
MARY'S PLACE CIC

AN INDEPENDENT REPORT

BY

THE ALLIED HEALTH RESEARCH UNIT

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Innovation Partnership**



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REMIT OF THIS REPORT

This report recognises the agreement established in the contract between Mary's place and the University of Lancashire (Allied Health Research Unit). This report discusses all the main outcome measures of this study and meets the full contractual obligation between the parties.

TABLE OF CONTENTS

1. INTRODUCTION	5
1.1 WELLBEING AT WORK.....	5
1.2 WELLBEING IN HEALTHCARE.....	6
1.3 THE IMPACT ON RECRUITMENT AND ATTRITION.....	7
1.4 AIM.....	8
2. METHODS	8
2.1 STUDY DESIGN.....	8
2.2 PARTICIPANTS.....	8
2.3 PROCEDURE.....	8
2.4 ANALYSIS.....	9
3. RESULTS.....	9
3.1 PARTICIPANT DEMOGRAPHICS.....	9
3.2 THREE WORDS DESCRIBING PARTICIPANT EXPERIENCE	10
3.3 FEELING SAFE AND INCLUDED	10
3.4 INDIVIDUAL IMPACT.....	10
3.5 INTERPERSONAL IMPACT	12
3.6 ORGANISATIONAL IMPACT	13
3.7 ONGOING SUPPORT NEEDS FROM MARY’S PLACE.....	14
4. SUMMARY	15
5. REFERENCES	18

**WELLBEING IN THE WORKPLACE:
AN EVALUATION OF WELLBEING TRAINING ON NEWLY REGISTERED NURSES AND
HEALTHCARE PROFESSIONALS.**

1. INTRODUCTION

1.1 WELLBEING AT WORK

For the majority of adults in the UK, employment takes up at least half of their waking hours, with an average workweek of 36.4 hours (Office for National Statistics, 2025). The workplace often necessitates the development of professional relationships and comes with responsibilities and performance expectations that are assessed by a supervisor (Dagenais-Desmarais & Savoie, 2012). Though work is necessary for many to facilitate a comfortable home life, work is also a distinct area of life that may significantly impact an individual's mental wellbeing (Dagenais-Desmarais & Savoie, 2012). Individuals with a high level of affective wellbeing (e.g., joy or optimism) tend to experience better mental and physical health alongside greater life satisfaction and overall happiness (Ilies et al., 2009; Sarwar et al., 2021; Wilson et al., 2004). From workplace perspective, higher affective wellbeing has also been linked to better individual performance (Drewery et al., 2016; Judge et al., 2001), more organisational citizenship behaviours (Ilies et al., 2009), reduced absenteeism (Medina-Garrido et al., 2020) and lower staff turnover (Wright & Bonett, 2007). Therefore, maintaining a high level of staff wellbeing at work is of great benefit to the employer and the employee. Whilst it is acknowledged that the workplace can impact wellbeing to varying degrees, it is important to also recognise the multifaceted impact that other life aspects may have on an individual's wellbeing (Figure 1) (Byrne, 2005). Adopting a person-centred approach it is possible to spotlight how different aspects of the wheel impact an individual.

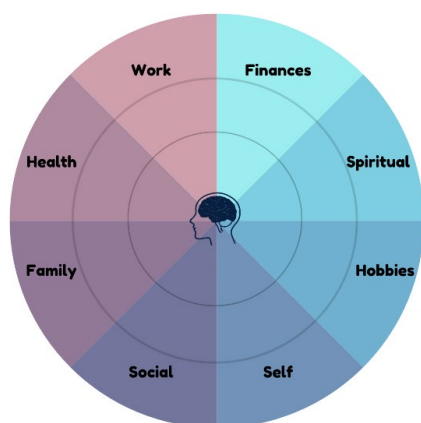


Figure 1: Adapted from the wheel of life example (Byrne, 2005)

Similarly when considering the wellbeing of employees, it is important to acknowledge that the factors affecting an individual's wellbeing overall may be influenced by individual, interpersonal, organisational, or public policy change (Garney et al., 2021) (Figure 2). Working conditions may be influenced by public policy and organisational factors

