

# Evidence Brief: Retention and resilience

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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## Evidence Brief: Retention and resilience

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### Key publications – the big picture

[Looking After Our People – Retention hub](#) NHS England (no date)

Our Retention hub provides information and resources about how to improve the experience of working in the NHS for everyone.

- [Improving staff retention: a guide for line managers and employers](#). This guide is aimed at line managers, employers and leaders, and anyone involved in the retention of our NHS people. It contains information on supporting colleagues in their late and early career with specific focus on induction, reward and recognition and menopause support.
- Resources to [support colleagues in early and late career](#).
- In collaboration with the nursing directorate, the National Retention Programme has launched resources to support the delivery of five high impact actions that impact on early career, experience at work, and late career, maximising the retention and experience of our nursing and midwifery staff. These include:
  - [The nursing and midwifery retention self-assessment tool](#) and [supporting toolkit](#)
  - [National preceptorship framework for nursing](#) and [national preceptorship framework for midwifery](#)
  - [Legacy mentoring resources](#)
  - [National menopause guidance](#) and [e-learning module](#)

[People Promise Exemplar Programme: Cohort 1 close of programme evaluation report](#) NHS England, March 2025

Based on the 'difference in differences' (DID) analysis, 22 out of 23 exemplar trusts showed a significant decrease in their all-staff monthly leaver rates. Leaver rates of exemplar trusts collectively fell by 11.8% more than non-exemplar trusts. This is equivalent

to a reduction of 4,465 full-time equivalent (FTE) leavers over the 20-month period.

[International Retention Toolkit](#) NHS Employers, February 2025

There is no single action that will solve retention. Retaining staff is a result of the combined actions that are taken by an organisation or system at each stage outlined in this toolkit. As an integral part of your international recruitment process teams, organisations and systems should work collaboratively to support retention activities and share good practice.

For systems working towards a collaborative approach to international recruitment, this toolkit provides resources to initiate and support preliminary discussions. It may be useful to consider how you can use your workforce data to learn more about the experience(s) of international staff currently working within your organisation.

[Inspire attract and recruit toolkit: an interactive toolkit to support your workforce supply](#) NHS Employers, February 2025

Our interactive toolkit has been developed for HR professionals, recruitment teams and managers in the NHS to help you inspire, attract and recruit your future workforce. The toolkit contains guidance, top tips and best practice examples:

- Understanding your workforce supply and your audience
- The importance of being a leading employer and attracting the right people to your organisation
- Simplifying and improving your recruitment process to create a positive candidate experience

This toolkit will help you reflect and consider what you and your organisation can do to help improve your workforce supply, along with practice information on how to get started.

### [10 early actions the government can take to improve NHS working conditions](#) The King's Fund, August 2024

Improving staff working conditions will take time and effort across the health and care system and at all levels. This briefing focuses on immediate actions that can be taken by one group, the new government, to start bringing much needed improvements. While this is not a comprehensive list of actions, the recommendations are early measures new ministers can take to improve working conditions and lay the foundations for more comprehensively addressing chronic staff shortages and increasing retention. The ultimate goal is to improve staff wellbeing and productivity, and therefore improve patients' access to high quality, safe, effective care.

### [Using flexible retirement to support retention](#) NHS Employers, May 2024

This guidance aims to

- Support employers to understand, promote and discuss flexible retirement options with staff to encourage retention.
- Ensure employees approaching the end of their careers feel rewarded and recognised by their employer for their experience, service and commitment.
- Help employers to develop effective flexible retirement policies.

### [Drivers for retention in the NHS](#) NHS Employers, March 2024

Our new infographic highlights eight key drivers which can support NHS retention and maximise the impact of local retention strategies. The drivers focus on staff experience, and how creating a positive workplace experience for colleagues is central to the NHS retention agenda.

### [Retention in the NHS: employer briefing](#) NHS Employers, December 2023

In this briefing we share learning which will help organisations review and refresh their approach to staff retention. This will help support the NHS to provide high-quality care, reduce spending on agency staff and meet the aims outlined in the NHS Long Term Workforce Plan.

### [Retention in the NHS: board pack](#) NHS Employers, December 2023

This board pack has been designed to guide workforce leaders to develop and implement a successful retention strategy. It explores what actions employers can take to maximise impact, and includes sections on: the NHS Long Term Workforce Plan; key retention challenges; core areas for employers to consider; employer actions; taking a data-led approach; NHS People Promise; governance and assurance; useful resources.

### [Retention discussions: from reaction to prevention](#) NHS Employers, December 2023

Understanding why staff may be thinking of leaving is an essential part of developing an effective response. There are three main methods that are used to better understand staff retention: retention discussions, stay conversations and exit conversations. This briefing outlines approaches used for each, and examples of how the feedback gained can be used.

### [Infographic: your future nurses – the different routes to recruiting your workforce](#) NHS Employers, September 2023

Until recently, the routes into nursing have been limited, with university degree education being the primary way to train registered nurses. However, the introduction of the nursing degree apprenticeship gives a new opportunity to employers to train nurses. On top of this, the creation of the new nursing associate role can also be a bridge between healthcare

assistants and graduate registered nurses. All the new options for recruiting registered nurses can create a confusing picture for employers and so we have developed an infographic to support you to make the most of the new and existing routes into nursing.

### [Retaining NHS nurses: what do trends in staff turnover tell us?](#)

The Health Foundation, April 2023

Workforce shortages are one of the biggest challenges facing the NHS and adult social care in England. In the quarter to December 2022, vacancies in NHS trusts stood at around 124,000 full-time equivalent (FTE) staff, which is well above pre-pandemic levels. Nursing remains a key area of shortfall: in NHS trusts, while registered nurses and health visitors make up around a quarter (26%) of FTE roles, nurse vacancies accounted for more than a third (35%, around 43,600 FTE) of all vacancies in the quarter to December 2022. While seriously understaffed, the NHS continues to grapple with spiralling elective care waiting lists and ongoing industrial action.

In this context, there is mounting concern about whether the NHS can motivate and retain staff it desperately needs, particularly nurses. Overall, the staff leaver rate in NHS trusts has been on the increase in the last two years, from 9.6% in the year to September 2020 to 12.5% in the year to September 2022.

In the same period, the leaver rate for NHS nurses and health visitors also increased from 9% to 11.5%. This runs counter to the NHS Long Term Plan's stated (albeit pre-pandemic) ambition to bring the nursing vacancy rate down to 5% by 2028. The absolute number of NHS nurse and health visitor leavers also increased sharply from just under 30,000 to nearly 40,900 in this period, the highest level on record (NHS Digital trend data begin in the year to September 2010).

### [Factors associated with staff retention in the NHS acute sector](#)

The Institute for Fiscal Studies, August 2022

In this report we add to this evidence base by examining how a range of individual staff characteristics, regional economic conditions and trust characteristics are associated with whether individual staff members decide to leave the NHS acute sector. We use the Electronic Staff Record (ESR), the monthly payroll of the NHS, to analyse how much of the variation in retention rates between NHS acute trusts can be explained by these characteristics, and to examine which factors were associated with the leaving decisions of medical consultants, nurses and midwives, and HCAs between 2012 and 2021.

### [Improving the retention of registered nurses and midwives: A toolkit for line managers and employers](#)

NHS Employers, October 2022

The aim of the nursing and midwifery retention self-assessment tool is to enable organisations to undertake a self-assessment against the seven elements of the People Promise plus key elements that support staff to deliver high quality care, enhance job satisfaction and support the retention of nurses and midwives.

The self-assessment tool has been developed by the national retention programme in the people directorate in collaboration with a range of key stakeholders including the nursing directorate, and in conjunction with nurses, midwives, human resources professionals and subject matter experts. It brings together a synthesis of evidence on factors which are influential in nursing and midwifery retention.

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While these findings cannot distinguish the causal impact of different factors on retention, they provide new evidence on the characteristics of staff who are most likely to leave the NHS acute sector, and can guide further policy interventions to improve the retention of these groups.

[Improving staff retention](#) NHS Employers, March 2022

This improving staff retention guide aims to support line managers and employers to consider the key areas which affect workforce retention. It includes the enablers of retention, the organisational priorities which need to be in place to support our NHS people and the practical interventions which directly impact on your employees' experience at work. It is aimed at anyone who has a responsibility for improving staff experience and morale, and reducing turnover in their organisation, including HR managers and line managers.

## Case Studies

[Supporting the retention of locally employed doctors](#) NHS

Employers, November 2024

Manchester University NHS Foundation Trust (MFT) employs a large number of locally employed doctors (LEDs) and in 2023, it welcomed 223 new LEDs. The trust recognised that it needed to implement new practices to support the retention and progression of its LEDs. Longer contracts and improved

retention has made the workforce more stable, and improvements in the recruitment and retention of LEDs has led to a reduction in locum spend.

[University Hospitals Birmingham - listening to retain](#) NHS

Employers, February 2024

This case study shares learning from the approach to retention at University Hospitals Birmingham. In particular it highlights how the trust adopted a new approach to organisational culture and staff engagement which has had a positive impact on staff retention. Effective use of data is a key element and has played a key role in making progress. The trust still faces challenges but has improved retention and is moving in right direction.

