University of Central Lancashire
UCLan

Mary's Place CIC

An Independent Report

By

The Allied Health Research Unit

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Lancashire Universities Innovation Partnership

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REMIT OF THIS REPORT

This report recognises the agreement established in the contract between Mary's Place CIC and the University of Central 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.

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GRADUATING WELLBEING INTO THE WORKPLACE

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.

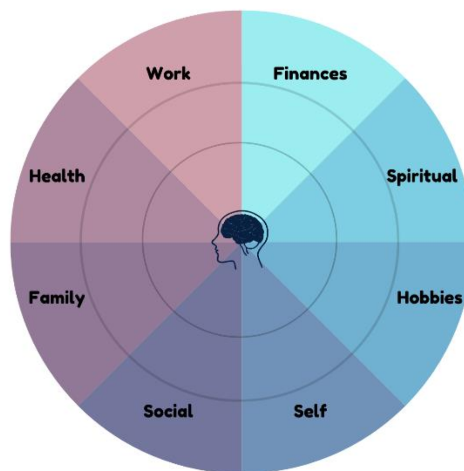

Figure 1: Adapted from the wheel of life example (Byrne, 2005)

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).

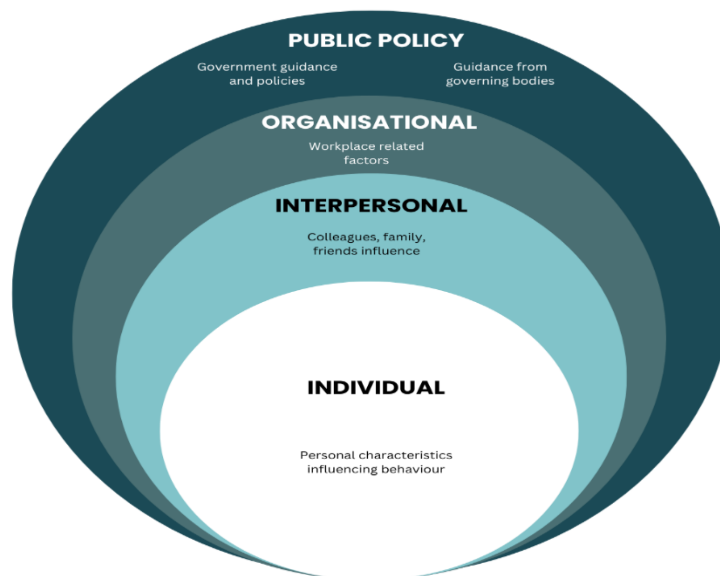

Figure 2: Adapted from socio-ecological model (Garney et al., 2021)

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).

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

This study employed an exploratory mixed-methods questionnaire-based study.

2.1 Participants

Participants to the study met the following inclusion criteria: (a) Participants aged 18 or older. (b) Participants must either:

i. Be currently studying on a healthcare profession course (e.g. nursing, paramedics, medicine, allied health professions) at a UK university.
ii. Have recently graduated (within the last 5 years) from healthcare professions programmes in the UK (e.g. nursing, medicine, allied health professions) and currently be working as a healthcare professional in the UK.
iii. Have recently graduated (within the last 5 years) from healthcare professions programmes in the UK (e.g. nursing, medicine, allied health professions) and have worked in the UK as a healthcare professional, but since have left the sector.

The study was advertised on social media and shared through personal and professional networks and alumni networks linked to the research team and collaborating organisation. No personal identifiable data were collected. Participants were also recruited through the snowballing effects of the study.

2.2 Protocol

All data was collected using an online questionnaire (Microsoft Forms), and all data collection conformed to the Declaration of Helsinki (World Medical Association, 2013) and General Data Protection Regulations (GDPR). Full ethical approval was granted through the University Ethics Panel (HEALTH01188). Data was collected for 6 weeks, between December 2024 and February 2025. Participants agreed to a series of consent statements prior to participation in the study. Once informed consent was obtained, access to the online questionnaire was granted. The questionnaire comprised both open and closed questions focussed around (a) Attendee demographics (b) Employment/Study status (c) Wellbeing in the Workplace (d) External Support for Workplace Wellbeing. Completion of the questionnaire took around 10 minutes, and all responses were anonymously submitted.

2.3 Analysis:

Once the data collection period ended, the data was exported to 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. Paired t-tests were applied for scaled scores in order to evaluate the difference. Significance level was set to $p<0.05$. Open-ended qualitative components were analysed using thematic analysis, identifying common themes and patterns within the responses.

3. Results

Overall, 147 responses volunteered for this study. Of these, two participants did not agree to take part in the study, answering "no" to the consent statements and two participants provided answers for each question but did not meet the inclusion criteria based on the university courses they were enrolled on. Therefore, four responses were removed prior to analysis and 143 responses were included in the study.

3.1 Participant demographics

All demographics are reported in Table 1. Whilst details were provided based on the specific healthcare profession each respondent worked in or the course they were enrolled on, due to low numbers within each specific healthcare profession, all participants were group based by professions: Nursing, Allied Health Professions or Other (i.e. doctors, advanced practitioners, physician associates and psychological wellbeing practitioners).

