Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Your Wellbeing Matters: Nursing and Midwifery Study 2020 on Workplace Wellbeing and Environment
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Christine Davies, Assistant Director of Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report presents findings of an independent online survey of all nursing staff in Hywel Dda University Health Board (HDdUHB) conducted over a six-week period during January and February 2020 (i.e. prior to the COVID-19 outbreak).

462 of our nursing, midwifery and health care support worker staff responded.

The online survey is the initial phase of a study taking place over 3 years with subsequent surveys planned for Spring 2021 and Spring 2022.

The study was commissioned to enable HDdUHB to have a better understanding of the wellbeing and work-related attitudes and experiences of currently employed nursing staff and the ways in which these change over time, if at all. The study supports HDdUHB's values and Staff Wellbeing Policy.

Cefndir / Background

Staff wellbeing and the nature of the workplace environment enable organisations to thrive and offer a platform for a stable and sustainable workforce. The aim of the study was to identify factors (barriers and drivers) that impact on nursing staff wellbeing and their workplace environment within HDdUHB, and to develop holistic strategies for wellbeing, including evidence based practice that will support a sustainable workforce and contribute to holistic workplace wellbeing.

It is acknowledged, HDdUHB nursing staff work in a healthcare environment that is under increasing pressures to meet changing healthcare needs of the population, service transformation demands, together with the challenges of a shifting demography and rural healthcare requirements. All these are against the imperative for a stable and sustainable workforce at a time when recruitment and retention of sufficient staff across all groups and disciplines is difficult. This is particularly the case with nursing. Against this context, the need to restore and replenish workforce wellbeing is acknowledged.

Asesiad / Assessment

The findings of the report would suggest that there are implications for HDdUHB at corporate level as well as more specific implications at an operational level. For the former, the work environment and its impact on wellbeing must be positioned in order that the enhancement of wellbeing is seen as a fundamental corporate objective.

The approach to staff wellbeing should be tailored so that it is inclusive, employee-led, and be adopted. Key initiatives should be adapted for specific workforce challenges and demographics to create a stable and sustainable workforce that is responsive to service change.

The report emphasises that a strategic and operational appreciation of localised factors needs to be considered to restore and replenish the physical and psychological wellbeing of nursing staff. Staff at all levels should be trained and equipped to make employee wellbeing 'routine business' for all, by embedding the promotion of workplace wellbeing as a core competency; ensuring comprehensive training reaches all managers and supports the values of HDdUHB.

At an operational level, this survey found:

- The nursing workforce within HDdUHB is committed, resilient, engaged and embedded in the work they perform.
- Engagement of nursing staff is increasingly undermined by high levels of workload, bureaucracy and burnout in workplace environments that are perceived as being under resourced.
- Higher workload is combined with lower levels of organisational support.
- Work intensification, staff shortages and resourcing pressures are viewed as eroding positive voice climate and impacting on quality of care, leaving nursing staff approaching a tipping point where a number are being driven to consider leaving the profession.
- Management within HDdUHB are in a position to address these issues before any number of highly skilled employees exit the nursing profession.

The report suggests that the present understanding of the multifaceted nature of working conditions and staff wellbeing within HDdUHB necessitates a more cooperative consideration to identify specific workplace issues that impact on staff wellbeing within the workplace environment. The report is available as **Attachment 1.**

As an outcome of this research, the following recommendations are considered and included as part of an agreed action plan:

- HDdUHB acknowledges the impact of work on wellbeing by positioning the enhancement of wellbeing as a fundamental corporate objective.

- A tailored approach to staff wellbeing that is inclusive and employee-led should be adopted. This focused approach should implement key initiatives adapted for specific workforce challenges and demographics to create a stable and sustainable workforce that is responsive to service change. A strategic and operational appreciation of localised factors needs to be considered to restore and replenish the physical and psychological wellbeing of nursing staff.

- Equip managers at all levels to make employee wellbeing 'routine business' for all, by embedding the promotion of workplace wellbeing as a core competency for managers ensuring comprehensive training reaches all managers and supports the values of the Health Board.

- Recognition of employee wellbeing as a critical component to being a responsible organisation and further promotes values and behaviours that foster wellbeing, enable an inclusive culture by embedding wellbeing into management accountability and

operational policies and tools and report on wellbeing performance in external communications such as annual reports.

- Recommended that HDdUHB explores ways of supporting and encouraging local networks, particularly through partnership forums and regional networks, to develop integrated approaches to improving workplace wellbeing and environment. Engaging in partnerships with other stakeholders and similar organisations will provide opportunities to learn from the evidence of best practice elsewhere.

- We propose that online platforms with a wide reach are developed that link up with NHS approved health and wellbeing support services to provide mental health support and advice which can be accessed confidentially by those working through various social media channels and personal technology.

- HDdUHB drives further change by developing wellbeing champions and leaders from across the organisation to maintain momentum and build upon the current activities and this report. For example, HDdUHB continues to develop and sustain mechanisms to support the positive voice climate identified within the organisation. We would therefore recommend a bundled approach with a range of voice mechanisms on offer rather than a reliance on one or two mechanisms or channels. Certainly, given the complex nature of health care organisations, a variety of different approaches to providing employees with opportunities for direct voice are likely to be needed.

- To develop performance measurement strategies to assess, evaluate and promote HDdUHB's response to and management of staff wellbeing and the workplace environment.

- Targeted interventions are needed to address key issues of work intensification, bureaucracy and burnout. These interventions should focus on addressing workloads, scope of practice and retention of nursing staff. Strategies are also required to ensure nursing staff are able to continue to cope with, and tolerate, working environments in which they feel respected, valued and supported to deliver high quality healthcare.

Significant work is already underway across all staff groups in HDdUHB, to address the wellbeing agenda and this work has been rapidly accelerated and given the top-level sponsorship since the start of the COVID-19 pandemic in March 2020.

An initial analysis of key actions underway within the organisation against the recommendations has been undertaken and is contained in tabular form in **Attachment 2.**

However, there is still work to be undertaken and as this study suggests, it is imperative that the nursing profession also takes ownership of its wellbeing and environment at work agenda. Our learning can be further continued by the longitudinal nature of this study. It is proposed that the Director of Nursing, Quality & Patient Experience chairs a Working Group within HDdUHB to consider the recommendations, actions in progress and further actions required as the study progresses. This group will consist of senior nurse leaders and operational nurse leaders, staff side representatives, the Head of Staff Psychological Wellbeing and the Senior OD Manager. The Director of Nursing, Quality & Patient Experience will also ensure that this agenda features regularly as part of the work of the Senior Nurse Management Team and its work programme.

The Project Steering Group for the study will continue to meet quarterly to ensure succession progression of the study and the workplace and wellbeing actions arising from it. Membership of the Group is as follows:

- Professor John Gammon
- Professor Sharon Williams
- Dr Julien Hunt
- Professor Peter Holland
- Dr Tse Leng Tham
- Lisa Gostling – Director of Workforce and Organisation Development
- Mandy Rayani – Director of Nursing, Quality and Patient Experience
- Christine Davies – Assistant Director of Organisation Development
- Rob Blake – Senior OD Manager
- Fiona Hancock – Senior Communications Officer
- Roy Holman.

The Project Group for steering the study over the next 18 months will also consider options for publication of the organisations learning in any relevant journals, etc. This will assist in increasing the reputation of HDdUHB as an employer of choice and contribution to the attraction and retention of our nursing, midwifery and health care support worker workforce.

Argymhelliad / Recommendation

PPPAC is asked to note the contents of this report and the progression of the study and to endorse the recommendations for action and the arrangements being put in place for these to be taken forward.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-20	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ongoing staff experience and thematic analysis
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Improved wellbeing
Risg: **Risk:**	Not applicable
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

ATTACHMENT 1

Your Wellbeing Matters:

Findings from the Survey on Workplace Wellbeing and Environment

By

Professor John Gammon
Professor Sharon Williams
Dr Julian Hunt
Professor Peter Holland
Dr Tse Leng Tham

November 2020

Table of Contents

Acknowledgments

We would specifically like to thank the following people for their help, advice and insightful comments that were invaluable in the development of this report:

- Members of the Project Board at Hywel Dda University Health Board.
- Nursing and midwifery staff at Hywel Dda University Health Board who gave their time in completing this survey.

Executive Summary

Staff wellbeing and the nature of the workplace environment enable organisations to thrive and offer a platform for a stable and sustainable workforce. The aim of the study was to identify factors (barriers and drivers) that impact on nursing staff wellbeing and their workplace environment within Hywel Dda University Health Board (HDUHB), and to develop holistic strategies for wellbeing, including evidence based practice that will support a sustainable workforce and contribute to holistic workplace wellbeing.[1]

It is acknowledged, HDUHB nursing staff work in a healthcare environment that is under increasing pressures to meet changing healthcare needs of the population, service transformation and demands, together with the challenges of a shifting demography and rural healthcare requirements. All these are against the imperative for a stable and sustainable workforce at a time when recruitment and retention of sufficient staff across all groups and disciplines is difficult. This is particularly the case with nursing. Against this context, the need to restore and replenish workforce wellbeing is acknowledged.

This report presents findings of an independent online survey of 462 nursing staff conducted over a six-week period during January and February, 2020. The survey examined staff wellbeing (e.g., workload, psychological safety, engagement, bullying, resilience, job satisfaction and job turnover) of nursing staff and workplace environment (e.g., employee voice, employee silence, perceptions of bureaucracy, organisational practices, support at work, trust in direct supervisor and senior management, and trade union partnerships).

The findings of the report would suggest that there are implications for the health board at corporate level as well as more specific implications at an operational level. For the former, the work environment and its impact on wellbeing must be positioned so that the enhancement of wellbeing is seen as a fundamental corporate objective. The approach to staff wellbeing should be tailored so that it is inclusive, employee-led, and be adopted. Key initiatives

[1] Throughout this report, nursing staff refers to participants including nurses, midwives and healthcare support workers.

should be adapted for specific workforce challenges and demographics to create a stable and sustainable workforce that is responsive to service change. The report emphasises that a strategic and operational appreciation of localised factors needs to be considered to restore and replenish the physical and psychological wellbeing of nursing staff. Staff at all levels should be trained and equipped to make employee wellbeing 'routine business' for all, by embedding the promotion of workplace wellbeing as a core competency; ensuring comprehensive training reaches all managers and supports the values of the health board.

At an operational level, this survey found:

- The nursing workforce within HDUHB is committed, resilient, engaged and embedded in the work they perform.
- Engagement of nursing staff is increasingly undermined by high levels of workload, bureaucracy and burnout in workplace environments that are perceived as being under resourced.
- Higher workload is combined with lower levels of organisational support.
- Work intensification, staff shortages and resourcing pressures are viewed as eroding positive voice climate and impacting on quality of care, leaving nursing staff approaching a tipping point where a number are being driven to consider leaving the profession.
- Management within HDUHB are in a position to address these issues before any number of highly skilled employees exit the nursing profession.

This report suggests that the present understanding of the multifaceted nature of working conditions and staff wellbeing within HDUHB, necessitates a more cooperative consideration to identify specific workplace issues that impact on staff wellbeing within the workplace environment.

1: Background and Focus of the Study

This online survey is the initial phase of a three phase study lasting over three years and builds upon on a recent staff satisfaction survey undertaken by Hywel Dda Health University Board (HDUHB).[2] The study was commissioned to enable the health board to have a better understanding of the wellbeing and work-related attitudes and experiences of currently employed nursing staff, and the ways in which these change over time; if at all. The study supports the Values and Staff Wellbeing policy of the health board. With the rapid growth of workplace wellbeing interventions, determining their effectiveness is not only good management but also good practice. Workplace wellbeing considers the aspects of overall wellbeing perceived to be determined primarily by work and that can be influenced by workplace intervention. It needs to be noted that the fieldwork for this survey was carried out prior to the UK outbreak of the coronavirus pandemic.

The findings from this study will be used to generate a better understanding of the policies and practices which are likely to be effective in improving the working lives of nursing staff in HDUHB and therefore help further improve the workplace environment, their wellbeing that will contribute to the retention of this important part of the health board's workforce.

The aim of this study was to identify factors (barriers and drivers) that impact on nursing staff wellbeing and workplace environment in HDUHB, and to develop holistic aspects of wellbeing, including evidence based practice that will support a stable and sustainable workforce and explore workplace sources that contribute to holistic workplace wellbeing. The key themes explored within the study were workload, emotional labour, engagement, employee voice and occupational turnover intention.

Investigating these factors contributing to workplace culture, wellbeing, and career intentions, particularly, intentions to leave the profession, are areas of particular concern for health boards, indeed the National Health Service (NHS)

[2] Phase two will take place during January and February, 2021. Phase three will take place in January and February, 2022.

more widely. Therefore, attempting to obtain a comprehensive overview of local factors contributing to workplace wellbeing and those that are driving nursing staff to consider leaving the profession are viewed as important. Moreover, a strategic and operational appreciation of localised factors that restore and replenish the physical and psychological wellbeing of staff should be part of a holistic approach to the workplace environment and wellbeing. This report therefore notes that proactive and targeted interventions particularly aimed at salient issues of work intensification, declining engagement, and effective voice mechanisms which are needed to address crucial issues of workplace wellbeing, attrition and recruitment of individuals from nursing and midwifery occupations in HDUHB.

A recent report published by Public Health England (2017), highlighted the crisis which is upon the NHS. While focused on NHS England, the messages within the report are equally applicable to NHS Wales. This report stated the greatest challenge facing the NHS lies within nursing. A key message within the report related to 'making the NHS a better place to work and build a career for all staff'. The report provided a number of reasons why people left their job. In addition to leaving for personal reasons, it reported turnover was linked to the feeling of being overworked, underpaid, poorly treated, unable to deliver good care, unable to progress or a combination of these and it stated it was important to understand how all of these factors influence peoples' desire to remain within the NHS.

In terms of supporting a stable and sustainable workforce within HDUHB, whilst some turnover is healthy and will always exist as people seek new opportunities, the health board currently experiences turnover at a level which is higher than the NHS Wales average. In nursing, at present turnover within the health board is 9.6% whereas the all Wales turnover rate sits at 7.6%. For medical and dental health, Board turnover is 12.1% compared to a NHS Wales turnover rate of 9.2%. The rates for allied health professionals and administrative is also higher and requires attention to understand what drives turnover within HDUHB. These are factors that are considered in this report, within the context of wellbeing and workplace environment.

In line with the 'Quadruple Aims' of *A Healthier Wales: Our Plan for Health and Social Care* (Welsh Government, 2018a), it is acknowledged that HDUHB are particularly keen to recognise the contribution of the workforce and demonstrate its commitment to the wellbeing, capability and engagement of nursing staff and thus improving outcomes for those to whom HDUHB provide healthcare and support. In doing so, HDUHB support the development of a culture of wellbeing, mutual respect and improvement throughout its boundaries. This study therefore, was the first phase of subsequent surveys that will consider wellbeing and workplace environment for all colleagues and contribute to the staff wellbeing strategy and action plan of HDUHB.

This study addresses the key indicators associated with workplace environment and wellbeing including working conditions, wellbeing, and organisational and management practices that characterise the work environments of nurses at the health board. In doing so, this study illuminates in greater detail, individual issues within the nursing profession. Through this survey's responses, this report identifies what aspects of the work environment require attention and interventions to facilitate the retention of key healthcare workforce staff, support their wellbeing and form the basis of an action plan that will enable the Board to proactively address and implement strategies.

2: Policy Context: UK and Wales

The healthcare workforce is a major employer in the UK, accounting for an estimated 6 per cent of the total UK workforce in 2016 to 2018 (Office for National Statistics, 2018). In 2018, around 1.9 million people were employed in the health sector across the UK. This includes both public and private sector health workers such as nurses, midwives and nursing support workers. Of these, British nationals make up 88 per cent of the workforce and non-British nationals make up 12 per cent (Office for National Statistics, 2019a). Of non-British nationals, 6 percent are EU nationals and 6 per cent non-EU nationals (Office for National Statistics, 2019a). Of the 1.9 million people in the UK healthcare workforce, 68 per cent were working in the public sector and 32% in the private sector (Office for National Statistics, 2018).

According to the *Labour Force Survey* (ONS, 2019b), there were an estimated 648,900 people in employment in the occupational category of nurse in 2018/19. Between 2009/10 and 2018/19, there was an overall increase in the number of nurses in employment of 22.7 per cent. There are an estimated 319,400 people in employment in the category of nursing auxiliaries and assistants in the UK in 2018; this number has risen by 39.4% between 2009/10 and 2018/19. The number of midwives in employment is estimated to be around 46,900. This number has risen by 36.7% in the period between 2009/2010 and 2018/19.

The National Health Service (NHS) employs near 1.5 million people. It is the biggest employer in the UK and one of the largest employers globally. The large majority of NHS staff, 1.1 million full-time equivalents (as at February 2020), work in 'hospital and community services' (HCHS) as direct employees of the NHS providing ambulance, mental health and community and hospital services (NHS Digital, 2020). In 2019, 77.5 per cent of nurses and midwives in employment and 61 per cent of nursing auxiliaries and assistances in employment, were employed within the NHS (ONS, 2019b).

2.1: Nursing in Wales:

In the UK, the National Health Service (NHS) is the umbrella term for the four health systems of England, Scotland, Wales and Northern Ireland. Health has been a primarily devolved matter since powers were transferred to the Senedd in Wales and Scottish Parliament on July 1, 1999, and to the Northern Ireland assembly on December 2, 1999. Responsibilities of the devolved authorities include organisational control and funding of the NHS systems, family planning, provision of health services and the prevention, treatment and alleviation of disease, illness, injury, disability and mental disorder. Westminster retained responsibility for these in England.

In 2009, a minority Welsh Labour Government replaced a system that mixed market and bureaucratic levers in the NHS in Wales, with a system that removed most market levers. The objective of these reforms was to focus on patient care, and the development of a structure that would 'provide a simpler and more transparent decision making process' that benefitted both patients and staff (National Assembly for Wales, 2015). These reforms were:

> (A)bout developing a service … based on co-operation, collaboration and partnership working. It is not based on market concepts and is value driven. It means a shift in the balance of care, looking at whole systems rather than just hospitals. There is a strong emphasis on public health and long-term planning'.
>
> (National Assembly for Wales, 2015)

A Healthier Wales: Our Plan for Health and Social Care (Welsh Government, 2018a) was published by the Welsh Government in June 2018. The document was a direct response to *The Parliamentary Review of Health and Social Care in Wales* (Welsh Government, 2018b) earlier that year. The review described the increasing demands and challenges facing health and social care in Wales. These included an ageing population, lifestyle changes, public expectations, new and emerging medical and digital technologies, rising costs in health and care expenditure outpacing the country's growth, and shortages in our health and social care workforce. This was positioned against a demographic profile that forecasted fewer people of working age available to work in health and social care roles, which presented a significant challenge to health and social care services in Wales.

To support the delivery of *A Healthier Wales: Our Plan for Health and Social Care* (Welsh Government, 2018a), the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS Wales and Local Government, private and voluntary provider services as well as regulators, professional bodies and education providers. A core element of the Parliamentary Review (Welsh Government, 2018b) and *A Healthier Wales'* (Welsh Government, 2018a) 'Quadruple Aim' was to deliver an inclusive, engaged, sustainable, flexible and responsive workforce in health and social care.

In late 2019, Health Education and Improvement Wales released a final draft of *A Healthier Wales: Our Workforce Strategy for Health and Social Care* (Health Education and Improvement Wales, 2019). The workforce strategy sets out the 'vision, ambition and approaches that are needed to put wellbeing at the heart

of our plans for the workforce' (Health Education and Improvement Wales, 2019: 2). The document seeks to create a 'compassionate culture' in addressing a number of long standing challenges as well as preparing our workforce for future challenges:

> Our ambition is that we will have a motivated, engaged and valued, health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales. Specifically, this means that;
>
> - We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support people's wellbeing as close to home as possible;
> - We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales;
> - We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity, and
> - We will have a workforce that feels valued and is valued.
>
> (Health Education and Improvement Wales, 2019: 8)

This was to be achieved through implementation plans developed in partnership with healthcare staff and delivered at local, regional and national levels.

Nonetheless, nursing staff in the NHS in Wales find themselves working in a healthcare environment that is under increasing pressure to meet rising demand, being unable to recruit and retain staff across all staff groups and disciplines – Especially nursing staff.

Between September 2009 and March 2020, there was a slight overall increase in the number of nursing staff employed within the NHS in wales from 31,159 to 33,639 (Welsh Government, 2020). In these years, the number of registered nurses rose from 20,528 to 21,555. The number of registered midwifery staff rose from 1,217.2 to 1,394 and, nursing and midwifery support staff from 9,413. to 10,689.

These figures suggest nursing numbers employed within the NHS in Wales as being relatively static over the decade since 2009. However, this does not

reflect patient need or service developments and demands. There is an increasing nursing workload in caring for an ageing population with increased dependency and co-morbidities. Patient throughput in hospitals has risen sharply as has bed occupancy (Royal College of Nursing (RCN), 2019a). Nursing shortage within the Welsh NHS is stark, and a heavy reliance on the willingness of nursing staff to work overtime contributes to stress, sickness, low morale and poor retention rates (RCN, 2019a). In Wales, 76 per cent of nurses work overtime at least once a week and of this number, the majority work between one and four additional hours per week (RCN, 2019b).

A substantial increase in nursing is needed to ensure the ongoing delivery of safe and effective patient care. In October 2019, there were 1651 nursing vacancies across the NHS in Wales (RCN, 2019b). In some areas, such as critical care, the vacancy rate for registered nurses are as high as 25 per cent (RCN, 2019b). NHS Wales displays an increasing reliance on agency nursing and in 2018/2019, spent £63.8 million on agency staff; a rise of 24% from the previous year (RCN, 2019a). This is the equivalent salary spend of 2,635 newly qualified nurses. In a recent interview, the Director of the RCN in Wales stated (https://www.rcn.org.uk/news-and-events/news/w-nursing-workforce-in-wales-2019-16102019):

> The Welsh NHS continues to rely on the goodwill of registered nurses. Our members have said that 76% of them are working work overtime at least once a week, with a majority reporting between one and four hours. Worryingly only 50% of them being paid for these extra hours. Nurses are overworked and under pressure, I am very concerned that this continued pressure will result in burn out and ultimately nurses leaving nursing.

Moreover:

> The lack of adequate nursing staff is a real threat to the NHS in Wales ability to meet the requirements of the Nurse Staffing Levels (Wales) Act 2016, the first legislation of its kind in Europe that seeks to ensure sufficient nurses to care for patient sensitively. Wales needs more registered nurses to deliver that care, and it needs to plan ahead to

ensure the numbers are increased in both the short and the long term. This means continuing to increase student nursing numbers and urgent measures to safeguard international recruitment and address retention.

In recent years, there has been an increase in nursing student numbers and in the number of student nursing places commissioned by the Welsh Government.

3: Methodology

This study derives from a comprehensive online survey undertaken with the cooperation of nursing staff within HDUHB, that has been previously tested and validated by international studies of Australian nurses and midwives. The survey was contextualised to reflect the working lives of nursing staff in Wales.

The online survey was conducted by the Swansea University in collaboration with the health board and trade union partners, and advertised to staff through health board news bulletins, posters and emails. These included hyperlinks to the survey website. The online survey was further promoted via social media (Facebook and Twitter) and a member of the research team attended staff wellbeing events throughout the health board during the first two months of 2020. At these events, staff were invited to scan a QR code on their mobile telephone that took them directly to the survey website. The QR code was further included on study posters.

All potential participants were informed that participation was voluntary and assured of their anonymity. A total of 462 usable responses were received from nursing staff within the health board, following cleaning of the dataset. All survey scales had been previously validated internationally and published (Holland, Tham & Gill, 2018). The findings were analysed in collaboration with Australian research partners using standard quantitative and qualitative methods

4: Background Literature and Research:

This section considers pertinent literature and research relating to the two key constructs of this study: Workplace wellbeing and environment.

4.1: Workplace Wellbeing

In terms of workloads, the overwhelming majority of respondents reported high workloads leading to work intensification which occurred consistently and significantly to a majority acknowledging this was a daily occurrence. The key determinants of the reported high workload including inadequate staff levels and excessive amounts of additional tasks. There was a strong feeling amongst respondents that the high workloads impacted on quality of their role. Indeed, fifty-nine percent of respondents indicated that they often have to do more work than they can do well (i.e., 'once or twice per week' and 'several times per day'). With nearly forty percent (39%), identifying this was a daily occurrence. However, within the team environment the psychological safety was found to be strong with the majority of nurses feeling well supported by their colleagues. This is often seen as an important mitigating factor to work intensification.

Exploring the aspect of engagement and burnout key indicators of individuals wellbeing, the majority of respondents reported feeling enthusiastic and immersed in their work. However, it is worth noting on the third criteria of energy only a third said this occurred weekly. The qualitative data highlighted and corroborated the pressure regarding these issues. In the context of burnout, the study found a majority of respondents found work exhausting with a significant proportion (61%), indicating they were emotionally exhausted. Of this, nearly half (46%) often felt burnout (often or always) as a consequence of their work. These are concerning finding regarding the general health and wellbeing of the workforce.

Research in the field of bullying has indicated that the health sector has some of the highest incidents (Marsh, 2019; Sturrock, 2019). Bullying has several negative effects on the workplace linked to productivity moral and turnover. Our study provided some interesting finding that we would argue need further investigation. Over the nine indicators of bullying there are a consider finding of daily and weekly bullying by around 10 percent of the respondents. Extrapolating this to the full workforce of the health board would suggest at least 300 nursing staff out of the 3,100 workforce are experiencing these behaviours on a daily and weekly basis. Overall, the study suggests that between 26 and 53 per cent of the respondents indicate these behaviours are commonplace.

A key consideration to counter the negative aspect of the work environment can be an individual's resilience, or the capacity to recover from setbacks. In our study, the results were mixed and suggest more detailed analysis. Whilst in general the results generally show a cohort with resilience, a core of around a quarter of the respondents indicated they did struggle.

Looking to the bigger picture, job satisfaction essentially describes the level of like or dislike a person has for their job and as such is seen as a default for the link between the perception of an individual's work and organisational fit. Whilst around two-thirds of respondents like their job and work environment, it is worth noting that in terms of being satisfied with their job this was the lowest indicator at 56 per cent and highest discontent indicator at 27 per cent. In other words, the ratio is 2-1 for satisfaction in the job which, is a concern and may be related to several of the factors already identified, and indicated by the qualitative research. This lack of satisfaction with the job is worth further exploration.

For management, this section finishes with arguably the key indicators of these work-related issues – the employees' consideration of their intention to leave the profession. The two key indicators identified several significant issues. Whilst 29 percent indicated they were not intending to leave nearly a third (32%) indicated they were looking to leave the profession. However, of more significance was the quitting intention with almost half (48%) intending to quit the profession in the near future.

Building on the previous issues of work intensification, bullying and signs of burnout this study raises major retention issues of a highly skilled frontline health workers. These findings are disquieting as they signify intentions to leave the job. This potentially represents a significant drain of skilled and experienced staff, with increasing demands within the health board. These potential problems may be exacerbated given that the majority of the nursing workforce in the health board are already aged 45 years or older and thus a significant percentage of this sector's workforce will likely retire in the next decade. We believe this is a finding that needs further investigation.

4.2: Workplace Environment

Workplace environment, on occasions referred to as workplace climate, explores the internal relationship of the health board to identify the ways in which each area works and supports the effective running of the health board.

Employee voice arrangements in a workplace are central to building effective communication, employee involvement as well as the cooperative workplace relations. As such they have also been found to boost employee performance. There are many aspects of voice communications in the workplace that in combination provide a comprehensive view of the workplace environment. Prohibitive voice refers to employee concerns over identifying negative aspect of the workplace, with potential personal consequences. Overall, there was strong support for a culture of speaking up on issues of concern. In terms of promotive voices or ways to improve the work environment. This also showed strong support from over two-thirds of the workforce. This reflects suggests an open and strong communication culture, with the majority feeling that they could and would voice on workplace matters. Although the qualitative data did point to issues of poor communication linked to management practices. Interesting, in the context of what is often seen as the anthesis of voice – silence there were what appeared contradictory findings. Despite the strong voice, there was concern from a majority of respondents that they did remain silence on issues. The majority indicated it was fear of retribution. It was also clear that the futility of getting change to occur was a strong factor in silence. This may be linked to the nature and structure of the health board bureaucracy, support at work and trust, which are examined below.