[Long-service awards for employee retention](#) NHS Employers,

February 2024

Long-service awards form part of a crucial employee benefit, especially in the context of addressing workforce challenges. With growing vacancy rates, and low and falling staff satisfaction, it is particularly important to show appreciation for long-serving and valuable staff members.

[Improving retention through staff engagement: a Do OD case study](#) NHS Employers, January 2024

Lincolnshire Partnership NHS Foundation Trust (LPFT) undertook a piece of staff engagement work involving over 200 participants entitled Walking in Your Shoes to address key questions around staff experience. The organisation addressed these questions and responded to staff feedback, leading to improvements in retention and staff engagement.

Key benefits and outcomes:

- The organisation saw a significant reduction in turnover and sickness rates.

- Improved benefit and development offer around key areas of concern identified in a scoping exercise.
- The implementation of various wellbeing initiatives, including a compassionate leadership circle and an allyship toolkit.

[Agile working to improve staff retention](#) NHS Employers, October 2023

Research by Professor Claire Kelliher, Cranfield School of Management, Cranfield University, has looked at how customised working arrangements can meet the needs of employees and organisations. This allows some degree of choice over where they work, when they work and how many hours they work.

[Conscious retention – creating a more secure workforce](#) NHS Employers, March 2023

At LCHT, the work of the FTSU guardian has acted as a conduit for staff to share their thoughts about retention and we have seen staff deciding to stay because of the conversations, flexibility and support offered. In one service several clinicians decided to stay, when four of these staff had raised concerns. These successful retentions were all results of a certain way of working. A way we might define as 'conscious retention work'.

[Recruitment and retention of older workers](#) NHS Employers, October 2022

Information and practical guidance for employers in being more age-inclusive towards older workers in recruitment processes and employment offers.

[Increasing recruitment and retention through reward](#) NHS Employers, October 2021

The people directorate worked on the benefits package and decided to use this as part of the recruitment and retention campaign. Working with numerous departments across the trust,

the benefits booklet was revamped and featured new and relevant benefits including:

- the annual leave scheme
- the NHS Pension scheme
- retire and return options.

[Improving retention at all stages of nurses' careers: United Lincolnshire Hospitals NHS Trust](#) NHS Employers, August 2020  
United Lincolnshire Hospitals NHS Trust (ULHT) developed a detailed retention action plan which outlined the steps the trust could take to reduce nurse turnover rates. Target areas for interventions were identified based on the findings from extensive staff engagement, with the trust focusing activity across all stages of a nurse's career.

[Supporting staff to work for longer](#) March 2020, NHS Employers  
University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) developed a working for longer project, to support its staff to stay in work for longer. Over a period of 15 months, the workforce transformation team, which oversees the project, has introduced several initiatives to support the retention of older workers.

## The Star for workforce redesign

More resources and tools are available in the **Supply** section of [the Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Workforce**” filter.

# National Data Programme

Workforce, Training and Education staff can look at the [WT&E Data and Analytics Service](#) resources including the National Data Warehouse SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### Retention

#### General

[Junior Doctor Retention Strategies: Integrating Knowledge Management with Supportive Leadership and Organizational Climate](#) *Journal of the Knowledge Economy*, November 2024

This research aims to provide useful insights into optimizing the work environment for junior doctors, enhancing their engagement, and promoting retention in the healthcare sector. From a theoretical standpoint, this study enhances existing research by introducing mediating variables that explore the connection between the RG model and work engagement and retention. These variables address modern organizational behaviors and the preferences of new generations of physicians. This approach enhances the organizational behavior literature by acknowledging that traditional knowledge management and leadership methods may not fully align with the needs of today's younger physicians.

[Staff engagement, co-workers' complementarity and employee retention: evidence from English NHS hospitals](#) October 2024, *Economica*

Exploiting a unique and rich panel dataset based on employee-level payroll and staff survey records from the universe of English NHS hospitals, we investigate empirically the role played by two non-pecuniary job factors, staff engagement and the retention of complementary co-workers, in affecting employee retention within the public hospital sector. We estimate dynamic panel data models to deal with reverse causality bias, and validate these estimates through unconditional quantile regressions with hospital-level fixed effects. Our findings show that a one standard deviation increase in nurse engagement is associated with a 16% standard deviation increase in their retention; and also that a 10% increase in nurse retention is associated with a 1.6% increase in doctor retention, with this co-workers' complementarity spillover effect driven by the retention of more experienced nurses. Nurse and doctor engagement is positively associated with managers who have effective communication, involve staff in the decision-making process, and act on staff feedback; in particular, older nurse engagement is responsive to managers caring for staff health and wellbeing.

[Organisational factors associated with healthcare workforce development, recruitment, and retention in the United Kingdom: a systematic review](#) August 2024, *BMC Nursing*

This review contributes to the evidence needed by healthcare commissioners and policymakers to address persistent workforce securement and retention issues in the UK. Our results underscore the need for tailored strategies focusing on key aspects, such as reducing workplace aggression from colleagues. The review evidence can inform policies and practices aimed at promoting work-life balance, offering career development opportunities, fostering a positive workplace culture, providing competitive compensation, and implementing

flexible work arrangements to enhance healthcare workforce retention. Additionally, our findings highlight the need for further research to understand how different organisational practice environment factors interact with individual and external factors to influence the intention to leave specific healthcare settings. Nevertheless, it is crucial to highlight that the healthcare workforce in the UK is dynamic and continues to be influenced by ongoing events, such as industrial actions and cost-of-living challenges.

### [Trends and determinants of clinical staff retention in the English NHS: a double retrospective cohort study April 2024, BMJ Open](#)

This paper investigates the retention of clinical staff working in English NHS hospital Trusts at 1 and 5 years of employment, within the same organisation and within the NHS. Using the administrative payroll data from the Department of Health and Social Care, the empirical analysis is based on two cohorts of senior doctors, specialty and associate specialist doctors, nurses and midwives who were employed in 2009/2010 and 2014/2015 and have been followed until March 2020. This study makes several significant contributions to the existing literature addressing the urgent issue of workforce retention and its impact on the NHS. The NHS faces great challenges in retaining valuable staff amidst high turnover, ageing demographics and growing care demands. With doctor trainee retention rates plummeting over the past decade and over half of consultants anticipating early retirement, this analysis sounds the alarm on unsustainable workforce dynamics that may jeopardise NHS future functioning.

### [Hospital doctor turnover and retention: a systematic review and new research pathway Journal of Health Organization and Management, February 2024 \(Abstract only\\*\)](#)

The aim of this study was to systematically review the extant academic literature to obtain a comprehensive understanding of

the current knowledge base on hospital doctor turnover and retention. In addition to this, we synthesise the most common methodological approaches used before then offering an agenda to guide future research.

### [NHS should trial four day week to tackle burnout and improve retention, says report April 2023, BMJ](#)

To help facilitate the changes, the report recommended greater investment in automation and labour saving technologies to improve efficiency and free up time, arguing that “data collection, processing, and other bureaucratic tasks such as appointment scheduling and prescription management take up a considerable amount of time but have the potential to be automated to some degree.”

### [Retention of ethnic minority staff is critical to resolving the NHS workforce crisis March 2023, BMJ](#)

Current efforts to reduce NHS staff shortages have a strong focus on recruitment, including from overseas. However, WHO estimates a projected shortfall of 10 million healthcare workers by 2030, particularly in low and middle income countries. Although there are also calls to increase numbers of “homegrown” staff, the government has stated this would have a “significant financial implication,” and little is said about how universities and the NHS will find the capacity to provide high quality training for them. Finding effective ways to reduce the number of staff who leave (attrition) and increase the number who stay (retention) is crucial to reduce the pressures of understaffing and ensure good patient care.

[The Race to Retain Healthcare Workers: A Systematic Review on Factors that Impact Retention of Nurses and Physicians in Hospitals INQUIRY: The Journal of Health Care Organization, Provision, and Financing, March 2023](#)

Our findings have shown that the determinants identified in this systematic review, namely personal characteristics, job demands, employment services, working conditions, work relationships and organizational culture, impact, the job retention of nurses and physicians. Assessing the outcomes of this systemic review, management should take job satisfaction, career development and the work-life balance of their personnel seriously into account as 3 crucial factors in terms of job retention. Currently, the determinants identified in this systematic review can be used to design interventions or policies dedicated to increasing job retention and improving healthcare quality. The impact of the determinants could differ per hospital which should be taken into account designing the interventions. Therefore, it is desirable to fulfill future research to check which determinants are crucial in a specific hospital. Finally, an overview of interventions impacting the determinants described in this systematic review would be desirable expanding the adapted knowledge to stabilize the workforce of nursing and physicians in a hospital setting in the future.

[What innovations \(including return to practice\) would help attract, recruit, or retain NHS clinical staff? A rapid evidence map Wales Centre for Evidence Based Care, April 2022](#)

This Rapid Evidence Map aimed to describe the extent and nature of the available evidence base for innovations (including return to practice) that could help attract, recruit, or retain NHS clinical staff.

[Factors affecting the UK junior doctor workforce retention crisis: an integrative review BMJ Open, March 2022](#)

This review builds on findings of related literature regarding working environments, isolation, stigma, and desire for autonomy, and highlights additional issues around learning and training, flexibility, feeling valued, and patient care. It goes on to present recommendations for tackling poor retention of UK junior doctors, highlighting that the complex problem requires evidence-based solutions and a bottom-up approach in which junior doctors are regarded as core stakeholders during the planning of interventions.