Table 1: Participant demographics

Personal Characteristic	Responses	
Age	**Mean (SD):** 28.70±9.39 (**Range**: 18-56)	
Sex assigned at birth	**Male**: 21 (14.7%) **Female:** 122 (85.3%)	
Gender Identity	**Man:** 21 (14.7%) **Woman:** 118 (82.5%) **Non-Binary/Prefer to self-describe:** 4 (2.8%)	
Ethnicity	**Asian / Asian British** *[Bangladeshi=3; Chinese=3; Indian=4; Pakistani=4; Any other Asian background=2]*	16 (11.2%)
	Black / Black British *[African=5]*	5 (3.5%)
	Mixed or Multiple ethnic groups *[White & Asian=1; Any other mixed background=3]*	4 (2.8%)
	White *[English / Welsh / Scottish / Northern Irish / British Irish=111; Any other white background=3]*	114 (79.7%)
	Prefer to self-describe *[Arab=2]*	2 (1.4%)
	Prefer not to say	2 (1.4%)
Health care professional or Student	**Undergraduate student**	66 (46.2%)
	Postgraduate student	26 (18.2%)
	Employed as a healthcare professional	49 (34.3%)
	Previously employed as a healthcare professional	2 (1.4%)
Undergraduate course	**Nursing**	37 (56.1%)
	Allied Health Profession	27 (40.9%)
	Other	2 (3.0%)
Postgraduate courses	**Nursing**	8 (30.8%)
	Allied Health Profession	18 (69.2%)
	Other	0 (0.0%)
Health care profession	**Nursing**	31
	Allied Health Profession	12
	Other	6
Previous health care profession	**Nursing**	1
	Other	1

3.2 Wellbeing in the workplace

Participants were asked to rate (scale 1-10) how much they actually prioritised their wellbeing. Participants responded relatively neutrally, with an average score of 5.84 (Mode:7.0, Median: 6.0). However, when respondents were asked to assess how much attention they should be paying to their own wellbeing, scores were significantly ($p<0.001$) higher at 8.83 (Mode:10.0, Median:9.0). This highlighted that both students of healthcare professions and healthcare workers felt like they should be taking care of their own wellbeing significantly more than they currently were.

3.3 Prioritising wellbeing

When respondents were asked to describe what they currently did to support their wellbeing (Figure 3), 'talking to friends & family" was the most frequent answer with 110 responses (76.9%). Other common answers included, "Spending time with friends" (n=89, 62.2%), "listening to music and podcasts" (n=80, 55.9%) and "physical activity" (n=74, 51.7%). Only 59 respondents (41.3%) suggested that they were getting adequate sleep currently. Notably, only six respondents (4.2%) reported that they were doing nothing to support their wellbeing. 'Other' responses ranged between positive and negative behaviours including hobbies (e.g. videogames or reading), time with children, excessive smoking and self-care routines. Previously, studies have demonstrated that smoking has often been used as a coping mechanism for stress in the nursing environment (Perdikaris, 2010).

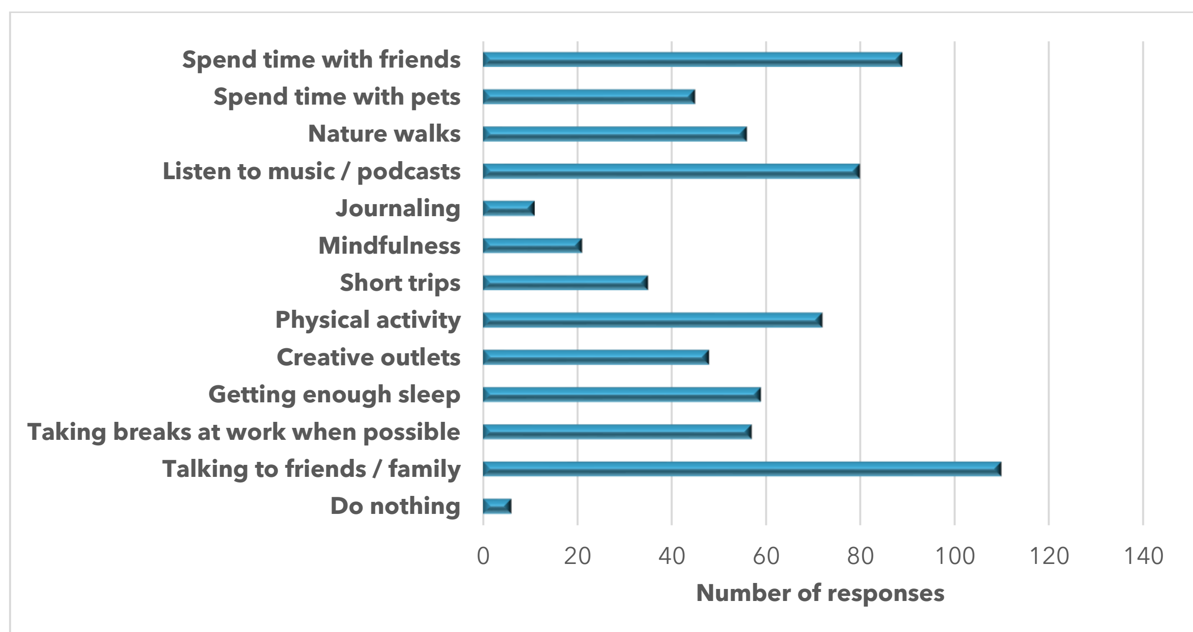

Figure 3: Responses to the question: *"What do you currently do to support your wellbeing?"*

Participants were asked what they would like to do to support their wellbeing (Figure 4).

