Original research

Wellbeing, support and intention to leave: a survey of nurses, midwives and healthcare support workers in Wales

John Gammon, School of Health and Social, Swansea University, Swansea, UK

Julian Hunt, School of Health and Social Care, Swansea University, Swansea, UK

Peter Holland, Swinburne Business School, Swinburne University of Technology, Melbourne, Australia

Tse Leng Tham, ESCP Business School, Berlin, Germany

Sharon Williams, School of Health and Social Care, Swansea University, Swansea, UK

Correspondence to: Sharon Williams; sharon.j.williams@swansea.ac.uk

Abstract

Background/Aims Low morale and burnout is a widely acknowledged problem among healthcare professionals, with implications for staffing levels and quality of care. This study aimed to provide insight into the wellbeing of nurses, midwives and healthcare support workers, and propose strategies to support a resilient workforce and organisational development.

Methods An online survey was conducted with 462 nursing and midwifery staff at one NHS health board in Wales. Validated scales were used to measure key indicators, such as workload, bullying and burnout. Descriptive analysis was undertaken of the quantitative data and content analysis of the qualitative data.

Results The survey found high levels of work intensification and burnout, with considerable proportions of respondents reporting intentions to leave their job and profession. Low levels of organisational support and trust in senior management were reported, which qualitative analysis indicated was contributing to intention to leave.

Conclusions Healthcare leaders need to place more importance on the wellbeing of staff and consider the impact of workplace climate. An inclusive, localised approach to challenges in the working climate is recommended to effectively promote a resilient and sustainable workforce.

Key words

Culture; Nursing staff; Wellbeing; Workplace climate

Submitted: 2 March 2023; accepted following double-blind peer review: 4 October 2023

Introduction

The wellbeing of healthcare professionals has gained increasing attention as an important factor to ensure better quality and sustainability of healthcare delivery, both in the UK (Kinman et al, 2020; Nursing and Midwifery Council, 2021; Gray et al, 2022; The Kings Fund, 2022) and globally (International Council of Nurses, 2020; Søvold et al, 2021). The wellbeing of staff may also have implications for workforce recruitment and retention, quality of care and patient safety (Hall et al, 2016; Dunning et al, 2021; Royal College of Nursing Wales, 2022, 2023). Improving the wellbeing of nursing staff is a key commitment in the NHS *People Plan*, which emphasises the importance of looking after the wellbeing of its workforce (NHS England, 2020).

Since the onset of the COVID-19 pandemic in early 2020, the mental health and wellbeing of healthcare professionals has been a cause of concern. Nurses, midwives and healthcare support workers were at the frontline of care delivery in serious situations, making them vulnerable to fear, depression and anxiety (Søvold et al, 2021). Yet, even before the COVID-19 pandemic, there were significant concerns about poor working conditions (Maben and Bridges, 2020), with nursing staff repeatedly being ignored by their employers when raising concerns about their mental health (Mitchell, 2019; Maben and Bridges, 2020). A report by the Royal College of Nursing (2022) emphasised the long-standing issues with the recruitment and retention of nurses across the UK. Before the pandemic, 73% of nurses reported that staffing levels were not sufficient, with 19% reporting that they felt unable to raise their concerns (Royal College of Nursing, 2022). These issues have serious implications for care delivery, with a systematic review by Hall et al (2016) showing a significant correlation between poor wellbeing among healthcare staff and poor patient safety outcomes, such as medical errors. Staffing levels have not improved since the pandemic, while the demand for healthcare services has increased (Royal College of Nursing, 2022).

A total of 37223 full-time equivalent nursing, midwifery and health visiting staff are employed by NHS Wales, of whom 23607 are registered nurses (Royal College of Nursing Wales, 2023). Nurses and midwives comprise the largest workforce in the NHS, making up 40% of the entire NHS Wales workforce. The majority (91%) of the nursing and midwifery workforce are women and over one-third (37%) are aged over 50 years, with only 14% aged under 30 years (Royal College of Nursing Wales, 2023).

There are severe shortages of nursing and midwifery staff in NHS Wales, with the system relying on the willingness of staff to work overtime, leading to stress, sickness, low morale and poor retention rates (Royal College of Nursing Wales, 2023). In the 10 years between 2011 and 2021, the percentage of nurses, midwives and healthcare support workers who reported feeling enthusiastic about their job dropped by 19%, while the percentage who felt that they were too busy to provide the level of care they would like increased by 9% (Royal College of Nursing, 2022). The increased nursing workload can be attributed in part to the ageing population, who often have higher levels of dependency and more comorbidities (Welsh Government, 2023). Patient throughput in hospitals has also risen sharply, as has bed occupancy, all contributing to more pressure on staff (Royal College of Nursing Wales, 2023).

In Wales, nursing vacancies rose by 69% between December 2021 and 2022 (Royal College of Nursing Wales, 2023). Nurses have consistently challenged the idea that they are personally responsible for their wellbeing and need to be 'resilient' in the face of under-staffing and intense emotional work (Traynor, 2018), arguing that positioning resilience as an individual trait is a way of 'let(ting) organisations off the hook' (Traynor, 2018). Yet, this has often been the focus of organisational strategies.