In terms of bureaucracy, this was one of the strongest findings of the study with administration, paperwork and hierarchical decision-making being evident in the job. Whilst, in the context of a critical care environment, this would not be unexpected. It could also be considered in the context of the findings associated with work intensification, burnout and ultimately, intention to leave the profession. This certainly emerges through in the quotes from the nurses in the report.

Overall, a considerable number of respondents felt that they did not receive support at work from their respective organisations. However, with regard to

supervisor support this was found to be very positive. This indicates that the role of the supervisor maybe critical in buffering the effects of a negative work environment and can be linked to similar findings regarding team support already noted. This was reinforced by examining support at work, where senior management consistently scored between 26-40 per cent for trust and support. This was in comparison to supervisors whose score ranged from 46- 66 per cent on the same indicators. Qualitative data provided by respondents echoed the above observations, highlighting the lack of support by senior management.

The final criteria explored was that of the industrial relations and trade union partnerships. Noting the high level of union membership in the nursing sector and the high level of work demands this is an important aspect of the workplace. Regarding the relationship between union and management, only fourteen percent of respondents agreed with only two percent strongly agreeing that the union and management cooperate to ensure improvements are made to the workplace. Not surprising similar results were found when asking about the mutual respect between management / union partnership. Only eight percent of respondents (i.e., 'agree' and 'strongly agree') felt that the parties kept their word. However, it is worth noting there was a comparatively large proportion of respondents that were ambivalent on these issues. It was also noted the very low results from a positive perspective on this aspect of the work environment with negative responses often doubling that of positive responses.

5: Survey Results

The following section is divided into two primary themes which combine to offer a portrait of working life for nursing staff within HDUHB. It takes the responses from our online survey of 462 participants, and applies them to themes covering experiences and views of workplace wellbeing and workplace environment. In addition to answering specific questions, respondents were offered the opportunity of providing comments. A number of these are included in this report.

The following section of this report will initially describe the demographics and characteristics of the survey respondents. This will be followed by a detailed analysis of specific responses and results.

5.1: Respondent Demographics

On average, respondents were 45 years old (SD = 10.5) and the majority were female and registered nurses (RNs, 41%) or Sister / Charge nurse / Specialised nurses (20%). Typically, respondents had 14 years of organisational tenure (SD = 11.4) and worked in permanent positions (96%) on a full-time basis (73%). The majority of respondents worked in hospitals. Table 1a, 1b and 1c provides more detailed information in relation to the demographic characteristics of the respondents.

Table 1a: Demographic Information of Study Respondents

Age (Mean[3])	Study's Sample	HDUHB
Years	45	-
Gender (%)		
Female	88	89
Male	11	11
Other	1	-
Job Role (%)		

[3] A mean is an average and is calculated by summing the responses of all the respondents and then dividing this total by the total number of respondents.

Registered nurse	41	
Registered midwife	5	4
Healthcare support worker	18	25
Sister / charge nurse / specialist nurse	20	15
Nurse manager	8	8
Other	8	
Organisational Tenure (Mean)		
Years	14	-
Employment Load (%)		
Full-time	73	54
Part-time	27	46

Table 1b: Demographic Information for Study Respondents (cont.)

Employment Status (%)	Study's Sample	HDUHB	Wales
Permanent	97	93	
Casual or temporary employment	1	7	
Other	2	-	
Employment Setting (%)			
Hospital	69		
Nursing or residential care facility	1		
GP practice	4		
Community hospital	5		
Other	21		
Membership (%)			
RCN	57		
RCM	5		
UNISON	25		
UNITE	3		
Other	10		
Religion (%)			
Christian	48	46	

Buddhist, Hindu, Jewish	1	1	
Other	3	10	
No religion	43	12	
Prefer not to say	5	31	
Ethnicity Group (%)			
White	93	91.7	
Mixed/ Multiple ethnic groups	1	0.5	
Asian/ Asian British	2	2.8	
Other	1	0.9	
Prefer not to say	**3**	4.1	
Sexual Orientation (%)			
Heterosexual or straight	93	74	
Gay or lesbian	1	1	
Bisexual	1	1	
Prefer not to say	4	8	
Other	1	16	

Table 1c: Demographic Information for Study Respondents (cont.)

Different Gender Identity to Sex Assumed at Birth (%)	
Yes	12
No	86
Prefer not to say	2
Condition/ Illness Impacting Ability (%)	
Yes, a lot	1
Yes, a little	17
Not at all	75
Prefer not to say	7
Physical/ Mental Conditions (%)	
Yes	20
No	73
Prefer not to say	7

5.2: Workplace Wellbeing

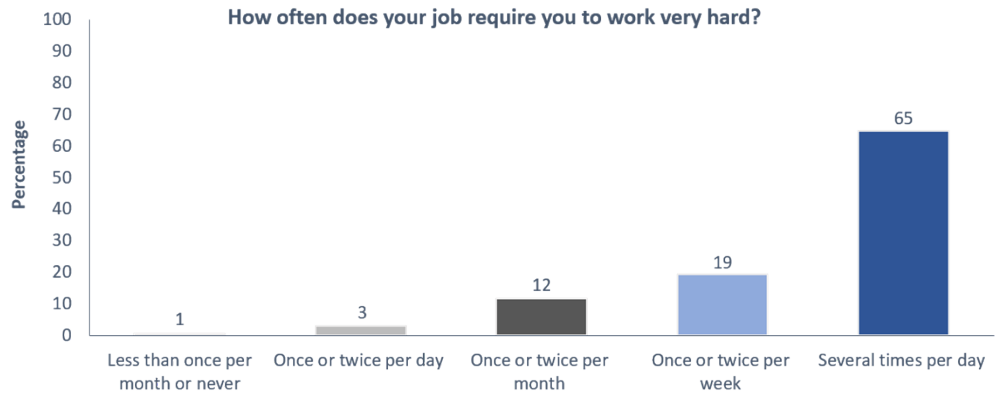
The following section is divided into eight domains covering nursing staff experiences and views of:

- Workloads.
- Psychological safety.
- Engagement.
- Burnout.
- Bullying.
- Resilience.
- Job satisfaction.
- Intention to leave job.

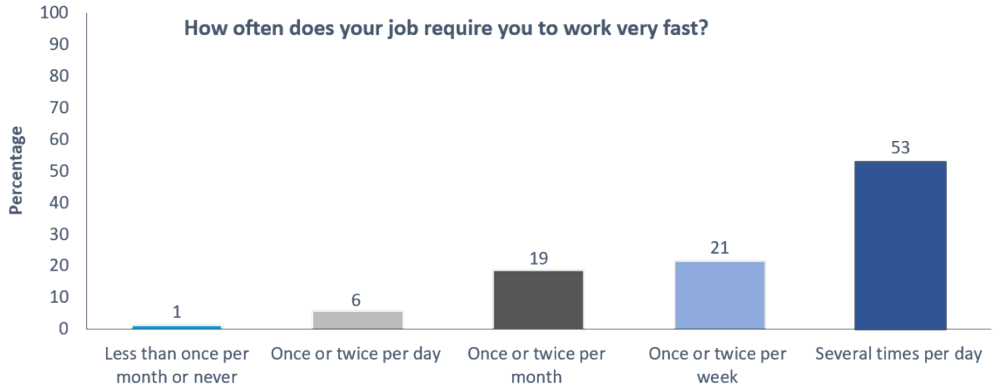
5.2.1: Workloads

This section of the survey asked respondents to explore the intensity of their work, by indicating how frequently their job required them to work very fast, very hard, with little time to get things done, and with a great deal to be done, and how often there was more work than could be done well. Respondents used a 5-point scale (1 = less than one per month or never to 5 = several times per day) to answer these items.

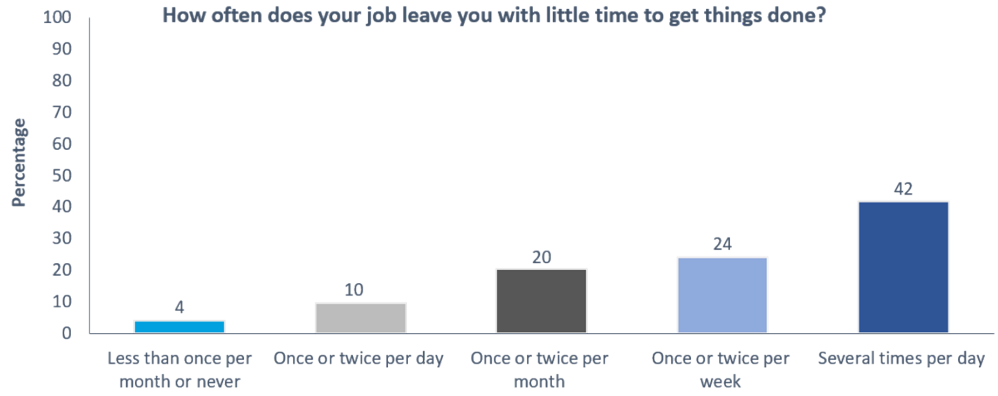
Overall, a significant majority (74%) or nearly three-quarters of respondents indicated that their jobs required them to work very fast, and there is often a great deal to be done at work at least once or twice per week to several times per day. The mean score for workloads among respondents is relatively high at 4.10 (out of 5). This raises the concerns that such pressures can potentially result in less time to do the job well. The underlying concern here is the increased pressure on quality when completing the job.



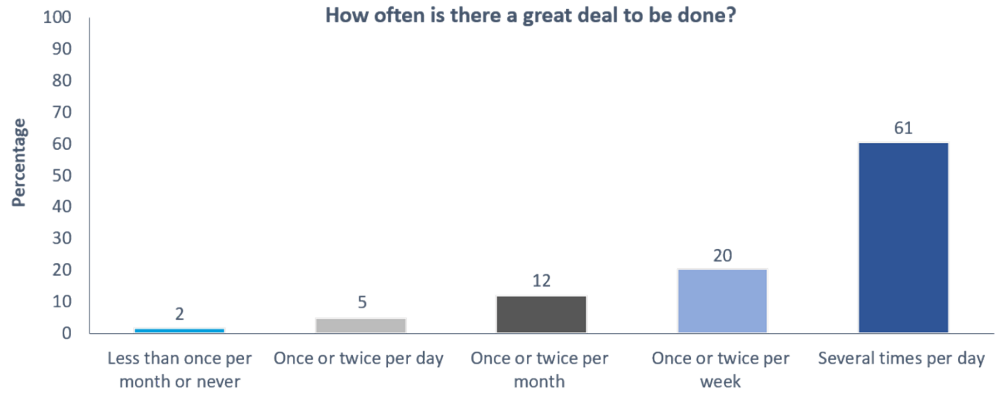
Sixty-five percent of respondents reported that their job often required them to work very hard several times per day.



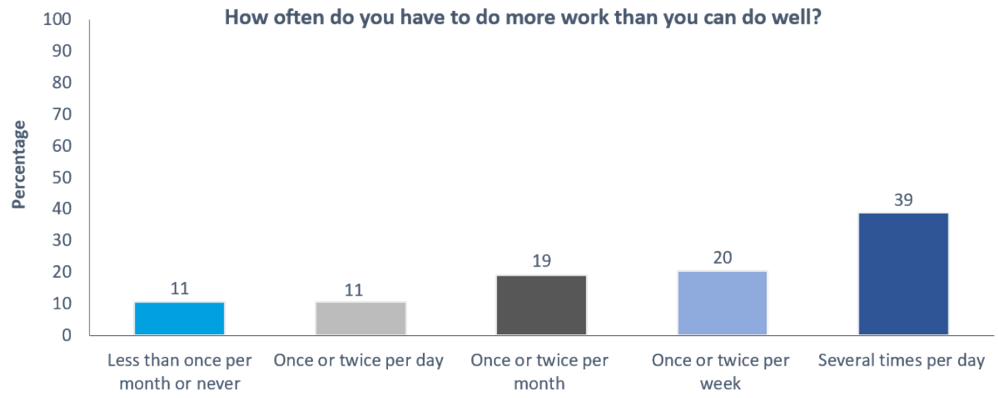
Seventy-four percent of respondents indicated that their job required them to work very hard at least once or twice per week to several times per day. Of these, fifty-three percent of respondents reported such feelings of work intensification several times per day.



Forty-two percent of respondents felt that there is a great deal to be done at least several times per day. This consistently indicates a workforce under pressure to complete their normal duties.



A large majority (81%) of respondents indicated that they often had a great deal to be done (i.e., ‘once or twice per week’ and ‘several times per day’). With a substantial majority of this group (61%), indicating this was a frequent and daily occurrence.



This final indicator on workloads should also give cause for concern with fifty-nine percent of respondents reflecting that they often have to do more work than they can do well (i.e., 'once or twice per week' and 'several times per day'). With nearly forty percent (39%), indicating this was a daily occurrence.

5.2.2: Quotes from Respondents

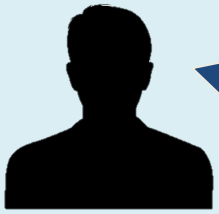
Qualitative data provided by respondents indicated that nurse shortages was a contributor of high workload. Additionally, respondents have also highlighted the increase in additional work responsibilities and unrealistic expectations of nurses to shoulder added work tasks without the provision of additional time or resources as a source of work intensification. Respondents consistently expressed concerns that inadequate staffing levels, along with the added pressure of administrative work not only contributed to heightened stress amongst staff but also put patient safety and care at risk.

Sister / Charge Nurse.

"Nursing shortages…financial incentives to value permanent staff contributions as a retention to maintain quality patient care"

"Inadequate staffing levels and IT systems with increasing expectations on performance, both quality and quantity."

Sister / Charge Nurse.



Registered Nurse.

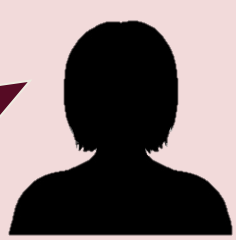
"The workload and patient care is compromised as senior nurses are expecting ward staff to carry out ridiculous amounts of cleaning."

"Insufficient members within nursing team to cover community patient workload, affecting ability to work safely and effectively"

Sister / Charge Nurse.

"I feel that the current environment is very pressurised, with staff concerns regarding patient care and the working environment not addressed. Overall, I am disappointed with how things have worse

"I believe that the nursing staff in the hospitals are under a great deal of pressure from understaffing and bureaucracy, and morale at ward level is low."



Sister / Charge Nurse.

Registered Nurse.

"Resources continue to diminish, workloads increase."

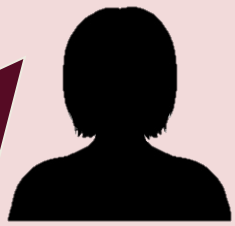
"Never leaving on time after our shifts due to staff shortages and excessive amounts of paperwork."

Registered Nurse.

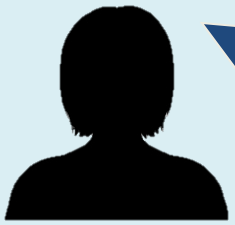
Registered Nurse.

"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."

"We are losing so many permanent staff and are manned every shift by mostly agency nurses who most of the time have no Accident and Emergency background and are greatly worrying in their practice - even when raised concerns these nurses keep returning or are in turn replaced with a similar agency nurse with the same lack of competency. Very dangerous working conditions with patients being nursed everywhere and anywhere - 8 patients who most of the time are gravely ill being nursed around the nurse's station. Patient suffering cardiac arrests around the nurse's station where there is no oxygen, no call bells, no monitors, no plug sockets!!"



Registered Nurse.



Residential Nurse.

"Lack of RGN's, lack of beds, poor social care provision in the community, intense workplace pressures and a push to take risks, threat of nursing in unsafe condition (i.e., corridor nursing)."

"Staffing levels are within an unsafe level, we are unable to do our job well."

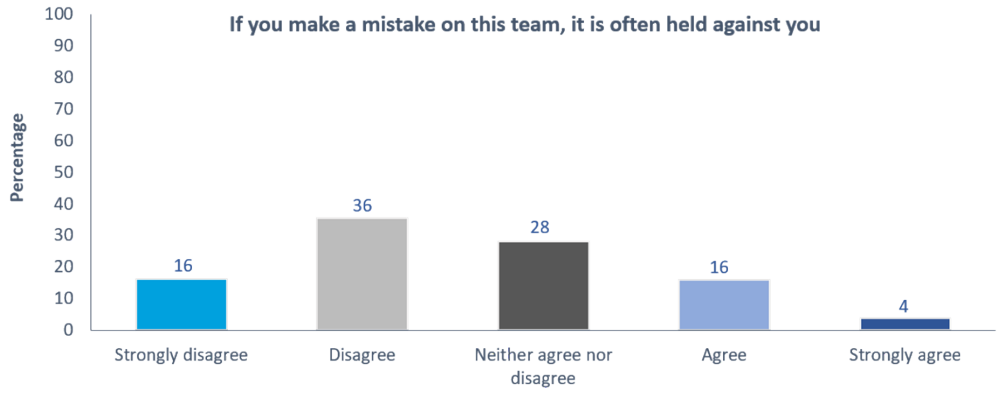
Registered Nurse.

5.2.3: Psychological Safety

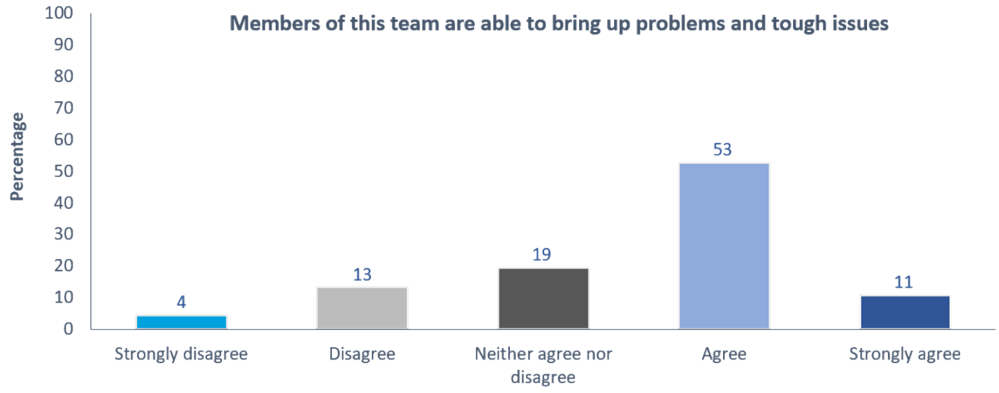
Psychological safety is closely related to the concept of trust and similarly, it is a climate which is cultivated and developed over time through communications and interactions among and between members (Ilgen, Hollenbeck, Johnson, & Jundt, 2005). It refers to a sense of confidence and safety that individuals will not be attacked, ridiculed or penalised for proposing or voicing ideas (Edmondson, 1999). Such climate is often considered critical as it enables individuals to, without fear of retribution and inhibition, acknowledge and discuss errors, contribute ideas and perspectives whilst respectfully consider the views of others (Hülsheger, Anderson, & Salgado, 2009). To capture our respondents' feelings of psychological safety, they were asked how safe they felt admitting mistakes or voicing concerns and how these were responded to by other team members at work. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer these items.

Overall, respondents reported a mean of 3.40 (out of 5) for psychological safety. Together with the analysis of individual questions below, this is indicative of a

relatively high and positive level of psychological safety. However, in conjunction with the qualitative data, it must be noted that respondents may not be of a view that this sense of confidence and safety can be extended to relationships beyond the proximal team, particularly with those of higher levels of authority.

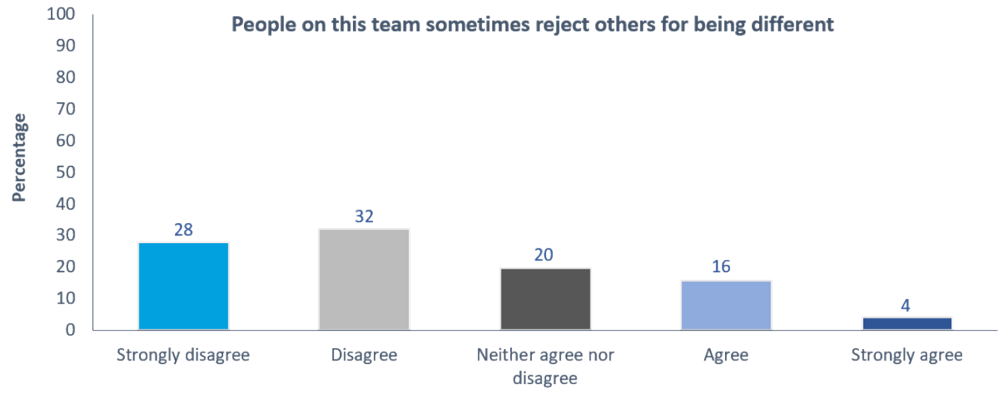


The findings show a majority indicating psychological safety within their team with fifty-two percent of respondents (i.e., 'strongly disagree' and 'disagree') reporting they did not feel that their team would hold it against them if they made a mistake. Only four percent of respondents (i.e., 'strongly agree') felt strongly that their team would hold it against them should they make a mistake. These findings are consistent with regards to the team and supervisor support.

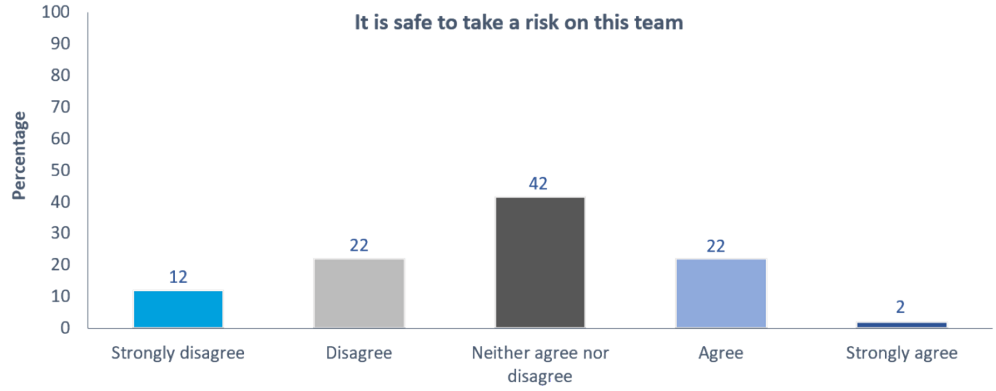


Nearly two-thirds of respondents (64%, i.e., 'agree' and 'strongly agree')

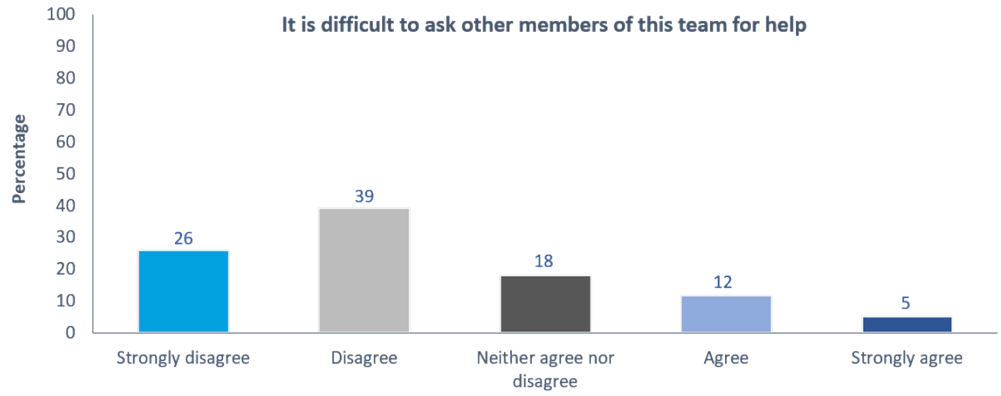
reported that they felt they could bring up difficult problems and issues with one another in their teams. Interestingly, this is in contrast with our findings on employee silence in section 5.3.7, where consistently, more than half of respondents reported remaining silent because they feared negative consequences, disadvantages associated with voicing their concerns, or vulnerability in the face of colleagues. Taking into consideration the qualitative data, such findings could be indicative of higher-quality working relationships within the proximal work team which unfortunately, may not be extended to the general workplace context (see qualitative data at the end of this section).



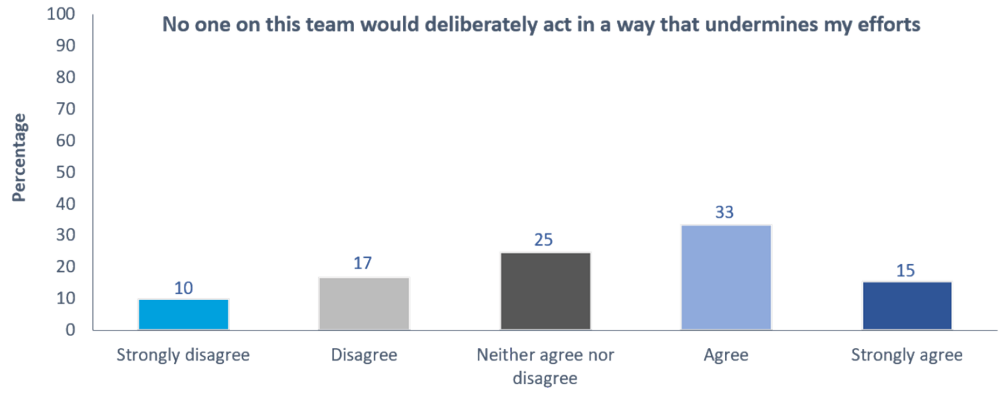
In alignment with findings in previous psychological safety indicators above, sixty percent of respondents (i.e., ‘strongly disagree’ and ‘disagree’) reported that they did not feel members of the team would reject others for being different.



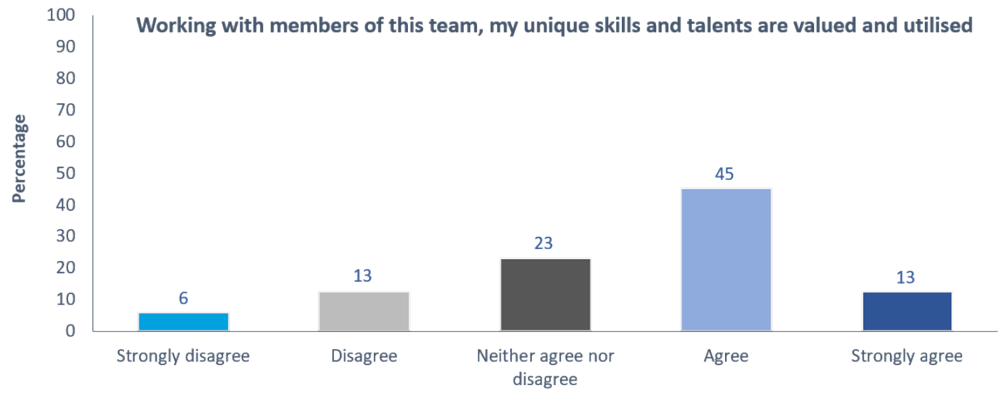
Interestingly, in comparison, a smaller percentage of respondents (24%, i.e., 'strongly agree' and 'agree') reported feeling safe to take risks in the team. A large proportion of respondents (42%, i.e., 'neither agree nor disagree') were ambivalent. This indicates further or more detailed research needs to be undertaken here to investigate the determinants of such a high proportion of uncertainty related to perceived safety in risk-taking within teams here. A potential contributor to such results may be attributable to the perception of what is deemed as risk a health care environment.



However, affirming the positive team context, sixty-five percent of respondents (i.e., 'strongly disagree' and 'disagree') or almost two-thirds reported that reaching out to other members for assistance in their teams did not pose as a difficulty.



Close to half of respondents (48%, i.e., 'agree' and 'strongly agree') were in agreement that members of their teams would not deliberately undermine their efforts. However, it is interesting to note that twenty-seven percent of respondents (i.e., 'strongly disagree' and 'disagree') did report that their efforts would be undermined deliberately by other team members.



Fifty-eight percent of the respondents (i.e., 'agree' and 'strongly agree') reported feeling that their unique skills and talents are valued and utilised within their teams.