Responses highlighted 82 participants (57.3%) aspired to get appropriate amounts of sleep to support their wellbeing. Other frequently stated responses included "taking short trips" (n=75, 52.4%) and "physical activity" (n=66, 46.2%). Notably, only 7 respondents (4.9%) did not want to do anything else to support their wellbeing. Alternative suggestions (n=5,3.5%) for managing wellbeing included further education, professional support (e.g. counselling) and other life experiences:

"Dating, romantic companionship" [P66, Occ. Therapy]

In addition, two participants, mentioned they were struggling to take breaks at work and suggested that by not working overtime they would afford themselves time for wellbeing:

"Be able to able to take a break without feeling guilty" [P116, Nursing]

"Not picking up over-time" [P130, Occ. Therapy]

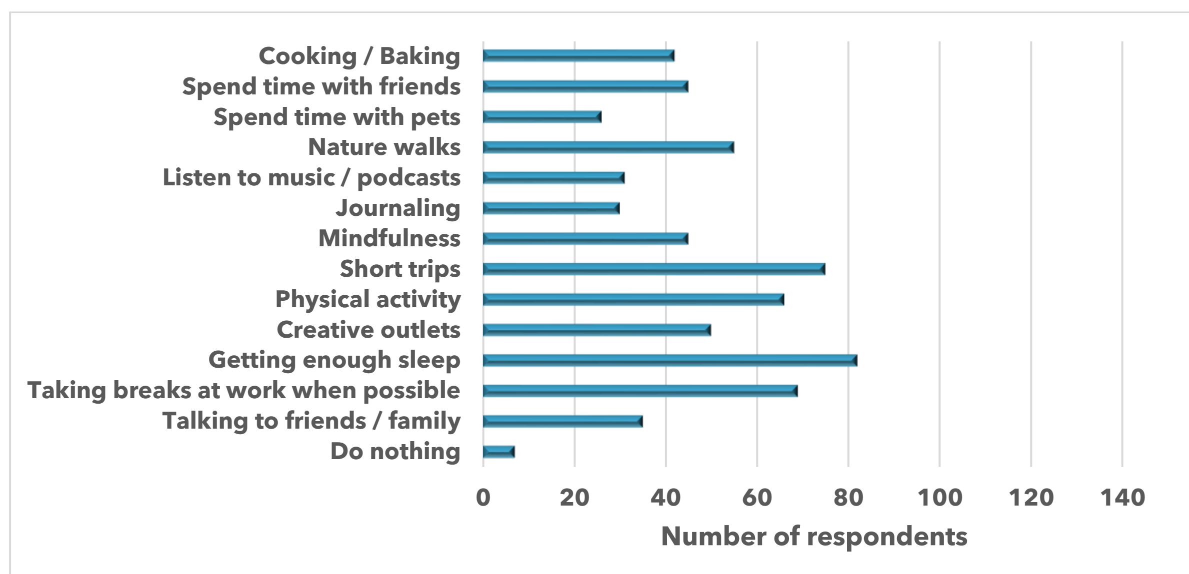

Figure 4: Responses to the question: "*What would you like to do to support your wellbeing?*"

3.4 Concerns about wellbeing at work

With regards to their concerns about their wellbeing a work, very few respondents (n=6, 4.2%) had no concerns to report (Figure 5). Conversely, 109 respondents (76.2%) had concerns about the stress and emotional fatigue they will experience, and 91 participants (63.6%) were worried about physical exhaustion as a healthcare professional. Concerns about competence (n=90, 62.9%), managing the workload (n=83, 58%), mental health/self-care (n=80, 55.9%), work/life balance (n=78, 54.5%), negativity/toxicity in the work environment (n=73, 51%) were reported by over half of the respondents. Overall, those who were currently working as a healthcare profession, or entering the profession, had an extensive list of concerns encompassing multiple aspects that they considered to be impacting their physical and mental wellbeing at work.