[Relationship between labour force satisfaction, wages and retention within the UK National Health Service: a systematic review of the literature July 2020, BMJ](#)

This review highlighted how multiple factors influence NHS labour force retention. Pay was found to influence satisfaction, which in turn affected retention. An increase in wages alone is unlikely to be sufficient to ameliorate the concerns of NHS workers. More research is needed to identify the role of autonomy on retention. A system leadership approach underpinned by data is required to implement bespoke job satisfaction improvement strategies to improve retention and achieve the goals of the NHS Long Term Plan.

[What are the factors affecting resilience in health professionals? A synthesis of systematic reviews Medical Teacher, January 2020 \(Abstract only\\*\)](#)

This paper aims to provide a synthesis of existing literature reviews of the evidence for resilience in health professionals, thematically integrating factors affecting resilience in health professionals. Nine studies were identified. The definition of resilience varied across the studies. Four main themes of factors affecting resilience were found: (1) the influence of individual factors (e.g. individual traits, having a higher purpose, being self-

determined), (2) environmental and organizational factors (e.g. workplace culture), (3) approaches that an individual takes when interacting with her/his professional circumstances (e.g. professional shielding and self-reflection), and (4) effective educational interventions (e.g. resilience workshops).

### General Practice and Primary Care

#### [A hole in the bucket? Exploring England's retention rates of recently qualified GPs](#) Human Resources for Health, March 2025

As the senior medics within their services, GPs have a pivotal role for the sustainability of the primary care system. However, in England there have been repeated failures to meet the ambitions to increase the number of fully qualified GPs and, instead, the promised increases have not materialised. Much attention has been paid to the recruitment of trainee GPs; however, our analysis shines a light on a critical part of the workforce model namely the domestic training pipeline and, specifically, the transition from ending training to joining NHS general practices.

Using published data, we estimated that for every 10 doctors leaving training around 4 fully qualified full-time equivalent GPs join NHS general practices in partner, salaried or regular locum roles within 2 years. Although this is based on contracted rather than actual hours worked and is, as outlined above, sensitive to the definitions used. We also provide evidence of differences between demographics (particularly lower joiner rates for overseas trained medics), differences in behaviours of doctors leaving over time (cohort effect), and different labour market conditions over time (period effect).

#### [Continuity of service and longer term retention of doctors training as general practitioners in the Remote Vocational Training Scheme](#) Medical Journal of Australia, October 2024

Australia's Remote Vocational Training Scheme (RVTS) is a place-based retention-focused workforce program. For 24 years, it has provided remote supervision and support for doctors to remain working either in MMM4–7 (Modified Monash Model) practices in its Remote Stream or in rural (MMM2–7) AMS in its AMS Stream. Enrolment is typically for three to four years, until all program requirements are completed, which mostly mirrors completion of general practice fellowship. The AMS Stream only began in 2013, contributing 20% of the RVTS cohort since it commenced. Uniquely, the RVTS program targets continuous service in these communities. Owing to the locations it targets, it engages a high proportion of IMGs (about 80%), which is a group that requires nuanced support and career advice. Community support and integration are known to be key factors that influence retention for this group. Doctors participating in the RVTS work in challenging contexts, with higher and more complex caseloads, coupled with reduced resources and infrastructure. IMGs working in AMS may also face increased cultural barriers. Moreover, many are completing their ten-year moratorium requirements while enrolled in the RVTS, which may be an additional source of concern during their training.

#### [Recruitment and retention of staff in rural dispensing primary care practice: a qualitative inquiry](#) BJGP Open, April 2024

Recruitment and retention of multidisciplinary primary care staff to rural dispensing practice is challenging; little is known about the barriers and facilitators to working and remaining in employment in this setting. Dispensing medicines is a unique aspect of rural primary care and contributes to financial stability of practices, yet not much is known about its relevance to staff employment. Low wages relative to skillset in dispensing roles, and poor knowledge surrounding rural nursing roles, present

challenges for recruitment, while career autonomy, job satisfaction, and work environment are key drivers of recruitment. Both revenue and career development opportunities from dispensing, job satisfaction, and work environment are the main drivers of staff retention, while negative perceptions of rural primary care, perceived travel difficulties, lack of skilled applicants, and difficulties balancing dispensing skills with the wages offered to dispensers are key challenges to staff retention.

[Barriers and strategies for primary health care workforce development: synthesis of evidence BMC Primary Care, March 2024](#)

Effective leadership/governance, a robust health financing system, integration of health information and technology, such as mobile health and ensuring a consistent supply of adequate resources are also vital components of primary health care workforce development. The findings highlight the importance of continuous professional development, which includes training new cadres, implementing effective recruitment and retention mechanisms, optimising the skill mix, and promoting workplace wellness. These elements are essential in fostering a well-trained and resilient primary health care workforce.

[GP retention in the UK: a worsening crisis. Findings from a cross-sectional survey BMJ Open, January 2022](#)

The role of the GP has changed significantly and rapidly over the past 20 years and initiatives to manage these changes have often been short-lived and reactive in approach, without sufficient evidence to support them or engagement with grass roots GPs. Perhaps now is the time to reflect more broadly on what the practice of future GPs will encompass and how a new generation of GPs can be trained to prepare for this. New models of care and the relationships and roles of different healthcare professionals need to be considered. The debate needs to

include the public; what do they want from a primary care system and what can be afforded without substantially more funding. Given the scale of the crisis, increased funding needs to be directed to ensure the effects are widely experienced across front-line general practice. Without fundamental change, it is hard to foresee the current workforce decline reversing.

[Burnout and Health Care Workforce Turnover Annals of Family Medicine, January 2019](#)

Levels of burnout among primary care clinicians and staff are alarmingly high, and there is widespread belief that burnout and lack of employee engagement contribute to high turnover of the workforce. Scant research evidence exists to support this assertion, however. High rates of burnout and turnover in primary care are compelling problems. Our findings provide evidence that burnout contributes to turnover among primary care clinicians, but not among staff. Although reducing clinician burnout may help to decrease rates of turnover, health care organizations and policymakers concerned about employee turnover in primary care need to understand the multifactorial causes of turnover to develop effective retention strategies for clinicians and staff.

[Twelve tips for the recruitment and retention of general practitioners as teachers of medical students Medical Teacher, March 2018](#)

Primary care physicians have become a fundamental aspect of teaching in modern medical school curricula worldwide with a significant proportion of undergraduate teaching taking place in primary care. There are calls for this to increase with more patient care occurring in the community but teaching capacity in primary care is a potential challenge. Medical schools, therefore, need strategies to be able to increase their primary care physician teaching workforce. We asked all Heads of General Practice Teaching in UK medical schools to share their three top

tips for recruiting and retaining GPs to teach undergraduate students. The majority (two-thirds) of medical schools responded and we have summarized the answers into the following twelve tips. Although the twelve tips are varied and comprehensive, including broad topics such as finances and training, one clear theme running through the majority of tips is good communication and relationships between education teams and GPs. The solutions to recruiting and retaining GPs to teach undergraduate medical students are clearly multifactorial and complex. We hope that by presenting suggestions from UK GP heads of teaching as these twelve tips provides some helpful, thought-provoking ideas and inspiration for both the UK and internationally.

### [Is practice placement capacity helping the NHS to recruit healthcare professionals?](#) *British Journal of Healthcare Management, 2018*

Practice placements are a fundamental aspect of preparing students for working in the NHS and will influence where, and in what specialities, students work. Additionally, NHS leaders now consider the issue of recruitment and retention of NHS staff to be as serious as concerns over funding. NHS Providers have outlined the issues although there appears to be little, or no, consideration in terms of plans required for the most immediate future workforce. It is hypothesised that there is link between student healthcare placement capacity and workforce gaps. The policy of increasing training places and of funding practice placements may have a positive effect on practice placement provision and if so contribute to increasing the NHS workforce, but without further detail this impact remains unknown. Along with most aspects of service delivery, planning practice placements using the best available evidence will ensure that the impact on service delivery is minimised while maximising the experience for the next generation of NHS employees.

### [Family effects on the rurality of GP's work location: a longitudinal panel study](#) *Human Resources for Health, October 2017*

This paper aims to measure longitudinal associations between the rurality of GP work location and having (i) school-aged children and (ii) a spouse/partner in the workforce. This is the first systematic, national-level longitudinal study showing that GP work location is related to key family needs which differ according to GP gender and educational stages of children. Such non-professional factors are likely to be dynamic across the GP's lifespan and should be regularly reviewed as part of GP retention planning. This research supports investment in regional development for strong local secondary school and partner employment opportunities.

### [Addressing the crisis of GP recruitment and retention: a systematic review](#) *British Journal of General Practice, 2017*

The numbers of GPs and training places in general practice are declining, and retaining GPs in their practices is an increasing problem. This study aimed to identify evidence on different approaches to retention and recruitment of GPs, such as intrinsic versus extrinsic motivational determinants. Although the published evidence relating to GP recruitment and retention is limited, and most focused on attracting GPs to rural areas, the authors found that there are clear overlaps between strategies to increase recruitment and retention. Indeed, the most influential factors are idiosyncratic and intrinsic to the individuals.