(including understaffing, poor support, poor training...), interpersonal relationships and person-centred factors. Whilst this may mean that some are able to balance their wellbeing with healthy outlets such as family, hobbies, or social connections with friends; those with poor support in and outside the workplace may be at higher risk (Mensah, 2021). A recent paper exploring the barriers and facilitators to help-seeking by healthcare professionals experiencing stress and burn-out found improving organisational culture and practical access to wellbeing provision may reduce burnout, encourage earlier and safer help-seeking, and ultimately enhance patient care. The findings offer evidence-based guidance for employers seeking to design effective interventions to support healthcare staff wellbeing (Nazir et al., 2026)

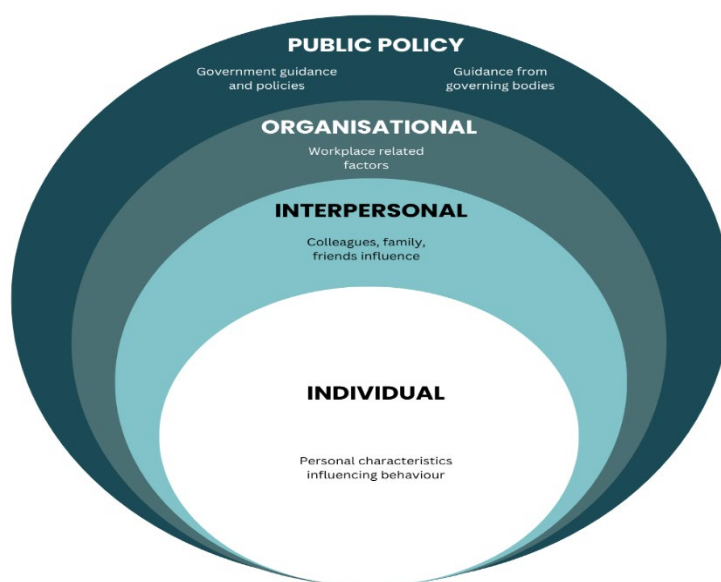


Figure 2: Adapted from socio-ecological model (Garney et al., 2021)

1.2 WELLBEING IN HEALTHCARE

From a wellbeing perspective, in the UK, the nursing and midwifery professions are experiencing unprecedented challenges (Kinman, 2020). Burnout is notably widespread among NHS employees in the UK, with 30.24% reporting feelings of burnout attributed to their work (NHS, 2025). In 2024, the NHS staff survey (NHS, 2025) identified that 45.49% of 220,501 registered nurses and midwives reported feeling unwell due to work related stress. Furthermore, in 2024, 37.03% of registered nurses and midwives and 35.60% of Allied Health Professions, healthcare scientists and technical staff stated that their work frustrates them (NHS, 2025). Many nurses face challenges in coping with symptoms of anxiety and depression, with suicide rates among them reported to be 23% higher than the national average in the UK (Office for National Statistics, 2017). A previous study involving 1,997 midwives indicated that 32.9% of this group were experiencing moderate to extreme levels

of work-related stress, as assessed by the Depression, Anxiety and Stress Subscale (Hunter, 2019). Whilst workplace wellbeing in the NHS appears to be deteriorating, 34.01% of NHS staff overall have highlighted their organisation as having sufficient personnel to perform their duties effectively (NHS, 2025), symbolising additional pressures.

1.3 THE IMPACT ON RECRUITMENT AND ATTRITION

In the last five years, the impact of the Covid-19 pandemic on UK nurses, has identified an additional toll on mental health and wellbeing, highlighting moral distress, burnout, and post-traumatic stress disorder as severe challenges experienced (Maben et al. 2022). Notably it is this which has been attributed to many nurses considering leaving the profession altogether. The effect of attrition in the healthcare professions leads to higher workload, longer hours of work and low priority in staff wellbeing (Emmanuel, 2020). In turn this further reduces workplace wellbeing, impacting recruitment for the sector, with demand exceeding numbers of applicants (Royal College of Nursing, 2023).