Supporting the wellbeing of nurses, midwives and healthcare support workers in Wales is a priority that the NHS and Welsh government must address. Identifying the needs of the nursing and midwifery workforce is essential, so that appropriate and effective interventions can be implemented. While there is evidence that the health and wellbeing of nurses is impacted by organisational factors (Brunetto et al, 2016; Aiken et al, 2023), there has been limited research into organisational interventions that are effective in supporting staff wellbeing and enhancing workplace culture. Therefore, this study had two main aims:

1. To identify factors that affect workplace wellbeing among NHS nurses, midwives and healthcare support workers in one health board in Wales
2. To examine interventions designed to improve workplace wellbeing and propose strategies for the development and implementation of effective organisational interventions.

Throughout this article, the term ‘workplace wellbeing’ refers to how comfortable, healthy, happy and satisfied staff are. The term ‘workplace climate’ refers to the ways in which each area works and how this supports the effective running of the whole organisation.

Methods

This article draws on data from the initial stage of an ongoing three-phase project, known as the ‘your wellbeing matters’ study, running over a 5-year period from January 2020 to January 2025 in a Welsh Health Board. In collaboration with the health board, researchers at Swansea University formed a working group, collecting phase one data in January and February 2020, shortly before the COVID-19 pandemic was announced. The study was commissioned to enable the health board to better understand the wellbeing and work-related pressures, attitudes and experiences of nurses, midwives and healthcare support workers, and the ways in which these could change over time.

Data collection

Data were collected from staff at one Health Board in Wales via a 52 -item online survey. The link to the survey was distributed to all nurses, midwives and healthcare support workers within the health board. To be eligible for inclusion, participants needed to be employed by the health board. Nursing students and agency staff were excluded from the study.

The online survey consisted of validated measures used in a previous international survey (Holland et al, 2018) to assess workload intensity, burnout, bullying, trust in management, perceptions of support and intention to leave the organisation.

Participants’ perceived workload intensity was assessed using Spector and Jex’s (1998) five-item scale, rating the frequency of events on a 5-point Likert scale, from ‘never’ to ‘several times per day’. Burnout was measured using the seven-item work burnout scale developed by the Copenhagen Burnout Inventory (Kristensen et al, 2005), based on 5-point Likert scale (1=‘never’; 5=‘always’). Notelaers et al’s (2019) nine-item Short Negative Acts Questionnaire was used to measure instances of bullying using a 5 point Likert scale (1=‘never’; 5=‘daily’). Farndale et al’s (2011) four-item measure was used to assess participants’ trust in senior management, using a 5-point Likert scale (1=‘strongly disagree’; 5=‘strongly agree’). This measure was repeated to assess trust in supervisors. Perceived support was measured using Eisenberger et al’s (1990) 11-item tool, scored on a 5-point Likert scale (1=‘strongly disagree’; 5=‘strongly agree’). Cammann et al’s (1983) three-item measure was used to assess participants’ intention to leave their job (1=‘strongly disagree’; 7=‘strongly agree’). An additional three-item tool developed by Blau (1985) was used to assess participants’

intention to leave their occupation, scored on a 5-point Likert scale (1=‘<once’/’unlikely’; 5=‘several times per day/very likely’).

The survey also included one open-ended question at the end of each of the validated measures, plus five additional closed questions to collect participants’ demographic and employment details.

The working group, comprising health board and Swansea University researchers, managed the launch and promotion of the online survey. Monthly meetings were held before and during the data collection period to monitor response rates and introduce additional activities to promote the survey. The survey was promoted through the board’s internal news bulletins, posters, emails and online platforms. These included QR codes and hyperlinks to the survey website. The survey was further promoted via social media (Facebook and X).

A pilot study was conducted with 10 health board staff before the launch of the main survey. Feedback was provided via email. This led to a few changes being made to the functionality of the survey, such as the number of questions per page, and a tool was added to show the percentage of questions completed. No changes were made to the content of the survey.

Data analysis

Before analysis, the dataset was cleaned, with incomplete responses being removed. Only surveys that were at least 90% complete were considered complete responses. The data were then analysed using standard quantitative and qualitative software programmes, the Statistical Package for the Social Sciences (version 29) and NVivo. Descriptive analysis was conducted on the quantitative data. Content analysis was conducted on responses to the open-ended questions. Participants were numbered, with quotes given with the corresponding participant number and job role.

Ethical considerations

Following advice from NHS Research and Development forum, ethical approval was not considered necessary for this study, as it was registered as a service evaluation, as part of the health board’s wellbeing strategy. A participant information sheet with details of the study was included with the survey and consent was obtained from all participants before proceeding with the study. All potential participants were informed that their participation was voluntary and assured of their anonymity.

Results

A total of 924 survey responses were received, of which 462 were considered usable following data cleaning. The mean age of respondents was 45 years, with the mean tenure at the organization being 14 years. Other demographic and employment characteristics of respondents are shown in Table 1.