5.2.4: Quotes from Respondents

Whilst responses to questions related to psychological safety generally indicated that the majority of respondents felt confident that they would not be ridiculed or criticised for either voicing or acting uninhibitedly, some qualitative responses may help provide some additional context to the data reported above. Indeed, some qualitative responses affirmed the high sense of psychological safety within immediate work teams, however, this appears to shift once the referent of 'team' is changed to include those of a higher level of seniority, including ward managers, senior nursing staff and directorate nurses. Particularly, the lower sense of psychological safety in relationships between nurses and higher levels of management may be concerning as qualitative data here indicates a level of apprehension in sharing information related to personal employee and patient safety.

Healthcare Support Worker.

"Working within my immediate team I feel very supported, valued and respected unfortunately this is not the case for the wider team.

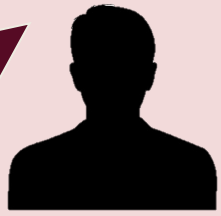
"Nurses are constantly facing daily risks and concerns of losing their registration as we are constantly being forced to work in conditions which we are unable to adequately work to the code of conduct set by the NMC...Staff leaving in tears and in fear of something they have missed, or not being able to care for patients in the way they want to. Staff not wanting to come back to work. Nearly all staff turning up for work for their next shift with the foreboding feeling of being pulled by seniors for something they have done wrong or missed"

Registered Nurse.

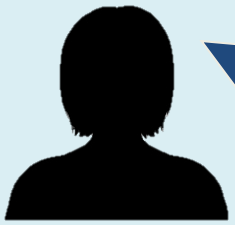
Registered Midwife.

"I have personal experience of escalating inappropriate behaviour within the workplace. despite it being the hardest thing, I have ever done in my professional career, it was also the most liberating. It does, however, come at a cost both personally and professionally".

"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 on the phone."



Registered Nurse.



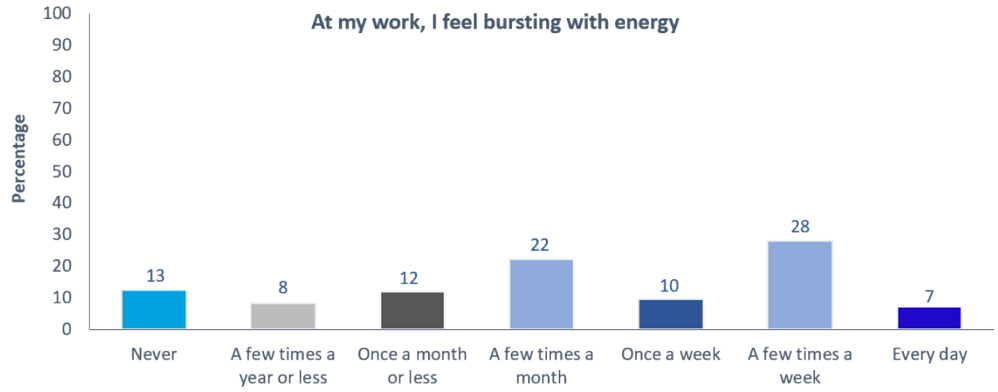
Sister / Charge Nurse.

"My line managers are not always open to issues that staff are experiencing on the ground, when I informed my manager that we crisis manage, I was told she didn't want to hear the truth."

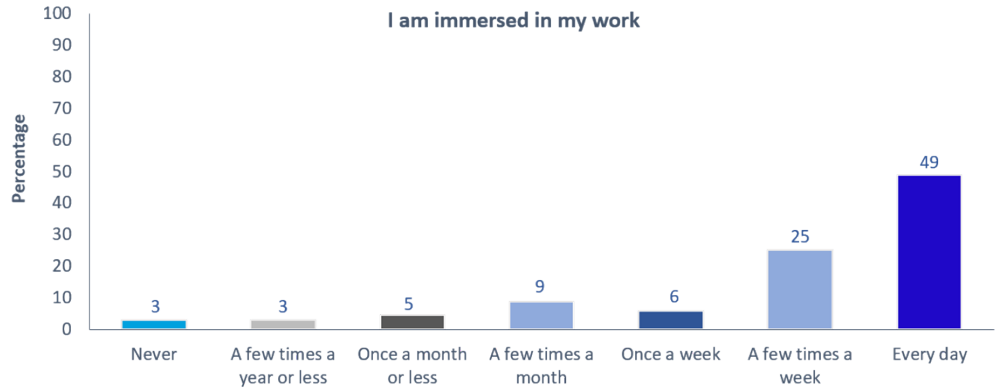
5.2.5: Engagement

Engagement has been defined as a positive, fulfilling, work-related state of mind (Schaufeli & Salanova, 2008). Respondents were asked three questions that capture how they experience their work in relation to three areas. These characteristics can be defined as: vigour - if work is stimulating and energetic; dedication - if work is a significant and meaningful pursuit and absorption - if work is engrossing. Responses were recorded on a 7-point scale (0 = never, 6 = everyday).

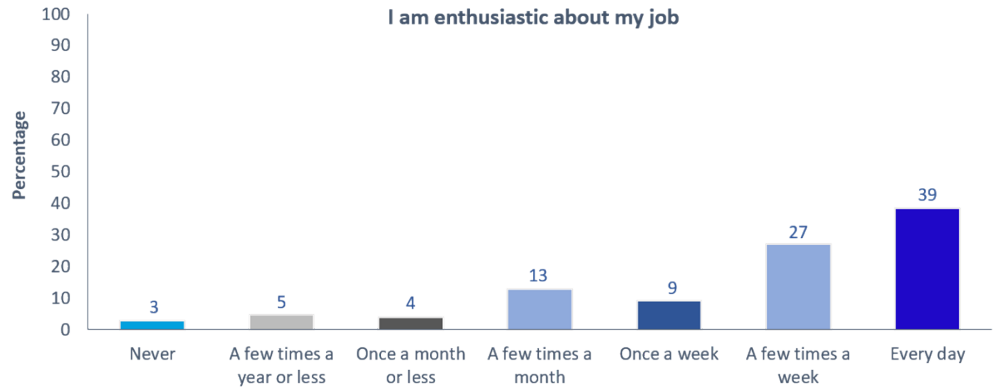
Overall, responses signal that the workforce is highly engaged in their work with a mean score of 4.20 (out of 5) for engagement. Indeed, the majority of respondents have indicated they often felt bursting with energy, enthusiastic and immersed in their work. Qualitative data collected also largely corresponded with such findings, however, it is important to note that key areas such as low trust in senior management, high levels of bureaucracy, continually intensifying workloads and low levels of organisational support may be some of the contributing factors to initial signs of erosion on these high levels of engagement amongst respondents.



Thirty-five percent of respondents reported they felt they often were bursting with energy at work (i.e., 'a few times a week' and 'every day'), with only thirteen percent reported never feeling like this in their role.



A very strong response of seventy-four percent of respondents reported they were immersed in their work at least a few times a week to everyday at work. Nearly half (49%) of respondents reporting such feelings of themselves in their work every day.



In addition, two-thirds of respondents (66%) of respondents were often enthusiastic (e.g., 'a few times a week' & 'everyday') about their jobs. Nearly one in every four respondents (39%) reported having such enthusiasm every day.

5.2.6: Quotes from Respondents

A review of the qualitative data in mostly in supportive of the quantitative data reported above. Respondents indicate being enthusiastic and intrinsic love for the nature of the job. However, it is noted that such engagement towards the job may be increasingly eroded by the perceived disconnect between senior management and nurses, the climate of low trust in higher levels of management, and departure from the management's focus from quality of patient care towards emphasis improving the bottom line. These are also among the highlighted concerns in this report where respondents averaged particularly low mean scores for perceived organisational support and trust in senior management.

Registered Nurse.

"The whole team is facing burnout and there is a negative atmosphere which is exacerbated by uncertainty about our future. The role has changed and there is little respect shown. Change is needed within the organisation as a whole as there is far too much negativity which eventually grinds down even generally positive people. I loved my job, but I don't think I do anymore".

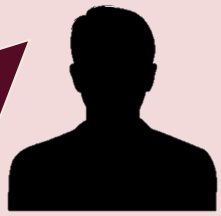
Registered Nurse.

"I would like to point out that I have worked for the Health Board for 35 years. I have always thoroughly enjoyed working with the client and individuals that I work with. Managers years ago, did value their staff, however I feel things have changed enormously over the past years. We now have many more senior managers, however, never see them in person. When you open up the Health Boards website, it points out the values, beliefs, respect, etc. However, I have not ever felt so undervalued as I do at this current time. I feel everything is about money,

Registered Nurse.

"I understand that there are pressures throughout the whole NHS and this is why we need to get back to caring for each other and for all of the staff. Doing this I think that it would create more positivity and people would be happier to work here and retention may increase."

"Unfortunately I feel that despite bags of enthusiasm …I have managers that are less qualified than myself directing me on a daily basis what I am to do. They rarely come to see us and always turn up in clinic when we are so busy we cannot possibly talk to them, the team have decided that this is a tactic not to talk to us…Managers really need to engage with staff on the shop floor and respect their expertise."

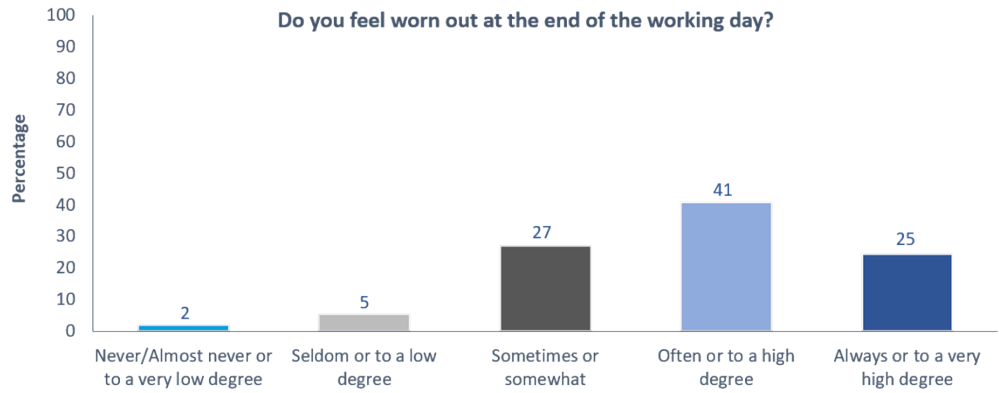


Sister / Charge Nurse.

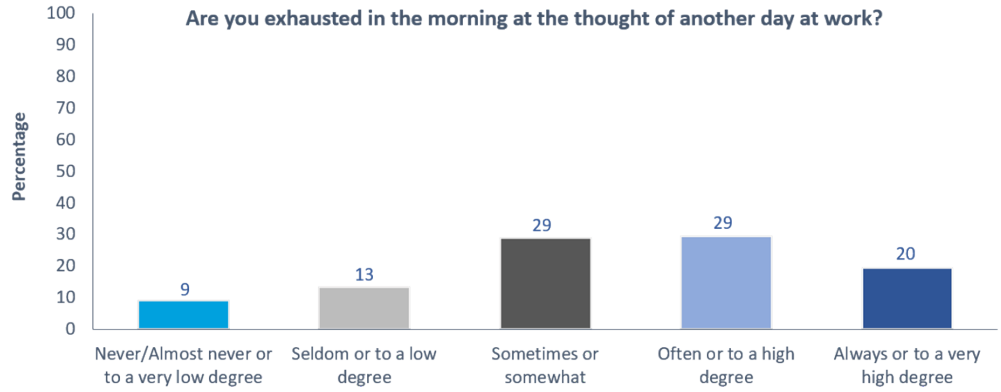
5.2.7: Burnout

Burnout has been conceptualised as a condition where an individual feels overextended and depleted of their emotional, mental, and physical resources as a result of the work that they are engaged in (Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). Such states are often precursors to feelings of overload, which may lead to cognitive and emotive detachment from work (Barkhuizen, Rothmann, & van de Vijver, 2014). Specifically, the risk of experiencing burnout has been found to be prevalent in caring professional fields (Bejerot, 2005; Bilge, 2006). In this study, burnout was measured using the work burnout scale from the Copenhagen Burnout Inventory (CBI; Kristensen, Borritz, Villadsen, & Kristensen et al., 2005). Respondents recorded their responses on a five-point scale ranging from 1 = never or to a very low degree to 5 = always or to a very high degree.

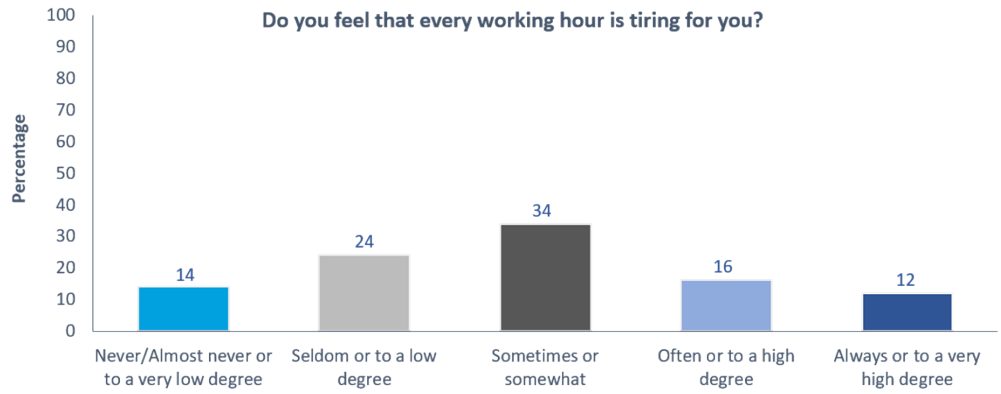
Results here overall, paint a picture of a frequently and to a large extent, a group of employees who are burnout, reporting an average score of 3.36 (out of 5). On their own, these are concerning findings, but when linked to work intensification reinforces these issues and concerns, which we note are with the realms of management to address.



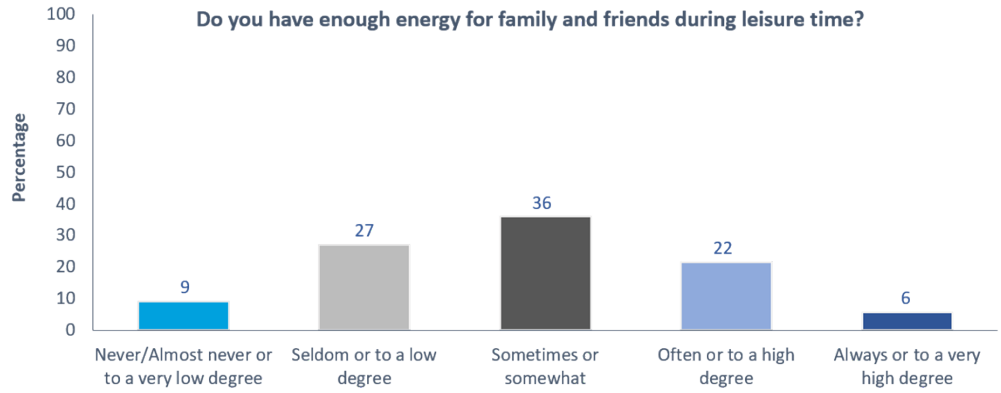
Significantly, sixty-six percent of respondents indicated that they are often or always (i.e., 'high degree' and 'very high degree') worn out of the end of the working day.



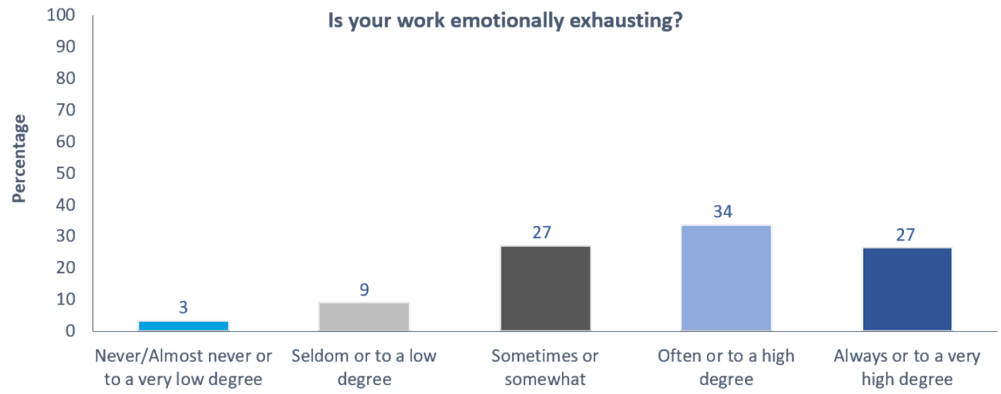
Nearly half of the respondents (49%) reported that they were either often or always (i.e., 'high degree' and 'very high degree') exhausted in the morning at the thought of another day at work.



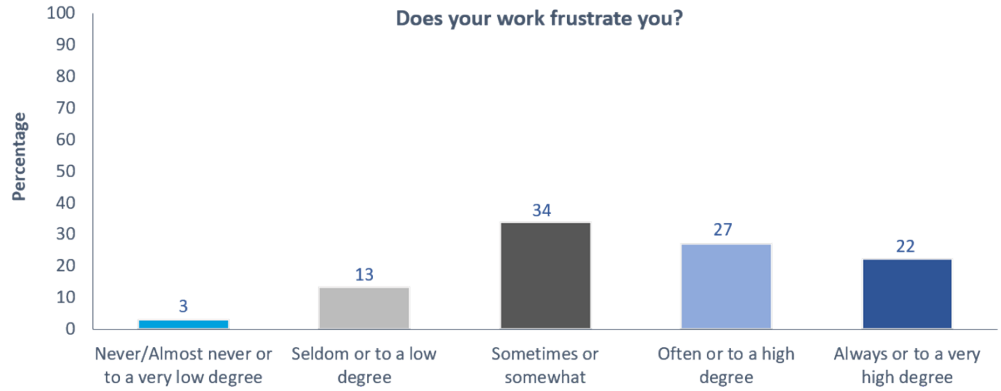
Comparatively, a smaller proportion but significant number of respondents (28%) indicated that they often or always (i.e., 'high degree' and 'very high degree') feel that they found every waking hour to be tiring.



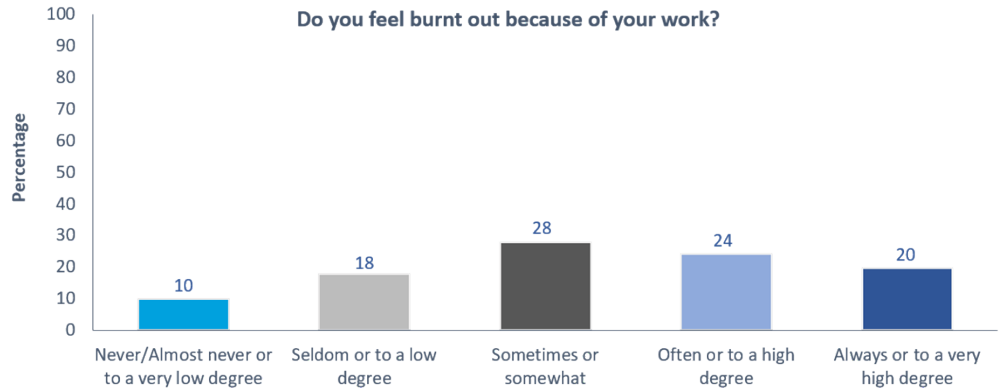
In terms of this impact on their lifestyle, thirty-seven percent of respondents indicated they seldom if ever (i.e., 'very low degree', 'low degree') have enough energy reserved for family and friends outside of work in their leisure, non-work time. This could be indicative of high workload pressures overspilling to impact work-life balance and conflict.



Supporting the findings on previous burnout-related questions, sixty-one percent of respondents report their work to be often or always (i.e., 'high degree' and 'very high degree') emotionally exhausting.



Almost half of the respondents (49%) felt that their work is often or always (i.e., 'high degree' and 'very high degree') frustrating.

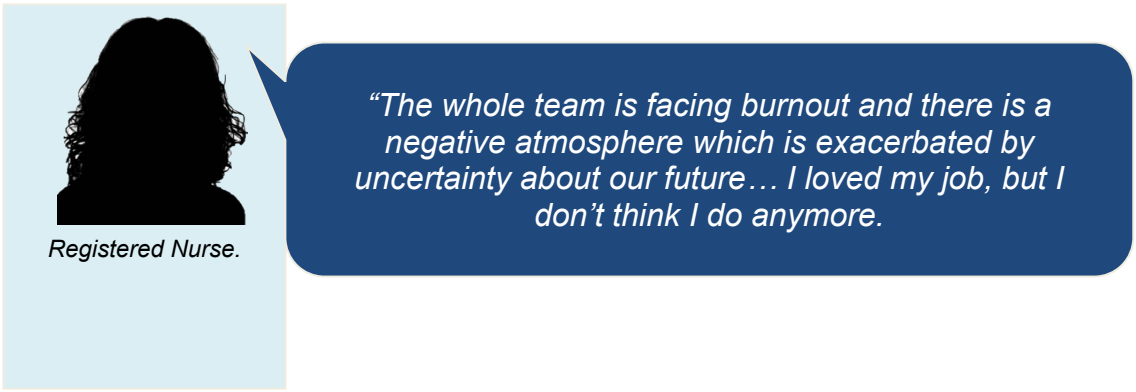


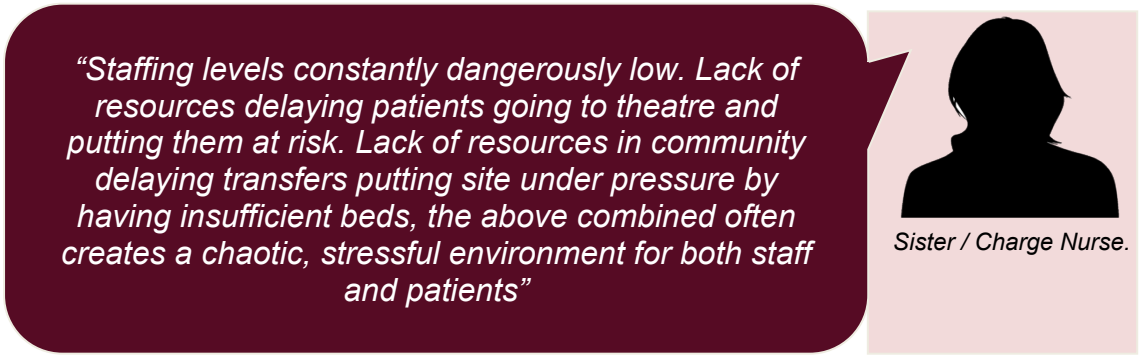
Forty-four percent of the respondents indicated that they often or always (i.e.,

'high degree' and 'very high degree') felt burnt out as a consequence of their work.

5.2.8: Quotes from Respondents

A review of the qualitative data affirms the relatively high and frequent reports of feelings related to burnout as illustrated by the charts above. The qualitative data provides some insights as to some of the contributing factors fuelling feelings of burnout among respondents. Unsurprisingly, the shortage in staffing appeared to be significant in not only creating instances of work intensification. Coupled with insufficient support from managers and resources to enable nurses to carry out their work effectively, such circumstances are contributing to stress, frustration and increasing exhaustion among respondents – to an extent where some are beginning to question the viability of remaining in their job or profession.



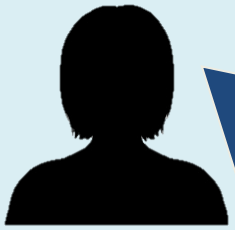


Sister / Charge Nurse.

"No staff, heavy workload, expected to cover all areas. Constantly fire-fighting and staff taken to cover other areas. When ask for establishment or extra staff, only action when a crisis hits. No forward thinking."

"Just feel hopeless and helpless regarding the pressures of work on individuals and on delivering safe and effective services to our local population."

Nurse Manager.



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. 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 on the phone…. I do worry about where is nursing going to, and the pressures on people with the lack of support from managers, as they have targets to meet, and monies to save."

"I believe that nurses want to do a good job but are not always able to and this causes stress to the nurse. Too much paperwork to many targets, times etc, patients come last the and it's doctors and nurses, not IT, and other gimmicks - which seem to get a lot of money being spent on."

Sister / Charge Nurse.

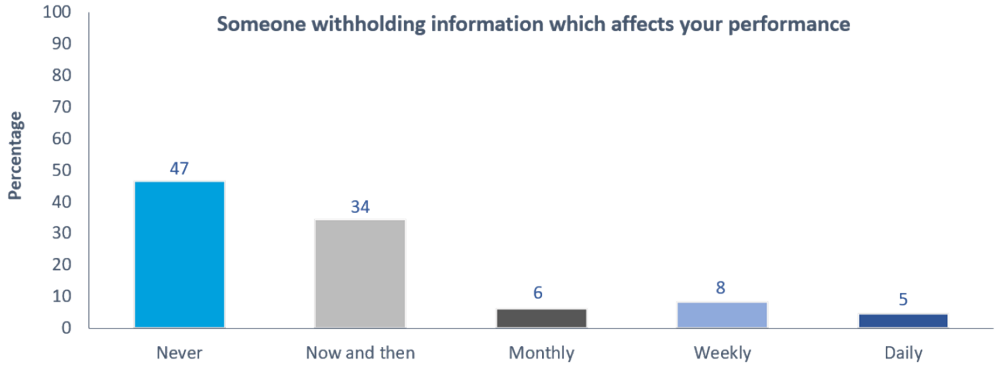
Sister / Charge Nurse.

"I feel we are asked to do more and more and take on more services on top of current workload. There is never any funding for additional staff to cope with extra workload. Something has to give and it is usually staff morale and wellbeing."

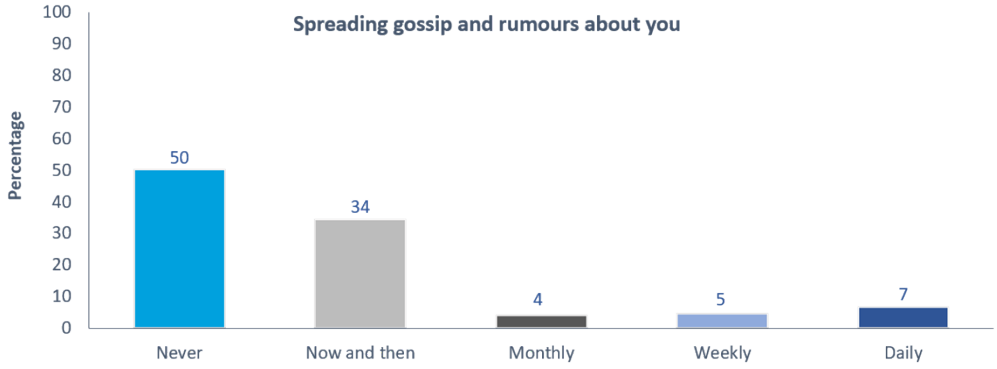
5.2.9: Bullying

Bullying is a form of workplace behaviour that can be defined as a repetitive, threatening or demeaning actions that include behaviour that seeks to socially exclude an individual or negatively affect an individual's health and safety (both physical and psychological) as well as their work (Fox & Cowan, 2015). A review of workplace bullying across various industries by Zapf et al. (2011) concluded that the healthcare sector has some of the highest incidences of bullying. From an organisational perspective, bullying is associated with higher levels of staff turnover, decreased morale, loss of productivity, poor working relationships and an overall toxic work culture.

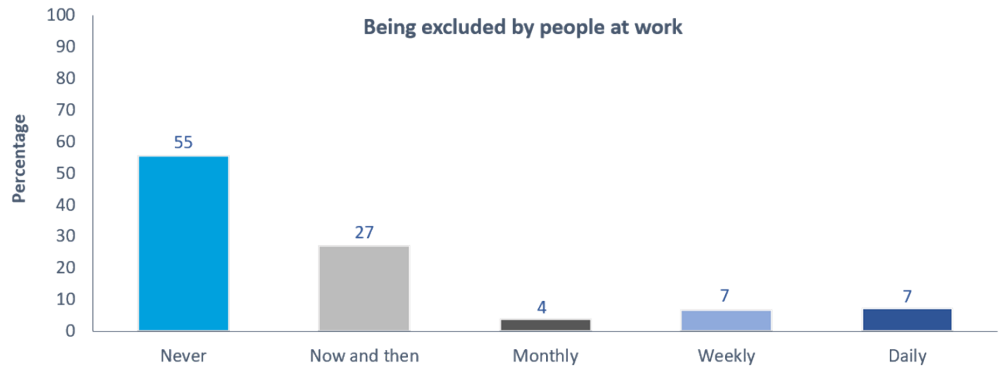
Whilst the respondents' mean score for bullying is relatively low at 1.69 (out of 5), caution should be applied when interpreting such data given the deleterious effect bullying and incivility at the workplace may have not only on the wellbeing, health and productivity of the victim, but also others in the workplace as research indicates that such incivility often spirals via a contagion effect and may be displaced upon other targets who may be more 'available'. Additionally, workplace bullying has also evidenced to ultimately, be costly to organisations owing to increased levels of sickness, absenteeism, counterproductive behaviours such as social loafing, and compromised quality of service/work.