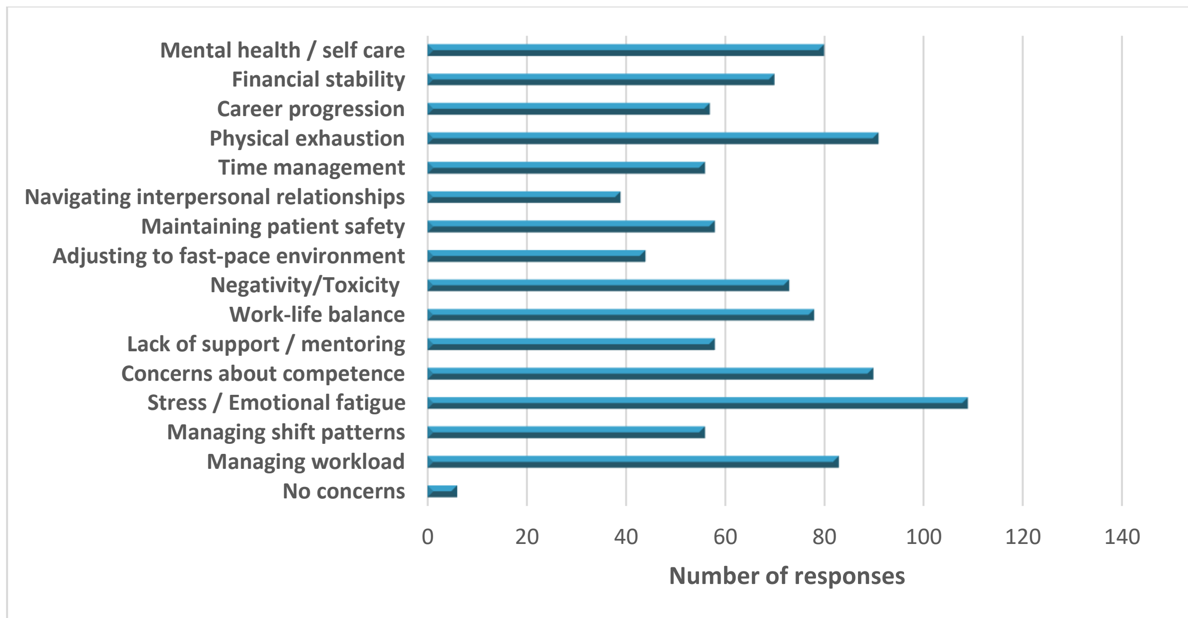

Figure 5: Reported concerns about wellbeing

3.5 Current support

From the concerns listed in figure 5, 84 respondents (58.7%) had not sought any support. 48 respondents (33.6%) had sought out support and 11 respondents (7.7%) had no concerns (Figure 6). Overall, around one third of those who had concerns as nearly/newly qualified healthcare professions sought support for it.

Of the 48 respondents who have sought support for their wellbeing concerns. "Advice from employer" (n=25) and "Advice from friends/family" (n=22) were the most frequently used methods of seeking support for their concerns. Notably, only two participants had sought support from external community groups/wellbeing organisations. One respondent also highlighted that they sought support from university staff:

"Uni staff are supportive" [P7, Nursing].

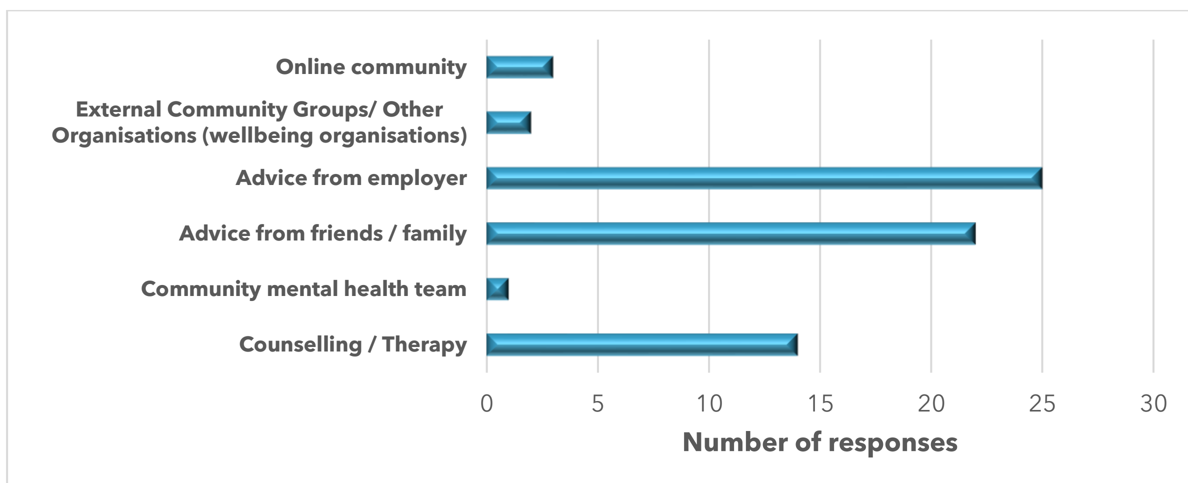

Figure 6: Sources of support sought

3.6 Positive / negative impacts on wellbeing

In terms of negative experiences that had impacted the wellbeing of respondents, lack of time for self-care (n=74, 51.7%), work-life balance (n=64, 44.7%), physical exhaustion (n=62, 43.4%), burnout (n=62, 43.4%) and workload (n=61, 42.6%) were the most common responses (Figure 7). Only 17 respondents (11.9%) stated that 'nothing significant' had negatively affected their wellbeing since commencing as a healthcare professional. Further negative experiences impacting wellbeing included physical assault, cohort bullying, peer negativity, Covid-19 related impacts and placement related issues.