Table 1. Demographics of survey participants (*n*=462)

Characteristic		***n* (%)**
Gender	Male	51 (11.0)
	Female	406 (88.0)
	Other	5 (1.0)
Job role	Registered nurse	194 (41.0)

	Registered midwife	23 (5.0)
	Healthcare support worker	82 (18.0)
	Sister, charge nurse or specialist nurse	91 (20.0)
	Nurse manager	36 (8.0)
	Other	36 (8.0)
Employment type	Full time	337 (73.0)
	Part time	125 (27.0)
Employment status	Permanent	448 (97.0)
	Casual or temporary	5 (1.0)
	Other	9 (2.0)
Employment setting	Hospital	318 (69.0)
	Nursing or residential care facility	5 (1.0)
	GP practice	19 (4.0)
	Community hospital	23 (5.0)
	Other	97 (21.0)

Workload

Over half of the respondents reported that, several times per day, their job required them to work very hard (64.7%) and very fast (52.8%) (Table 2). Most (80.9%) felt that there was a great deal to be done and 66.0% felt that they had little time to get things done at least once per day. Over half (60.3%) reported feeling that they had more work than they could complete well on a daily basis.

Table 2. Results of the perceived work intensity measure (*n*=462 participants)

Item	**Responses, *n* (%)**				
	Less than once a month or never	**Once or twice per month**	**Once or twice per week**	**Once or twice per day**	**Several times per day**
How often does your job require you to work very fast?	6 (1.3)	27 (5.8)	86 (18.6)	99 (21.4)	244 (52.8)
How often does your job require you to work very hard?	3 (0.6)	17 (3.7)	54 (11.7)	89 (19.3)	299 (64.7)
How often does your job leave you with little time to	19 (4.1)	44 (9.5)	94 (20.3)	112 (24.2)	193 (41.8)

get things done?					
How often is there a great deal to be done?	8 (1.7)	22 (4.8)	58 (12.6)	94 (20.3)	280 (60.6)
How often do you have to do more work than you can do well?	49 (10.6)	49 (10.6)	90 (19.5)	94 (20.3)	180 (40.0)

Analysis of the qualitative responses highlighted that their work responsibilities had increased, without the provision of additional time or resources, leading to intensification of their work. Respondents expressed concerns that inadequate staffing levels, an inappropriate skill mix and the pressures of high workloads made delivering the expected standard of care unfeasible:

'I feel that the current environment is very pressurised with staff concerns regarding patient care and the working environment not [being] addressed. Overall, I am disappointed with how things have worsened over the last few years. Morale is at an all-time low.' (Participant 92, nursing sister).

'Lack of registered nurses, lack of beds, poor social care provision… Intense workplace pressures and a push to take risks, threat of nursing in unsafe conditions [for example] corridor nursing.' (Participant 386, registered nurse).

'When I visit wards, they are so short staffed. And lack of experienced nurses. It worries me greatly, as very junior staff feel very unsafe.' (Participant 424, registered nurse).

Burnout

Participants' responses to the burnout section of the questionnaire are shown in Table 3. Overall, 65.2% of respondents reported feeling worn out at the end of the working day often or always, with 48.9% often or always feeling exhausted in the morning at the thought of another day at work. Over one-third (36.7%) of respondents felt that they seldom or never had enough energy for family and friends during leisure time, indicating that high workload pressures were impacting other aspects of their wellbeing.

Table 3. Results of the work burnout scale (*n*=462 participants)

Item	**Responses, *n* (%)**				
	Never/almost never or to a very low degree	**Seldom or to a low degree**	**Sometimes or somewhat**	**Often or to a high degree**	**Always or to a very high degree**
Do you feel worn out at the end of the working day?	9 (1.9)	25 (5.4)	127 (27.5)	188 (40.7)	113 (24.5)
Are you	42 (9.1)	61 (13.2)	133 (28.8)	136 (29.4)	90 (19.5)

exhausted in the morning at the thought of another day at work?					
Do you feel that every working hour is tiring for you?	62 (13.4)	112 (24.2)	157 (34.0)	75 (16.2)	56 (12.1)
Do you have enough energy for family and friends during leisure time?	45 (9.7)	125 (27.1)	166 (35.9)	100 (21.6)	26 (5.6)
Is your work emotionally exhausting?*	15 (3.2)	42 (9.1)	127 (27.5)	155 (33.5)	122 (26.4)
Does your work frustrate you?	17 (3.7)	61 (13.2)	156 (33.8)	125 (27.1)	103 (22.3)
Do you feel burnt out because of your work?	49 (10.6)	82 (17.7)	129 (27.9)	111 (24.0)	91 (19.7)
*1 participant did not respond to this item					

Bullying

The results of the questionnaire section on bullying are shown in Table 4. In most of the domains, over 10% of participants reported experiencing the negative act weekly or daily. For example, 12.7% experienced someone withholding information, 11.0% had gossip or rumours spread about them and 13.8% were excluded by people at work on a weekly or daily basis.