### [A systematic review of strategies to recruit and retain primary care doctors](#) *BMC Health Services Research, April 2016*

There is a workforce crisis in primary care. Previous research has looked at the reasons underlying recruitment and retention problems, but little research has looked at what works to improve recruitment and retention. The aim of this systematic review is to evaluate interventions and strategies used to recruit and retain primary care doctors internationally. This is the first systematic

review of interventions to improve recruitment and retention of primary care doctors. Although the evidence base for recruiting and care doctors is weak and more high quality research is needed, this review found evidence to support undergraduate and postgraduate placements in underserved areas, and selective recruitment of medical students. Other initiatives covered may have potential to improve recruitment and retention of primary care practitioners, but their effectiveness has not been established.

### Allied Health Professionals

[Applying organisational behaviour theory to aid emergency staff retention](#) *Journal of Paramedic Practice*, November 2023

*(Abstract only\*)*

The purpose of this theoretical concept article is to spark a dialogue on the use of organisational behaviour theory to address emergency responder retention. In the United States, emergency medical services (EMS) appear to be burdened with continuing problems of retaining staff. Poor responder retention affects the ability of EMS to deliver high-quality services; without trained, educated and experienced first responders, the EMS system struggles, and what suffers is the ability to provide medical care. The authors set out to construct a pathway for addressing the underlying issues leading to the exodus of professionals using organisational behaviour theory. To develop the idea, an inductive logic approach was used to address underlying negative factors influencing poor retention and discuss the promise of organisational behaviour theory in improving the retention of responders.

[What innovations help with the recruitment and retention of ambulance staff: a rapid evidence summary](#) *Wales Centre For Evidence Based Care*, November 2022

Evidence from a UK survey suggests that pay, reward, stress and workload are factors that hinder paramedic retention. Evidence recommends retention strategies for paramedics, such as reviewing banding, improving work conditions and career progression, changing the way ambulances are dispatched to calls, and providing retention premiums. Evidence from the US suggests that pay, benefits, opportunities for advancement, continuous professional development, burnout, stress, workload, nearing retirement and career change are factors that influence retention of emergency medical technicians and/or paramedics.

[Retention of doctors in emergency medicine: a scoping review of the academic literature](#) *Emergency Medicine Journal*, August 2021

This study is a scoping review of the academic literature relating to the retention of doctors in EM and describes current evidence about sustainable careers (focusing on factors influencing retention), as well as interventions to improve retention. Eighteen papers met the inclusion criteria. Multiple factors were identified as linked with retention, including perceptions about teamwork, excessive workloads, working conditions, errors, teaching and education, portfolio careers, physical and emotional strain, stress, burnout, debt, income, work–life balance and antisocial working patterns. Definitions of key terms were used inconsistently. No factors clearly dominated; studies of correlation between factors were common.

[Challenges in recruitment and retention: Securing the therapeutic radiography workforce of the future](#) *Radiography*, February 2019 *(Abstract only\*)*

In this issue of the *Radiography* journal, we have published a Letter to the Editor from E.R. Andersen which argues that the

development of therapeutic radiography as a profession across Europe is limited by a lack of visibility. The author makes a plea to therapeutic radiographers to '*let the world know that we exist*'. He argues that the lack of public and professional awareness of the profession as well as variation in the scope of practice from country to country is limiting our potential to engage in cross-European projects and multi-disciplinary work that could benefit our patients.

### Nursing and Midwifery

[Developing leadership and resilience through early access master's education for newly graduated, adult nurses: A cross-sectional survey](#) Nurse Education in Practice, February 2025

This study has shown that master's education, early in graduate nurses' careers, develops leadership skills and resilience required for new nurse leaders. Investment is needed, therefore, in educational opportunities for these new graduates to enable leadership and resilience development and in creating supportive environments allowing the use of this learning to lead change and influence care delivery. This should have a positive impact on patient outcomes, job satisfaction and aid retention.

[Organisational support and strategies to address nurse burnout and enhance resilience](#) Nursing Management, November 2024 (Abstract only\*)

It is essential to identify the early warning signs of nurse burnout so that it can be addressed in a timely manner. Resilience has an important role in supporting nurses to cope with and adapt to adverse experiences, thereby supporting them to improve their health and well-being and subsequently to provide high-quality patient care. This article outlines the support and strategies that nurse managers and organisational leaders can put in place to manage burnout and develop resilience among nurses.

[Individual and environmental factors that influence longevity of newcomers to nursing and midwifery: a scoping review](#) JBI

Evidence Synthesis, May 2024 (Abstract only\*)

Several factors are thought to influence the decisions of new registered nurses and midwives to leave or stay in their professions. This review sought to identify and map those factors to enable further research for workforce sustainability development strategies. Professional self-image, identity, and a sense of pride in the profession are important components of newcomer retention. Strategies that positively support transition to practice and create realistic expectations were highlighted. Managers play an important role in registered nurse retention, as they can influence many of the newcomers' experiences. It is concerning that no studies about newcomer midwives were found. Many studies explored turnover or intention to leave the job/employer rather than the profession.

[Experienced Nurses' Motivation, Intention to Leave, and Reasons for Turnover: A Qualitative Survey Study](#) Journal of Nursing Management, September 2023

Based on the results of this study, we conclude that ensuring that nurses have a manageable workload, that they have autonomy, that their competence is utilised, and that they enjoy adequate support from management will go some way to addressing the forecast shortage of nurses, by promoting the wellbeing of and motivating experienced nurses and decreasing staff turnover. Furthermore, according to nurses with over ten years of professional practice, a sustainable working life is dependent on collegiality, being able to work in competent teams, and being afforded multiple career opportunities. When deciding whether to remain in or leave the profession, recognition of the demands of the profession and individual knowledge and skills in the form of a fair and reasonable salary are considered key factors. The result of this study also indicates that what may be considered hygiene factors in some contexts

may function as motivation factors in nursing. Finally, the study makes clear that an organisation must be alert to and able to address the early signs of work-related ill health in its employees if it is to mitigate ITL and staff turnover.

[Assessing the impacts of nurse staffing and work schedules on nurse turnover: A systematic review](#) *International Nursing Review, May 2023 (OpenAthens log-in required\*)*

Fourteen articles were reviewed. Among them, 12 studies investigated the relationship between nurse staffing and turnover, and four examined the impact of work schedules on nurse turnover. Nurse staffing levels are strongly related to nurse turnover in the expected direction. However, few studies have found that work schedules are significantly related to nurse turnover. Inadequate and unsafe nurse staffing leads to increased nurse turnover rates. More studies are needed to investigate the impacts of work schedules on nurse turnover.

[Nurses' motivations to leave the nursing profession: A qualitative meta-aggregation](#) *Journal of Advanced Nursing, May 2023 (OpenAthens log-in required\*)*

This review provides an in-depth and meaningful understanding of motivations for nurses to leave the profession. Among others, poor working conditions, a lack of opportunities for career development, a lack of support from managers, work-related stress, a discrepancy between nursing education and practice and bullying behaviour were motivations to leave the profession, which calls for targeted action to retain nurses in the profession.

[Giving nurses a voice through 'listening to staff' conversations to inform nurse retention and reduce turnover](#) *British Journal of Nursing, June 2022 (Abstract only\*)*

Health and social care employers in the UK cannot afford to lose nurses given the current nursing workforce crisis. A variety of staff engagement initiatives aim to improve employee retention.

This article describes how Listening to Staff (L2S) events were used as part of a service review to inform nurse retention strategies in one acute hospital trust. Over a 3-year period, 576 nurses took part in L2S events that examined nurses' perspectives of teamworking and support as well as career plans in areas with high nurse turnover rates. Comparative content analysis was used to analyse narrative data, which informed managers' retention plans. Examination of retention data before and after L2S events showed nursing turnover decreased, suggesting a variety of strategies to retain staff may have improved nurse retention. Findings imply capturing nurses' perceptions through staff engagement events may offer solutions for nurse retention.

[Male Nurses' Perceptions of the Facilitators and Barriers to Recruitment, Retention, and Job Satisfaction](#) *Nurse Leader, February 2022 (Abstract only\*)*

Nursing remains a female-dominated profession. Lack of gender diversity can negatively impact team functioning and, subsequently, health care quality. The imbalance can also lead to increased costs, poor health outcomes, negative patient experiences, and an unsatisfactory provider experience. Gender diversity strengthens relationships, promotes creativity and innovation, improves patient care quality, promotes culturally relevant care, and enhances provider satisfaction.

[Strategies for retention of nursing students: A scoping review](#) *Nurse Education in Practice, January 2021 (Abstract only\*)*

Retention of students in nursing programs is a costly concern that affects the supply and demand of nurses to the healthcare system. Successful retention strategies require consideration of social and academic institutional systems with attention to student integration in a program. This systematic review explores implemented retention strategies in nursing programs worldwide

and provides guidance for nursing programs and researchers considering the retention question.

[A survey of burnout and intentions to leave the profession among Western Canadian midwives](#) *Women and Birth: Journal of the Australian College of Midwives*, August 2019 (Abstract only\*)

Midwives are at high risk for burnout and occupational stress. This has implications for workforce retention and quality of maternity care. We set out to understand how burnout and occupational stress are experienced by midwives in Western Canada, and whether burnout is linked to intentions to leave the profession and other factors. The current study identified occupational stressors that are unique to the caseload model. Findings from this study can inform policies and strategies to support the growth and sustainability of caseload midwifery in Canada.

[Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review](#) *International Journal of Nursing Studies*, March 2019 (Abstract only\*)

Nurse shortages have been identified as central to workforce issues in healthcare systems globally and although interventions to increase the nursing workforce have been implemented, nurses leaving their roles, particularly in the first year after qualification, present a significant barrier to building the nurse workforce.

[Supporting student nurses who have their first clinical placement in the community nursing team](#) *British Journal of Community Nursing*, October 2018 (Abstract only\*)

First year student nurses are increasingly undertaking their first placement with community nurses. The importance of how this initial learning experience is introduced by the higher education

institution, as well as how the student is welcomed and integrated into the community nursing team, cannot be underestimated. Following positive anonymous feedback from students, which indicated that they had benefitted from the introduction, welcome and integration they experienced, the university and mentors reviewed how this had been done to identify good practice to share with colleagues. Students indicated that their welcome and integration had helped them to feel part of the team and enhanced learning, because they were so well supported, and mentors had facilitated learning experiences by acknowledging that this was their first placement experience. It is notable that mentors were committed to the students' learning and used workplace social capital to optimise the student experience. At a time when retention of students is essential to increase the future workforce, mentors dedicated to student learning are acting as ambassadors for the community workforce, and may well encourage students to have a career in community nursing.

[Factors predicting Registered Nurses' intentions to leave their organization and profession: A job demands-resources framework](#) *Journal of Advanced Nursing*, April 2018 (Abstract only\*)

The ageing population and a growing prevalence of multimorbidity are placing increasing strain on an ageing nursing workforce. Solutions that address the anticipated nursing shortage should focus on reducing burnout and enhancing the engagement of Registered Nurses (RNs) to improve retention. Employee burnout and work engagement play an important role in transmitting the impacts of job demands, job resources, personal demands and personal resources into RN intention to leave the organization and profession. Work-life interference and high workloads are major threats to nursing retention while challenge demands and higher levels of self-efficacy support better retention.

### [The Lived Experience of Being a Male Nursing Student: Implications for Student Retention and Success](#) *Journal of Professional Nursing, 2018 (Abstract only\*)*

This study was conducted to explore the lived experience of former male nursing students. Based on study findings, recommendations to promote male nursing student retention and success include improving media portrayals of male nurses, providing faculty development to heighten self-awareness of gender bias and understanding of barriers and facilitators in nursing education for male students, addressing negative experiences in maternity clinical rotations, and implementing mentorship programs to provide male role models for male nursing students.

### [Retaining early career registered nurses: a case study](#) *BMC Nursing, 2016*

Reducing turnover and improving retention relies on understanding the factors that influence nurses' decisions to leave or remain within an organisation and the profession. Ensuring nurses in the current workforce remain engaged and productive, rather than leave the profession, is reliant on addressing factors that cause attrition and implementing strategies that strengthen retention rates and workforce sustainability.

## Public Health

### [Why Do People Work in Public Health? Exploring Recruitment and Retention Among Public Health Workers](#) *Journal of Public Health Management, 2016 (Abstract only\*)*

The public health workforce is critical to the functioning of the public health system and protection of the population's health. Ensuring a sufficient workforce depends on effectively recruiting and retaining workers. This study examines factors influencing

decisions to take and remain in jobs within public health, particularly for workers employed in governmental public health. It is important to recognize the value of competitive benefits for both current and potential employees. Public health agencies should maintain these if possible and make the value of these benefits known to policy makers or other agencies setting these benefit policies. Job security associated with governmental public health jobs also appears to offer public health an advantage in recruiting and retaining employees.

## Postgraduate, Medical and Dental

### [Fostering belongingness: strategies to enhance learner retention in NHS healthcare education](#) *March 2024, British Journal of Nursing*

Effective clinical placements offer learners the chance to evolve their professional identity, while providing clinical areas with an opportunity to attract these individuals to their workforce. To maintain safe and effective staffing levels, many clinical areas depend on attracting and retaining preregistration learners in numbers at least equal to staff turnover as individuals leave following lifestyle changes.

Disrupting this delicate balance through unnecessary learner attrition can lead to serious and far-reaching implications for service provision (Buchan et al, 2019). To better understand this threat, the national RePair (Reducing Pre-Registration Attrition and Improving Retention) project was established in 2015 and has played a key role in the identification and sharing of best practice recommendations to reduce attrition. Its imminent closure happens at a time of significant workforce concerns.

With a notable decline in applications to healthcare courses, nurturing current learners and facilitating their transition into the workforce has become more crucial than ever (Hill, 2023). Many

learners find navigating their clinical placements an overwhelming challenge at times, increasing the risk that they will prematurely leave their healthcare programmes and their chosen profession (Eick et al, 2012).

[The F3 phenomenon: Early-career training breaks in medical training. A scoping review](#) Medical Education in Review, May 2021

There appear to be personal, professional and system-level influences on persons' decision to take an F3 training break, yet not all of these aspects have been fully explored. By collating and summarising the current F3 literature, this review offers practical information to doctors considering an F3, employers wishing to recruit F3s and STPs/royal colleges wishing to better understand current trends in medical career progression and workforce planning. There are few empirical studies into the F3 phenomenon, but the increasing number of personal commentaries in this area suggests there is growing interest within the medical education community.

This scoping review has established the increasing popularity of the F3, typical demographics for doctors undertaking F3, and has summarised some of the reasons for, and issues surrounding, the phenomenon. There are many questions which remain unanswered, such as how F3 impacts health care service workforce and finances, whether doctors make and meet their personal and professional objectives during their F3(s), and how the rising F3 phenomenon is impacting competition at specialty training level.

[Physician perceptions of recruitment and retention factors in an area with a regional medical campus](#) Canadian Medical Education Journal, March 2018

The factors that influence physicians to establish and maintain their practice in a region are variable. The presence of a regional

medical campus (RMC) could influence physicians' choice. The objective of this study was to explore the factors influencing physician recruitment and retention, and in particular the role of a RMC, in a region of Quebec. This study highlights the role of RMCs in physician recruitment and retention via multiple impacts on the quality of practice of physicians working in the same area.

[What factors are critical to attracting NHS foundation doctors into specialty or core training? A discrete choice experiment](#) BMJ Open, March 2018

Multiple personal and work-related factors influence medical trainees' career decision-making. The relative value of these diverse factors is under-researched, yet this intelligence is crucially important for informing medical workforce planning and retention and recruitment policies. Our aim was to investigate the relative value of UK doctors' preferences for different training post characteristics during the time period when they either apply for specialty or core training or take time out. This is the first study focusing on the career decision-making of UK doctors at a critical careers decision-making point. Both location and specific job-related attributes are highly valued by F2 doctors when deciding their future. This intelligence can inform workforce policy to focus their efforts in terms of making training posts attractive to this group of doctors to enhance recruitment and retention.

[Failing to retain a new generation of doctors: qualitative insights from a high-income country](#) BMC Health Services Research, February 2018

In the past decade, Ireland has doubled the number of doctors it trains annually, but because of its failure to retain doctors, it remains heavily reliant on internationally trained doctors to staff its health system. To halve its dependence on internationally trained doctors by 2030, in line with World Health Organisation (WHO) recommendations, Ireland must become more adept at

retaining doctors. Understanding the medical workforce from a generational perspective requires that the health system address the issues of concern to a new generation of doctors, in terms of working conditions and training structures and also in terms of their desire for a more acceptable balance between work and life. This will be an important step towards future-proofing the medical workforce and is essential to achieving medical workforce self-sufficiency.

### Staff engagement

[Teaching and learning modalities for continuing professional development in the long-term care: A rapid synthesis review](#) *Nurse Education in Practice*, July 2023 (Abstract only\*)

Continuing Professional Development is a key activity that organisations undertake to achieve effective workforce planning, recruitment, retention and upskilling strategies in long-term care settings. During the Covid-19 pandemic there was a rapid move to online modalities of Continuous Professional Development, but there is a paucity of evidence in relation to their effectiveness compared with face-to-face, or in-class learning.

[Effects of ethical climate in association with tenure on work addiction, quality of care and staff retention: a cross-sectional study](#) *BMJ Quality & Safety*, May 2023 (OpenAthens log-in required\*)

Understanding the underlying mechanisms which affect the intention to quit the profession and the perceived quality of care, such as work addiction, is of paramount importance for healthcare organisations worldwide. As such, ethical climate should be valued, especially so for HCWs with lower tenure, as it has a beneficial relationship with these outcomes. Future research could study whether specific differences exist between various professions in healthcare regarding work addiction, ethical climate, quality of care and/or intention to quit the

profession. Identifying differences in perceptions could help researchers better understand how to support specific healthcare professionals. These differences could also provide valuable information for practitioners when developing resources management programmes tailor made for a specific profession.

[Keeping the frogs in the wheelbarrow: how virtual onboarding creates positive team-enabling cultures](#) *BMJ Leader*, February 2023 (Abstract only\*)

In this paper, we illustrate our experience in building an employee onboarding programme as an efficient mechanism not only to immerse new professionals into existing teams but also to improve workplace culture and reduce team turnover. Key to its effectiveness, and in contrast with traditional large-scale culture change programmes, is that our programme provided a local cultural context via videos of our existing workforce in action.