"I have been assaulted at work multiple times" [P4, Nursing]

"Being bullied on placement by the team leader. And not being able to move to another placement for safety". [P39, Nursing]

"Currently going through a grievance having not been awarded the promised a higher banding upon qualifying". [P45, Health Visiting Nurse]

"Other students being negative" [P29, Nursing].

"Working 5 days a week on placement - it's too much. All of my friends have time to go have a social like and you just don't get that on this course, it's not nice". [P84, Occ. therapy].

"I hate my placement it's not a good one for students" [P123, Nursing].

…. non ambulance placements have been terrible. They clearly don't want us there, we're working long shifts, doing menial task. Basically, wasting our time when we have so much else that needs to be done for uni, plus missing out on time with children". [P129, Paramedic Science]

"NHS pressures" [P98, Occ. Therapy].

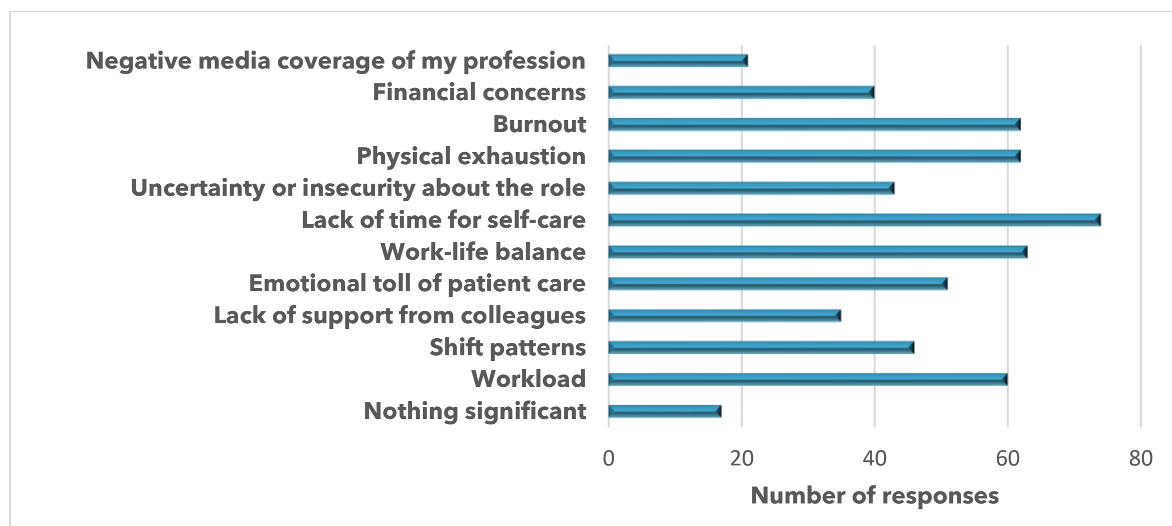

Figure 7: Factors influencing negative impacts on wellbeing

In contrast to this, for positive facilitators to wellbeing since becoming a healthcare professional, 'feedback from patients or supervisors' (n=97, 67.8%) and 'supportive

colleagues' (n=87, 60.8%) were the most common responses. Additionally, a sense of personal fulfilment (n=72, 50.3%) and growth and learning opportunities (n=74, 51.7%) were also stated by over half of the respondents. One student suggested that course specific placements could either positively or negatively impact their wellbeing.

> *"Depends which placement- ambulance has been great, then non ambulance placements have been terrible….". [P129, Paramedic science]*