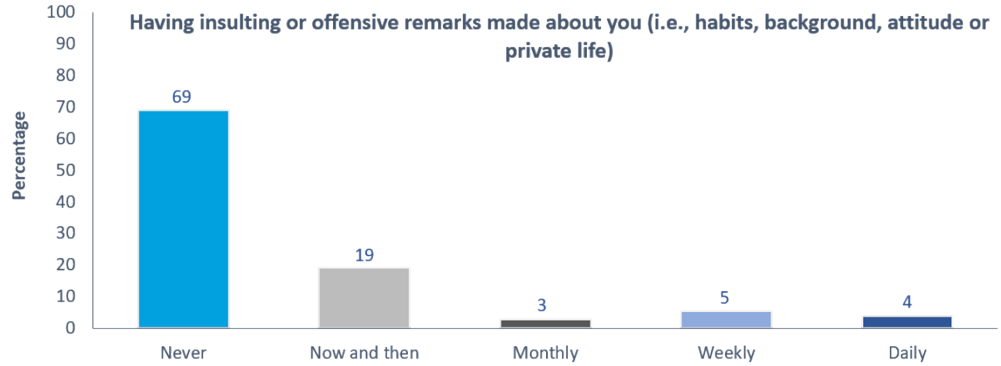
One of the more subtle forms of bullying is the deliberate withholding of information. Whilst nearly half of the respondents (47%) reported that they have never had someone withhold information which affects their performance. The majority of staff (53%) acknowledge this has happened to them with a significant minority (19%) experiencing it on at least a monthly basis. Thirteen percent of respondents reported being at the receiving end of such instrumental withholding of information on either a weekly or daily basis. This is significant to the point and warrants further investigation.



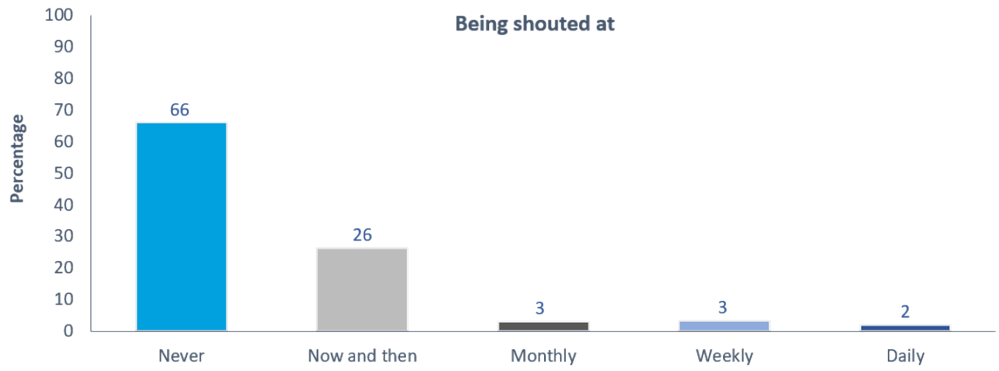
Following similar reporting patterns, fifty percent of respondents indicated that they have never been subjected to gossip and rumours being spread about them. Twelve percent of respondents reported that such interpersonal incivility happened weekly or daily. Thirty-four percent of respondents stated that they were subjected to such behaviours now and then.



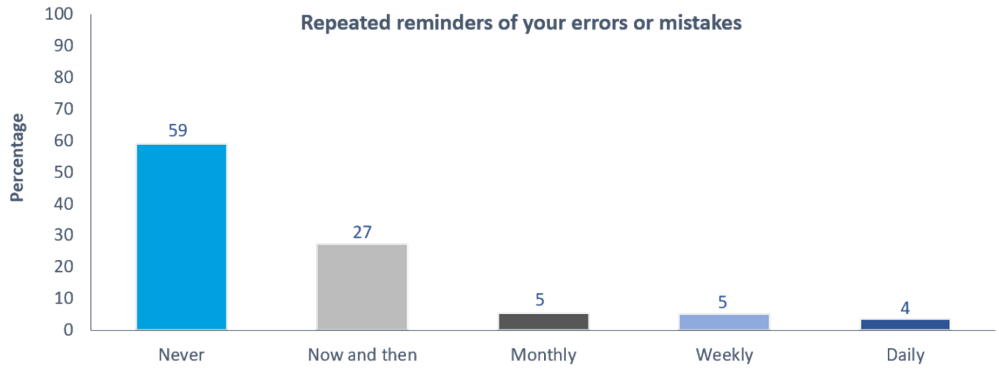
A more positive response was that more than half of respondents (55%) reported that they have never been excluded by people at work. However, a more detailed review identifies close to a third of respondents (27%) indicated this happened occasionally (i.e., 'now and then'). Again, twelve percent of respondents reported that such exclusion at work happened either weekly or daily.



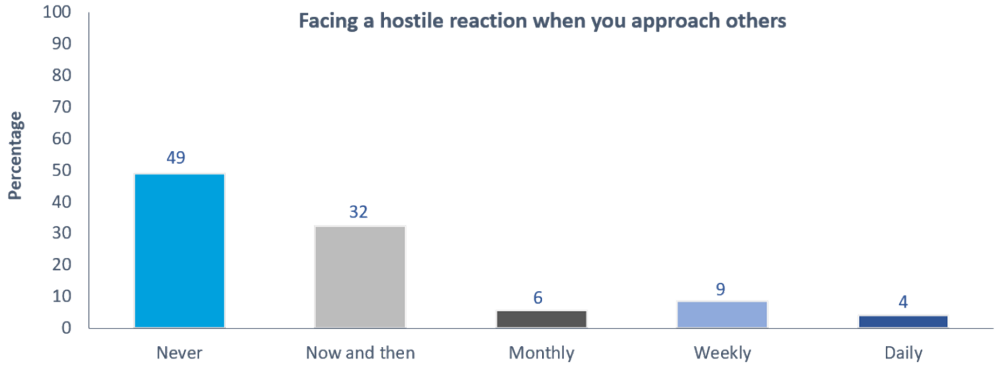
Again, on the positive side, sixty-nine percent of respondents have never been at the receiving end of insulting or offensive remarks at work. Comparative to other forms of bullying behaviour, a smaller proportion of respondents have reported being subjected to insults or offensive remarks being made about them – However, nineteen percent of respondents experiencing this now and then, whilst nine percent or nearly one in ten of respondents indicated this happening weekly or daily.



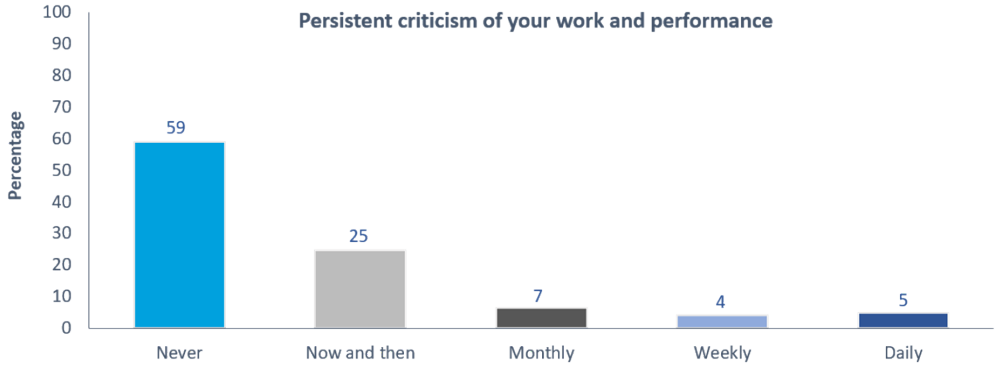
Over a third (34%), of respondents reported being shouted at undertaking their work either now and then, monthly or more frequently. Whilst sixty-six percent of respondents indicated they are never being shouted at work. A ratio of 2-1 in this instance is cause for concern in a professional environment.



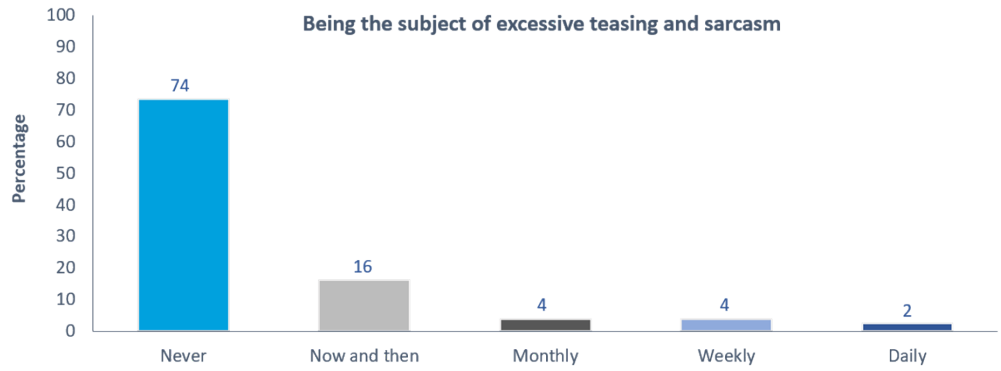
Nearly sixty percent of respondents (59%) reported never being repeatedly reminded of their errors or mistakes at work. Twenty-seven percent of respondents reported this happening now and then whilst nine percent of respondents reported that these repeated reminders of their errors or mistakes at work happened frequently (i.e., ‘weekly’ and ‘daily’).



Over half of the respondents (51%) indicated they had been faced with a hostile reaction when approaching others at work. With thirteen percent of respondents indicated they faced such hostile reactions from others at work either weekly or daily. Again, whilst almost half (49%), never received such attention, these findings should sound a warning regarding the workplace environment.



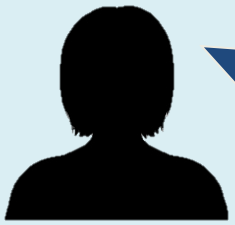
Nearly sixty percent of respondents reported they never received persistent criticisms of their work and performance. Twenty-five percent of respondents indicated this happened now and then whilst nine percent of respondents reported this happening either on a weekly or daily basis.



The best results in this set of questions regarding bullying with the large majority of respondents (74%) reported never being subjected to disproportioned amounts of teasing and sarcasm at work. However, over a quarter of the workforce surveyed (26%), indicated experiencing such treatment now and then whilst six percent of respondents reported being excessively teased and communicated with sarcastically either weekly or daily. Again, workplaces that now often indicate zero tolerance to bullying, figures like these are concerning and require further investigation.

5.2.10: Quotes from Respondents

A review of the qualitative responses sheds some light on the nature of workplace bullying and the context surrounding these instances. Particularly, there were several mentions of vertical workplace bullying where bullying is often directed at individuals in lower levels of hierarchy or power position – this could be perpetrated by a ward manager to a nurse or senior doctor to nurse. There is also a budding sense of futility with regards to the reporting of such behaviours as some respondents have indicated a perspective where reported bullying instances have not been dealt with effectively. In such instances, the mechanisms in the reporting procedure, communication with and particularly feedback to individuals filing reports, may require attention and review.



Registered Nurse.

"Bullying by senior clinical leads, this has created a toxic environment for a long time, numerous staff have reported to HR and still it continues."

"Although not manifest on my current ward there are notorious bullies across the wider site. I note this in survey after survey. Nothing changes."

Healthcare Support Worker.

Registered Midwife.

"Being repeatedly contacted while off sick, this adds stress and pressure to return to work when you are not ready. Being sent messages on WhatsApp/Facebook messenger by management regarding sickness, owing of hours etc. This is adding stress and anxiety about coming into work."

"Constant bullying from managers, who are often not approachable. Staff are worried that they will lose their professional registration due to work pressures"

Registered Nurse.

Registered Nurse.

"Often management seem out of touch with the reality of the situation. I have been treated with rudeness, unfairness and have been belittled in front of colleagues all within the last two months".

"I do feel nurses are expected to do too much, we have to try and care for our patient often when we are short staffed but then we get shouted at my senior doctors because we haven't been able to sort out social stuff I know that patient flow is extremely important but I often feel we compromise patient care to achieve it."

Registered Nurse.

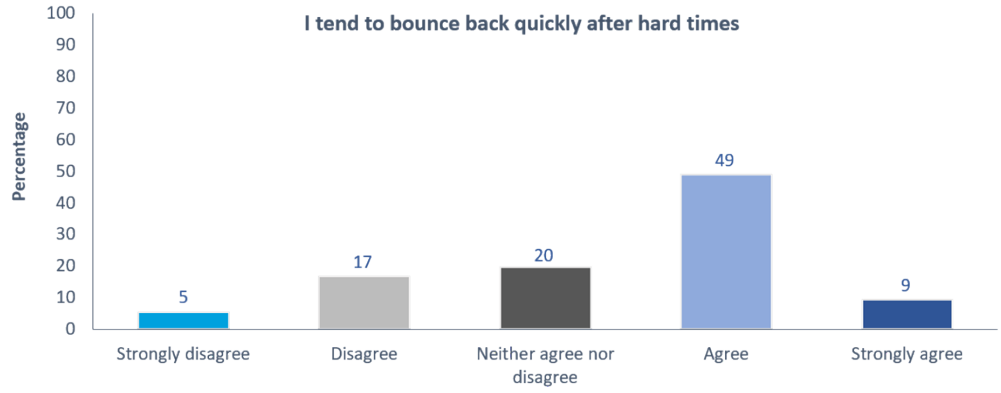
Sister / Charge Nurse.

"There is also a very poor culture of speaking poorly about colleagues in front of other staff members and in adjacent rooms that other staff members can hear. Senior managers will often ignore and not look to communicate with lower banded colleagues to the point of not greeting them or speaking to them at all."

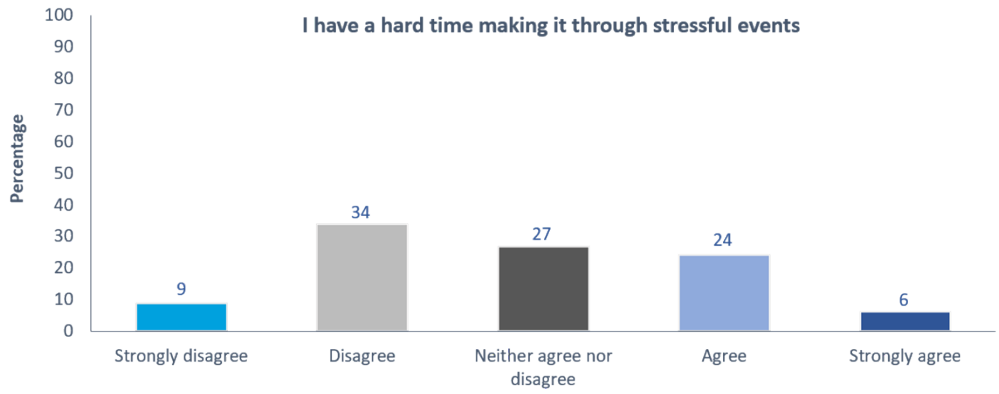
5.2.11: Resilience

Resilience is seen as an important feature in dealing with the negative aspect of work. Resilience is the ability of an employee to recover or rebound after a setback to challenging circumstances at work (Zaura, Hall & Murray, 2010).

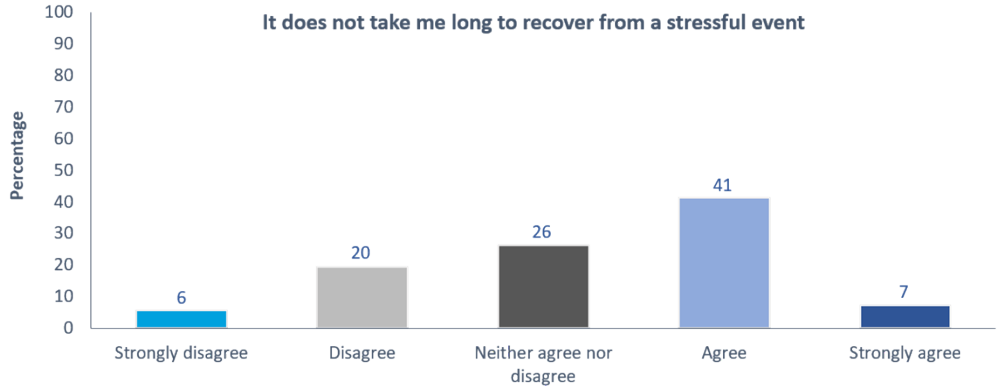
Overall, respondents reported a mean score of 3.05 (out of 5). With the exception of snapping back when something bad happens, nearly the majority of respondents indicated they were able to demonstrate all facets of resilience. However, it is interesting to note that at least twenty-two percent of respondents consistently did not feel as though they were able to demonstrate resilience across all indicators. Notably, forty-six percent of respondents reported feeling it was difficult to snap back after something bad happens. This requires further exploration as resilience has been noted in research to be key in maintaining mitigating negative health and wellbeing consequences such as burnout (Delgado, Upton, Ranse, Furness, & Foster, 2017).



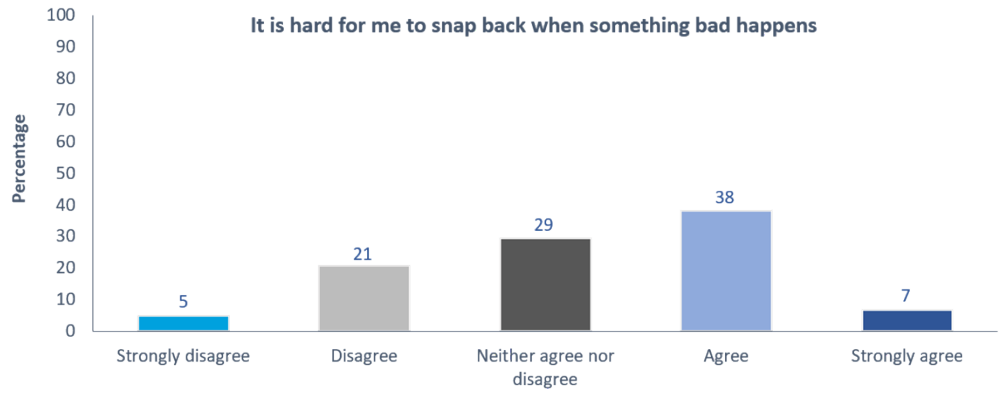
Nearly sixty percent of respondents (58%, ‘agree’ and ‘strongly agree’) of nurses surveyed indicated they were able to bounce back quickly after hard times. Twenty-two percent of respondents did report that they did not feel as though they are able to overcome difficult times quickly.



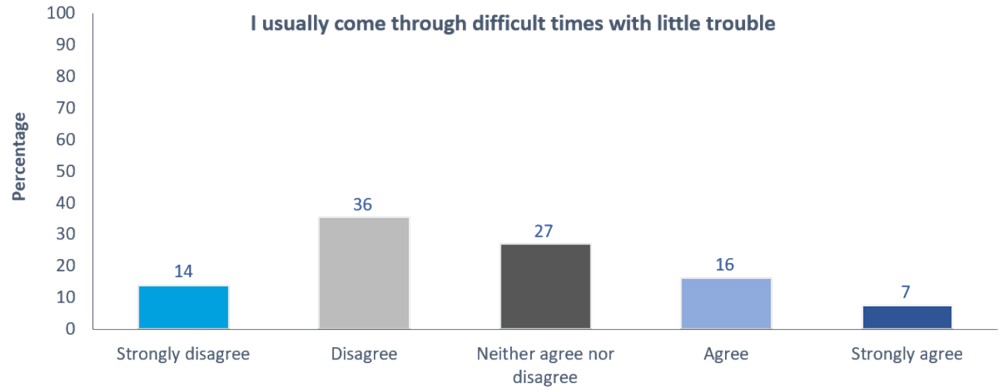
Whilst a large percentage of respondents reported being able to bounce back quickly after going through challenging times, many also report that this process of recovery may not always be an easy one. Nearly one in every three respondents agreed or strongly agreed that they have a hard time making through stressful events.



Nearly half of respondents (48%, ‘agree’ and ‘strongly agree’) reported that their recovery from a stressful event does not take long. A minority, over a quarter (26%) of respondents (i.e., ‘disagree’ and ‘strongly disagree’) did find that recovering from stressful events took a long time.



Forty-six percent of respondents indicated that it is difficult for them to revert to normal when they experience something bad.



The final instrument in the section identified that half of the respondents (i.e., 'strongly disagree' and 'disagree') indicated that they did not feel they usually come through difficult times with little trouble. Twenty-three percent of respondents (i.e., 'agree' and 'strongly agree') felt they were able to wade through challenging times with relative ease.

All these indicates have a significant cause for concern for these employees and should raise concerns for those managing these situations.

5.2.12: Quotes from Respondents

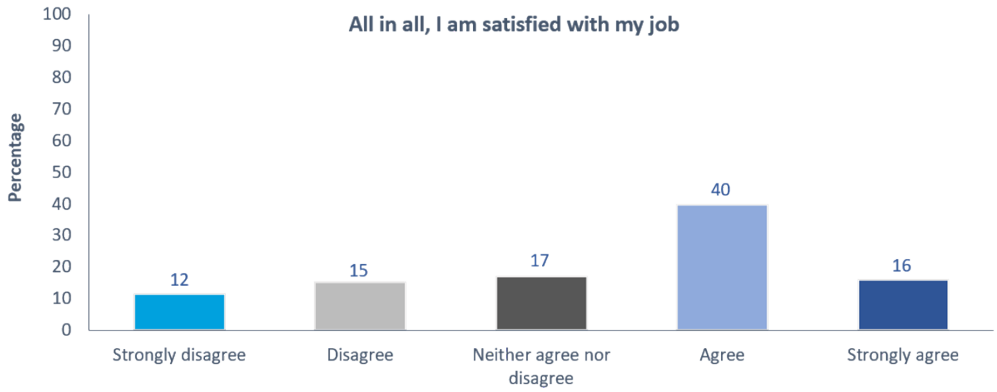
Registered Nurse.

"Nursing is a very rewarding career. At times it can be stressful and emotionally draining but I feel on the ward here we are supported well and work great together and look out for each other's wellbeing. As a nurse, we deal with emotionally exhausting situations throughout our working day and it can be difficult to let go of this by the time we get home"

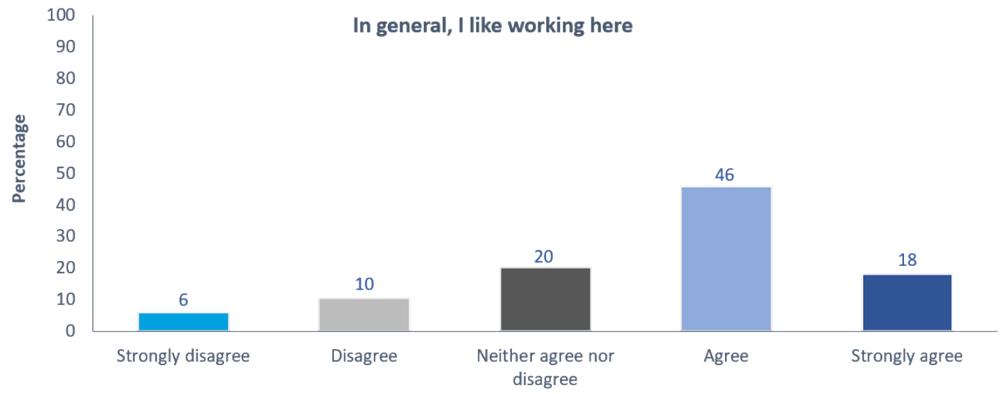
[redacted]

Job satisfaction essentially describes the level of like or dislike a person has for their job. It is also seen as a default for the link between the perception of the individuals work and organisational fit (Lok & Crawford, 2001).

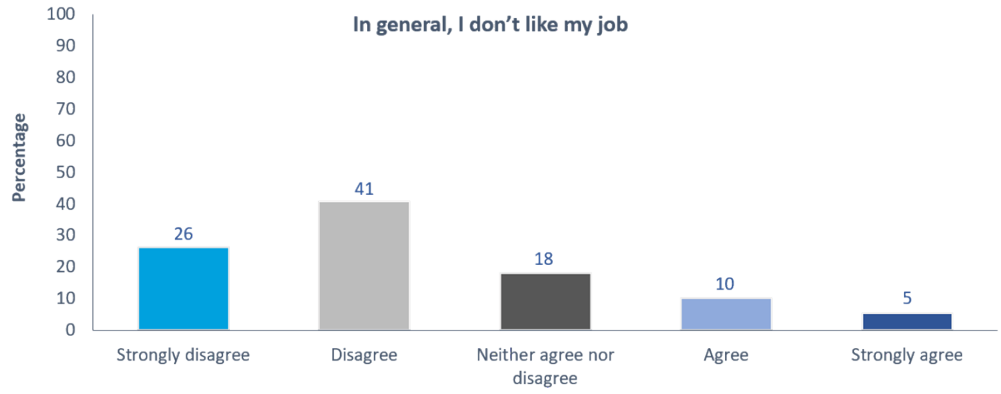
The average score for respondents' job satisfaction is 3.55 (out of 5).



Only fifty-six percent of respondents (i.e., 'agree' and 'strongly agree') indicated that overall, they are satisfied with their job. Twenty-seven percent of respondents disagreed or strongly disagreed that they were satisfied with their jobs. This presents as a concerning finding for a profession with strong perceived vocation element.



However, sixty-four percent of respondents (i.e., 'agree' and 'strongly agree') felt that in general, they liked working in their organisations. Only sixteen percent reported disagreeing and strongly disagreeing to this statement.



Similarly, only fifteen percent of respondents agreed and strongly agreed that they did not like their jobs in general. Which is more in line with what would be expected, however, the overall lack of satisfaction with their job is worth further exploration.

5.2.14: Quotes from Respondents

Registered Nurse.

"There are good aspects of the job and good staff but to be quite honest nurses are fed up."

"I have always thoroughly enjoyed working with the client and individuals that I work with… However, I have not ever felt so undervalued as I do at this current time. I feel everything is about money, and not about the people that we care for. I remain in my job, as I really enjoy the work, I do for the individuals that are on my caseload."

Registered Nurse.

Sister / Charge.

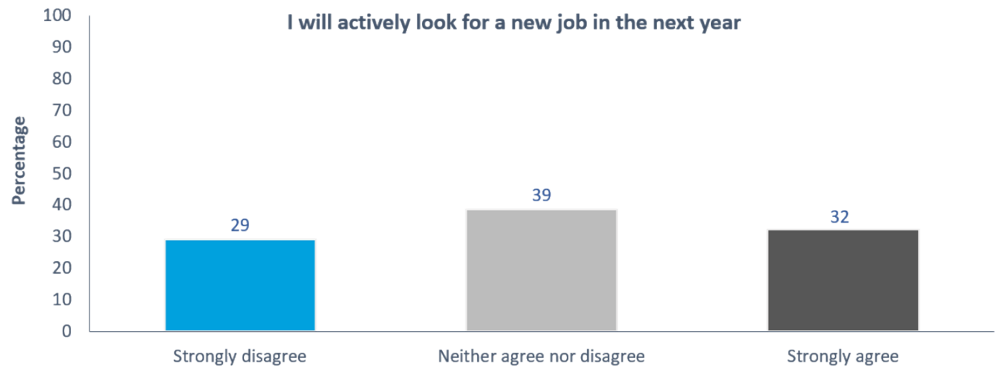
"Increasing pressures to manage with low resources are met with unrealistic expectations of the organisation and makes this very difficult as you can't do it without the adequate resources being in place. It leads to increased stress levels and reduced job satisfaction aside from potentially patients not receiving care appropriately."

