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# Changing Attitudes to Work in the Workplace: How Do We Keep Our Workers? By By Kish Bhatti Sinclair, David Beattie, Cate Bell, Suzanna McGregor & Nagina Khan

Posted on [October 8, 2025](#) by [mthompson](#)

## Why Are So Many Leaving the Workforce: How Can We Make Them Stay?

Health, social work, and social care in the UK face a deepening workforce crisis. In March 2023 alone there were over 112,000 NHS vacancies ([an 8 % vacancy rate](#)).

This staffing shortfall is a result of compounded pressures: austerity, Brexit, and the COVID-19 pandemic, leading to poor pay, contractual insecurity, and administrative overload.

Our ICB-funded study, supported by national reviews (e.g., House of Lords, NHS England), examined why care professionals are leaving and what factors might keep them onboard.

## Listening to the Workforce

We investigated this through:

- Global literature reviews
- Two action-learning conferences
- Cross-sector consultations with 90 health and social care leaders
- Three CPD courses attended by 26 professionals
- Six-point longitudinal surveys and interviews

Workshops coincided with the emergence of ICBs, offering fresh insights into workforce development dynamics.

## Findings

We found that leaders expressed frustration at their limited ability to influence broader national and international forces such as austerity and raised concerns about regional disparities, inequitable funding decisions, poorly conceived policies, and the centralisation and merging of services. They questioned the sustainability of the current welfare state funding model and highlighted the challenge of balancing the needs of public service users with those of employees. There was consensus that the organisational emphasis on service delivery often overlooks the wellbeing of staff particularly during times of crisis, when access to employee support services is most constrained.

The imperative to “keep the show on the road” (The Darzi Report, 2024, p.126) reflects a narrow framing of the problem: service continuity is prioritised above all else, while overextending staff is seen as the default solution. Managers acknowledged the destabilising effects of high staff turnover but described the relentless demands of recruitment and onboarding including reliance on overseas hires. Dysfunctional systems were reported as widespread and normalised yet frequently excluded from workforce planning strategies (Local Government Association, 2022).

Feedback on interprofessional working revealed a persistent hierarchy of power and influence, shaped by dominant regulatory bodies, associations and professional networks. Ring-fenced funding such as that allocated to child protection was perceived to divert resources from groups that society values less visibly or vocally.

Media coverage of strike actions further highlighted disparities in power across the welfare sector. Public sympathy often aligned with high-profile professional groups, particularly those with distinctive markers such as uniforms. While this visibility is understandable, many leaders argued that such industrial action did not result in consistent improvements to pay and conditions across all roles and sectors.

Students surveyed reported strong identification with their own professional groups and demonstrated a clear grasp of their occupational ethics, principles, and identities. However, they also noted power imbalances and professional silos, indicating a need for enhanced training in interprofessional communication, trust-building, and shared working cultures.

Continuing professional development (CPD) and career progression were widely viewed as essential for staff retention. Nonetheless, challenges related to team dynamics and organisational bias persist. Current wellbeing strategies often focused on individual resilience, mindfulness, and emotional intelligence can feel alienating to those already overwhelmed by institutional pressures (Messenger Review, 2024). Leaders who prioritise the cultivation of strong, supportive relationships within teams and organisations are more likely to retain staff and foster a sustainable workforce.

### **What Did We Learn?**

1. **Pandemic-driven reflection:** Many, especially in older age brackets, chose early exits citing burnout, self-care, and savings accumulated during lockdowns.
2. **Leadership support is key:** Standardised leadership training is vital but retention also requires organisations to treat staff with genuine care, not just expect more from them.

3. "Keeping the show on the road": A culture that stretches staff to capacity leads to churn, absenteeism, and burnout and ultimately undermines service delivery.

## Digital Work and Real Disconnection

The shift to virtual systems can erode team cohesion and shared purpose, highlighting a disconnect between employee wellbeing and organisational health.

## Professional Identity & Power

Staff retain strong professional identity but experience [structural issues](#):

- Hierarchical funding models
- Media attention skewing public perceptions of value
- Industrial action highlighting systemic inequalities.

Though CPD is valuable, far stronger team cultures and cross-disciplinary respect are needed for real retention.

## The Limits of Resilience Rhetoric

Emphasis on individual resilience or mindfulness without systemic change risks ignoring core problems. Real support comes from bonded relationships and leadership that values people as much as performance.