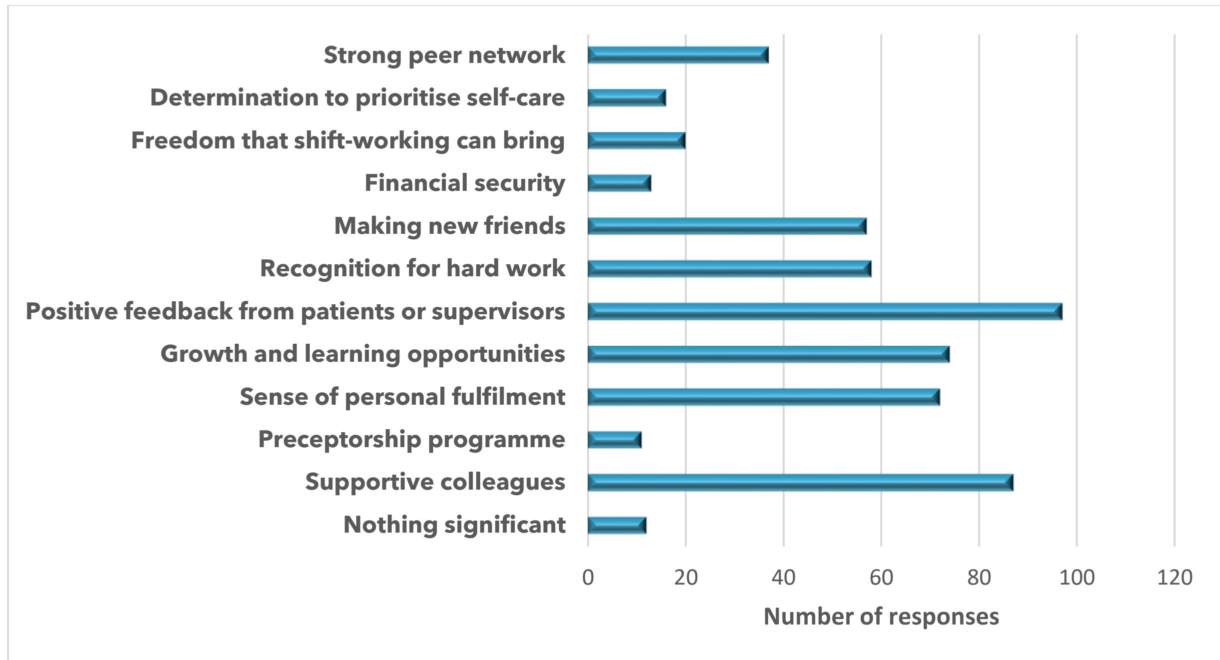

Figure 8: Facilitators to positive wellbeing

3.7 Preceptorship programme

Based on the cohort recruited for this study, 69 respondents were currently a healthcare student or recent graduate, thus this question did not apply to them (Figure 9). Similarly, 19 respondents did not go through a structured transition programme. Of those that went through a structured transition programme (preceptorship programme) (n=55), 34 out of 55 respondents (61.8%) found that it positively impacted their wellbeing when starting as a healthcare professional. Therefore, this may be a useful programme in terms of maintaining wellbeing when transitioning from graduation to the workplace.

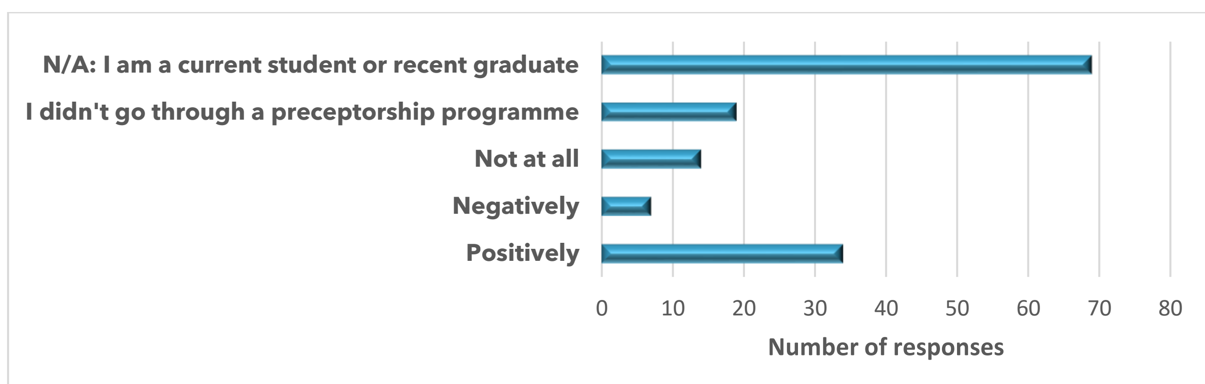

Figure 9: Perceptions of preceptorship programmes

3.8 External support for work wellbeing

When asked whether they would be interested in accessing an external support service (such as Mary's Place), the majority of respondents (n=98; 69.0%) responded positively (Figure 10).