5.2.15: Intention to Leave Job

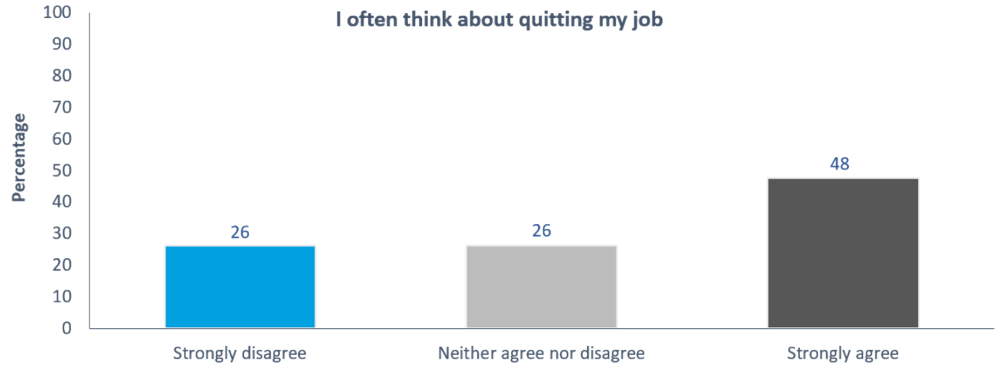
For management this arguably may be the most significant indicator of nurse workplace wellbeing in terms of their potential to act on their discontent with work.

Respondents' intention to leave job score averaged 2.21 out of 3. The three significant indicators highlight that nearly a third (32%), of respondents indicate an agreement with an intention to seek new employment opportunities in the next year, with nearly half (48%) indicating they often think about quitting the

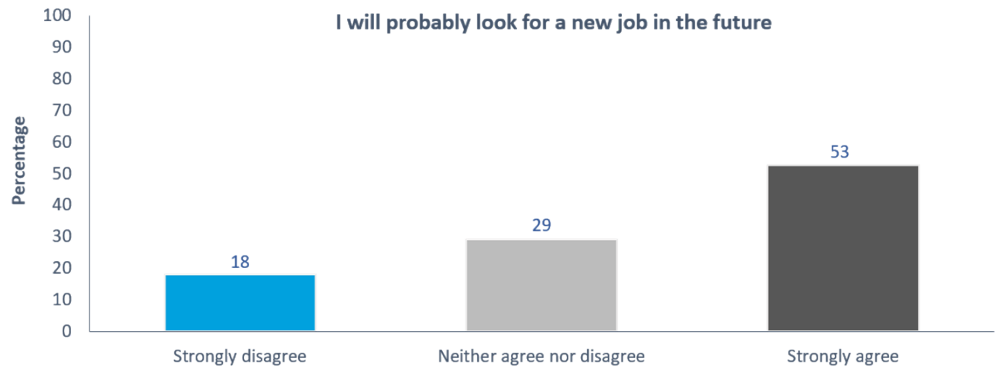
profession with over half (53%) indicating they will be looking for a new job in the future. This raises major retention issues of highly skilled frontline health workers.



More than a third of respondents (32%) indicated intentions to actively look for a new job in the next year.



Nearly half of the respondents (48%) reported frequently having thoughts of leaving their jobs.



Fifty-three percent of respondents indicated probabilities of looking for a new job in the future.

5.2.16: Quotes from Respondents

"I do worry about where is nursing going to, and the pressures on people with the lack of support from managers, as they have targets to meet, and monies 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."

Registered Nurse.

Registered Nurse.

"Staffing is a daily issue. Unnecessary nursing pressures are added due to lack of staff, support and funding. this is not acceptable and will result in nurses leaving the trust".

"Interference from managers, who aren't clinically skilled or updated with the knowledge to be able to understand the pressures we work under. That's why staff are leaving."

Sister / Charge Nurse.

Registered Nurse.

"Hywel Dda HB need to invest in their staff more- that would reduce staff leaving and also increase the quality in staff. Meaning we would have more enthusiastic staff members genuinely wanting to make a difference."

"Constant nurse vacancies have a real impact on registered nurses. Poor quality of agency staff mean that substantive RN's have an increased workload, increased demand from supporting agency staff, leading to distraction and demotivation."

Sister / Charge Nurse.

Registered Nurse.

"I do not contemplate leaving because I have great immediate colleagues, and I know that my patients value what I do, even if my managers don't."

5.3: Workplace Environment

The following section is divided into eleven domains covering nursing staff experiences and views of:

- Employee voice.
- Prohibitive voice.
- Promotive voice.
- Voice climate.
- Employee silence.
- Bureaucracy.
- Organisational support at work.
- Supervisor support at work.
- Trust in senior management.
- Trust in direct supervisor.
- Industrial relations climate.

5.3.1: Employee Voice

Employee voice arrangements are a key means of employee involvement, participation and communication and have been found to enhance employee performance (Boxall & Purcell, 2016; Holland et al., 2012). This section of the survey contained items which asked respondents to indicate what processes were provided to facilitate employee voice regarding their opinions and having input into and receiving information about the operation of their organisation.

Overall, the most common forms of communication and involvement identified by respondents were staff meetings, ‘open door’ policies and team briefings. Interestingly the majority of respondents indicated that, problem-solving teams between management and staff dealing with daily operational matters and surveys were not used in their organisation. This can indicate that whilst there is a breadth of voice arrangements the depth of voice maybe not a well-developed.

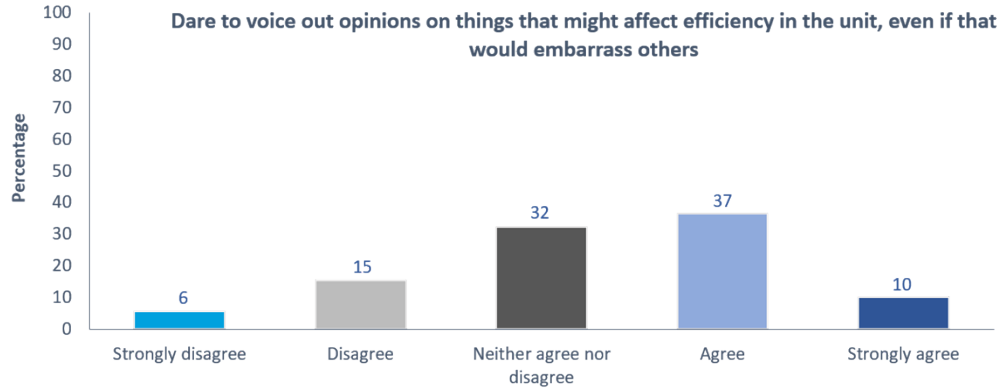
Table 2: Employee Voice Mechanisms

	% Total sample
Daily walk around the workplace by senior management	
Yes	28
No	72
An 'open door' policy so employees can tell senior management about problems with their supervisors	
Yes	62
No	38
Team briefings (briefings that devote time specifically to workplace concerns/questions)	
Yes	51
No	49
Work group or problem-solving teams made up of managers and workers to resolve specific operational issues	
Yes	30
No	70
Suggestion box/scheme	
Yes	12
No	88
Survey of employees' views and opinions	
Yes	23
No	77
Staff meetings between management and employees	
Yes	70
No	30
Joint management worker committee that addresses a broad range of issues and/or share information	
Yes	25
No	75

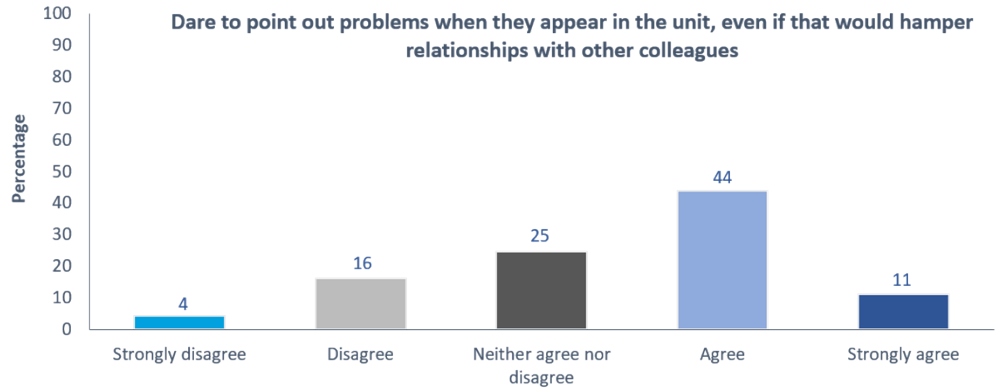
5.3.2: Prohibitive Voice

Prohibitive voice refers to express or voicing of concerns that negatively impact on the workplace and the organisation. Importantly, prohibitive voice has been linked to psychological safety (Liang et al., 2012) and is particularly pertinent within settings such as healthcare as the lack of both prohibitive voice and psychological safety could result in negative and dangerous implications with regards to quality of patient care and safety.

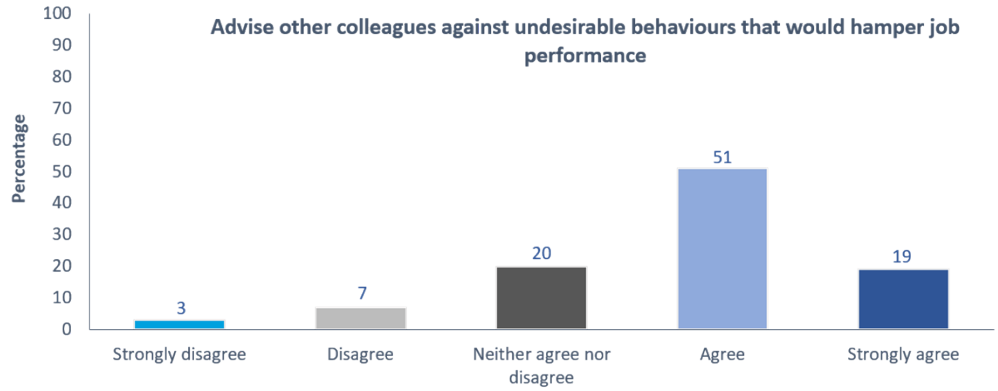
Respondents' of this study averaged a score of 3.58 out of 5 on prohibitive voice indicators. Overall, there were strong indications of a culture that is prepared to address problems with the work units, which indicates a relatively robust voice system. However, as noted earlier in the Psychological Safety section, higher levels of promotive voice may be seen within 'the unit' or more proximal team, but some qualitative data may indicate that the such levels of promotive voice and psychological safety may not always extend to the wider workplace context (i.e., beyond the work unit or team).



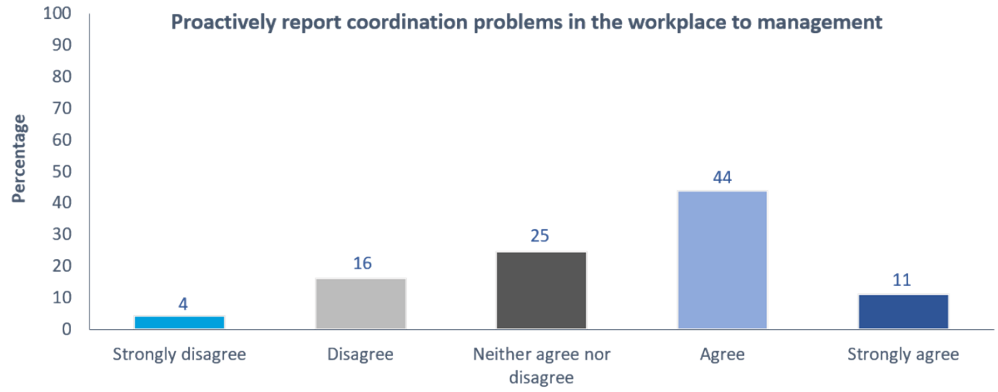
Nearly half of the respondents (47%) agreed and strongly agreed that they were able to voice out opinions that might affect efficiency in the unit, even if that would embarrass others. Although a significant minority (21%) indicated that would not consider doing so.



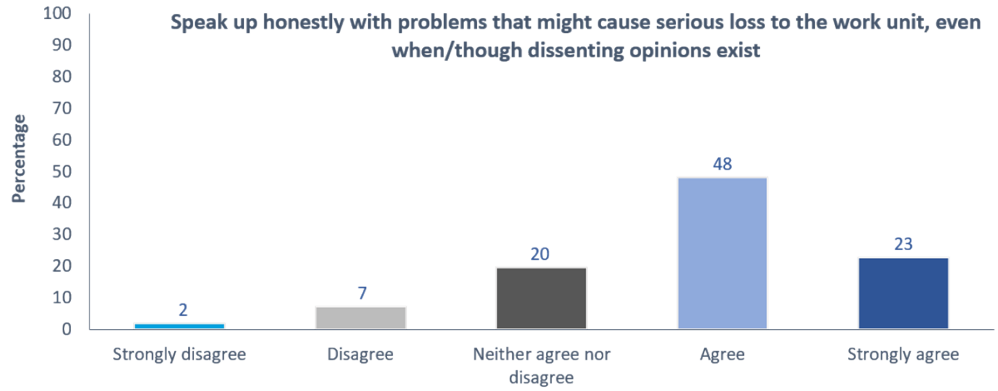
Fifty-five percent of respondents (i.e., 'agree' and 'strongly agree') indicated that they dared to bring up issues when they arise, even if it has the potential to impact relationships with other colleagues. Similar to the previous indicator, twenty percent of respondents (i.e., 'strongly disagree' and 'disagree') indicated that they would not.



Seventy percent of respondents agreed and strongly agreed that they would advise other colleagues against undesirable behaviours that are likely to have a negative impact on their job performance. Only nine percent (i.e., 'strongly disagree' and 'disagree') indicated they were not inclined to do so.



Fifty-five percent of respondents would proactively report to management issues of coordination problems at the workplace. Twenty percent of respondents reported (i.e., 'strongly disagree' and 'disagree') being inclined not to do so.

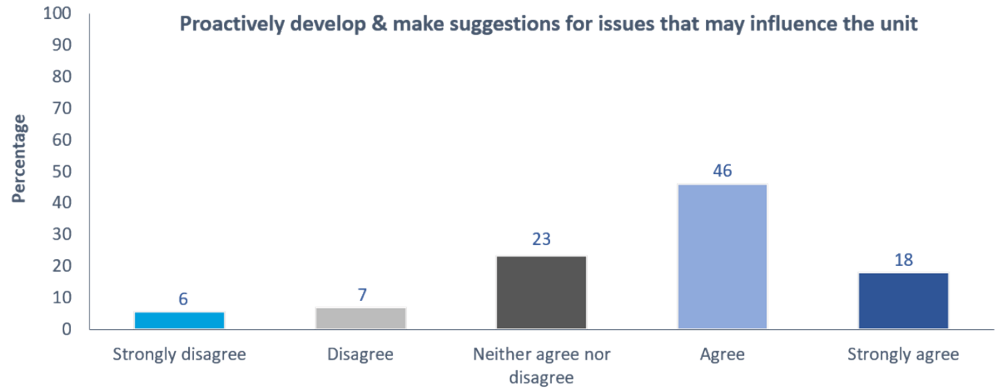


Seventy-one percent of respondents (i.e., 'agree' and 'strongly agree') indicated that despite being potentially met with dissenting opinions, they would still voice issues which may cause significant negative consequences to the work unit. Only nine percent of respondents (i.e., 'strongly disagree' and 'disagree') reported being not inclined to do so.

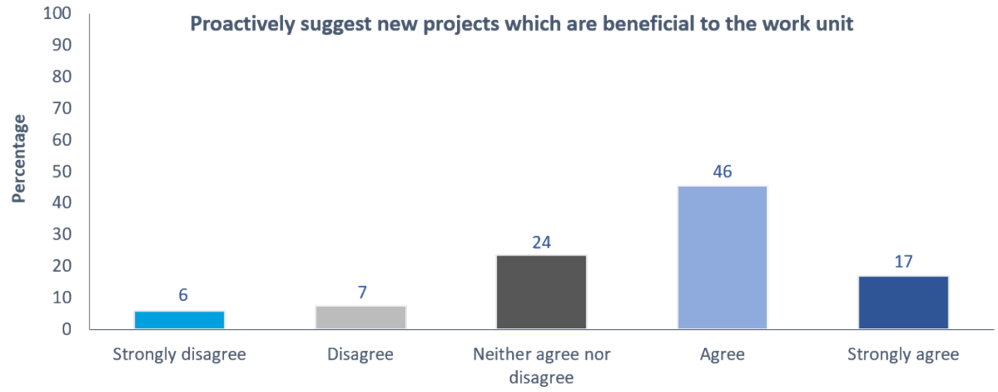
5.3.3: Promotive Voice

As the concept suggests, promotive voice focuses on identify and expressing ways to promote better work patterns and practices, to benefit the work unit and organisation.

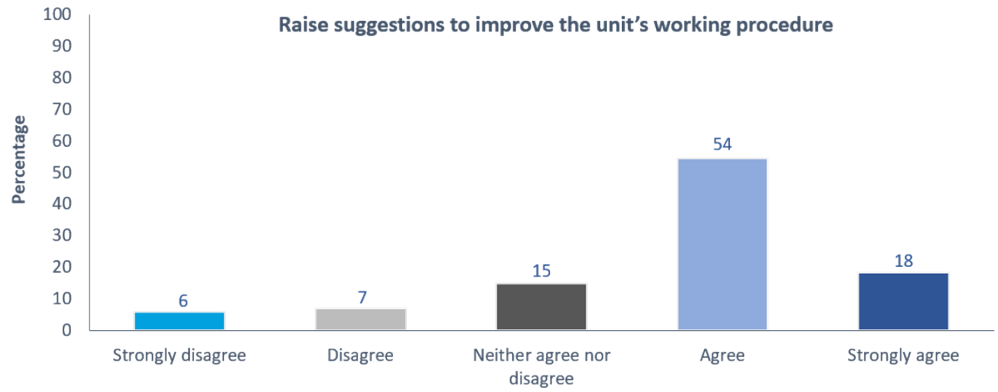
The mean score for promotive voice among respondents is relatively high at 3.65 (out of 5). Results on each promotive voice indicator below highlights the proactive approach of respondents to suggesting improvement to work practices. These findings relate to the positive findings regarding psychological safety within the work team environment. It could also suggest that there is culture of support for ideas from the 'floor' that are taken on board. This is also an aspect of voice we will explore further in the next section.



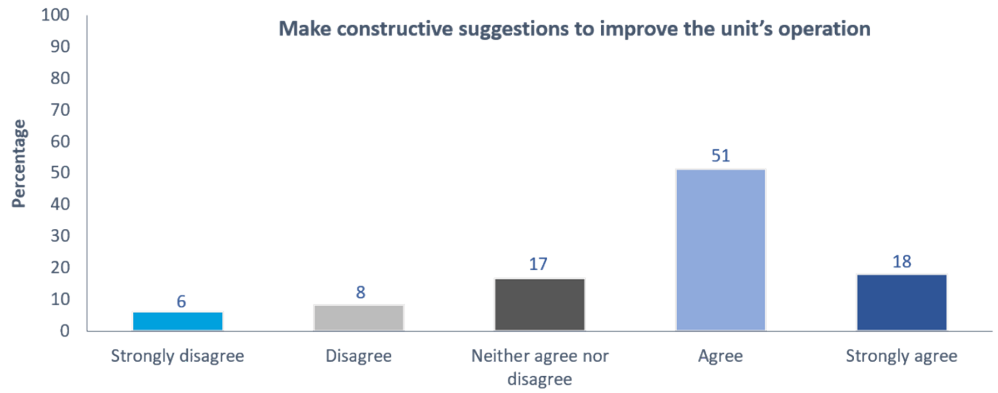
Nearly two thirds of (64%) of respondents agree and strongly agree that they would develop and make suggestions for problems that may influence their work unit in a proactive manner.



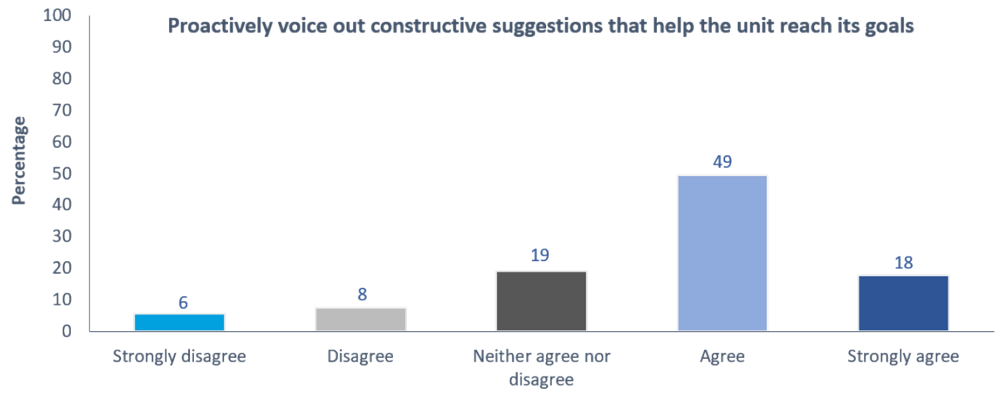
Similarly, sixty-three percent of respondents (i.e., 'agree' and 'strongly agree') indicated that they would proactively suggest new projects which would benefit the work unit.



Seventy-two percent of respondents (i.e., 'agree' and 'strongly agree') reported that they would voice suggestions to assist with improving working procedures in the work unit.



Mirroring response patterns in previous items, nearly seventy percent of respondents (69%, i.e., 'agree' and 'strongly agree') reported they were likely to make constructive suggestions to improve the operations in their work unit.



Sixty-seven percent of respondents agreed and strongly agreed that they would proactively voice out constructive suggestions to assist their respective work units in attaining its goals.

5.3.4: Quotes from Respondents:

Registered Nurse.

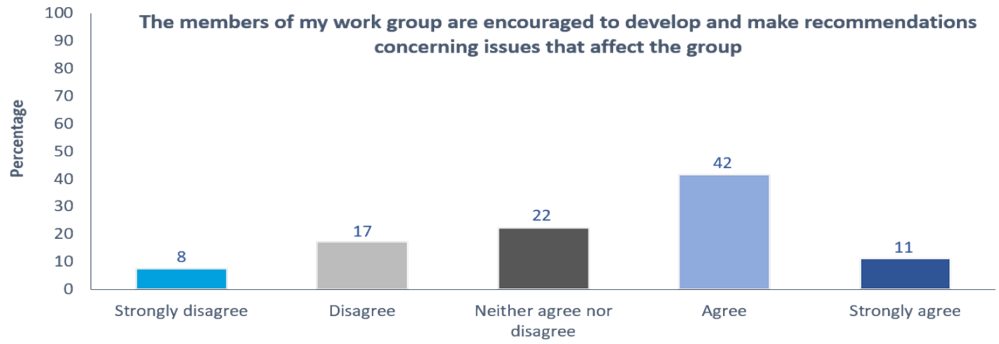
"As health professionals we are rarely considered to have valued opinions, but I personally am a very experienced nurse and would like to be able to contribute to the planning and running of my service. However, any ideas are met with derision."

"There is a management culture of not wanting to hear any suggestions or changes that would improve the service which has created an environment of hostility and I don't know of any changes that have taken place because of staff suggestion, a few in particular are in place and work well in other health boards, would mean a more efficient service and support staff in managing their case load better."

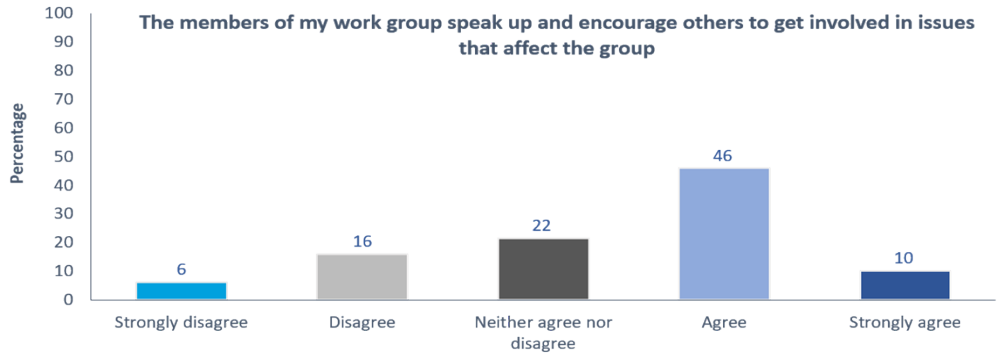
Sister / Charge Nurse.

5.3.5: Voice Climate

Voice climate is a broad term which identifies how the conditions of psychological safety at work, encourages engagement and employees perceived value in speaking up and are engaged. Overall, respondents reported a mean of 3.41 (out of 5) for voice climate.

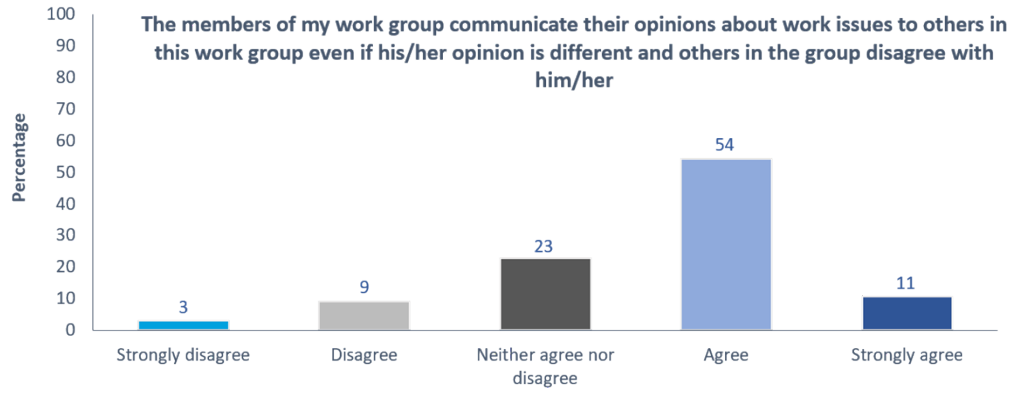


Whilst a majority (53%) agree and strongly agree that members of work group are encouraged to develop and make recommendations concerning issues that affect the group. This was not a significantly overwhelming response, with twenty-five percent of respondents disagreeing and strongly disagreeing. This could indicate, as noted with the depth of voice, a lack of real joint decision-making.

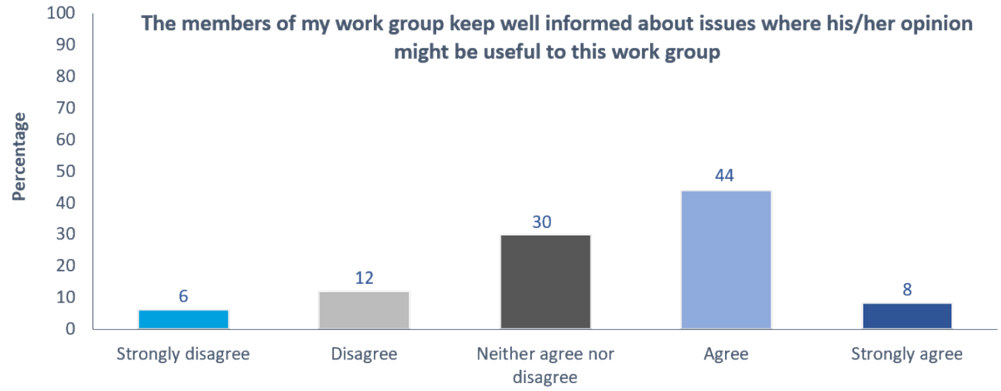


Similar to the indicator above, not an overwhelming majority (56%) of respondents agree and strongly agree that their work group members are encouraged to speak up and would encourage others to be involved in issues that affect the group. Again, with nearly a quarter (22%) disagreeing and strongly disagreeing, these indicate a lack of collaboration between

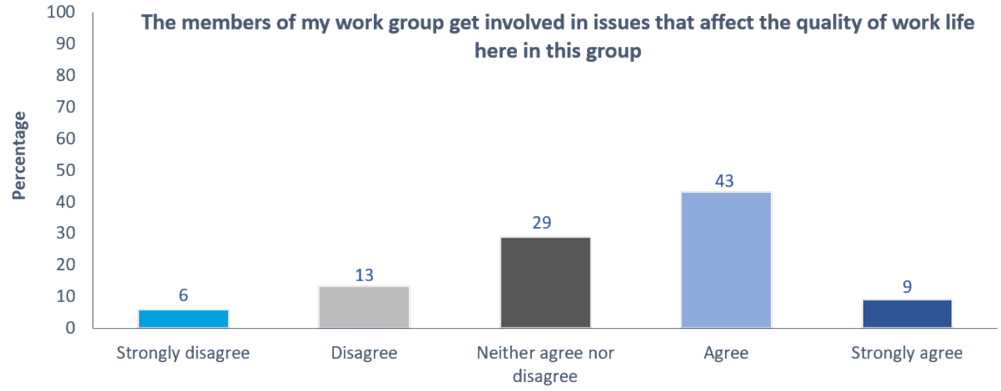
management and nursing workforce.