Table 4. Results of the Short Negative Acts Questionnaire (*n*=462 participants)

Item	**Responses, *n* (%)**					
	Never	**Now and then**	**Monthly**	**Weekly**	**Daily**	**Did not respond**
Someone withholding information which affects your performance	213 (46.1)	157 (34.0)	29 (6.3)	38 (8.2)	21 (4.5)	4 (0.9)
Spreading gossip and rumours about you	229 (49.6)	157 (34.0)	19 (4.1)	21 (4.5)	30 (6.5)	6 (1.3)

Being excluded by people at work	255 (55.2)	124 (26.8)	17 (3.7)	31 (6.7)	33 (7.1)	2 (0.4)
Having insulting or offensive remarks made about you (i.e., habits, background, attitude or private life)	315 (68.2)	87 (18.8)	13 (2.8)	24 (5.2)	18 (3.9)	5 (1.1)
Being shouted at	298 (64.5)	120 (26.0)	14 (3.0)	15 (3.2)	9 (1.9)	6 (1.3)
Repeated reminders of your errors or mistakes	271 (58.7)	125 (27.1)	25 (5.4)	23 (5.0)	16 (3.5)	2 (0.4)
Facing a hostile reaction when you approach others	227 (49.1)	148 (32.0)	26 (5.6)	39 (8.4)	19 (4.1)	3 (0.6)
Persistent criticism of your work and performance	276 (59.7)	113 (24.5)	30 (6.5)	19 (4.1)	22 (4.8)	2 (0.4)
Being the subject of excessive teasing and sarcasm	339 (73.4)	75 (16.2)	18 (3.9)	18 (3.9)	11 (2.4)	1 (0.2)

Analysis of the qualitative responses indicated that bullying was often directed at individuals at the lower levels of the hierarchy. As one respondent noted:

‘I have had to support many junior staff, as they have approached me crying as they are unable to cope with running the wards, and feel they are being bullied by other ward managers, when looking for support. I worry about where nursing is going.’ (Participant 112, registered nurse).

Trust at the workplace

Participants’ responses to the section measuring trust in the workplace indicated higher levels of trust in supervisors compared to senior management (Table 5). For example, only 39.9% agreed or strongly agreed that they felt confident that senior management would always try to treat them fairly, compared to 65.6% in relation to supervisors. Trust in either group’s ability to make sensible decisions for the organisation’s future was low, at 25.1% for senior management and 46.6% for supervisors.

Table 5. Results of the trust in leadership section of the questionnaire (*n*=462 participants)

Item	**Subject**	**Responses, *n* (%)**				
		Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
I feel confident that they will always try to treat me fairly	Senior management	76 (16.5)	76 (16.5)	128 (27.7)	141 (30.5)	41 (8.9)
	Supervisors	22 (4.8)	37 (8.0)	100 (21.6)	188 (40.7)	115 (24.9)
They are sincere in their attempts to take account of the employees' points of view	Senior management*	87 (18.8)	108 (23.4)	129 (27.9)	105 (22.7)	32 (6.9)
	Supervisors	24 (5.2)	63 (13.6)	100 (21.6)	188 (40.7)	87 (18.8)
They can be trusted to make sensible decisions for this organisation's future	Senior management	93 (20.1)	98 (21.2)	155 (33.5)	86 (18.6)	30 (6.5)
	Supervisors	31 (6.7)	60 (13.0)	156 (33.8)	143 (31.0)	72 (15.6)
They would be prepared to gain advantage by deceiving the workers	Senior management	83 (18.0)	94 (20.3)	162 (35.1)	76 (16.5)	47 (10.2)
	Supervisors	106 (22.9)	125 (27.1)	122 (26.4)	74 (16.0)	35 (7.6)
*One participant did not respond to this item						

These findings could be indicative of the divide between senior management and staff who are 'on the ground'. Analysis of the qualitative feedback provided further evidence for lack of trust in senior leadership:

'The current situation being faced by nurses is possibly the worst it has been in my 35 years of nursing, much of which has been bought on by senior management decisions, which often have short term goals and do not see the long-term impact. This has led to a diminution of nursing morale and numbers.' (Participant 436, registered nurse).

'I have raised concerns with management in confidence in the past. Confidentiality was not maintained, and the situation was made worse.' (Participant 268, healthcare support worker).

Perceptions of organisational and supervisory support

Mean scores relating to organisational supervisory support are shown in Table 6, indicating that perceived support from the organisation and supervisors mirrored levels of trust in senior management and supervisors. The overall mean score for organisational support was 2.63 out of 5

(standard deviation=1.00) while the mean score for support from supervisors was 3.45 (standard deviation=1.14).

Table 6. Results of the perceptions of organisational and supervisory support section of the questionnaire

Item	Responses	Mean	Standard deviation
The organisation values my contribution to its well-being	462	2.76	1.15
The organisation strongly considers my goals and values	462	2.57	1.10
The organisation really cares about my well-being	462	2.50	1.15
The organisation is willing to help me when I need a special favour	462	2.86	1.12
The organisation shows a great deal of concern for me	459	2.45	1.08
The organisation takes pride in my accomplishments at work	462	2.63	1.13
My line-manager values my contribution	461	3.58	1.22
My supervisor strongly considers my goals and values	458	3.37	1.22
My supervisor really cares about my well-being	461	3.44	1.25
My supervisor is willing to help me when I need a special favour	458	3.58	1.15
My supervisor shows a great deal of concern for me	456	3.30	1.26

The impact of these relatively low levels of perceived support was reflected in a qualitative response:

‘Not feeling supported in the workplace by my managers has left me disillusioned and I am concerned for my psychological wellbeing… I have never until this point felt so unvalued and unappreciated for the hard work I put in to creating an environment for my team and patients.’ (Participant 69, sister/charge nurse).