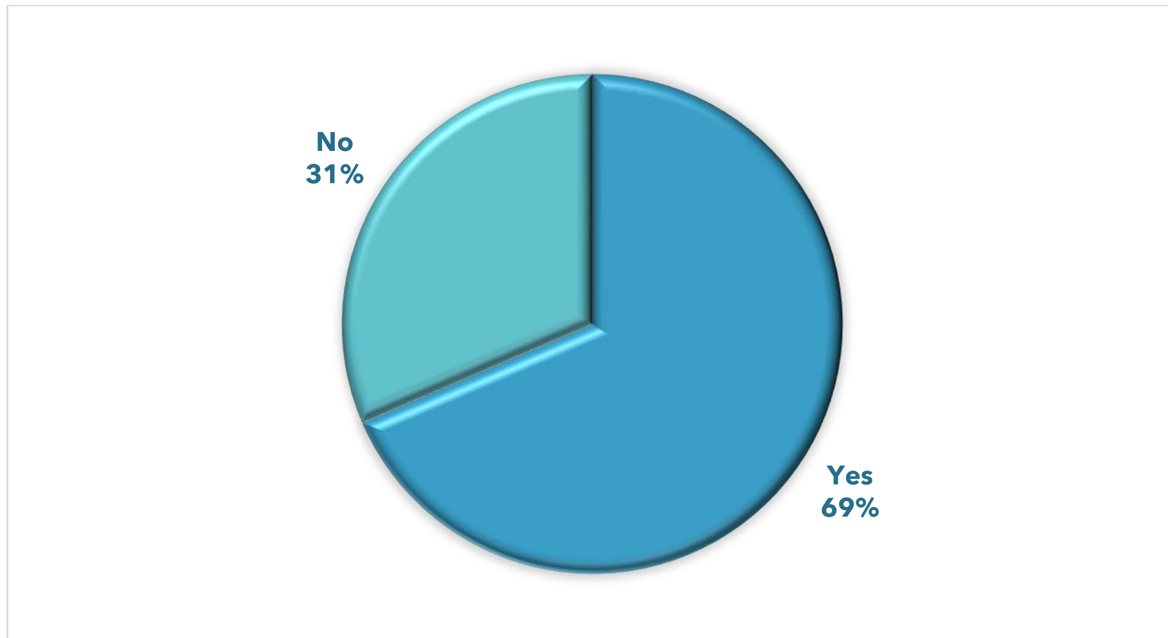

Figure 10: Interest in access to peer support *(such as Mary's Place)* coaching or retreats.

3.9 Current access of other support

From the 98 respondents who were interested in accessing external support services (such as Mary's Place), only 8 out of 98 respondents (8.2%) were currently accessing another external support service.

3.10 Reasons for not accessing current support

For those not currently accessing support for their wellbeing (n=8), the reasons highlighted included, not having time, not seeing the need, or already feeling supported. Others either felt it was unnecessary or they required further information. Further declared barriers to engagement included work-life-balance, geographical location and neurodivergence (Figure 11).

Figure 1: Thematic analysis of why respondents may not access support for their wellbeing

The 45 respondents who were not interested in accessing external support services (such as Mary's Place), were asked if such support would benefit their peers at university or in their profession. The majority of respondents (n=33; 73.3%) responded positively (Figure 12). Any respondents that answered "no" to this question (n=12) submitted their answers and were not asked any further questions.

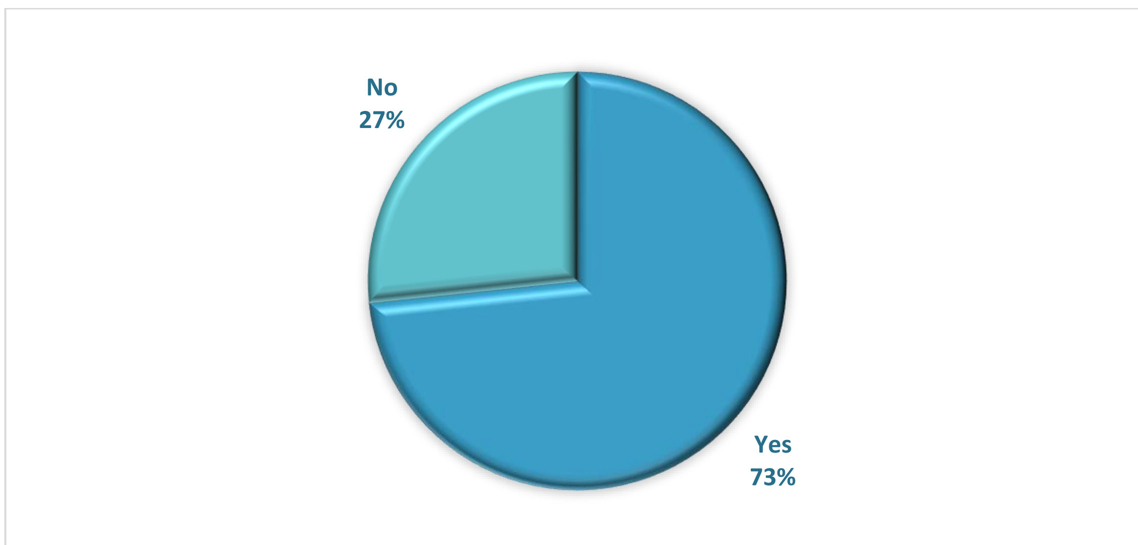

Figure 122: The need of support for peers

3.11 Priority topic areas for an external support service

Participants were asked to identify the priority areas for targeted external support service (Figure 13). The highest returned responses were stress management (n=101, 77.1%), self-care (n=88, 67.2%) and personal development (n=77, 58.8%). Outside of the general responses, other suggested topic areas included **managing anxiety** and **gaining resilience:**

"Managing anxiety." [P45, Health Visiting Nurse]

"Resilience… anything that helps with avoiding emotional burnout." [P65, Occ. Therapy]

Figure 133: Priority areas for work-related wellbeing support packages highlighted for self or peers.

3.12 Modes of delivery

When asked to specify what modes of delivery would be important for an external support service, access to short breaks / retreats were the most popular response (n=73, 55.7%) (Figure 14). Access to workshops, both in-person (n=63,48.1%)) and online (n=61, 46.6%) were also common answers. Online community groups and peer support groups were less important to the respondents.