Factors associated with poor wellbeing and low recruitment/retention amongst nursing in the UK have been associated by the organisational structure and policies of the NHS and the conditions of the day-to-day work, which can only be solved at the managerial, government and trade-union level (Hassmiller, 2022). Whilst these factors are often out of the control of individual members of the workforce, nurses need to be taught the skills and tools to enable them to exercise their autonomy, agency, and competence within the difficult system currently (Hassmiller, 2022). One way of achieving this is through workplace interventions, which have been found to boost wellbeing, decrease burnout and improve retention of nursing staff, and may assist with the transition from student nurses into the workplace in their early years (Brook, 2021). Creating supportive peer-to-peer relationships can promote resilience and enhance overall psychological health in the workplace, whilst building a sense of community and shared responsibility for maintaining mental health among employees (Leiter & Maslach, 2020; Zhu et al., 2022). This in turn can contribute to a more positive and inclusive work environment. Whilst direct workplace interventions are less commonly implemented within the NHS, secondary support services may offer the skills training, tools, and peer support networks to enhance wellbeing in this workforce. Mary's Place CIC offer an external support service, designed to assist newly registered nurses and healthcare professionals. By offering a supportive community and retreat days to provide the tools, support and coaching to help make the transition and early years of work in the healthcare environment more manageable (Marys Place CIC, 2024). However, evidence of the effectiveness of the intervention remains anecdotal, so further research is needed to evaluate the impact of those that have completed the training.

1.4 AIM

The aim of this research is to understand the current challenges experienced in the early years of healthcare roles and understand what type of external support would be beneficial for retention.

2. METHODS

2.1 STUDY DESIGN

Data was collected for 6 weeks in January and February 2026. This study used a descriptive study design, with an anonymous online questionnaire-based approach, combining both open and closed questions. All data was collected using Microsoft Forms, and all data collection conformed to the Declaration of Helsinki (World Medical Association, 2013) and General Data Protection Regulations. Full ethical approval was granted through the University Ethics Panel (HEALTH 01304). All participants agreed to a series of consent statements prior to participation in the study.

2.2 PARTICIPANTS

Participants were recruited via emailed communications distributed by the collaborating organisation (Mary's Place CIC). Mary's Place CIC circulated the poster and questionnaire URL link via email to organisations who had previously had employees participate in the organisation's wellbeing training sessions. The inclusion criteria required all participants to be aged 18+ and: Previously completed the Mary's Place CIC wellbeing sessions, and / or Previously sent employees on the Mary's Place CIC wellbeing sessions.

2.3 PROCEDURE

Any individual who saw the study advertised and wanted to participate used the URL link or QR code on the poster to access the online participant information sheet (PIS), consent statements, and questionnaire. Access to the questionnaire was only granted once participants agreed to the anonymised consent statements. The questionnaire included the following sections:

- a) **General participant information** (i.e. age, gender, religion, ethnicity etc.)
- b) **The effect of the Mary's place wellbeing training sessions at an individual level.**
- c) **The effect of the Mary's place wellbeing on training sessions at an organisational level.**

Whilst participants were encouraged to answer all questions fully, for some of the questions participants could select options such as "*prefer not to say*" for any questions they did not want to answer. It was estimated that the questionnaire would take no longer than 15 minutes to complete. Participants were able to withdraw from the study at any time by

closing the web browser and not submitting responses. Once submitted, it was not possible to withdraw data due to the nature of the anonymous data collection.

2.4 ANALYSIS

Once the data collection period ended, the data was exported from Microsoft Forms, into Microsoft Office Excel 365 (Microsoft Corp, USA), and stored securely on the University network. The quantitative components of the questionnaire were analysed using descriptive statistics, including means and standard deviations (SD) for continuous data (e.g. age) and number of participants (n,%) for all categorical data. Open-ended qualitative components were analysed using thematic analysis, identifying common themes and patterns within the responses (Braun and Clarke, 2006).

3. RESULTS

3.1 PARTICIPANT DEMOGRAPHICS

Nine employees volunteered for this study. All demographics are reported in Table 1. All participants that volunteered were employees of the participating organisations, however none of the management staff that received the questionnaire took part.