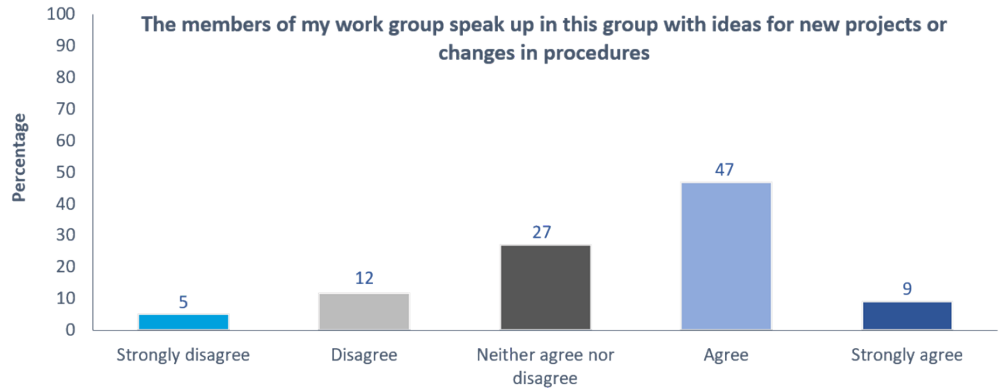
Sixty-five percent of respondents agree and strongly agree that members of their work groups are able to raise their opinions about work issues with others even if that opinion may be different, and if others may not agree with that opinion. This again suggest a positive internal work environment within the teams.



More than half of the respondents (54%, ‘agree’ and ‘strongly agree’) felt that members of their work groups are kept updated and informed about any issues where his or her opinion might be useful.



Again, a little more than half of the respondents (52%) agreed and strongly agreed that their work group members would participate in issues that impact the quality of work life in their groups.



Fifty-six percent of respondents (i.e., 'agree' and 'strongly agree') indicated members of their work group would voice ideas for new projects or changes to existing procedures to the group.

5.3.6: Quotes from Respondents

Registered Midwife.

"Lack of communication from management regarding issues affecting staff/patients, being expected to know things without being told".

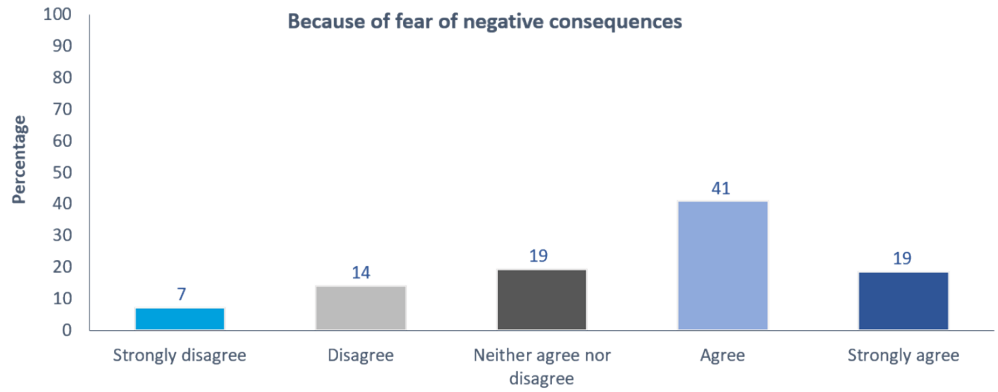
"Staff want to be included and involved, it's as simple as that. Platforms need to be created that will reach all staff members, as one size does not fit all. Promoting and facilitating staff to escalate concerns is essential in order to maintain a safe delivery of care to all. Managing these concerns and being proactive, rather than reactive. I have personal experience of escalating inappropriate behaviour within the workplace. despite it being the hardest thing i have ever done in my professional career, it was also the most liberating. It does, however, come at a cost both personally and professionally. Supporting staff at these times is essential, not at the time of the issue but ongoing"

Registered Midwife.

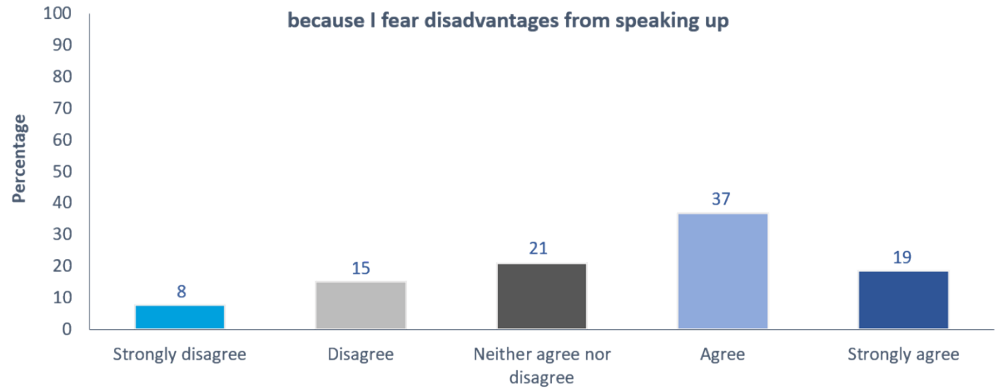
5.3.7: Employee Silence

Employee silence is where an employee withholds information, ideas and/or opinions about work-related improvements' (Van Dyne et al. 2003, p.1361). Within this literature, research suggest that employee silence is often fuelled by either the fear of retribution of voicing or the futility of not getting a response (Donaghey et al. 2011).

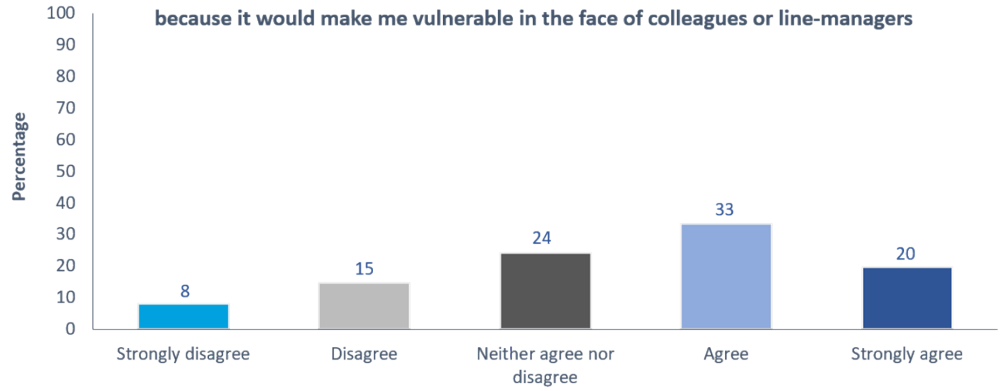
Respondents in this study averaged 3.37 out of 5 for employee silence indicators. Despite findings of positive voice climate, a consistently large proportion of respondents (ranging from 42% to 65% across all employee silence indicators except for one with reference to line-manager's openness to employee concerns) have indicated they have remained silent due to fear of negative consequences, of futility, of appearing vulnerable to others.



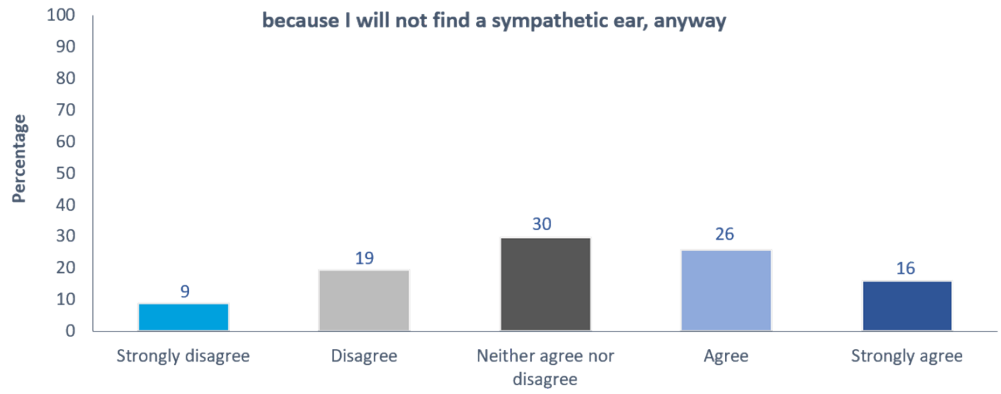
Sixty percent of respondents agree or strongly agree that they have remained silent because they fear negative consequences. A significant and concerning majority.



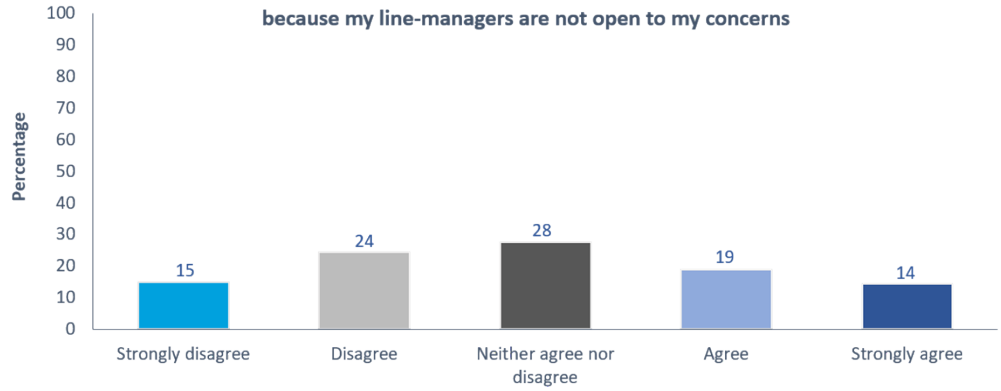
A similar majority of respondents (56%, 'agree' and 'strongly agree') again reporting a fear they have in voicing and thus remaining silent due to perceived negative consequences.



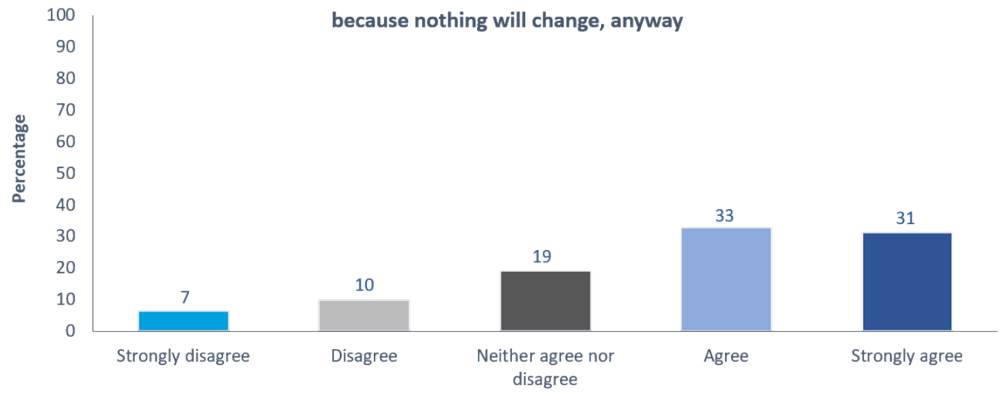
A less a percentage but still a clear majority (53%) of respondents (i.e., 'agreed' and 'strongly agreed') have remained silent in work situations as they were of the view that speaking up would have put them in a vulnerable position in the face of colleagues or supervisors.



In terms of futility, forty-two percent of respondents reported that they had remained silent as they believed they would not be received with an understanding ear. Only twenty-eight percent of respondents disagreed or strongly disagreed with this statement.

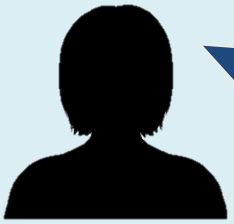


On a more positive note, a comparatively smaller percentage of respondents, thirty-three percent responded indicating they had remained silent as they thought their supervisors were not open to their concerns. This in congruent with findings where a large proportion of respondents reported agreeing that they received support from their supervisors at work, an aspect explored in subsequent sections of this report.



This final point is perhaps the most concerning in that there appears a perception of futility in raising issues. Sixty-four percent of respondents agreed and strongly agreed that they had remained silent at work because they held a sense of futility – that nothing will change, regardless of whether the matter is being voiced. In a health profession context, this is an area is both in the control of management and is worth further investigation.

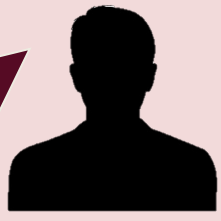
5.3.8: Quotes from Respondents



Registered Nurse.

"My main concerns are poor working conditions generally; certainly too much emphasis on a fear culture."

"We are unable to speak out because we would be reprimanded …I have been treated with rudeness, unfairness and have been belittled in front of colleagues all within the last two months. It is following these incidents when I ruminate and feel very sad, frustrated and angry."



Registered Nurse.

Sister / Charge Nurse.

"Austerity means that skilled professionals are listened to, then told about austerity and that nil will change. This short-sightedness is losing many, many staff and managers are aware of the reason for staff leaving but there are many measures in place to ensure that clinicians do not reach senior managements' ear."

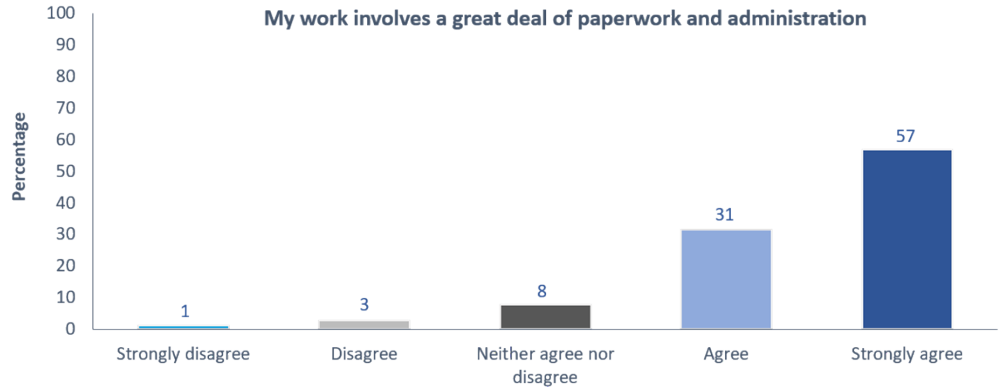
"Regardless of anyone's suggestions if they are not in line with managers ideas / plans then they will never be listened to. Truthfully, I see extortionate amounts of money being wasted in the organisation which if alternative ideas suggestions where listened to would save the organisations millions. This is not directly directed at management as much of the time they are governed by policies, procedures and governmental objectives"

Registered Nurse.

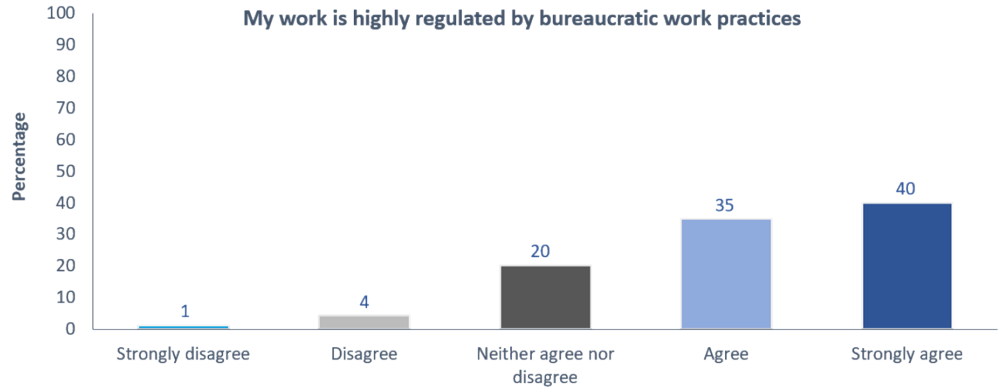
5.3.9: Bureaucracy

Bureaucracy focuses on the structure and processes which govern the workplace and the extent to which they are part of the daily routine.

Overall, respondents reported a relatively high mean score of 4.24 (out of 5) on bureaucracy indicators.

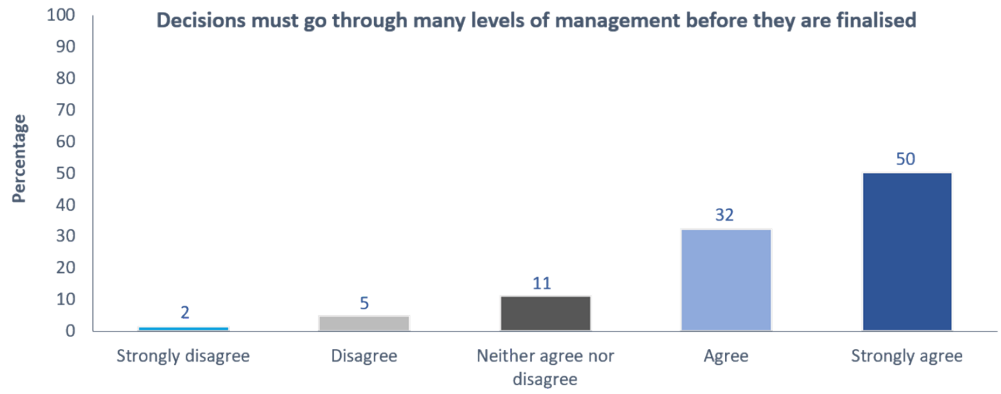


A large majority of respondents, up to eighty-eight percent (i.e., 'agree' and 'strongly agree') reported that their work involves a great deal of paperwork and administration. Whilst not unexpected, this warrants further investigation in the context of workloads, where many respondents in this study felt overwhelmed with work, increasing the burden on providing quality health care.



Seventy-five percent of respondents (i.e., 'agree' and 'strongly agree') indicated their work being regulated and constrained by bureaucracy. Only five percent

of respondents reported disagreeing and strongly disagreeing to this notion of high levels of bureaucracy regulating their work.



Eighty-two percent of respondents agreed and strongly agreed that decisions at their workplace must be reviewed by many layers of management before they are finalised. Again, not unsurprising but it is worth considering in relation to workloads.

5.3.10: Quotes from Respondents

Registered Nurse.

"Excessive reliance on documentation & statistics, audits, targets etc. i.e., way too much emphasis on management jargon & as a model. Care needs, in my opinion, to get back to basics - CARE in its essence is not rocket science, we are mostly caring humans who come into this profession & have the raw talent and qualities…let nurses get back to doing what they came into the profession to do - CARE. I am very tired of the 'if it's not documented, it isn't done' culture. Rather, just because it is documented, doesn't necessarily mean it's done."

"The bureaucracy in work with different electronic systems, ESR and TRAC make managers life much more difficult than is necessary."

Nurse Manager.

"Cut back on paperwork. We are drowning in it. Takes us away from patient interactions."

"Bogged down with unnecessary paperwork taking us away from nursing, which is a back-covering exercise."

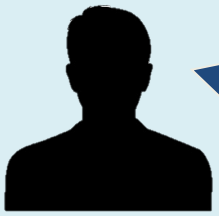
Registered Nurse.

Sister / Charge Nurse.

"Desperately short of staff and too much documentation exists and consequently always working long days."

"Please listen to staff directly at the front of services. we have become a top-heavy service with lots of managers, seniors we need to focus back on our patients"

Registered Nurse.

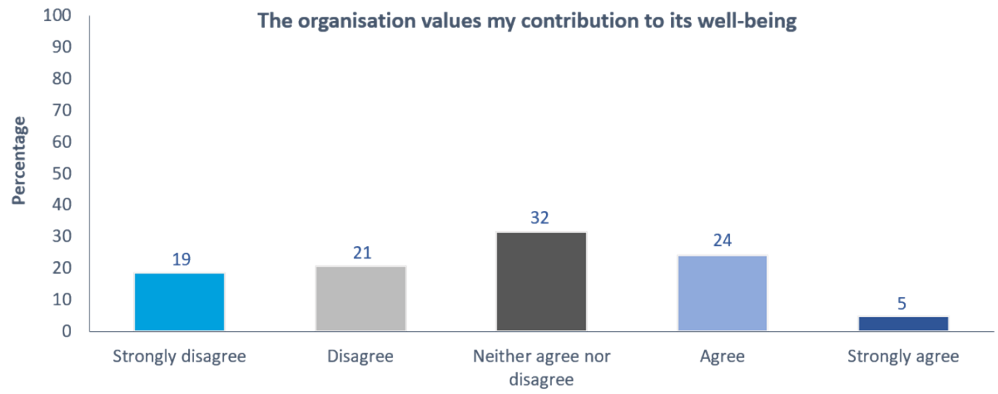


Sister / Charge Nurse.

"I believe that the nursing staff in the hospitals are under a great deal of pressure from understaffing and bureaucracy, and morale in fiends at ward level is low."

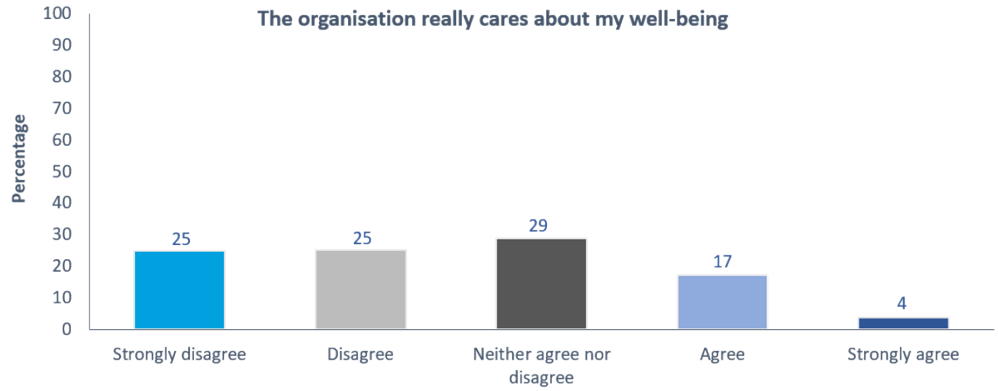
5.3.11: Organisational Support at Work

Overall, a considerable proportion of respondents did not feel that they received support at work from their respective organisations. Indeed, the mean score for organisational support at work appears to be one of the lowest among all other indicators in this study, at 2.63 out of 5. However, a comparatively smaller percentage of respondents reported such negative sentiments with regards to support from line manager or supervisors. Respondents recorded an average score that is higher than that of organisational support, at 3.58 out of 5.

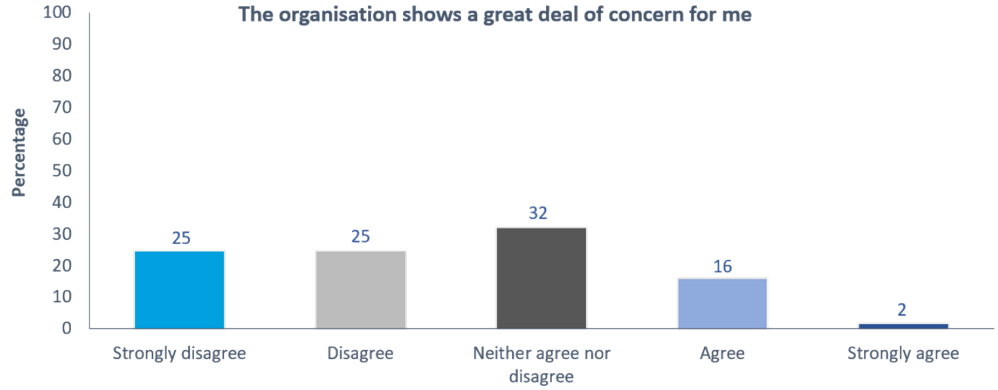


Nearly one in three respondents (29%, 'agree' and 'strongly agree') indicated that their contributions to the success of the organisation is being valued by the organisation. A larger proportion of respondents (40%, i.e., 'disagree' and 'strongly disagree') disagreed with this statement.

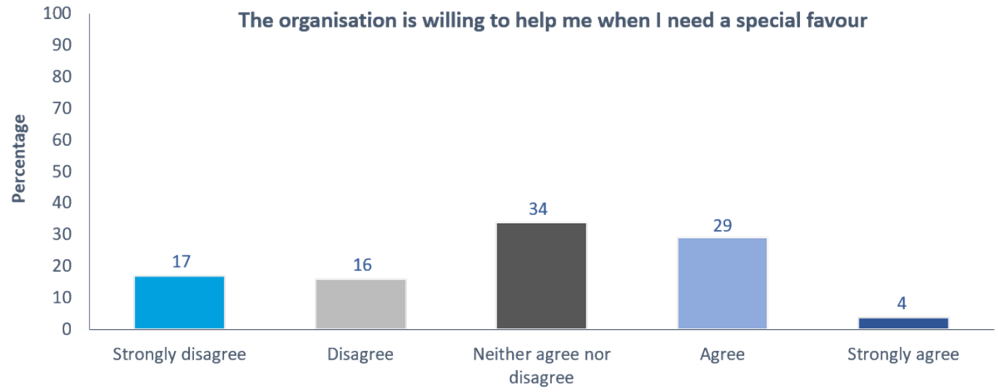
Only twenty-one percent of respondents agreed and strongly agreed that their goals and values are strongly taken into consideration by the organisation. Of concern, over twice this proportion of respondents (45%, i.e., 'strongly disagree' and 'disagree') did not agree that this was the case.



Similar to the indicator on employees' values and goals, only twenty-one percent of respondents (i.e., 'agree' and 'strongly agree') felt that their organisation truly cared about their wellbeing. One in every two respondents reported that they disagreed and strongly disagreed that the organisation cared for their wellbeing.



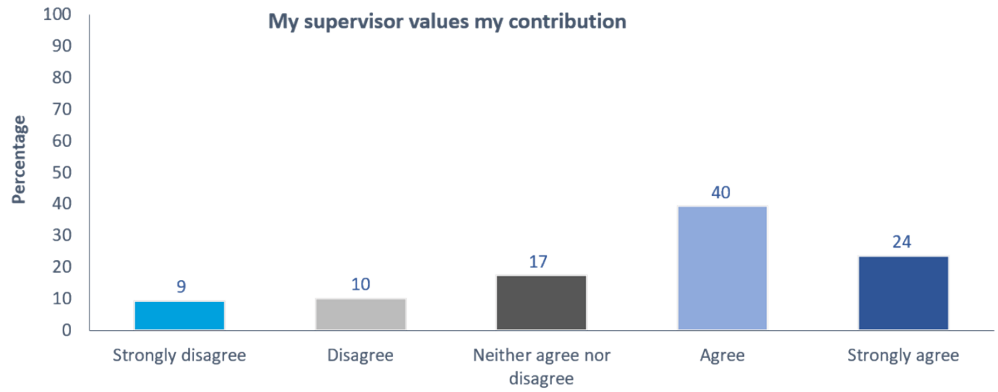
Mirroring the previous item, half of the respondents (i.e., 'strongly disagree' and 'disagree') did not feel as though their organisation demonstrated a great deal of concern for them. Only eighteen percent of respondents (i.e., 'agree' and 'strongly agree') reported that their organisations did.