### Inclusion

[Retention of ethnic minority staff is critical to resolving the NHS workforce crisis](#) *BMJ*, March 2023

We know that the main reasons staff leave the NHS are workload pressures, poor work-life balance, mental ill health, and poor development opportunities. These have been worsened by understaffing and the pandemic. Pay and pensions are clearly important too, although increasing pay is unlikely to be enough to encourage staff to stay if working conditions are not improved.<sup>16</sup> It is also clear that staff from ethnic minority groups and international staff are more likely than their white British colleagues to experience many of the predictors of attrition, such as low pay and poor career progression, and have also been disproportionately affected by the pandemic.

### Brexit

[What does Brexit mean for the UK social care workforce? Perspectives from the recruitment and retention frontline](#) Health and Social Care in the Community, November 2018

This article explores how social care managers evaluate Brexit's prospects for future workforce sustainability, through the prism of their organisation's workforce requirements. This qualitative study incorporated in-depth semi-structured interviews and questionnaire surveys with domiciliary and residential care managers. Data collection focused on an urban conurbation in south-west England, with demographic characteristics likely to make post-Brexit recruitment and retention in social care particularly challenging. A key finding is that, irrespective of whether they employ EU/EEA workers or not, research participants have deep concerns about Brexit's potential impact on the social care labour market. These include apprehensions about future restrictions on hiring EU/EEA nurses, as well as fears about increased competition for care staff and their organisation's future financial viability. This article amplifies the voices of managers as an under-researched group, bringing their perspectives on Brexit to bear on wider debates on social care workforce sustainability.

### COVID-19

[Resilience and burnout of healthcare workers during the early COVID-19 pandemic](#) British Journal of Nursing, February 2024 (*Abstract only*)

The aim of this study was to assess the impact of the biopsychosocial changes and challenges associated with the COVID-19 pandemic on the healthcare workforce, exploring, specifically, the impact on and relationship between HCWs' resilience and burnout.

[Exploring experiences of moral injury and distress among health care workers during the Covid-19 pandemic](#) Psychology and Psychotherapy: Theory, Research and Practice, May 2023 (*OpenAthens log-in required*)

NHS clinical staff described potentially morally injurious and distressing events throughout the pandemic. These experiences were often trust related, including perceptions of betrayal by management, and having to adhere to decisions which they felt may compromise patient care. However, participants typically did not label their experiences as morally injurious; either because they viewed their roles as unaffected by these experiences, or in some settings, such as intensive care units, they saw morally injurious experiences as 'part of the job'. The experiences nevertheless affected participants' wellbeing, including symptoms consistent with post-traumatic stress disorder; reduced compassion; and in some cases, a desire to leave their profession entirely. Health care staff may benefit from psychoeducation and psychological support to help them to recognise, acknowledge and cope with their experiences. Team discussions may help to acknowledge moral distress and its impact, and explain reasoning behind difficult decision-making processes. Further research is needed to evaluate support strategies.

### Resilience

#### General

[Nurses quietly quit their job more often than other healthcare workers: An alarming issue for healthcare services](#) International Nursing Review, January 2024 (*Abstract only*)

Measurement of quiet quitting and identification of risk factors are essential to prevent or reduce quiet quitting levels among HCWs. Our study provides information on this field helping managers and organizations to identify quiet quitters within

HCWs. Policymakers and managers should develop and implement interventions both at an organizational level and at an individual level.

[In critique of moral resilience: UK healthcare professionals' experiences working with asylum applicants housed in contingency accommodation during the COVID-19 pandemic](#) *Journal of Medical Ethics*, May 2023

This paper, which describes experiences of NHS staff working within a specialist service in a unique setting during the pandemic, makes empirical and theoretical contributions to existing literature. We provide an empirical insight into how contemporary hostile bordering practices in the UK play out in healthcare. We add to a literature problematising bordering in healthcare, shedding new light on the practitioners' perspective. Some redeployed staff, having never previously worked with people seeking asylum, expressed disbelief at the state-sponsored neglect they were subject to. For some, the injustice and suffering they witnessed resulted in reflections on their own lives with guilt, gratitude, or both. Illuminating these responses provides a social commentary on the current punitive governmental approach to immigration, and its human cost.

[Evaluating the effectiveness of resilience-building training within the national health service in the UK](#) September 2022, *The Journal of Mental Health Training, Education and Practice* *Abstract only\**

Following the training, participants reported statistically significant improvements relating to their understanding of terms, including "burnout". They also reported an increased awareness of their personal risk factors associated with burnout and felt more resilient having completed the training. Statistically significant changes were reported in all of these areas, with the drama element of the training being commended on about one

third of all feedback forms where, with the post-test results, a narrative (unscored) opportunity for feedback was sought.

[Ethics of care and moral resilience in health care practice: A scoping review](#) *Clinical Ethics*, November 2021

While there is an abundance of literature describing the potential strengths of an ethics of care approach to ethical reasoning and growing interest in the role of moral resilience in protecting against moral distress, both concepts have received little empirical attention. A total of six relevant publications were selected for review. No studies explored the relationship between ethics of care and moral resilience. However, studies focused upon ethics of care approach as a facilitator of patient-practitioner professional relationships and effective ethical decision making in health care practice. Current evidence explores key characteristics consistent with moral resilience in health care professionals.

### Nursing and Midwifery

[Relationship between resilience, social support and psychological well-being in nursing students](#) *Journal of Research in Nursing*, November 2024 (*Abstract only\**)

This study highlighted the positive relationship between resilience, social support and psychological well-being among nursing students. Resilience plays a vital role in mitigating stress's adverse effects, and strong support from family and friends contributes to positive psychological health.

[Effects of interventions to promote resilience in nurses: A systematic review](#) *International Journal of Nursing Studies*, September 2024

This systematic review collated 18 randomised controlled trial studies regarding interventions to promote resilience among nurses. Digital approaches showed short-term effectiveness

within 4–5 months, whilst face-to-face interventions did not demonstrate any significant effects at any follow-ups. Realistic expectations and ongoing support are crucial for intervention success. Collaborative, tailored digital interventions can comprehensively enhance nurse resilience. This review provides critical insights, emphasising the need for context-specific interventions and ongoing assessment to support nurses effectively amidst their demanding profession. Future research with large sample sizes in randomised controlled trials is needed to achieve conclusive results.

[Relationship between nurses' resilience and quality of professional life](#) International Nursing Review, March 2024  
(Abstract only\*)

According to the findings, high psychological resilience increases the quality of professional life. Resilience, choosing nursing willingly, and liking the unit in which one works are determinants of professional quality of life.

[Characterizing burnout and resilience among nurses: A latent profile analysis of emotional exhaustion, emotional thriving and emotional recovery](#) Nursing Open, September 2023

Burnout and resilience are not mutually exclusive characteristics as nurses in this sample had co-occurring emotional exhaustion, emotional thriving, and emotional recovery at varying levels. Importantly, nurses with greater resilience (emotional thriving and emotional recovery), in the setting of both moderate-high and low burnout (emotional exhaustion), had favourable psychological characteristics (e.g. low depression, high positive emotions, more well-being behaviours and high work-life balance scores) suggesting that strategies to increase well-being that include thriving and recovery will play an important role in the armamentarium of nurse well-being interventions.

[What is known about midwives' well-being and resilience? An integrative review of the international literature](#) Birth, August 2023

The aim of this study was to analyze existing international knowledge on midwives' well-being and resilience in the context of workplace stress and adversity. It is important to acknowledge the rapidly deteriorating working conditions experienced by midwives, including the negative impacts of the COVID-19 pandemic which has led to further burnout and the loss of experienced and dedicated midwives from the profession. Swift action is required to reduce the risk of psychological injury and address the crisis that faces the midwifery workforce. Of note and as discussed, further research and investigation of midwifery-specific populations (excluding student midwife and nurse populations) is recommended to identify and authentically represent the unique professional context. In addition, the further development and utilization of cohesive well-being and resilience concepts specific to midwifery is recommended, as is the development and application of uniform more terminologies and definitions.

[Nursing Faculty Job Satisfaction During COVID-19: A Mixed-Methods Study](#) Nursing Education Perspectives, May 2023  
(Abstract only\*)

Compassion satisfaction and resilience were positively correlated with job satisfaction; stress and job satisfaction were negatively correlated. Feeling safe to teach, feeling supported by administration, and spending more hours teaching online were positively associated with job satisfaction. Three themes were identified: challenges in the workplace, struggles with personal stressors, and building capacity in the face of the unknown. Faculty reported a strong professional commitment to nursing education during the COVID-19 pandemic. Leadership that supported faculty through concern for their safety contributed to participants' ability to respond to the challenges experienced.

### [Evaluating Burnout and Resiliency in New Graduate Nurses: A Cross-sectional Study](#) JONA: The Journal of Nursing Administration, May 2023 (Abstract only\*)

The aim of this study was to evaluate current levels of and factors contributing toward burnout and resiliency among new graduate nurses to identify effective mitigation strategies. Strategies to reduce burnout and increase resiliency in new graduate nurses should be focused on improving personal and work-related burnout.