Table 1: Participant demographics

Personal Characteristic	Responses	
Age	Mean (SD): 37.1±16.7 years Range: 23-63 years	
Sex assigned at birth	Male: 0 (0%) Female: 9 (100%)	
Ethnicity	Black / Black British <i>[African]</i>	2 (22.2%)
	White <i>[English / Welsh / Scottish / Northern Irish / British Irish]</i>	7 (77.8%)
Faith	Christian	7 (77.8%)
	Spiritual but not religious	1 (11.1%)
	No religion/Atheist/Agnostic	1 (11.1%)
Disability	Yes	0 (0%)
	No	9 (100%)
Education	High school	2 (22.2%)
	Undergraduate degree (Bachelor's)	7 (77.8%)
Preceptorship programme	Yes	4 (44.4%)
	No	5 (56.6%)
Mode of work	Part time	1 (11.1%)
	Full time	7 (77.8%)
	Prefer not to say	1 (11.1%)
When completion of training took place	Within the last 3 months	3 (33.3%)
	Within the last 6 months	4 (44.4%)
	Within the last year	1 (11.1%)
	Within the last 2 years.	1 (11.1%)
Number of sessions attended	1	3 (33.3%)
	3	2 (22.2%)
	5+	4 (44.4%)

3.2 THREE WORDS DESCRIBING PARTICIPANT EXPERIENCE

Table 2: Thematic analysis of responses (n=9)

Theme	Similar terms
Calming, restorative wellbeing	Relaxing, Rejuvenating, De-stressing, Peaceful, Grounding, Intuitive
Supportive	Caring, Supportive, Welcoming, Thoughtful
Positive & uplifting	Empowering, Uplifting, Encouraging, Positive, Fabulous, Awesome, Excellent, Exciting
Insightful & Learning	Informative, Educative, Insightful

The descriptive terms used to describe the Mary's place wellbeing training were thematically analysed and divided into 4 key themes areas. The most frequently reported theme was around **Positivity and Uplift** this indicated a strong sense of motivation, empowerment, and positive enthusiasm. The second most commonly reported theme was the **Calming and restorative** nature of the course which highlighted the wellbeing trainings soothing and balancing effects. The other themes included **supportiveness** which reflected a warm and nurturing space, whilst **Insightful Learning** effects were highlighted by least participants, however still showed that individuals valued the opportunity to reflect and grow at an individual level.

3.3 FEELING SAFE AND INCLUDED

All employees (n=9, 100%) unanimously suggested that they felt safe and inclusive. Among them, only some employees described that the sessions not only made them feel safe, whilst also being welcome and accessible to all.

"Yes, it is welcoming to everyone." [P4]

"Yes, Everyone got involved and the sessions were accessible to everyone" [P5]

"Yes, every time a range of people attended. I always felt welcome" [P8]

3.4 INDIVIDUAL IMPACT

The employees reported intrapersonal (individual) benefits of the Mary's place wellbeing sessions that spanned five key themes: 1) Stress Management & Relaxation techniques, 2) Reflection & Mindfulness 3) Improved work-life balance, 4) Enhanced wellbeing and self-care, 5) Personal growth and resilience. Themes and relevant quotes are highlighted in

Table 3. The sessions equipped participants with stress-management and mindfulness tools, improved their work-life balance, strengthened wellbeing and self-care practices, and fostered personal growth and resilience.

Table 3: Thematic analysis of Individual benefits of the wellbeing sessions

Theme	Quote examples
Stress Management & Relaxation	<p><i>"...additional stress management techniques" (P1)</i></p> <p><i>"...way of calming my thoughts so I can rest properly"(P4)</i></p> <p><i>"...breathing techniques and deeper relaxation for when I'm having days off" (P5)</i></p>
Reflection & Mindfulness	<p><i>"I learned practices that I could take away into my normal life such as reflection, journaling and meditating" (P3)</i></p> <p><i>"...reflection and relaxation tools" (P8)</i></p>
Improved work-life balance	<p><i>"it's encouraged me to look at alternative hobbies" (P1)</i></p> <p><i>"a better idea of how I can achieve a work-life balance" (P4)</i></p> <p><i>"My days off are now well spent" (P7)</i></p> <p><i>"Learned techniques to stop overthinking about work on days off and they help me make the most of my time outside of work" (P9)</i></p>
Enhanced wellbeing & self-care	<p><i>"I feel mentally rejuvenated and very healthy" (P2)</i></p> <p><i>"I now take good care of myself" (P7)</i></p> <p><i>"I have the ability to prioritise myself and my wellbeing first now" (P8)</i></p> <p><i>"I'm practicing gratitude and having a better relationship with self-care"(P9)</i></p>
Personal growth & resilience	<p><i>"I'm better equipped to deal with challenges" (P6)</i></p>