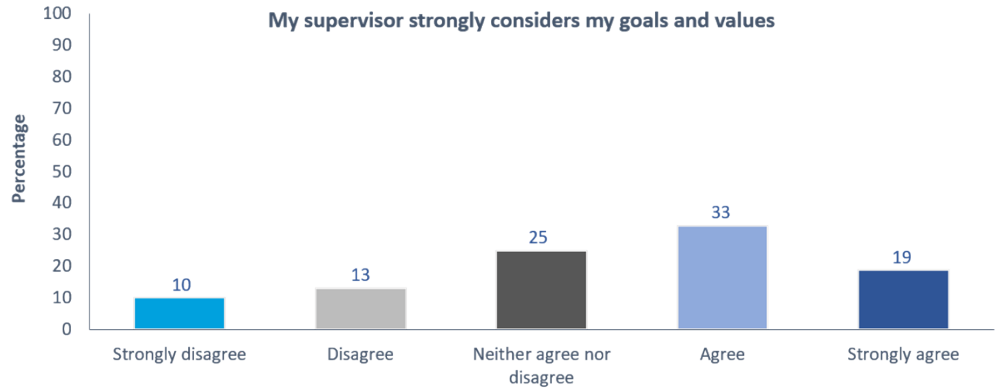
The sample was evenly split (33 %, i.e., 'strongly disagree' and 'disagree'; 'agree' and 'strongly agree') whether the organisation would assist them with special favours. Again, assuming in the highly feminised sector, these favours are likely to be interpreted as family support issues. It is worth looking more deeply into this issue, as it could also be a consideration for intention to leave.

Twenty-five percent of respondents indicated that their organisation does take pride in their work accomplishments. However, nearly majority of the respondents (44%, i.e., 'strongly disagree' and 'disagree') reported that they did not feel their work accomplishments are met with pride by the organisation.

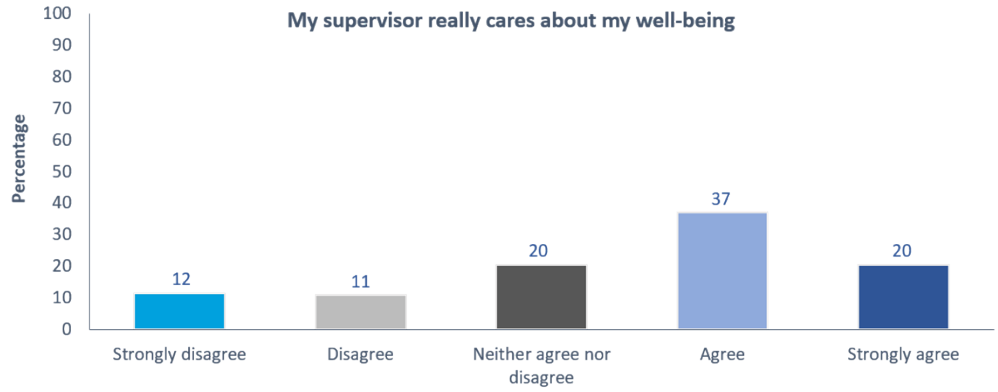
5.3.12: Supervisor Support at Work



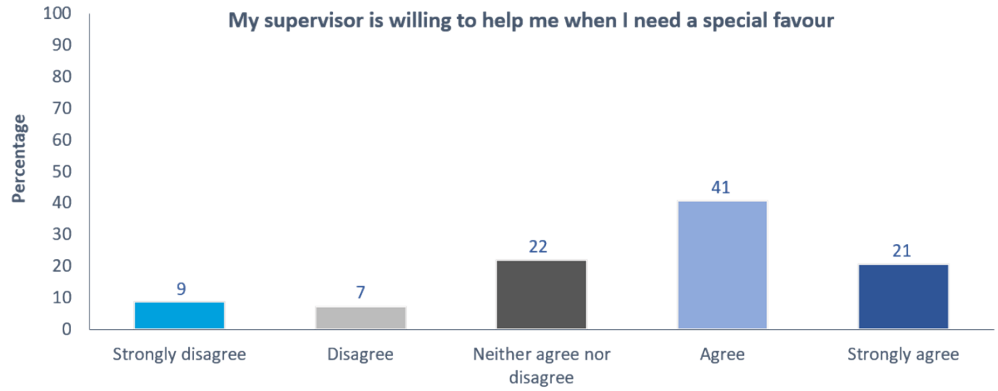
Contrary to findings related to support from the organisation, more than half of the respondents (64%, i.e., 'agree' and 'strongly agree') reported that their supervisor values their contributions at work. Only nineteen percent of respondents disagreed or strongly disagreed with this. This may potentially serve as a critical resource in assisting nurses and midwives in effectively dealing with work demands such as workload and other related issues.



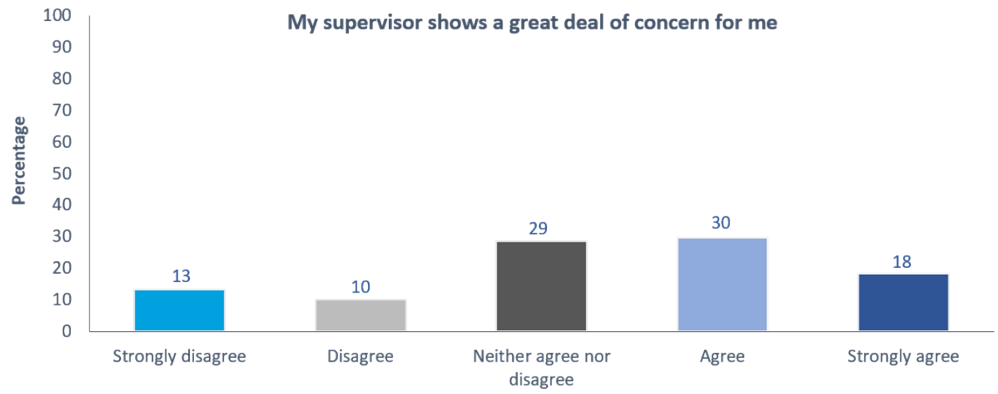
Over half (52%, 'agree' and 'strongly agree') of respondents reported that their goals and values are strongly taken into consideration by their supervisors.



More than half of the respondents (57%, 'agree' and 'strongly agree') indicated that their supervisors really demonstrated care and consideration for their wellbeing. This finding is in stark contrast with organisational support, as only twenty-one percent of respondents felt their organisations cared about their wellbeing.



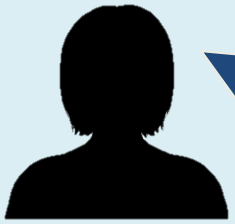
Sixty-two percent of respondents agreed and strongly agreed that when they are in a position requiring a special favour, their supervisors demonstrated willingness in helping them. Only sixteen percent of respondents did not feel that way. This is in contrast to the organisation-level perspective (and by default management) on this, which indicated an even split of one in three (33 %) felt management support.



Nearly fifty percent of respondents (48%, 'agree' and 'strongly agree') reported that their supervisors demonstrated a great amount of concern for them. With less than half (23%, i.e., 'strongly disagree' and 'disagree') indicating otherwise.

5.3.13: Quotes from Respondents

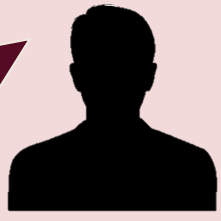
Reports of inadequate appreciation and support particularly from co-workers and supervisors.



Registered Nurse.

"My immediate line managers are extremely supportive both in relation to work and personal life, and will always do whatever is possible to ensure a good balance."

"Overall, I work in somewhat supportive environment. Colleagues are supportive and my supervisor does care about my wellbeing and about the staff as individual people."



Sister / Charge Nurse.

Registered Nurse.

"Nursing is a very rewarding career. At times it can be stressful and emotionally draining but I feel on the ward here we are supported well and work great together and look out for each other's wellbeing."

"We are very lucky in our workplace to have supportive ward managers, that support myself and other colleagues in our daily work. I have a good network of colleagues that support me through the good times and the bad times whether its work related or personal, and this what I call good teamwork."

Registered Nurse.

Healthcare Support Worker.

"Working within my immediate team I feel very supported, valued and respected unfortunately this is not the case for the wider team."

"Lack of support from senior management, fear we will not be supported if something goes wrong. Constant criticism and negativity."

Registered Midwife.

Sister / Charge Nurse.

"The core values of the trust I feel have not been adhered to. Not feeling supported in the workplace by my managers has left me disillusioned and I am concerned for my psychological wellbeing. Working for the trust for 25 years I have never until this point felt so unvalued and unappreciated for the hard work I put into creating an environment for my team and patients."

"Staffing is a daily issue. Unnecessary nursing pressures are added due to lack of staff, support and funding. this is not acceptable and will result in nurses leaving the Trust."

Registered Nurse.

Nurse Manager.

"Challenges for front line staff dealing with direct patient care this winter have been the worst I have seen. many staff feel unsupported. High acuity and complex patient care, short staffed on shifts leading to low motivation and low morale. Many substantive staff are talking of leaving to join agencies".

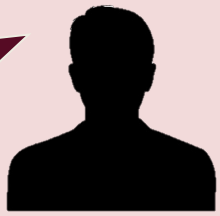
"There is also a very poor working knowledge of employment policies and support procedures that would help support staff maintain a work life balance."

Sister / Charge Nurse.

Registered Nurse.

"We have such a draining job and get offered little in the way of support, which can be down to our line managers as well as organisational."

"The NHS recently has more of a blame culture rather than a supportive nature."



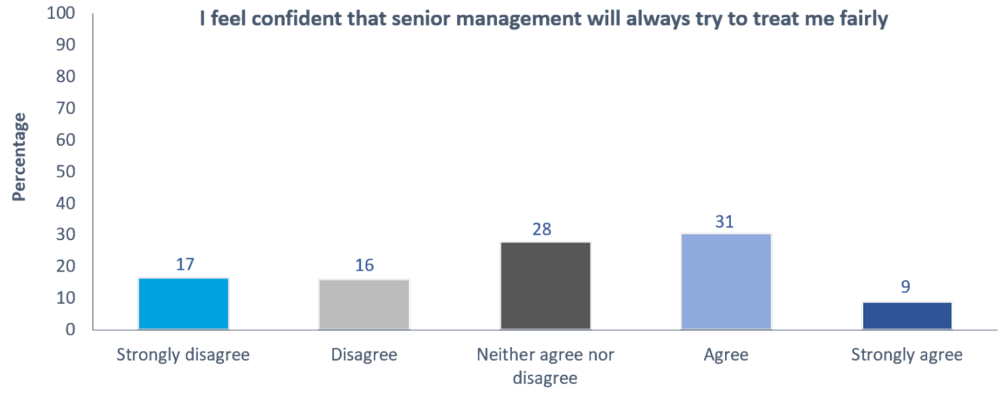
Registered Nurse.

.

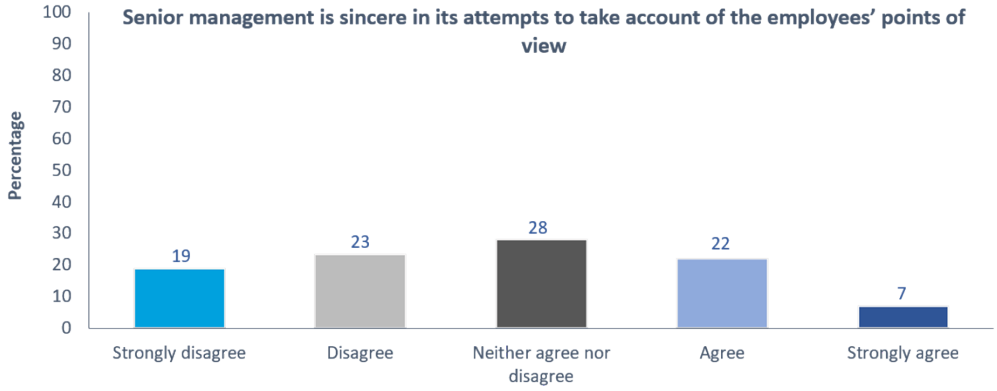
5.3.14: Trust in Senior Management

Given the recognition that trust is an integral factor in influencing organisational success, organisational stability and to employee wellbeing (Cook & Wall; 1980; Tyler & Kramer, 1996; Shaw, 1997), this survey sought to explore the perceived levels of trust healthcare workers have in both senior management and direct supervisors. Adapting Cook and Wall's (1980) trust measure, this section of the survey asked respondents several questions regarding employees' trust in senior management and direct supervisors.

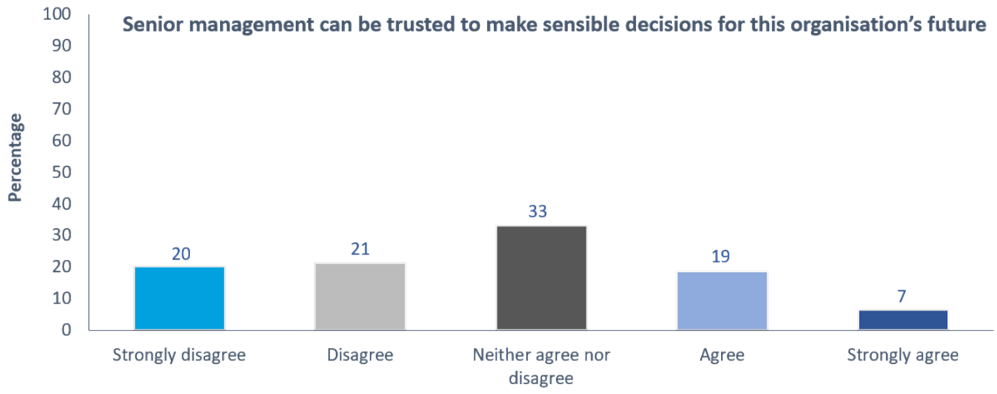
Overall, respondents' mean score for trust in senior management indicators mirrors the mean score for organisational support at work, at 2.91 out of 5.



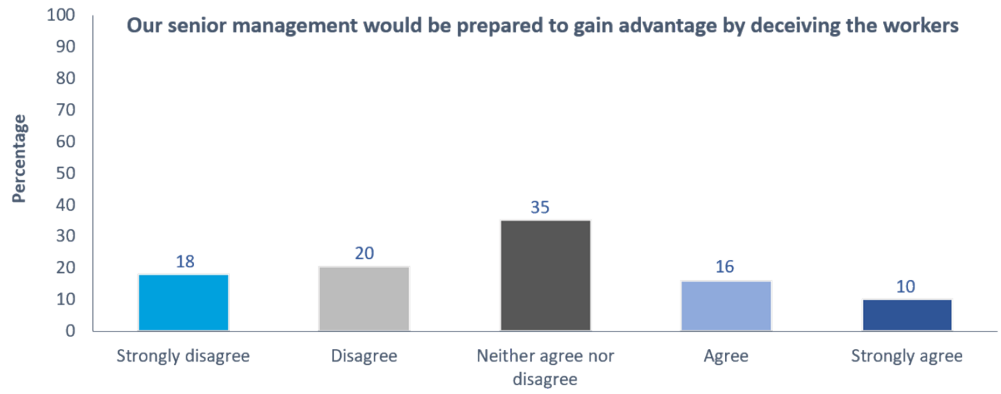
Only forty percent of respondents (i.e., 'agree' and 'strongly agree') indicated having confidence that they senior management would always attempt to treat them fairly. This was in contrast to one-third of respondents who either disagreed or strongly disagreed with this statement.



Nearly one in every three respondents (29%, i.e., 'agree' and 'strongly agree') reported feeling that senior management sincerely considers employees' points of view. However, forty-two percent of respondents (i.e., 'strongly disagree' and 'disagree') did not share that view and felt that employees' perspectives are not always sincerely considered by senior management.



Similar to patterns of findings as the previous item, twenty-six percent of respondents agree and strongly agreed that they were able to trust senior management to make sensible decisions for the sake of the organisation's future. Forty-one percent of respondents (i.e., 'strongly disagree' and 'disagree) reported not being able to trust senior management in relation to making sound decisions for the organisation's future.



Whilst more than one in every five respondents (26%, 'agree' and 'strongly agree') indicated that they were of the view that senior management would resort to deceiving employees to gain certain advantages. Comparatively, a larger percentage of respondents, thirty-eight percent (i.e., 'strongly disagree' and 'disagree'), did not agree that senior management would gain advantages by means of deceiving workers. Overall, however, the lack of general trust in senior management is concerning.

5.3.15: Quotes from Respondents

.

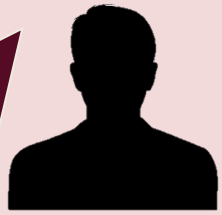
"The current situation being faced by nurses is possibly the worst it has been in my 35 years of nursing, much of which has been bought on by senior management decisions, which often have short term goals and did not see the long term impact. this has led to a diminution of nursing morale and numbers (eg only internally advertising for posts, lack of meaningful pay rise), increasing the reliance in agency and pushing nurses into agency roles, which the organisation cannot afford. We rely on the goodwill of the workforce so much, and yet give them so little in return. The professional pressures on registered nurses is incredibly high with the constant threat of punitive reprisals managerially, professionally and legally, but increasingly, they are not given the time, space or support to meet those expected high standards."

Registered Nurse.

Healthcare Support Worker.

"I have raised concerns with management in confidence in the past, Confidentiality was not maintained and the situation was made worse."

"If the NHS really can't trust the staff to do the job and require all this documentation (which most significantly takes away valuable time when nurses ironically could actually be caring for people), Then quite honestly, it probably would be a good idea to bring back the 'matron' type approach (and I know that's clichéd) i.e., have a talented and compassionate LEADER (please, not manager) who can oversee. LESS cold facts, figures, stats, audits etc…make Care, Human again. We are at risk of being reduced to robotic type (inhumane) technicians otherwise…patients feel it too- they want natural, humane care, not being reduced to a target."



Registered Nurse.

Registered Nurse.

"Senior management staff should be worked on the floor to see how difficult to manage unit when understaffed. They should know the reality, rather than advising what to do. I feel quite often no support from senior managers when needed, quiet happily leave the unit understaffed and move our staff to other wards. Nurses are under paid and (under)valued."

"Nurses are not treated as individuals by management. There is a punitive culture here. Current Senior management do not always acknowledge staff or say hello."

Sister / Charge Nurse.

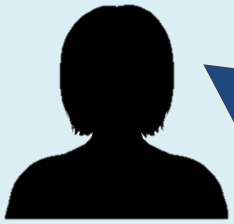
"Senior management fail to recognise our role and value of contribution to services undertaking qualifications without recognition and re-banding that is warranted."

Registered Nurse.

"I feel the health board as a whole does not value its staff. Management cannot be trusted and do not keep issues confidential. It was recently insinuated to our team by a manager that we should lie to inspectors and when a staff member refused to do this, the inspectors did not even have the opportunity to speak with us, this sums up Hywel Dda University Health Board unfortunately. I am proud to be a nurse but embarrassed to work in these conditions."

"Overall management are unapproachable and appear to be always suspicious about what we are doing, when all they need to do is spend more time with the teams and they would see for themselves how hard we are working in really difficult circumstances."

Registered Nurse.

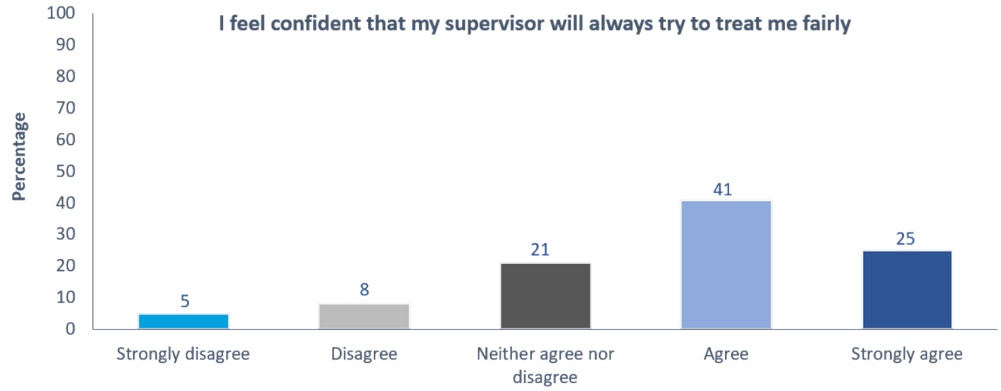


Sister / Charge Nurse.

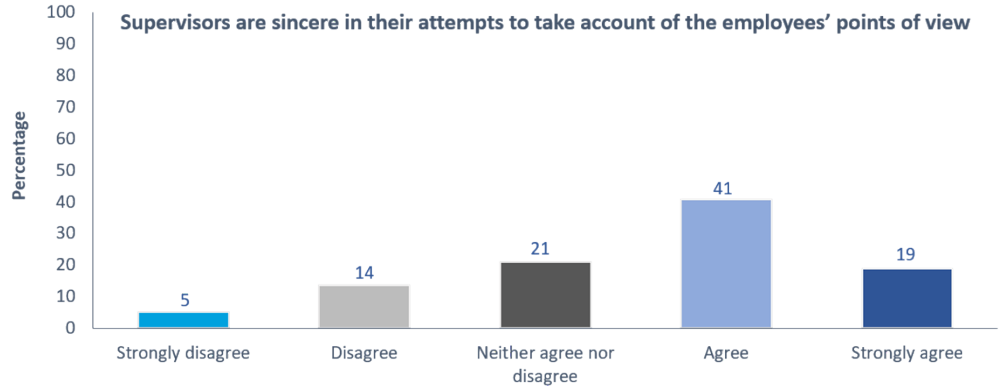
"There is also a very poor culture of speaking poorly about colleagues in front of other staff members and in adjacent rooms that other staff members can hear. Senior managers will often ignore and not look to communicate with lower banded colleagues to the point of not greeting them or speaking to them at all."

5.3.16: Trust in Direct Supervisor

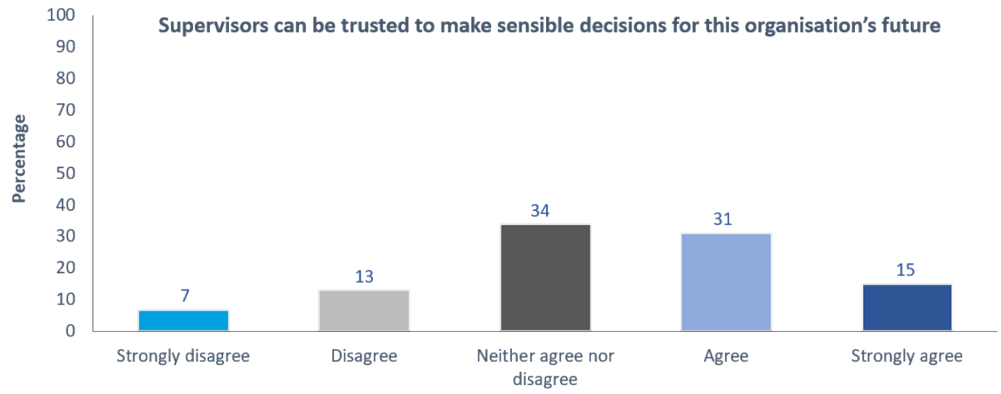
Respondents recorded a mean score of 3.51 out of 5 for trust in direct supervisors. This is comparatively, higher than trust in senior manager, where the mean score was only 2.91 out of 5.



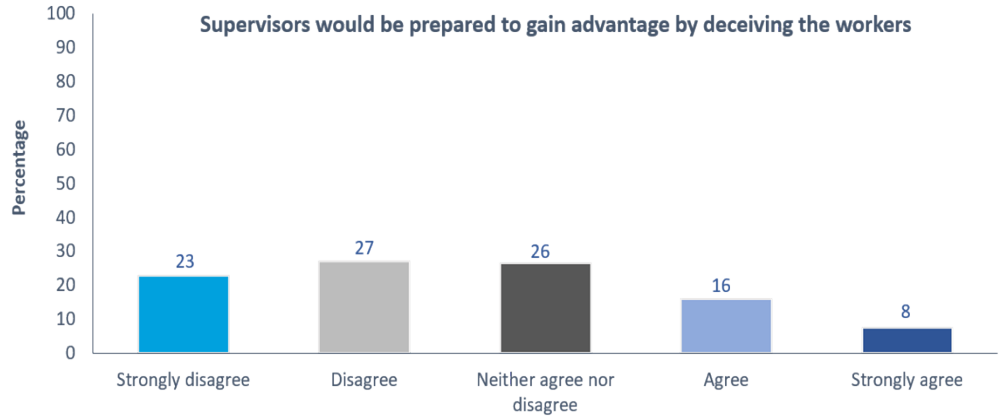
Reflecting a closer working relationship potentially, two-thirds (66%, i.e., 'agree' and 'strongly agree') of respondents, indicated that they were of the view their supervisor would treat them fairly.



Sixty percent of respondents (i.e., 'agree' and 'strongly agree') reported feeling that their supervisor sincerely considers their points of view, with only five per cent of respondents strongly disagreeing. Comparative to trust in senior management, a larger proportion of respondents have indicated this element of trust towards their direct supervisors.



In contrast to senior management (26%), a larger percentage of respondents (46%, i.e., 'agree' and 'strongly agree') felt that supervisors were seen as more trusted regarding make sensible decisions for the sake of the organisation's future, with only seven percent strongly disagreeing.

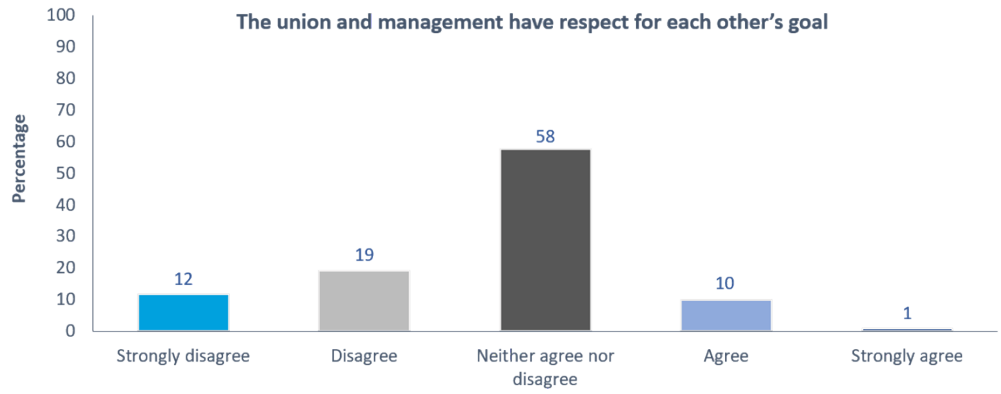


Half of the respondents (i.e., 'strongly disagree' and 'disagree') indicated that they were of the view that their supervisor would not resort to deceiving employees to gain certain advantages. Nearly a quarter of respondents (24%), did agree that supervisors would gain advantages by means of deceiving workers.

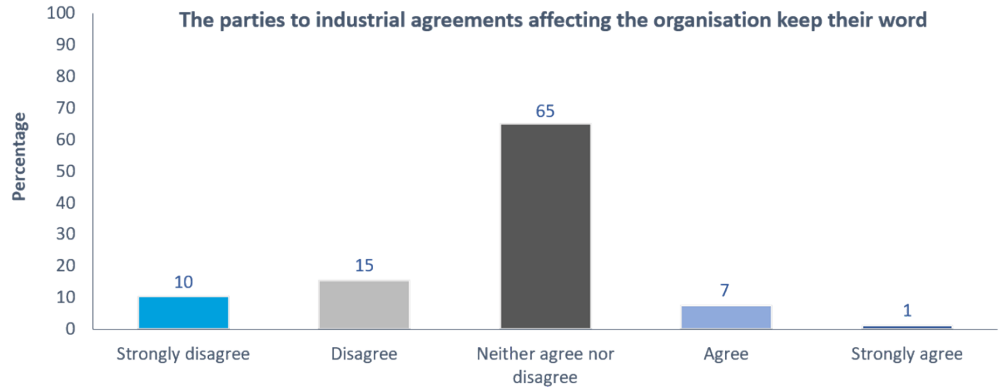
5.3.17: Industrial Relations Climate

Noting the high level of union membership in the nursing sector and the high level of work demands this is an important aspect of the workplace environment. Overall, the mean score for industrial relations indicators is 2.75 out of 5.