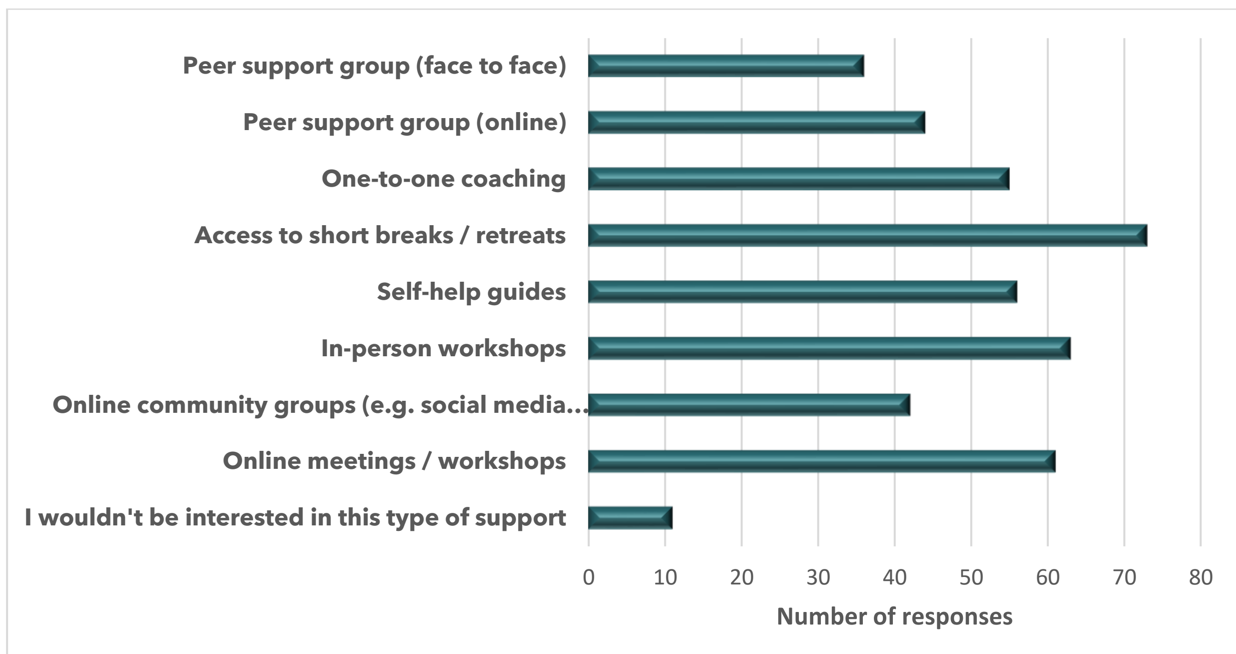

Figure 144: Modes of delivery for work-related wellbeing support package

4. Summary

4.1 Wellbeing of Healthcare Students / Workers

Overall, participants believed they *should be prioritising their wellbeing* significantly more than they currently were ($p<0.001$).

- **Work-wellbeing concerns:** The most frequent responses included stress and emotional fatigue (76.2%), physical exhaustion (63.6%), concerns about competence (62.9%), managing workload (58%), mental health/self-care (55.9%), work-life balance (54.5%) and negativity / toxicity in the work environment (51%).
- **Seeking Support:** Despite high levels of concerns, over half of the respondents (58.7%) had not sought out any support.
- **Types of Support accessed:** Most respondents accessed this through their *employer*, or their *friends and family*. Access to external community groups/other organisations was only reported by two respondents. This perhaps suggests a lack of awareness of external support groups from nearly/newly qualified health professionals or may suggest a mechanism for marketing through employers. This highlights the need to consider wellbeing at different levels when implementing support assets with consideration given to interpersonal and organisational factors alongside individual (Figure 2).
- **Negative impacts on wellbeing:** *Lack of time* for self-care, work-life balance, physical exhaustion, burnout and workload were reported to negatively impact the wellbeing of nearly/newly qualified healthcare professions.
- **Positive wellbeing facilitators:** Respondents highlighted *positive feedback from patients or supervisors, supportive colleagues, a sense of personal fulfilment and growth and learning opportunities* as key facilitators for positive wellbeing.
- **Preceptorship programmes:** 61.8% of those that went through a preceptorship programme found that it *positively affected their wellbeing*.

4.2 External Support next steps

- **Future support:** 69% of respondents (n=98) stated that they would be interested in accessing an external support service (e.g. Mary's Place) for peer support, coaching and retreats. Of those interested, only a small number (8%) were already accessing another external support service, highlighting both a need and appetite for access.
- **Peer-support:** Of those respondents that were not interested in accessing an external support service, 73.3% of them would consider it valuable for their peers.
- **Priority areas:** Stress management, self-care and personal development were the topics that were priority areas for respondents.

- **Delivery methods:** Short breaks/retreats, and workshop formats (online or face-to-face) were the preferred options of content delivery.
- Some respondents felt that they didn't need external support, however for those that needed it the key barrier to accessing services such as Mary's Place was a **lack of time**.

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