When asked what steps they had taken to look after themselves since completing the Mary's Place wellbeing sessions employees reported looking after themselves by intentionally engaging in activities that support their physical, emotional, and mental wellbeing (Figure 3). Reported wellbeing tools included resting, reflecting, staying active, nurturing confidence, and practising calming or creative habits.

Figure 3: Reported individual wellbeing mechanisms



3.5 INTERPERSONAL IMPACT

When reflecting on the interpersonal benefits the employees reported benefits of the Mary's place wellbeing sessions that spanned three key themes: 1) Connection & Community, 2) Overall wellbeing & outlook, 3) Growth and Development (Table 4). The sessions fostered connection and community among nurses, improved their overall wellbeing and outlook, and supported personal growth by building coping skills, calmness, and the ability to prioritise their own wellbeing.

Table 4: Thematic analysis of Interpersonal benefits of the wellbeing sessions

Theme	Example quotes
Connection & Community	<p>"...it enabled my to socialise and connect with fellow nurses" (P2)</p> <p>"I have met people at the Mary's place sessions that I have later gone on to work with, this helps with professional relationships" (P9)</p>
Overall wellbeing & outlook	<p>"... work don't always do a great job of encouraging and supporting a work life balance and rest. Mary's place helps nurses to achieve this so we are happy and rested going into work and so we can enjoy our time off." (P4)</p> <p>"...everything is interconnected so the positive messages from the wellbeing sessions impact all aspects of life" (P6)</p>
Growth and Development	<p>"...it taught me destressing and coping techniques for within the workplace and out." (P3)</p> <p>"...I feel calmer in overwhelming situations" (P5)</p> <p>"I have the ability now to prioritise myself and my wellbeing first" (P8)</p>

When reflecting on the impact the wellbeing sessions had on others in the workplace, employees reflected on their peer support to promote wellbeing and practice self-care, thus promoting a supportive workplace culture. Individuals also shared tools and mechanisms that they promoted in their workplace as a method of supporting others towards a more positive, healthy work-life balance. Key reflections are summarised in

Figure 4.

Figure 4: Reported benefits to others



3.6 ORGANISATIONAL IMPACT

When reflecting on the organisational benefits, the employees reported benefits of the wellbeing sessions that crossed five themes intertwining individual and workplace wellbeing: 1) Stress management & relaxation, 2) Community & shared experiences, 3) Reflection & personal growth, 4) Confidence & emotional wellbeing, 5) Self-care.

Table 5: Thematic analysis of organisational benefits of the wellbeing sessions

Theme	Example quotes
Stress management & relaxation	<p>"I learned some additional stress management techniques" (P1)</p> <p>"It's my best way of winding off" (P2)</p> <p>"I was able to relax and have time away from the ward" (P3)</p> <p>"I learned how to better handle my anxiety with new breathing techniques ..." (P5)</p>
Community & shared experiences	<p>"...relaxing and connecting with like minds" (P2)</p> <p>"I was able to speak with like minded peers and felt there was a community of shared experiences" (P3)</p> <p>"A network of like-minded people" (P4)</p>
Reflection & personal growth	<p>"I developed reflective practices to support my work life." (P4)</p> <p>"I developed the tools to continue my journey of reflection away from the sessions" (P8)</p> <p>"I have more confidence to ask for help and support in the workplace." (P9)</p>
Confidence & emotional wellbeing	<p>"Felt more confident and calmer" (P6)</p> <p>"I learned ways of ensuring I feel confident in my own abilities and am able to be the best nurse I can be." (P4)</p>
Self-care	<p>"it taught me the importance of self-care and looking after myself so that I have the mentality to be able to look after others." (P3)</p> <p>"Having a "ME" time is very vital for overall wellbeing" (P7)</p>

The data showed that employees gained valuable stress-management, mindfulness, and self-care skills, while also experiencing increased confidence, emotional wellbeing, and a

stronger sense of connection with peers. Overall, the sessions bridged the gap between personal growth and improved workplace wellbeing through enhanced resilience, reflection, and promoting a healthier work-life balance.