Intention to leave current role and profession

Responses to the questionnaire sections exploring participants’ intention to leave their current job and profession are shown in Tables 7a and 7b. Over a quarter of participants strongly agreed that they would actively look for another job in the next year and that they often thought about quitting their job. Over half (57.9%) thought about leaving their profession at least once a month, with 18.8% thinking about this at least once a day. Nearly one-fifth (19.1%) indicated that they were likely or very likely to leave their profession within the next year.

Table 7a. Participants’ intention to leave their current job

Item	Strongly agree	Neither agree nor	Strongly agree	Did not respond

		disagree		
I will actively look for a new job in the next year	133 (28.8)	176 (38.1)	147 (31.8)	6 (1.3)
I often think about quitting my job	119 (25.8)	120 (26.0)	217 (47.0)	6 (1.3)
I will probably look for a new job in the future	82 (17.7)	133 (28.8)	240 (51.9)	7 (1.5)

Table 7b. Participants' intention to leave their profession

Item		***n* (%)**
How frequently do you think about leaving nursing/midwifery/healthcare support?	Less than once per month or never	194 (42.0)
	Once or twice per month	99 (21.4)
	Once or twice per week	82 (17.7)
	Once or twice per day	42 (9.1)
	Several times per day	45 (9.7)
How likely is it that you will explore other career opportunities (eg study or train in another career area)?*	Very unlikely	109 (23.6)
	Unlikely	86 (18.6)
	Neutral	88 (19.0)
	Likely	108 (23.4)
	Very likely	70 (15.2)
How likely is it that you will leave the nursing/midwifery/healthcare support profession within the next year?*	Very unlikely	155 (33.5)
	Unlikely	126 (27.3)
	Neutral	92 (19.9)
	Likely	53 (11.5)
	Very Likely	35 (7.6)
*One respondent did not respond to this item		

Analysis of the qualitative results indicated that negative perceptions of management were contributing to participants' intention to leave their job or occupation:

'I do worry about where nursing is going and the pressures on people with the lack of support from managers, as they have targets to meet and [money] to save. I believe this is why so many nurses are leaving the profession and seeking a new vocation. I know many nurses that have left nursing over the past few years and they continue to leave.' (Participant 114, registered nurse).

'There is interference from managers who are not clinically skilled or updated with the knowledge to be able to understand the pressures we work under. That is why staff are leaving.' (Participant 373, sister/charge nurse).

Discussion

The mental health and wellbeing of healthcare professionals in general, and nursing, midwifery and healthcare support staff in particular, has been challenged in the years before and since the outbreak

of the COVID-19 pandemic. A large body of research has indicated an increase in signs of poor health and wellbeing among healthcare staff, including depression, fatigue, stress, sleep disorders, post-traumatic stress disorder, emotional exhaustion, burnout, moral injury, suicidality and suicide (Holland et al, 2018; Gray et al, 2020, 2022; Greenberg et al, 2020; Labrague and De los Santos, 2020; Meadley et al, 2020; Mukhtar, 2020; Piotrowski et al, 2021; Couper et al, 2022; Jaber et al, 2022; Hunt et al, 2023). Even outside of public health crises such as the COVID-19 pandemic, there have been increasing concerns and acknowledgement that healthcare workers are at a higher risk of mental ill health, burnout and burnout syndrome (Hall et al, 2016; Geraghty et al, 2019; Cull et al, 2020; Kinman et al, 2020). Several years before the pandemic, the Royal College of Midwives warned off the high level of pressure experienced by midwives, caused by both the increasing number and complexity of pregnancies, alongside substantial staff shortages and chronic retention difficulties (Royal College of Midwives, 2018; 2016).

These staff wellbeing challenges can have a negative impact on patient care. While nurses, midwives and healthcare support staff strive to ensure that their working conditions and the stress they experience do not adversely affect their patients, there is strong evidence (Aiken et al, 2023: Hall et al, 2016) that poor mental health and wellbeing among healthcare staff impairs the quality of patient care.

Nursing staff and midwives are at particularly high risk of moral distress if institutional pressures and constraints stop them from pursuing what they believe to be the most appropriate course of action for their patients. In Wales, staff shortages, coupled with long working hours, have led to high levels of stress, sickness, low morale and poor retention rates (Royal College of Nursing Wales, 2022, 2023). This has adversely impacted the capacity of nurses, midwives and healthcare support workers to provide quality care and ensure patient safety (Hall et al, 2016; Dunning et al, 2021). The present study found that nurses, midwives and healthcare support workers at one health board in Wales were experiencing high levels of burnout, with reduced capacity to maintain a healthy work–life balance. Participants reported feeling overwhelmed because of the pace and intensity of their work. This led to emotional exhaustion and affected their ability to provide high-quality care. These findings reflect the issue of 'missed care', where healthcare professionals withhold or omit undertaking necessary nursing tasks because of inadequate time and staffing levels.