### [Relationships of individual and workplace characteristics With nurses' moral resilience](#) Nursing Ethics, May 2023 (Abstract only\*)

Resilience was noted to have significant small correlations with burnout, secondary traumatic stress, compassion satisfaction, and organizational mission/behavior congruence. Burnout and secondary traumatic stress predicted less resilience, whereas compassion satisfaction and perceived congruence between organizational mission and behaviors predicted higher resilience. Burnout and secondary traumatic stress, increasingly experienced by nurses and other health professionals, have negative effects on moral resilience. Compassion satisfaction can increase resilience, which is especially important in nursing. Organizational practices promoting integrity and confidence can have positive effects on resilience. Continued work to confront workplace well-being issues, especially burnout, is needed as a way of increasing moral resilience. Studies of organizational and work environment factors to bolster resilience are likewise needed to assist organizational leaders in devising the best strategies.

### [Psychological capital, grit and organizational justice as positive strengths and resources among registered nurses: A path analysis](#) Empirical Research Quantitative, May 2023 (OpenAthens log-in required\*)

Nurse leaders and managers play a key role in improving RNs' well-being, health, and retention. This study suggests that at the same time as effective strategies are implemented to develop RNs' practice environments and organizational resources, investments might also be directed to strengthening RNs' positive, individual strengths. Especially PsyCap was associated with many positive, work-related outcomes in this present study. Therefore, RNs could benefit from evidence-based interventions developed to increase their PsyCap.

### [Interventions to foster resilience in nursing staff: A systematic review and meta-analyses of pre-pandemic evidence](#) International Journal of Nursing Studies, October 2022 (Abstract only\*)

This systematic review aimed at summarizing the evidence on the pre-pandemic efficacy of psychological interventions to foster resilience, to improve mental symptoms and well-being as well as to promote resilience factors in nurses. Based on training programs with evidence for positive effects on resilience and mental health in meta-analyses, we aimed at identifying important and helpful intervention techniques.

### [Qualitatively exploring the attributes of adaptability and resilience amongst recently graduated nurses](#) Nurse Education in Practice, August 2022 (Abstract only\*)

Newly graduated nurses can develop adaptability in clinical practice, so they are a more resilient future workforce. However, greater organizational leadership is required to model and strengthen these attributes for nurses. When perceptions, knowledge and experiences of adaptability and resilience are

developed using person-centred approaches, they will be used in person-centred ways.

### [Defining the influence of external factors on nurse resilience International Journal of Mental Health Nursing, August 2022](#)

In this paper, we have updated our empirically derived, working definition of nurse resilience. The development of a more comprehensive definition that incorporates external factors that affect nurse resilience provides a useful framework to guide future research in the area. We believe that this updated definition of resilience in the nursing profession will enable a more consistent understanding to guide research and interpretation and translation to practice. This could assist in organizations identifying modifiable workplace factors that could support resilience and are urgently needed in the context of the COVID-19 pandemic.

### [The impact of resilience on turnover among newly graduated nurses: A 1-year follow-up study Journal of Nursing Management, April 2022](#)

Newly graduated nurses' resilience is a significant factor influencing the turnover within a short period of time. Personal resources such as resilience and work environment should be considered for retaining newly graduated nurses. Nurse managers should recognize the impact of resilience on newly graduated nurses' turnover during the transitional period and establish strategies to enhance such resilience to promote a smooth transition and ultimately reduce turnover.

### [Exploring nurse perceptions and experiences of resilience: a meta-synthesis study BMC Nursing, January 2022](#)

Emphasizing resilience, a positive force for overcoming adversity, to nurses can play a very significant role in improving the quality of nursing care. In this study, nurses showed resilience to grow and develop themselves by focusing on their

inner selves and finding ways to solve problems on their own. These can be considered as categories of nurse resilience and provide a framework to guide the development of an intervention program for improving nurse resilience. Based on the results of this study, to improve the quality of nursing care we should try to develop varied intervention programs that enhance nurses' inner strength.

### [Nurse resilience for clinical practice: An integrative review Journal of Advanced Nursing, February 2021 \(Abstract only\\*\)](#)

This review found that individual factors have received most attention in research investigating nurse resilience. Findings suggest that nurse resilience protects against negative psychological outcomes and nurses independently develop and use strategies to manage adversity. Factors in the workplace which affect resilience are under-researched, and addressing this gap could assist with the development of comprehensive interventions and policies to build and maintain nurse resilience.

### [Nurse resilience: A concept analysis International Journal of Mental Health Nursing, March 2020 \(Abstract only\\*\)](#)

Nurse resilience is attracting increasing attention in research and practice. Possession of a high level of resilience is cited as being crucial for nurses to succeed professionally and manage workplace stressors. There is no agreed definition of nurse resilience. A concept analysis was undertaken to examine nurse resilience using a priori selected analysis framework. This concept analysis aims to systematically analyse resilience as it relates to nurses and establish a working definition of nurse resilience. Sixty-nine papers met the search criteria for inclusion. Key attributes of nurse resilience were social support, self-efficacy, work-life balance/self-care, humour, optimism, and being realistic. Resilience enables nurses to positively adapt to stressors and adversity. It is a complex and dynamic process which varies over time and context and embodies both individual

attributes and external resources. Sustaining nurse resilience requires action and engagement from both individuals and organizations.

### [Building resilience in contemporary nursing practice](#) *Practice Nursing, August 2019 (Abstract only\*)*

Resilience in nursing has been critiqued and challenged throughout the nursing literature. Trends in nursing have led to many nurses leaving the profession early in their career, often due to the immense pressures that they work under. There are many opinions on how nurses can develop the resilience needed to maintain professional integrity and continue to provide safe and effective care, while attempting to shoulder the considerable impact of political and professional drivers. This not only leaves nurses exhausted but often without hope. By taking collective action, this article argues that nurses may benefit from sharing ideas and learning from others, and in so doing rekindle hope and a belief that things can change.

### [Personal and work-related factors associated with nurse resilience: A systematic review](#) *International Journal of Nursing Studies, May 2019 (Abstract only\*)*

Understanding nurse resilience can proactively help nurses identify or prevent potential problems, thus fostering job resources and ultimately achieving personal and professional growth. Increased nurse resilience can help nurses reduce emotional exhaustion, increase work engagement, and enhance function when facing workplace challenges. This can assist nurses to establish strategies to deal with adversity and attenuate the effects of job demands. Further research is needed to explore nurse resilience and develop a consistent instrument for measuring resilience.

### [Nurse leaders' strategies to foster nurse resilience](#) *Journal of Nursing Management, November 2018*

Fostering nurse resilience is an ongoing effort. Nurse leaders are instrumental in building a resilient nursing workforce. The strategies identified to foster nurse resilience will not only impact the nursing staff but also improve patients' outcomes.

### [Developing resilience: the role of nurses, healthcare teams and organisations](#) *Nursing Standard (Royal College of Nursing), October 2018 (Abstract only\*)*

Discussions about the sustainability of the healthcare workforce have placed considerable emphasis on improving the resilience of healthcare professionals. However, when discussed in relation to individuals, the contextual aspects of resilience are often lost. This means that individuals are burdened with the responsibility of increasing their resilience so that they can better manage the challenges they experience, rather than examining the external and environmental factors that can affect resilience. This article explores the concept of resilience and suggests ways in which resilience can be developed by individuals and in collaboration with others, resulting in resilient healthcare teams and organisations capable of supporting individuals effectively. It aims to assist healthcare professionals to develop their resilience, while also improving their understanding of the complex factors that can affect their coping capacity, as well as how community influences the resilience of everyone.

### [Strengthening mental health nurses' resilience through a workplace resilience programme: A qualitative inquiry](#) *Journal of Psychiatric and Mental Health Nursing, June 2018 (Abstract only\*)*

What the paper adds to existing knowledge?: This qualitative inquiry is the first study to report mental health nurses' perspectives and experiences on a workplace resilience programme. Strengthening mental health nurses' resilience

through a resilience programme involved a process of understanding resilience, and applying resilience strategies such as positive self-talk, managing negative self-talk, detaching from stressful situations, being aware of and managing emotions, and showing more empathy, to address workplace challenges. To address the range of resources needed to support mental health nurses' resilience, a social-ecological approach to workplace resilience can be used to promote resource provision at individual, work unit, organizational and professional levels.

[Methods for Alleviating Stress and Increasing Resilience in the Midwifery Community: A Scoping Review of the Literature](#)  
[Journal of Midwifery and Women's Health, November 2017](#)  
(Abstract only\*)

Work-related stress and exposure to traumatic birth have deleterious impacts on midwifery practice, the midwife's physiologic well-being, and the midwifery workforce. This is a global phenomenon, and the specific sources of this stress vary dependent on practice setting. This scoping review aims to determine which, if any, modalities help to reduce stress and increase resilience among a population of midwives. While modalities such as mindfulness-based stress reduction show promise, further studies with a cohort of midwives should be conducted. These studies should include interventions aimed at addressing the needs of midwives to improve psychological outcomes related to employment-related stress on a global scale and specific to each health care context.

[Resilience as part of nursing education: supporting nurses in times of austerity](#) [British Journal of Nursing, July 2017](#)  
(OpenAthens log-in required\*)

Janet Scammell, Associate Professor (Nursing), Bournemouth University, discusses the challenging environment nurses are working in and the role of resilience in creating a sustainable NHS workforce.