Employees highlighted that the wellbeing sessions equipped them with practical stress-management strategies, encouraged healthier work-life balance and mindset, and strengthened the overall workplace environment by fostering wellbeing, resilience, and a sense of organisational care (Figure 5)

Figure 5: Reported benefits to the organisation



When asked about the next steps their organisation was taking to implement healthier wellbeing cultures, the majority (n=6; 66.6%) were unsure/unaware. This highlighted a need to promote more knowledge amongst senior management. Others however highlighted local action such as walking groups, and days off for a wellbeing walk and lunch or promotion of wellbeing practices within the organisation.

3.7 ONGOING SUPPORT NEEDS FROM MARY'S PLACE

When asked whether they would benefit from ongoing support, employees unanimously agreed (n=9) that this would be beneficial. Of the respondents, 1 suggested that follow up may be difficult due to their part-time work pattern. All participants suggested that either regular contact wellbeing sessions or refresher sessions would be beneficial. One participant also suggested a recorded library of sessions would be beneficial to access:

"Perhaps recorded sessions to be able to watch e.g. for when you've had a bad shift or when you are finding it hard to unwind post shift. It could be useful to have as a point of reference if unable to attend sessions, maybe like a library of everything you wished you knew when you first started" (P3)

The majority of respondents agreed that they felt well supported by Mary's place, however the majority suggested additional resources needed to focus on promoting an online community and social media presence. Most respondents did not have suggestions to improve the ongoing support from Mary's place or felt they were pitched exactly right. However a minority made the following comments:

"Just keep going" We appreciate that Mary's place is always there for us even if we are not always remembering to engage" (P4)

"More support should be provided for Julie to enable her to do more" (P2 & 7)

The respondents suggested wellbeing sessions should be made more regular, extended to managers, and potentially expanded to cover additional topics as staff progress in their careers. They also emphasised that continued organisational support for initiatives like Mary's Place would reinforce a culture of care and would strengthen staff wellbeing.

"I think that managers would benefit from attending due to the amount of pressure on them at this time" (P1)

"I wish you would come to Manchester!" (P4)

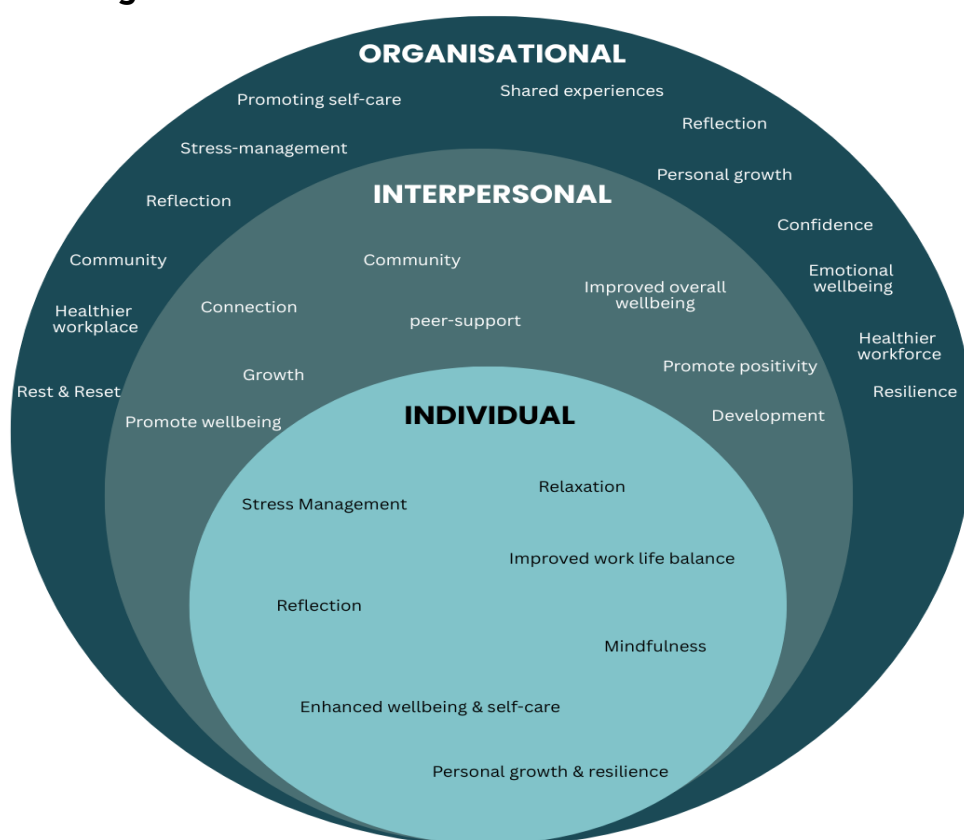
"Further sessions potentially as staff become more experienced on things such as career progression" (P3)