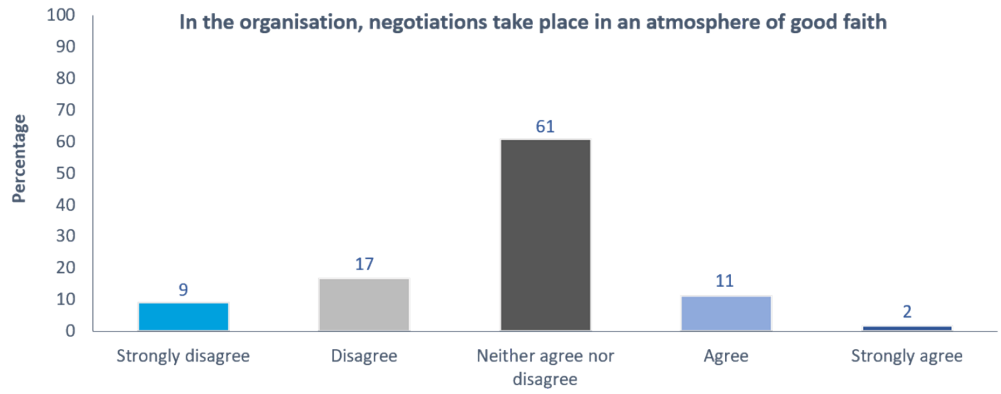
Only fourteen percent of respondents (i.e., 'agree' and 'strongly agree') were of view that the union and management work together to make their organisations a better place to work. Of which, only two percent of respondents (i.e., 'strongly agree') felt strongly about this. Nearly half of the respondents (49%, i.e., 'neither agree nor disagree') indicated ambivalence towards this view and thirty-seven percent of respondents (i.e., 'strongly disagree' and 'disagree') felt this was not the case. At face value, these are concerning findings.



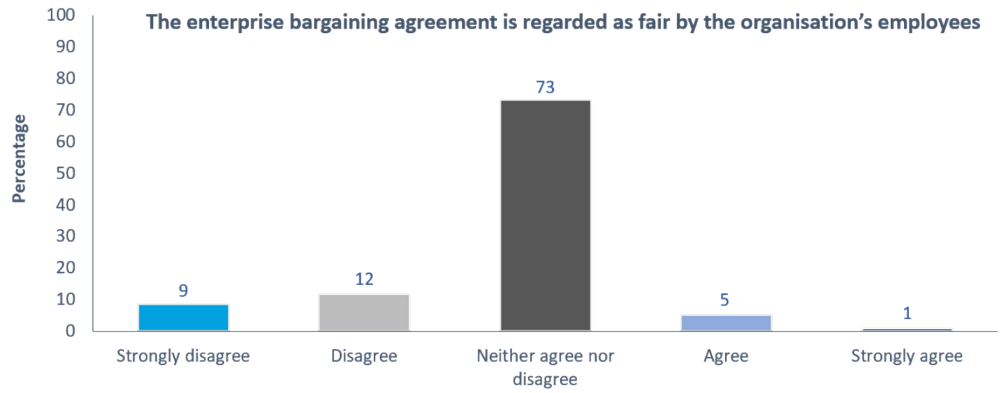
Only eleven percent of respondents (i.e., 'agree' and 'strongly agree') reported that the union and management had mutual respect of their respective goals. Close to sixty percent of respondents (58%) neither agreed nor disagreed with this view and nearly one in every three respondents (31%, 'strongly disagree' and 'disagree') did not feel that the union and management respected each other's goals.



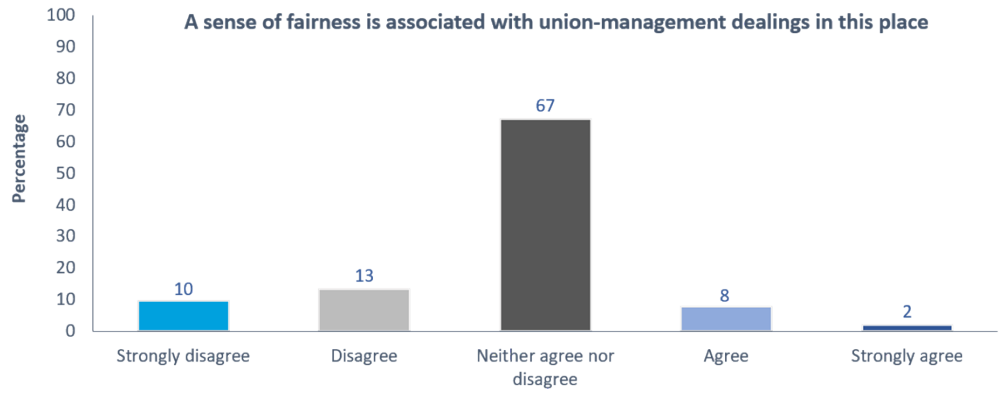
Only eight percent of respondents (i.e., 'agree' and 'strongly agree') felt that the industrial agreement parties kept their word. Twenty-five percent of respondents (i.e., 'strongly disagree' and 'disagree') reported that they did not feel that these parties to industrial agreements would keep to their word. Comparatively, a large proportion of respondents (65%, 'neither agree nor disagree') were ambivalent towards this view.



Thirteen percent of respondents (i.e., 'agree' and 'strongly agree') reported that they felt negotiations are carried out with a climate of good faith at their workplace. Twenty-six percent of respondents disagreed and strongly disagreed that these were the circumstances under which negotiations took place in their organisations. Sixty-one percent of respondents neither agreed nor disagreed to this statement.



Only six percent of respondents (i.e., 'agree' and 'strongly agree') felt that the employees in their organisation regarded the partnership agreement to be fair. Eleven percent of respondents (i.e., 'strongly disagree' and 'disagree') did not feel that the enterprise bargaining agreement at their workplace was considered fair by the employees. Seventy-three percent of respondents (i.e., 'neither agree nor disagree') were ambivalent.



Ten percent of respondents (i.e., 'agree' and 'strongly agree') were of the view that union-management dealings at their organisation were conducted with fairness. Comparatively, a larger proportion of respondents (23%, 'strongly disagree' and 'disagree) were not of the view that there is a sense of fairness in union-management dealings at their organisation. Sixty-seven percent of respondents neither agreed nor disagreed that union-management dealings in their organisation were conducted with a sense of fairness.

Overall, there was a strong view of ambivalence toward the climate of industrial relations and trade union partnerships. It is worth noting from a positive perspective, the negative responses were often double than of positive responses across most industrial relations indicators.

6: Conclusion

This study has been successful in identifying a number of factors (barriers and drivers) that impact on nursing staff wellbeing and workplace environment in HDUHB. The study helps to develop a cooperative approach to staff wellbeing, including evidence based practice, that supports a stable and sustainable workforce and explores workplace issues that contribute to the promotion of effective workplace wellbeing.

Exploring factors of workplace wellbeing, the survey results relating to workloads and ***intensity of work*** raised concerns regarding increased and competing demands and time pressures nursing staff are under, and the ways

in which these impact on the quality of care. There is the need not only to deal with competing demands but also manage these demands at pace. Significant to note is that the quantitative results and the qualitative narrative suggest that workload is intensified by increasing administration and staff shortages. The results on burnout among nursing staff reinforce work intensification issues as impacting on family and leisure time.

Interestingly, the survey suggests a resilient workforce with a near majority of respondents indicating they were able to demonstrate all facets of ***resilience*** including making it through and recovering from stressful events, with the exception of snapping back when something bad happens.

Psychological safety within teams and supervisors appeared strong with respondents reporting they were able to bring up difficult problems with team members. Over half of respondents felt their skills were valued and utilised by other members of the team. More widely, respondents were comfortable to share experiences positive (**Promotive Voice**) and negative (**Prohibitive Voice**) with their team. This section however, did reveal that only a small proportion of respondents reported feeling safe to take risks within the team. Less convincing was psychological safety within the wider workplace.

In relation to ***engagement*** the results show respondents are enthusiastic and highly engaged and immersed in their work. However, it is important to note that key factors such as low trust in senior management, high levels of bureaucracy, continual intensification of workloads and low levels of organisational support are likely to eroded these high levels of engagement.

Whilst the respondents' mean score for ***bullying*** was relatively low, caution should be applied when interpreting such data given the deleterious effect bullying and incivility in the workplace. This may impact on the wellbeing, health and productivity of the victim. Respondents noted high levels of 'teasing'.

Interestingly the results for ***job satisfaction*** suggest a majority are satisfied with their work. Of equal significance, over a quarter of respondents were not

satisfied. These findings are corroborated by the intention to leave results. Arguably ***intention to leave*** the job may be the most significant indicator of workplace wellbeing in terms of the potential to act on discontent with work. The results highlight that nearly a third of respondents intended to seek new employment opportunities in the next year, with near half indicating they often think about quitting the profession. In excess of half indicate they will be looking for a new job in the future. This raises major retention issues of highly skilled frontline health workers and offers a gauge of wellbeing and workplace environment.

The second section of the survey focused on 11 factors associated with workplace environment such as employee voice, support at work, trust and industrial relations. The results relating to ***employee voice*** indicated there is a breadth of communication mechanisms used including staff meetings, open door policies and team briefings. Other forms that provide the 'depth of voice' such as problem solving teams between management and staff dealing with operational matters, are not well developed. The survey suggests respondents are comfortable to voice their views. When examining the prohibitive voice, the results strongly indicate a culture that is prepared to address work unit problems, indicating a relatively robust voice system. Similarly, the results for the ***promotive voice*** suggest the majority of respondents take a proactive approach to suggesting improvement to working practices. These relate to the positive results associated with psychological safety within the work team environment.

Survey results associated with ***voice climate*** which identifies the conditions of psychological safety at work, encourages engagement and employee perceived value of speak up were slightly less convincing. This suggests a lack of real joint decision making and collaboration between management and nursing staff. In ways similar to results regarding psychological safety, raising work issues appear more likely at a team level suggesting a positive internal work environment.

The study's findings indicate a largely positive ***voice climate***. However, a

proportion of respondents indicated they have remained ***silent*** due to fear of negative consequences, of futility and of appearing vulnerable to others. Employee silence is often fuelled by either the fear of retribution of voicing or the futility of not getting a response and / or nothing changing. Fewer respondents reported they remained silent as they thought their supervisors were not open to their concerns. In these circumstances, the importance of developing mechanisms for employee voice and responsive approaches to addressing the concerns of nurses in lowering burnout and promoting employee wellbeing in the health care sector.

In relation to ***bureaucracy***, a large majority of respondents agreed their work involves a great deal of paper and administration and issues relating to elongated decision making. These finding are congruent with workloads where many respondents felt overwhelmed with work. What is significant to note is that respondents suggested the extent of bureaucracy and administration, rather than impacting positively on the quality of care provided, in fact has the converse effect.

When examining the level of ***support at work***, the survey examined organisational and supervisor support. In terms of organisational support, a considerable proportion of respondents did not feel they received support at work from the organisation. This was one of the lowest indicators in the study. In contract, more than half of the respondents report that they felt their contribution was valued by their supervisor and that they demonstrated care and consideration for their wellbeing. The results suggest this was not the case for senior management.

Similar results were reported in relation to the ***trustworthiness*** of senior management and direct supervisors. The results were more positive in relation to supervisors treating respondents fairly, considering their points of view, making decisions for the sake of the organisation's future and unlikely to deceive employees to gain certain advantages. These results could reflect the closer working relationships respondents are likely to have with their supervisors.

The final factor of the workplace environment theme was the climate relating to ***industrial relations*** and trade union partnerships. This is a particularly important area to examine given the high level of trade union membership within the nursing workforce. The results reported a strong sense of ambivalence toward the climate of industrial relations and trade union partnerships. There was limited agreement in relation to key areas such as whether trade unions and management had mutual respect of their respective goals, whether parties to industrial agreements would keep their word or whether negotiations were undertaken in good faith.

In conclusion, understanding local factors contributing to workplace wellbeing and those that are driving a number of nursing staff to consider leaving the profession is significant for the organisation. The results of this survey suggest the nursing workforce within HDUHB is resilient, highly engaged, enthusiastic and embedded in the work they perform. However, demands from high levels of workload exacerbated by staff shortages and bureaucracy, as well as the perception of being under resourced, will undermine staff engagement, erode the positive voice climate within the health board and impact on the quality of care provided.

Furthermore, the findings suggest we are seeing a workforce increasingly pushed to a point where the opportunity to recover is being tested in a demanding working environment. What is important to note is that management are in a position to address the issues before these highly skilled employees exit the profession. The current research suggests that when higher perceived workload is combined with lower levels of organisational support, in the form of policies and practices that replenish resources, nursing staff are more likely to consider leaving the profession.

Nobody would deny that nursing is a particularly stressful profession. Positioned within a wider organisational context, this survey has focused to a large extent on issues within the control of management. We would argue that a number of issues highlighted in this report may suggest a workforce that is

coming to a tipping point with work intensification and burnout being significant factors. If not positively addressed, the outcome may most likely be an accelerating departure from the profession of highly skilled people who are expensive to replace. The survey has highlighted key factors that appear to be significant to the wellbeing of nursing staff and that can be addressed by a collective, inclusive and holistic approach that gives cognisance to all levels within the organisation and the varying demography that it covers.

7. Recommendations:

As an outcome of this research, the authors suggest the following recommendations are considered and included as part of an agreed action plan:

- The health board acknowledge the impact of work on wellbeing by positioning the enhancement of wellbeing as a fundamental corporate objective.
- A tailored approach to staff wellbeing that is inclusive and employee-led, should be adopted. This focused approach should implement key initiatives adapted for specific workforce challenges and demographics to create a stable and sustainable workforce that is responsive to service change. A strategic and operational appreciation of localised factors needs to be considered to restore and replenish the physical and psychological wellbeing of nursing staff.
- Equip managers at all levels to make employee wellbeing 'routine business' for all, by embedding the promotion of workplace wellbeing as a core competency for managers, ensuring comprehensive training reaches all managers and supports the values of the health board.
- Recognition of employee wellbeing as a critical component to being a responsible organisation and further promote values and behaviours that foster wellbeing, enable an inclusive culture by embedding wellbeing into management accountability and operational policies and tools and report on wellbeing performance in external communications such as annual reports.

- We recommend that the health board explores ways of supporting and encouraging local networks, particularly through partnership forums and regional networks, to develop integrated approaches to improving workplace wellbeing and environment. Engaging in partnerships with other stakeholders and similar organisations will provide opportunities to learn from the evidence of best practice elsewhere.
- We propose that online platforms with a wide reach are developed that link up with NHS approved health and wellbeing support services to provide mental health support and advice which can be accessed confidentially by those working through various social media channels and personal technology.
- The health board drives further change by developing wellbeing champions and leaders from across the organisation to maintain momentum and build upon the current activities and this report. For example, the health board continues to develop and sustain mechanisms to support the positive voice climate identified within the organisation. We would therefore recommend a bundled approach with a range of voice mechanisms on offer rather than a reliance on one or two mechanisms or channels. Certainly, given the complex nature of health care organisations, a variety of different approaches to providing employees with opportunities for direct voice are likely to be needed.
- To develop performance measurement strategies to assess, evaluate and promote the health board's response to and management of staff wellbeing and the workplace environment.
- Targeted interventions are needed to address key issues of work intensification, bureaucracy and burnout. These interventions should focus on addressing workloads, scope of practice and retention of nursing staff. Strategies are also required to ensure nursing staff are able to continue to cope with, and tolerate, working environments in which they feel respected, valued and supported to deliver high quality healthcare.

References

Allen, B., Holland, P. & Reynolds, R. (2015). The Effect of Bullying on Burnout in Nurses: The Moderating Role of Psychological Detachment. *Journal of Advanced Nursing*, *71*(2), 381-390.

Australian Health Ministers' Advisory Council. (2006). *National Nursing and Nursing Education Taskforce: Final Report*. Melbourne, Victoria.

Australian Government Productivity Commission (2008) Trends in Aged Care Services: Some Implications. Canberra: AIHW.

AFHW - Australian Future Health Workforce: Nursing (AIHW) (2014). Canberra.

AIHW - Australian Institute of Health and Welfare (AIHW) (2015). *Nursing and Midwifery Workforce 2015*. Canberra.

AIHW - Australian Institute of Health and Welfare (AIHW) (2015a). *Nursing and Midwifery 2015 Data and Additional Materials*. Canberra.

Bartram, T., Joiner, T. A., & Stanton, P. (2004). Factors affecting the job stress and job satisfaction of Australian nurses: implications for recruitment and retention. *Contemporary Nurse : A Journal for the Australian Nursing Profession, 17*(3), 293-304.

Boxall, P. & J. Purcell. (2016). Strategy and human resource management (4th ed). Basingstoke: Palgrave Macmillan.

Delgado, C., Upton, D., Ranse, K., Furness, T., Foster, K. (2017). Nurses' resilience and the emotional labour of nursing work: An integrative review of empirical literature. *International Journal of Nursing Studies, 70*, 71-88.

Duffield, C. & O'Brien-Pallas, L. (2003). The causes and consequences of nursing shortages: A helicopter view of the research. *Australian Health Review, 26*(1), 186-193.

Drach-Zahavy, A. & Marzuq, N. (2012). The weekend matters: Exploring when and how nurses best recover from work stress. *Journal of Advanced Nursing*, *69*(3), 578-589.

Fox, S. & Cowan, R.L. (2015). Revision of the workplace bullying checklist: The importance of human resource management's role in defining and addressing, *Human Resource Management Journal*, 25(1), 116-130.

Hogan, P., Moxham, L., & Dwyer, T. (2007). Human resource management strategies for the retention of nurses in acute care settings in hospitals

in Australia. *Contemporary Nurse, 24*, 189-199.

Holland, P., Tham, T. L., & Gill, F. J., (2018). What nurses and midwives want: Findings from the national survey on workplace climate and well-being. *International Journal of Nursing Practice,* 24: e12630.

Holland, P., Allen, B. C., & Cooper, B. (2011). Exploring Human Resources Dimensions of the Health Sector: First National Survey of the Australian Nursing Profession. Paper presented at the Lean in Service Research Workshop. Prato, Italy.

Holland, P., Cooper, B., Pyman, A. & Teicher, J. (2012) Trust in Management: The Role of Employee Voice Arrangements and Perceived Managerial Opposition to Unions Human Resource Management (UK), *22*(4), 377-391.

Holland, P., Allen, B., & Cooper, B. (2013). Reducing Burnout in Australian Nurses: The Role of Employee Direct Voice and Managerial Responsiveness. *International Journal of Human Resource Management*, *24*(16), 3146-3162.

Johnstone, M. J. (2007). Nurse recruitment and retention: Imperatives of imagining the future and taking a proactive stance. *Contemporary Nurse, 24*, iii-v.

Jourdain, G. & Chenevert, D. (2010). Job demands-resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International Journal of Nursing Studies, 47*(6), 709-722.

Leiter, M.P. & Maslach, C. (1988). The impact of interpersonal environment on burnout and organisational commitment. *Journal of Organisational Behaviour, 9*, 297–308.

Marsh, S. (2019) Bullying and sexual harassment 'endemic' in NHS hospitals. *The Guardian*.

Moseley, A., Jeffers, L., & Paterson, J. (2008). The retention of the older nursing workforce: A literature review exploring factors that influence the retention and turnover of older nurses. *Contemporary Nurse, 30*, 46-56.

NHS Digital (2020) *NHS Workforce Statistics;* June 2020.

Office for National Statistics (ONS) (2019a) *International Migration and the Healthcare Workforce;* August, 2019.

Office for National Statistics (ONS) (2019b) *Labour Force Survey;* May, 2019.

Office for National Statistics (ONS) (2018) *Annual Population Survey;* May, 2018.

Public Health England (2017) *Facing the Facts, Shaping the Future;* December, 2017.

Pyman, A., Holland, P., Teicher, J. & Cooper, B. (2010). Industrial Relations Climate, Employee Voice and Managerial Attitudes to Unions. An Australian Study, *British Journal of Industrial Relations*, *48*(2), 460-480.

Royal College of Nursing (RCN) (2019a) *The Nursing Workforce in Wales 2019;* October, 2019.

Royal College of Nursing (RCN) (2019b) *Employment Survey;* November, 2019.

Schaufeli, W. & Salanova, M. (2008). Enhancing work engagement through the management of human resources. In K. Naswall, M. Sverke & J. Hellgremn (Eds.). *The individual in the changing working life* (pp.380-404). Cambridge: Cambridge University Press.

Shields, M. A., & Ward, M. (2001). Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit. *Journal of Health Economics, 20*(5), 677-701.

Sturrock, J. (2019) *Report to the Cabinet Secretary for Health and Sport into Cultural Issues related to allegations of Bullying and Harassment in NHS Highland; April,* 2019.

Tzeng, H.-M. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *International Journal of Nursing Studies,* 39(8), 867-878.

Welsh Government (2020) *StatsWales;* August, 2020.

Zapf. D, Escartin J, Einarsen S, Hoel H & Vartia M (2011) Empirical findings on prevalence and risk groups of bullying in the workplace. In *Bullying and Harrassment in the Workplace: Developments in Theory, Research and Practice* (Einarsen S, Hoel H, Zapf D & Cooper C eds.), Taylor & Francis, Boca Raton FL, pp. 75-106.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2021

Wellbeing Map

Robert Blake (Hywel Dda UHB - Head of Culture and Workforce Experience)
Hywel Dda University Health Board

ORGANISATIONAL WELLBEING

Hywel Dda has faced the most extreme of challenge's over the last 12 months with a Global pandemic that has created huge changes in the way we offer our services and how we look after our workforce.

The organisation is aware of how staff experiences impact on our patient experiences. It has continually questioned the workforce wellbeing, taking into account best practice and innovative ideas from internal professionals to build comprehensive support pathways that would assist and advocate staff accountability for their wellbeing.

The following map outlines the various pathways implemented throughout the organisation for staff to take advantage of to sustain their wellbeing through this unprecedented time and beyond.

Operational resources

The organisation has provided many operational resources that have supported services and provided intelligence that supports staff wellbeing. These include –

- A dedicated intranet page accessed over 1700 times with all wellbeing resources contained in one source, supplemented by twice weekly resource messages on global and staff sharing their wellbeing stories of coping strategies.
- Regular VLOGs from our CEO and Chair.
- A specific response and communication to support staff who have been at home shielding.
- Widespread training provision for staff to undertake clinical supervision roles.
- Recruitment of hundreds of additional roles on fixed term or bank contracts predominantly registered nurses, healthcare support workers, domestic, catering and portering staff to supplement the workforce.
- Support from a wide number of volunteers across all three Counties.
- COVID-19 workforce risk assessment tool, which indicates the likely level of risk and the safeguards staff should expect in their workplace setting.
- Microsoft Teams & Office 365 rolled out which enabled working from home, virtual meetings and collaboration to take place with more features being realised regularly.
- Shielding videos completed to provide insights for workforce on building a compassionate return for vulnerable colleagues who have needed to shield.

Psychological Wellbeing of staff

The organisation has completely remodelled the pathways that supports and aids psychological wellbeing for colleagues.

These include –

- Introduction of an Employee Assistance programme to provide 24/7 access, welsh language counselling provision and BAME ethnicity counsellors.
- Virtual wellbeing webinars on aspects of self-managing covering topics such as Team resilience; Mindfulness; SOS on stress Management.
- Recruitment of additional Psychological Wellbeing Advisors / Counsellors to reduce waiting times for one to one appointments and improve capacity for team support.
- Creation of 3 new posts to support service delivery:
    - Highly Specialist Clinical / Counselling Psychologist to develop and implement a Trauma response Plan and lead our clinical team.
    - Assistant Psychologist to support training programmes, one to one support and access to resources.
    - Mental Health Practitioner / Trainer to extend the offering of workshops and courses for staff to improve wellbeing and resilience.

- Bereavement support services for personal and professional grief and loss.
- Spaces for Listening sessions, facilitated to provide opportunities for colleagues to come together, removing all hierarchy, be themselves, have time to be listened to and connect with each other at a deeper level.
- An eco-therapy programme aiming to improve psychological wellbeing and reduce sickness absence offered to staff on sick leave due to work related stress and those at risk of burnout.
- Establishment of a Facilitator's Network for Spaces for Listening to provide support and an opportunity to share the learning, to enable the model to be used more widely across the organisation.
- A psychological flexibility programme (Act in the Workforce) values cards and resources for programme participants.
- A printed Wellbeing @ Work booklet distributed to all staff in the spring.
- A coaching provision network for 170 of our front line service leaders to maintain resilience and offer support.

Staff Experience

The experience of work has been very difficult for the workforce over the last year. The organisation has provided many elements to create more positive experiences including –

- ✓ A Lifelong Learning Recovery and Restoration Education Fund.
- ✓ Provision of outdoor gymnasiums at each of our four acute sites.
- ✓ An Arts in health and wellbeing activities fund for staff.
- ✓ Developing models for staff to work flexibly to support caring responsibilities, home schooling etc.
- ✓ Appreciation and recognition of our staff has been a key part of the staff psychological well-being approach and has included:
  - Thankyou cards sent out individually to each member of staff.
  - Employee and Team of the Month nomination winners and presentation of certificates, cake and fruit by the Chair.
  - Faith calendar gifts to each staff member.
- ✓ Monthly virtual Partnership Forums have continued and new twice-weekly meetings have resulted in a different and deeper level of trust and a much greater understanding of experiences of our staff.
- ✓ Extra resources for OD teams with two new pillars of Culture and Workforce Experience and Leadership and Coaching developed.
- ✓ Development of Relationship Managers, who will link OD with workforce much closer.

Staff voice and engagement

The ability for staff to know that they are heard which builds staff engagement, have been vital for the organisation. Hywel Dda has progressed these elements in following ways –

- ✓ Listening Exercise with BAME members of our staff and established a BAME Advisory Group to the Board.
- ✓ Development and implementation of Engagement HQ which offers two platforms –
  - **Valuing Your Voice**

  Designed to encourage staff to share their stories and to voice ideas, solutions or just wonderful work.
  - **Praise for Peers**

  This page offers the chance for staff to tell a peer how much their kindness has meant to them by leaving a message in the guestbook about how a colleague has demonstrated kindness, caring or compassion for them.

- ✓ First MSTeams Christmas Meeting, which was open to all staff. It was a reflection on an extraordinary 2020 and hopes for 2021.
- ✓ Implementation of various staff surveys and analysis of the intelligence gathered from these to support workforce strategies.
- ✓ Development of a Health and Wellbeing Champions Network and Speaking up Guardians programme.

THE MAGIC IS IN YOU

Many thanks for the card, much appreciated, a nice touch after such a busy and surreal time in the NHS @StevelMoore @HywelDdaHB @RayaniMandy1

Like so many other key NHS workers I have been doing what I can to support the response to the pandemic. Having a card from our CEO and Chair delivered to my house to say thank you just sums up why I work in Hywel Dda. #values #team

Absolutely chuffed to have recieved this today. A Diolch from @HywelDdaHB Means a lot 🥰

Thank you @StevelMoore & @HywelDdaHB for this lovely gesture. The pressure on the front line is relentless & beyond measure. But has been matched by incredible acts of professionalism & personal sacrifice by staff who put others before themselves & their families #ProudOfMyTeam

The wife's and mine

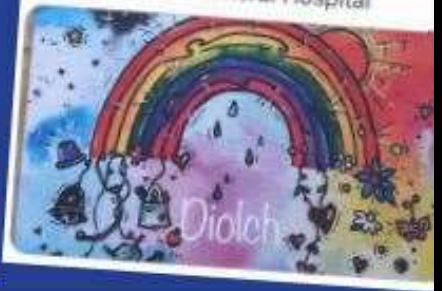
As an employee of the NHS working as an Operating Department Practitioner for **Hywel Dda** University Health Board, it was a delight to come home to receive in the post a Thank You **card** for all staff efforts during this COVID-19 pandemic from Steve Moore Chief X

Lovely thank you card received through the post today from our CEO & Chair 😁 Great to see fab efforts of colleagues recognised throughout this panademic.

12 likes

thomastudor1 As an employee of the great NHS working as an Operating Department Practitioner for Hywel Dda University Health Board, it was a great delight to come home today to receive in the post a Thank You card for all staff efforts during this COVID-19 pandemic from Steve Moore Chief Executive and Maria Battle Chair. It's always nice to be appreciated.#nhsalon

So grateful to recieve this in the post today from @HywelDdaHB🥰 A challenging first year qualified but an unforgettable learning curve for sure! – at Withybush General Hospital



CYRRAEDD Y NOD
CORPORATE HEALTH STANDARD
AUR · GOLD
Cymru Iach ar Waith
Healthy Working Wales

GIG CYMRU NHS WALES