It is important to provide organisational support to reduce workplace stress (Hegney et al, 2019), avoid incidents of missed care (Ball et al, 2014; Lake et al, 2020) and prevent nurses, midwives and healthcare support workers from wanting to leave the profession (Rodwell et al, 2017). However, this study identified issues of distrust in management, with poor perceptions of organisational support within the health board. Analysis of the qualitative responses suggested that nurses, midwives and healthcare support workers in the lower levels of the hierarchy were experiencing bullying, with a lack of effective means to address this within the organisation. This, along with low levels of trust in senior management and perceived lack of support from the organisation, likely contributed to the high levels of intention to leave.

Health board interventions

This study highlights the need for the health board to acknowledge the impact of the working climate on the wellbeing of nurses, midwives and healthcare support workers. So far, the health board has developed localised flexible working policies and contracts, reviewed staff workloads, offered retire-and-return agreements and introduced family- and child-friendly working agreements. Other interventions implemented by the health board include enhanced staff support, the creation of safe spaces to express workplace concerns and a range of wellbeing initiatives, such as on-site yoga classes. Furthermore, leadership and management training in the health board has been reviewed and

revised to allow managers to focus more on staff support and wellbeing, with a view to embed a supportive team culture into the organisation. Ongoing evaluation will be needed to determine the impact of these interventions on staff wellbeing and retention.

Future efforts to strategically improve staff wellbeing should ensure that various stakeholders are involved, including local authorities, third-sector organisations, trade unions and occupational health staff, with a collective regional approach. The adoption of an evidence-based, inclusive and co-produced approach may help to support the wellbeing and retention of staff and facilitate further organisational development.

Limitations

As participants were recruited via an online, anonymous survey, it was not possible to perform an assessment of non-response bias. However, comparison of the demographics of respondents against national statistics indicated that this sample is relatively consistent and reflective of the wider nursing and midwifery populations, suggesting minimal non-response bias. However, the authors recognise that potential limits may be placed on the external validity of this study's results (Rogelberg and Luong, 1998). The data were self-reported, and participants may not have been entirely aware of organisational practices that may have affected their wellbeing. This study was limited to one health board in Wales. Further research is required to provide comparative data from other NHS providers in Wales and the wider UK.

Conclusions

Staff shortages and increasing workloads have led to demoralisation, disengagement and emotional exhaustion, impacting the quality of care that nurses, midwives and healthcare support workers are able to provide in Wales. This study identified aspects of the working culture and climate that require interventions to improve wellbeing and facilitate the retention of frontline healthcare staff in a health board in Wales. Further research is required for a better understanding of the interventions being implemented globally by healthcare organisations to enhance the wellbeing of nurses, midwives and healthcare support workers, and the culture and climate in which they work.

Key points

- Healthcare organisations must acknowledge the impact of the working environment on the wellbeing of healthcare staff.
- This survey of nurses, midwives and healthcare support workers found high levels of perceived workload intensity and burnout, with many indicating a desire to leave their job.
- Participants reported relatively low levels of trust in management and perceptions of organisational support, indicating that a strategic approach to improving support and wellbeing is needed.
- Approaches to improving wellbeing among healthcare staff should be employee-led and tailored to the specific needs of the organisation, with staff members directly involved in design and implementation.

Conflicts of interest

The authors declare that there are no conflicts of interest.

Declaration of funding

None.

Data sharing statement

All data are available from the corresponding author on reasonable request.

References

Aiken L, Lasater K, Sloane S et al. Physician and nurse well-being and preferred interventions to address burnout in hospital practice: factors associated with turnover, outcomes and patient safety. JAMA Health Forum. 2023:4(7):e231809. https://doi.org/10.1001/jamahealthforum.2023.1809

Anusiewicz CV, Ivankova NV, Swiger PA et al. How does workplace bullying influence nurses' abilities to provide patient care? A nurse perspective. J Clin Nurs. 2020;29(21–22):4148–4160. https://doi.org/10.1111/jocn.15443

Ball JE, Murrells T, Rafferty AM et al. Care left undone during nursing shifts: associations with workload and perceived quality of care. BMJ Qual Saf. 2014;23(2):116–125. https://doi.org/10.1136/bmjqs-2012-001767

Blau, D.M. Self-employment and self-selection developing country labor markets, South Econ J. 1985;52(2):351-363.

Brewer KC, Oh KM, Kitsantas P et al. Workplace bullying among nurses and organizational response: an online cross-sectional study. J Nurs Manag. 2020;28(1):148–156. https://doi.org/10.1111/jonm.12908

Brunetto Y, Rodwell Jm Shacklock K, Farr-Wharton R, Demir D. The impact of individual and organizational resources on nurse outcomes and intent to quit. J Adv Nurs. 2016;72(12):3093–3103.

