. Clinical managers (doctors who take up formal managerial roles) often face more challenges as they must learn management principles and practice as

they go. Other medical professionals who step into managerial positions face similar challenges, albeit to varying degrees (Kirkpatrick, Altanlar, and Veronesi, 2023). The Messenger and Polland review (2022) also noted this issue and had recommendations to the effect that more standardized managerial training and standards be established in the NHS. A key reason this is important is the fact that NHS managers can bring personal managerial styles and practices into their work, which creates instances where there are heterogeneity of management styles and practices, sometimes within the same organisation (Taylor, Scott and Walter, 2022). In implementing the wellbeing policies for staff, the NHS provides a guide that managers can follow and adapt to their specific realities. In NHS, the most important role of managers is to create a conducive workplace culture and environment that combines getting the work done with ensuring every worker is well, healthy, and satisfied with their work.

#### *Managers' Role in Promoting Workplace Health*

There is a universal assertion that managers are effective drivers of performance and well-being, but Asaria, McGuire, and Street (2022) investigated the effectiveness of NHS managers using publicly available data from the NHS staff survey and other sources. Data on 129 Acute English Hospitals for the seven years pre-Covid were used. They reported that managers were not found to influence performance, especially in clinical and related settings. This assertion was at variance from available literature, and disputed by others (NHS Confederation, 2022b). Its accuracy is also doubtful as it didn't consider that many doctors and other medical professionals work as managers, and the number of such hybrid roles is increasing (Kirkpatrick, Altanlar, and Veronesi, 2023). The NHS itself recognizes that providing all the needed support, modelling the right attitude and behaviour, and ensuring the workplace climate and culture is a safe, positive one results in higher job satisfaction, reduced stress levels, and fewer absenteeism and presenteeism levels (NHS, 2021).

Clarrisa, Quinn, and Stenhouse (2021) observed that managers facilitate chiefly by the workplace culture they help propagate. Ensuring that the voices of members of staff are heard engender a sense of

ownership and belonging and can influence wellbeing support to better serve the people it was designed for. However, Clarkson et al. (2023) opined that managers can bring much-needed support down to their staff. They are closer to the employees, interacting with them daily. They know their capacities and challenges and are uniquely placed to be the link between them and upper leadership. A recent study (Bennet et al., 2023) noted that managers themselves need support and well-being interventions. They are under constant pressure to deliver on set performance metrics and have their peculiar challenges. Frontline managers need all the support they can get, as the work they do is very important. Messenger and Polland (2022) echoed this same conclusion in their review.

#### IV. RECOMMENDATION

A standard for wellbeing intervention research study design and implementation for the NHS should be developed and made publicly available. Many of the intervention studies examined were found to be of poor research design quality, with little or no theoretical backbone or credible protocol development. Also, most did not have a long-term evaluation plan, to determine if the interventions continued to be effective. The worsening issue of staff shortages should be taken much more seriously. The work demands in the NHS keep increasing but the vacancy rate keeps increasing. As long as fewer workers are doing more work, stress levels will keep rising, with all its attendant repercussions. Solutions that can be explored include a more organized immigration process for intending healthcare personnel, more incentives for UK citizens' entry into the NHS workforce, and better pay, and working conditions to increase staff retention, amongst others.

Although much progress has been achieved in making the workplace an inclusive place for all, more can still be done in this regard, especially for BAME workers. Better integration into organisational culture and space, with a richer understanding and appreciation of their unique lived experiences would help in fostering a higher sense of belonging. As a recent government-ordered review recommended, management and leadership training and certification be centralized and

standardized by the NHS. Different training protocols by trusts and organisations create a wide array of different kinds of managers, making the management ecosystem look unregulated and unstandardized. Efforts should be made to make the workplace more secure and safe, as the reported levels of violence, harassment, bullying, and abuse against NHS staff are among the barriers to the effective use of policies on workplace health.