4. SUMMARY

- **Descriptions of the Mary's Place wellbeing sessions** clustered into four themes: 1. Positivity and Uplift, 2. Calming and Restorative effects, 3. Supportiveness, and 4. Insightful Learning; with the strongest emphasis on feelings of motivation, empowerment, and emotional balance.
All employees reported feeling safe and included, with several highlighting that the sessions were welcoming, accessible, and engaging for everyone.
- **Individual benefits:** Employees reported a range of personal benefits from the Mary's Place wellbeing sessions: including stress management and relaxation skills, reflection and mindfulness, improved work-life balance, enhanced wellbeing and self-care, and personal growth and resilience.
Individuals described taking intentional steps afterwards to support their physical, emotional, and mental wellbeing through rest, reflection, activity, confidence-building, and calming or creative habits.
- **Interpersonal benefits:** Employees identified three key interpersonal benefits of the sessions: 1. Greater connection and community, 2. Improved overall wellbeing and outlook, and 3. Enhanced growth and development. They noted that these gains encouraged them to support colleagues' wellbeing, share self-care tools, and contribute to a more positive and healthy workplace culture.
- **Organisational benefits:** Employees reported five interconnected organisational benefits from the wellbeing sessions: 1. Stress management and relaxation, 2. Community and shared experience, 3. reflection and personal growth, 4.

confidence and emotional wellbeing, and 5. Strengthened self-care. They highlighted improved resilience, work-life balance, and workplace connection; however, while some noted local wellbeing initiatives, most were unsure about organisational next steps, indicating a need for clearer communication from senior management. The key individual, interpersonal and organisational benefits gained from the wellbeing sessions are summarised in Figure 6 below using the socioecological model:

Figure 6: Individual, Interpersonal & Organisational benefits of Mary's place wellbeing sessions



- **Ongoing support needs:** All employees agreed ongoing support would be beneficial, expressing interest in regular or refresher wellbeing sessions and options like recorded resources, while also noting strong support from Mary's Place and a desire for expanded online community engagement. Respondents suggested broader organisational backing, more frequent sessions, inclusion of managers in training, and additional topic areas to sustain a culture of care and strengthen staff wellbeing.
- Overall, the findings of this evaluation are in line with the facilitators suggested in previous research (Nazir et al., 2026). The evaluation of Mary's Place wellbeing sessions found that employees reported increased motivation, emotional balance,

connection, and resilience, alongside a strong sense of safety and inclusion. Consistent with prior studies, this underscores the need for workplaces to prioritise psychologically safe environments, visible wellbeing initiatives, supportive leadership, and ongoing opportunities for growth. Such measures meaningfully reduce stress and burnout while strengthening individual, interpersonal, and organisational wellbeing.

- **Limitations:** The sample size of this study was not sufficient to provide generalisable data, however the data from this study provides a positive indication that there is clear value and impact being embedding in organisations with the wellbeing sessions.

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