Cammann C et al. Assessing the attitudes and perceptions of organizational members. In: Seashore SE et al (eds). Assessing organizational change: a guide to methods, measures, and practices. New York (NY): Wiley; 1983

Cook J, Wall T. New work attitude measures of trust, organizational commitment and personal need non-fulfilment. J Occup Psychol. 1980;53(1):39–52. https://doi.org/10.1111/j.2044-8325.1980.tb00005.x

Couper K, Murrells T, Sanders J et al. The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: a longitudinal survey study. Int J Nurs Stud. 2022;127(12):104155. https://doi.org/1016/j.ijnurstu.2021.104155

Cull J, Hunter B, Henley J. et al. Overwhelmed and out of my depth: Responses from early career midwives in the United Kingdom to the work, health and emotional lives of midwives study. Women and Brith, 33(6): e549-e557. https://doi.org/10.1016/j.wombi.2020.01.003

de Vaus D. Analyzing social science data: 50 key problems in data analysis. London: Sage Publications; 2002

Dunning A. Louch G, Grange A, Spilsbury K, Johnson J. Exploring nurses' experiences of value congruence and the perceived relationship with wellbeing and patient care and safety: a qualitative study. J Nurs Res. 2021;26(1–2):135–146. https://doi.org/10.1177/1744987120976172

Eisenberger R, Fasolo P, Davis-LaMastro V. Perceived organizational support and employee diligence, commitment, and innovation. J Appl Psychol. 1990;75(1):51–59. https://doi.org/10.1037/0021-9010.75.1.51

Geraghty S, Speelman C, Bayes S. Fighting a losing battle: midwives experiences of workplace stress. Women Birth. 2019;32(3):e297–e306. https://doi.org/10.1016/j.wombi.2018.07.012

Gray BJ, Bright D, Bolton S, Davies AR. Towards a healthy and sustainable workforce for the future: the current health and wellbeing of the nursing and midwifery workforce in Wales. 2020. https://phw.nhs.wales/publications/publications1/towards-a-healthy-and-sustainable-workforce-for-the-future1/ (accessed 6 October 2023)

Gray BJ, Kyle RG, Davies AR. Health and wellbeing of the nursing and midwifery workforce in Wales during the COVID-19 pandemic. 2022. https://phw.nhs.wales/publications/publications1/health-and-wellbeing-of-the-nursing-and-midwifery-workforce-in-wales-during-the-covid-19-pandemic/ (accessed 6 October 2023)

Greenberg N, Brooks SK, Wessely S et al. How might the NHS protect the mental health of health-care workers after the COVID-19 crisis? Lancet Psychiatr. 2020;7(9):733–734. https://doi.org/10.1016/S2215-0366(20)30224-8

Hall LH, Johnson J, Watt I et al. Healthcare staff wellbeing, burnout and patient safety: a systematic review. PLoS One. 2016;11(7):e0159015. https://doi.org/10.1371/journal.pone.0159015

Harvey C, Thompson S, Otis E et al. Nurses' views on workload, care rationing and work environments. J Nurs Manag. 2020;28(4):912–918. https://doi.org/10.1111/jonm.13019

Hegney DG, Rees CS, Osseiran-Moisson R et al. Perceptions of nursing workloads and contributing factors, and their impact on implicit care rationing: a Queensland, Australia study. J Nurs Manag. 2019;27(2):371–380. https://doi.org/10.1111/jonm.12693

Holland P, Tham TL, Gill FJ. What nurses and midwives want: findings from the national survey on workplace climate and well-being. Int J Nurs Pract. 2018;24(3):e12630. https://doi.org/10.1111/ijn.12630

Huang L, Lei W, Xu F et al. Emotional responses and coping strategies of nurses and nursing college students during COVID-19 outbreak: a comparative study. PLoS One. 2020;15(8):e0237303. https://doi.org/10.1371/journal.pone.0237303

Hunt J, Gammon J, Williams S, Holland P, Tham TL, Humphreys I. Contemporary portrait of the working lives of ambulance services staff in Wales. J Paramed Pract. 2023;15(8). https://doi.org/10.12968/jpar.2023.15.8.315

International Council of Nurses. The global nursing shortage and nurse retention. 2020. https://www.icn.ch/sites/default/files/inline-files/ICN%20Policy%20Brief_Nurse%20Shortage%20and%20Retention_0.pdf (accessed 6 October 2023)

Jaber MJ, AlBashaireh AM, AlShatarat MH et al. Stress, depression, anxiety, and burnout among healthcare workers during the COVID-19 pandemic: a cross-sectional study in a tertiary centre. Open Nurs J. 2022;16(1). https://doi.org/10.2174/18744346-v16-e2203140

Jaskeviciute V, Stankeviciene A, Diskiene D et al. The relationship between employee well-being and organizational trust in the context of sustainable human resource management. Problems Perspect Manage. 2021;19(2):118–131. https://doi.org/10.21511/ppm.19(2).2021.10

Kinman G, Teoh K, Harriss A. The mental health and wellbeing of nurses and midwives in the United Kingdom. 2020. https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf (accessed 24 January 2024)

Kristensen TS, Borritz M, Villadsen E et al. The Copenhagen Burnout Inventory: a new tool for the assessment of burnout. Work Stress. 2005;19(3):192–207. https://doi.org/10.1080/02678370500297720

Labrague LJ, de Los Santos JAA. Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. J Nurs Manag. 2021;29(3):395–403. https://doi.org/10.1111/jonm.13168

Lake E, Riman K, Sloane D. Improved work environment and staffing lead to less missed nursing care: a panel study. J Nurs Manag. 2020;28(8):2157–2165. https://doi.org/10.1111/jonm.12970

Farndale, E. , Van Ruiten, J. , Kelliher, C. , and Hope-Hailey, V. 2011, "The influence of perceived employee voice on organisational commitment: an exchange perspective", *Human Resource Management* , Vol. 50 No. 1, pp. 113-129.