## CONCLUSION

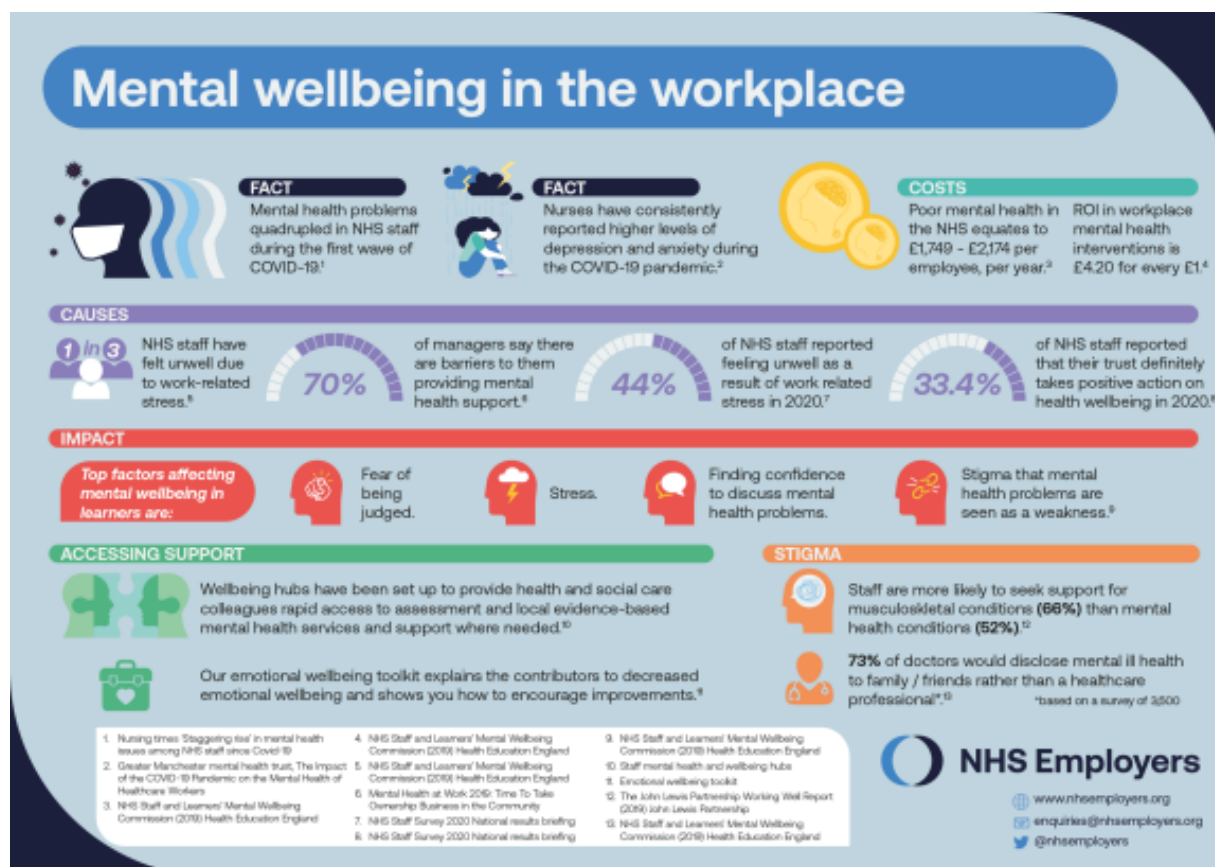
This literature review underscores the paramount importance of organizational policies in shaping the mental well-being of employees, particularly within the context of the NHS. It underscores how the vitality of the workforce is intricately linked to the overall success or failure of an organization. The study employed a comprehensive research approach, combining both quantitative and qualitative datasets, with a special emphasis on sourcing information from grey literature, which provided valuable insights and perspectives. The results of the study paint a sobering picture of the challenges faced by NHS staff in terms of their well-being. Issues such as burnout, workplace stress, and critical staff shortages are prevalent, reflecting a pressing need for intervention. Addressing instances of workplace violence and harassment emerges as an urgent priority for creating a safe and supportive work environment.

Furthermore, the financial ramifications of suboptimal staff well-being are not to be underestimated. The strain placed on the healthcare system, both in terms of resources and overall efficiency, is substantial. The onset of the COVID-19 pandemic has further exacerbated these pre-existing challenges,

necessitating a thorough recalibration and adaptation to the new realities faced by healthcare professionals. While the NHS has implemented a range of well-being interventions, there remains room for enhancement, particularly in the aspects of program design and execution. Factors directly influencing the well-being of NHS staff, including stress levels, job satisfaction, work-life balance, and susceptibility to burnout, continue to be focal points for intervention.

Enablers and inhibitors in this context play a nuanced role, and their impact is often contingent on the specific context and local realities. For instance, adequate peer support, accessible well-being resources, transparent communication channels, and effective management practices within an inclusive organizational culture are identified as enablers. Conversely, stigmatization, moral injury, issues related to race and gender, as well as staff shortages, can hinder efforts to enhance staff well-being. The role of managers emerges as a pivotal factor in ensuring the health and well-being of staff. While there are varying perspectives on their precise role, it is widely acknowledged that their involvement in well-being initiatives and interventions can significantly enhance their effectiveness. Some argue that creating an enabling workplace environment is the cornerstone of their impact, while others contend that, given their daily interactions with staff, managers can be the primary agents of change in mental health and well-being. In terms of management training and certification, standards vary across different NHS Trusts and organizations, reflecting a diverse landscape of approaches to cultivating effective managerial practices. Ultimately, this review underscores that the well-being of NHS staff is not merely a secondary consideration, but rather a critical factor that directly impacts their ability to carry out their essential work effectively and compassionately.

## APPENDIX



## ACKNOWLEDGEMENT

In the tapestry of my journey, there are individuals whose presence is woven indelibly into its fabric—each thread a testament to the power of unwavering support, enduring love, and shared resilience.

I begin by honouring the memory of my late sister, Cecilia Chibuzo Okolie, whose love and sacrifice laid the foundation for this path. Her spirit remains a guiding light, illuminating my way with strength and grace.

To my only surviving sister, Rev. Sr. Dr. Mary Jane Patrick Okolie, your steadfast faith in me has been the bedrock of my resolve. Your encouragement has lifted me in moments of doubt and propelled me forward through every challenge.

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to pursue this formidable journey with confidence and purpose.

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To the legion of healthcare professionals who navigate the complexities of policy and practice with compassion and resilience—this work is a tribute to your tireless efforts and unwavering commitment to the well-being of others.

In every word penned and every idea explored, this dissertation stands as a celebration of the human spirit's capacity to rise, endure, and triumph. May it serve as a spark of inspiration to all who embark on their own transformative journeys.

To God be all the Glory.

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