[Sustainability and resilience in midwifery: A discussion paper](#)  
[Midwifery, September 2016](#)

The aim of this discussion paper is to explore the concepts of sustainability and resilience now being suggested in midwifery workforce literature. Whether sustainability and resilience are concepts useful in midwifery workforce development is questioned. The impact that midwifery models of care may have on sustainable practice and nurturing healthy resilient behaviors remains uncertain. The notion of resilience in midwifery as the panacea to resolve current concerns may need rethinking. Resilience may be interpreted as expecting midwives 'to toughen up' in a workplace setting that is socially, economically and culturally challenging. Sustainability calls for examination of the reciprocity between environments of working and the individual midwife. The findings invite further examination of contextual influences that affect the wellbeing of midwives across different models of care.

### General Practice and Primary Care

[Professional resilience in GPs working in areas of socioeconomic deprivation: a qualitative study in primary care](#)  
[British Journal of General Practice, December 2018](#)

Aim: To understand how GPs working in areas of high socioeconomic deprivation consider professional resilience. Professional resilience is about more than individual strength. Policies to promote professional resilience, particularly in settings such as areas of high socioeconomic deprivation, must recognise the importance of flexibility, adaptability, working as teams, and successful integration between work and personal values.

### [Barriers, facilitators, and survival strategies for GPs seeking treatment for distress: a qualitative study](#) British Journal of General Practice, October 2017

Systemic changes, such as further information about specialist services designed to help GPs, are needed to support individual GPs and protect the profession from further damage.

### [GPs' perceptions of resilience training: a qualitative study](#) British Journal of General Practice, October 2017

Aim: To explore GPs' perspectives on the content, context, and acceptability of resilience training programmes in general practice, in order to build more effective GP resilience programmes. A multimodal, flexible approach based on individual needs and learning aims, including resilience workshops within undergraduate training and in individual practices, is likely to be the optimal way to promote resilience.

### [How can educators support general practice \(GP\) trainees to develop resilience to prevent burnout?](#) Education for Primary Care, November 2016

This work seeks to identify whether specific GP trainee groups are particularly at risk of burnout and the aspects of training they find stressful. This research demonstrates that high levels of burnout are experienced in GP trainees as early as the first year of training. Early identification of burnout amongst trainees is essential by GP educators to help protect the future GP workforce.

### [Resilience of primary healthcare professionals working in challenging environments: a focus group study](#) British Journal of General Practice, July 2016

Aim: To explore what primary health professionals working in challenging environments consider to be characteristics of resilience and what promotes or challenges professional resilience. A model of health professional resilience is proposed

that concurs with existing literature but adds the concept of personal traits being synergistic with workplace features and social networks. These facilitate adaptability and enable individual health professionals to cope with adversity that is inevitably part of the everyday experience of those working in challenging healthcare environments.

### [Resilience of primary care healthcare professionals: a systematic review](#) British Journal of General Practice, May 2016

Aim: To examine definitions and measures of resilience, identify characteristics and components, and synthesise current evidence about resilience in primary healthcare professionals. Resilience, although multifaceted, was commonly defined as involving positive adaptation to adversity. Interactions were identified between personal growth and accomplishment in resilient physicians. Resilience, high persistence, high self-directedness, and low avoidance of challenges were strongly correlated; resilience had significant associations with traits supporting high function levels associated with demanding health professional roles. Current resilience measures do not allow for these different aspects in the primary care context. Health professional resilience is multifaceted, combining discrete personal traits alongside personal, social, and workplace features. A measure for health professional resilience should be developed and validated that may be used in future quantitative research to measure the effect of an intervention to promote it.

## Postgraduate medical and dental

### [A study of the relationship between resilience, burnout and coping strategies in doctors](#) Postgraduate Medical Journal, August 2017 (*OpenAthens log-in required*)

The aim of this study was to measure resilience, coping and professional quality of life in doctors. Despite high levels of resilience, doctors had high levels of burnout and secondary

traumatic stress. Doctors suffering from burnout were more likely to use maladaptive coping mechanisms. As doctors already have high resilience, improving personal resilience further may not offer much benefit to professional quality of life. A national study of professional Quality of Life, Coping And Resilience, which we are proposing to undertake, will for the first time assess the UK and Ireland medical workforce in this regard and guide future targeted interventions to improve professional quality of life.

### Paediatrics

[Resilience: surviving and thriving in the paediatric workplace Archives of diseases in childhood: education and practice, December 2018](#) (*OpenAthens log-in required*\*)

This paper discusses stress and burnout within the healthcare profession; strategies to cope with the demands of the workplace through a reflective scenario, along with well-being and mindfulness resources for managing stress and promoting resilience. The five ways to well-being and mindfulness practice are simple measures that can be built into one's daily life to increase resilience against excess stress and pressures. The coping matrix is a practical tool to encourage reflecting upon and developing one's own coping strategies. A good healthcare professional is one who is compassionate to themselves and their own well-being, enabling them to care and treat their patients.

### Disaster response

[Environmental Factors in Nursing Workplaces that Promote Resilience during Pandemics: Scoping Review Prehospital and Disaster Medicine, May 2023](#) (*Abstract only*\*)

The main workplace environmental factors that were identified included communication, inter-professional collaboration, access to equipment, targeted training, and supporting well-being.

Recognition of these key environmental factors in the workplace will help to implement more effective actions to promote resiliency prior to and during emergency situations. It will also enable managers to include, in any preparation planning, contingencies to protect these factors with the view of sustainable resilience of nursing staff throughout the emergency event.

[Psychological trauma among nurses during the COVID-19 pandemic with strategies for healing and resilience: An integrative review Journal of Clinical Nursing, April 2023](#) (*OpenAthens log-in required*\*)

Findings suggest dysfunctional responses for some nurses to COVID-19 trauma, or living fearful, uncertain and unstable. Findings also reveal numerous potential regenerative healing and resilience strategies for nurses, or living whole, optimistic and supported. Individual actions of self-care, adjustment, social connection and finding meaning, coupled with workplace changes, hold potential to improve nurses' future. Risks to nurses' mental health from COVID-19's extraordinary intensity and duration of trauma warrant timely research.

[Beyond Disaster Preparedness: Building a Resilience-Oriented Workforce for the Future International Journal of Environmental Research, December 2017](#)

This narrative review examines existing literature to determine key components of a resilience-oriented workforce, with a focus on organizational structures, training and education, and leadership models. Reviewed articles spanned a variety of study types, including needs assessments of existing workforce, program evaluations, and reviews/commentaries. A resilience-oriented workforce spans many disciplines and training programs will need to reflect that. It requires a collaborative organizational model that promotes information sharing structures. Leadership models should foster a balance between workforce autonomy

and operation as a collective entity. Optimal strategies to develop a resilience-oriented workforce have yet to be realized and future research will need to collect and synthesize data to promote and evaluate the growth of this field.

### Education

#### [Preferred resiliency-building strategies of nursing students](#) [Teaching and Learning in Nursing, October 2023 \(Abstract only\\*\)](#)

Nursing students must engage in resiliency-building activities to promote success in nursing school and prevent work-related stress as a future nurse. The findings of this study inform educators of student-preferred strategies and their intentions to continue to build their resiliency. The Student Nurse Resiliency Project is an innovative, competency-based, active-learning strategy that fosters student resiliency development.

#### [Educational innovations to foster resilience in the health professions](#) [Medical Teacher, February 2017](#)

Stress and burnout of healthcare providers has become a major healthcare issue that has implications for not only workforce projections, but the cost and quality of care and the lives of healthcare providers and their families. Burnout, characterized by loss of enthusiasm for work, feelings of cynicism and a low sense of personal accomplishment is associated with early retirement, alcohol use, and suicidal ideation. Healthcare professional "wellbeing" or "care of the caregiver" is a topic that has not been significantly addressed in the education of healthcare professionals. The culture that has dominated much of education has been one where students have been expected to forego personal needs, endure stressful environments, and emerge from highly competitive and often dysfunctional environments to work in care settings where health and wellbeing is also largely ignored. Three curricular innovations are highlighted that target pre-professional students, students

enrolled in health professions education and practicing health care professionals. Strategies are highlighted that both help individuals cultivate resiliency and wellbeing in their personal and professional lives and that address system issues that contribute to unhealthy learning and work environments.

#### [Caring for tomorrow's workforce: Moral resilience and healthcare ethics education](#) [Nursing Ethics, February 2016 \(OpenAthens log-in required\\*\)](#)

Preparing tomorrow's healthcare workforce for managing the growing complexity of care places high demands on students, educators, and faculties. In the light of worrying data about study-related stress and burnout, understanding how students manage stressors and develop resilience has been identified as a priority topic of research. In addition to study-related stressors, also moral stressors are known to characterize the students' first clinical experiences.

However, current debates show that it remains unclear how healthcare ethics education should address them. In order to clarify this issue, this study first develops the notion of moral resilience as a response to moral stressors involving both situations of moral complexity and moral wrongness. Second, it explores the potential of healthcare ethics education in fostering moral resilience. For this purpose, it defines moral resilience operationally as a reduction of moral distress in a given axis of time measured by a validated tool.

In times of global scarcity of educational resources, healthcare ethics education has an important contribution to offer in the promotion of students' mental and physical health by strengthening the knowledge base of moral resilience. This legitimates its costs for societies, faculties, and professional bodies.

## \*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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