Maben J, Bridges J. COVID-19: supporting nurses' psychological and mental health. J Clin Nurs. 2020;29(15–16):2741–2750. https://doi.org/10.1111/jocn.15307

Meadley B, Caldwell J, Perraton L et al. The health and wellbeing of paramedics: a professional priority. Occup Med. 2020;70(3):149–151. https://doi.org/10.1093/occmed/kqaa039

Mitchell G. Figures spark call for inquiry into 'alarming' levels of nurse suicide. 2019. https://www.nursingtimes.net/news/workforce/figures-spark-call-for-inquiry-into-alarming-levels-of-nurse-suicide-29-04-2019/ (accessed 6 October 2023)

Mukhtar S. Psychological health during the coronavirus disease 2019 pandemic outbreak. Int J Soc Psychiatr. 2020;66(5):512–516. https://doi.org/10.1177/0020764020925835

NHS England. We are the NHS: people plan 2020/21 action for us all. 2020. https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf (accessed 6 October 2023)

Notelaers G, Van der Heijden B, Hoel H et al. Measuring bullying at work with the short-negative acts questionnaire: identification of targets and criterion validity. Work Stress. 2019;33(1):58–75. https://doi.org/10.1080/02678373.2018.1457736

Nursing and Midwifery Council. Leavers survey 2022. 2021. https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2022/leavers-survey-2022.pdf (accessed 24 January 2024)

Piotrowski A, Makarowski R, Predoiu R et al. Resilience and subjectively experienced stress among paramedics prior to and during the COVID-19 pandemic. Front Psychol. 2021;12. https://doi.org/10.3389/fpsyg.2021.664540

Rodwell J, McWilliams J, Gulyas A. The impact of characteristics of nurses' relationships with their supervisor, engagement and trust, on performance behaviours and intent to quit. J Adv Nurs. 2017;73(1):190–200. https://doi.org/10.1111/jan.13102

Rogelberg SG, Stanton JM. Introduction: Understanding and dealing with organizational survey nonresponse. Organ Res Methods. 2007;10(2):195–209. https://doi.org/10.1177/1094428106294693

Royal College of Midwives. The state of maternity services report 2018. 2018. https://www.rcm.org.uk/media/2373/state-of-maternity-services-report-2018-england.pdf (accessed 22 February 2024)

Royal College of Midwives. The state of maternity services report 2016. 2016. https://www.rcm.org.uk/media/2372/state-of-maternity-services-report-2016.pdf (accessed 22 February 2024)

Royal College of Nursing. Employment survey 2021. 2022. https://www.rcn.org.uk/professional-development/publications/Employment-Survey (accessed 24 January 2024)

Royal College of Nursing. Staffing for safe and effective care: state of the nation's nursing labour market. https://www.rcn.org.uk/professional-development/publications/staffing-for-safe-effective-care-labour-nursing-market (accessed 24 January 2024) 2023.

Royal College of Nursing Wales. Nursing in numbers 2021: an overview of the nursing workforce in Wales. 2022. https://www.rcn.org.uk/Professional-Development/PDFs/nursing-in-numbers-report-2021 (accessed 24 January 2024)

Royal College of Nursing Wales. Nursing in numbers 2023. 2023. https://www.rcn.org.uk/Professional-Development/publications/rcn-nursing-in-numbers-english-uk-pub-011-188 (accessed 24 January 2024)

Søvold LE, Naslund JA, Kousoulis AA. et al. Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. Front Public Health. 2021;9. https://doi.org/10.3389/fpubh.2021.679397

Spector PE, Jex SM. Development of four self-report measures of job stressors and strain: interpersonal conflict at work scale, organizational constraints scale, quantitative workload inventory, and physical symptoms inventory. J Occup Health Psychol. 1998;3(4):356–367. https://doi.org/10.1037/1076-8998.3.4.356

The Kings Fund. NHS workforce: our position. 2022. https://www.kingsfund.org.uk/projects/positions/nhs-workforce (accessed 6 October 2023)

Traynor M. Guest editorial: what's wrong with resilience? J Res Nurs. 2018;23(1):5–8. https://doi.org/10.1177/1744987117751458

Welsh Government. Chief Nursing Officer prioritises the health and wellbeing of the nursing and midwifery professions across Wales. 2023. https://www.gov.wales/chief-nursing-officer-prioritises-health-and-wellbeing-nursing-and-midwifery-professions-across (accessed 22 February 2024)