## What Should Organisations Do?

We recommend:

1. Reframe digital workplace norms
2. Invest in research linking wellbeing to health system outcomes
3. Act on wellbeing data, financial, mental and emotional
4. Recognise interlinked issues (understaffing, sick leave, employee poverty)
5. Challenge austerity and centralised policies harming cohesion
6. Ensure wellbeing initiatives are evaluated for retention outcomes
7. Help staff reconnect with professional drive
8. Embed duty-of-care within organisational culture

## Final Thoughts

Retention requires more than improved pay it demands rebuilding trust, purpose, and organisational safety. In our complex and mentally taxed environment, such change is essential and possible.

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## Authors

### **Kish Bhatti-Sinclair, PhD, Professor of Health and Social Care, University of Chichester**

Kish has a lifelong commitment to combating racism, shaping the debates on black perspectives and de-colonising social work practice. This includes the development of methodologies and theories, such as modern racism, designed to test attitudes and behaviours. Kish has undertaken studies on child sexual exploitation and hard to reach children using quantitative data and sensitive research methods.

Kish has written many journal articles and books including: *Anti-Racist Practice in Social Work* (Palgrave Macmillan, 2011) which examines attitudes and behaviours in relation to law, policy and practice. *Diversity, Difference and Dilemmas* (OUP/McGraw Hill, 2017) promotes the idea that disproportionate attention is paid to immigrants and terrorists in populist policy and media reporting.

Kish continues to manage a number of local authority and NHS commissioned projects which have contributed to strategic planning and policy development. Kish currently leads on research inclusion for the National Institute of Health Research, Applied Research Collaboration (South-East England). Kish is a Trustee of the Joint Universities Social Work Association (JUSWA, UK) and chairs its International Committee. She is also on the Board of Directors of the International Association of Schools of Social Work. Kish is co-editor-in-chief of the Wiley journal *Child Abuse Review*, held by the Association of Child Protection Professionals.

### **Dr. Suzanna McGregor, PhD**

Suzanna is a senior lecturer at the University of Chichester responsible for postgraduate, post-qualifying and continuing professional development courses. Suzanna teaches BA, MA and PhD research modules and co-produces interprofessional curricular content. She has expert knowledge of research methods, higher level scholarships, research design and data analysis within the context of multi-agency working across health and social care.

Suzanna has been involved for many years with local authority and social care partnerships to address retention and recruitment challenges facing the NHS and public sector organisations. Suzanna has extensive experience of cardiology, social work, adult social care and childhood studies. This has included training social care managers, junior doctors, nurses and allied health professionals. Suzanna's research interests include food banks, poverty, widening participation and management and leadership within adult social care.

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After qualifying as a nurse in the 1980's and a midwife in 1990 Cate has worked in a variety of midwifery roles across hospital and community practice and within higher education, including specialist roles involving practice education, infant feeding, patient experience, quality, audit, research and change management. She is currently Programme Lead for Clinical Academic Careers and NMAHP Research at University Hospitals Sussex and Co-Director of the Sussex Health and Care Research Training Hub. Cate is an Associate Lecturer/Visiting Professor in Health and Care at the University of Chichester and her current work centres on research career development support for practitioners in health and social care settings.

**Dr. David Beattie, MA, MD, FRCS, FAcadMed**

**Consultant Surgeon, University Hospitals Sussex NHS Foundation Trust**

David has been a consultant surgeon at University Hospitals Sussex since 2002 and was Director of Medical Education, Health Education England from 2006-2024. He served as Chief of Service from 2012-2017. In 2015 David was awarded the Fellowship of the Academy of Medical Educators in recognition of a lifetime of achievement in medical education.

Prior to this David was in full-time research as a Lecturer in Surgery at Imperial College/Charing Cross and Westminster Medical School, culminating in the award of MD. David's doctoral thesis, titled '*The influence of altered haemodynamics on human smooth muscle cell behaviour*', encompassed both clinical and laboratory-based studies and included the application of techniques in cell culture, immunostaining and immunocytochemistry, Western Blotting, organ chamber pharmacology, ATP extraction and analysis

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David is a MHPS case investigator/manager and Visiting Professor/Associate Lecturer at the University of Chichester.

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Nagina is a Senior Clinical Research Fellow in Primary Care at the University of Kent's Centre for Health Services Studies, where she also serves as Director of the MSc Applied Health Research Programme. She is Associate Editor for BMJ Mental Health, Senior Fellow at BMJ Leader. Her current research supports Integrated Care Systems to enhance collaborative research, prioritise underserved populations and strengthen local infrastructures for evidence-based practice and innovation. Nagina's expertise spans mental health, social justice, and healthcare equity. Her research interests include medical education, professionalism, social justice in healthcare, culturally appropriate care for South Asian communities, patient experience and global mental health.

### **Declaration of interests**

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