Fostering a healthy workplace and that supports nurses' well-being

BOND, Carmel <http://orcid.org/0000-0002-9945-8577> and BEDFORD, Joanne

Exploring a healthy workplace and nurses' well-being

Abstract

Nurse well-being is essential for delivering high-quality care and sustaining the nursing workforce. The workplace environment significantly influences nurses' physical and mental health, job satisfaction, and retention. This article explores the key characteristics of healthy nursing workplaces, examines barriers such as bullying, and outlines evidence-based strategies to foster supportive environments. It also includes reflective exercises designed to help nurses engage with these issues and promote positive workplace cultures.

Keywords: To be drawn from Nursing Standard conductor

Aims and intended learning outcomes

This article aims to explore the impact of the workplace environment on nurses' well-being. After reading this article and completing the activities, you should be able to:

1. Describe some characteristics of a healthy workplace in nursing
2. Outline the importance of a healthy workplace on nurses' well-being
3. Identify organisational and individual strategies to support a healthy workplace
4. Reflect on aspects of your workplace that support well-being

Introduction

The well-being of nurses is increasingly recognised as a critical priority, influenced by a complex interplay of factors including workplace culture, leadership, staffing levels, support structures, as well as individual physical and mental health (Patrician et al., 2022). When any of these elements are compromised, the consequences can be significant, not only affecting the health and job satisfaction of individual nurses but also impacting the overall functioning of healthcare teams. For instance, evidence shows that nurses frequently experience high levels of stress, anxiety, and depression, often resulting from the psychological demands of their roles (Cleary et al 2020). Recent international surveys indicate that nurses report higher levels of psychological distress than many other professional groups, including physicians and allied health professionals (Blasco-Belled 2024). In the UK National Health Service (NHS) nurses

and health visitors continue to face significant workplace stressors, such as intensive workloads, high patient acuity, and unsupportive team cultures, all of which can undermine mental health and well-being (Almeida et al 2024).

The scale of this challenge is evident in workforce data; in 2023, nearly 7 million days of sickness absence were recorded among NHS nurses, with almost a quarter attributed to mental health reasons, more than any other illness category (NHS England 2023a; RCN 2023). These figures highlight the urgent need to pay attention to the workplace environment within nursing, as organisational factors can affect nurses' mental health and workforce sustainability. Fostering healthy workplaces is therefore both a professional and ethical imperative to help protect and promote the well-being of the nursing workforce (Kirk 2024; Patrician et al 2022).

This article explores the characteristics of a healthy workplace in nursing, examines how different aspects of the working environment can influence psychological well-being. It identifies barriers as well as strategies for cultivating and sustaining a supportive 'healthy' workplace. Throughout the text, nurse well-being is used in a broad sense, encompassing physical, psychological, and social dimensions of health. Phrases such as healthy workplace, supportive environment, and positive workplace culture are used to describe overlapping ideas; organisational contexts that support well-being.

Evidence-based characteristics of healthy workplaces in nursing

The concept of a healthy workplace in nursing can be difficult to define, due largely to its multifaceted nature - encompassing organisational, relational, and individual-level factors, all shaped by the broader healthcare and policy environment (Kirk, 2024; Jarden & Roache, 2023). This complexity is reflected in the World Health Organization's *'State of the World's Nursing' report* (2021–2025) which cites workplace culture, leadership quality, and workforce sustainability as central to nurses' ability to grow, perform, and stay in the profession (WHO 2021). While these system-level dimensions are important, their effects are also seen in day-to-day aspects of working life, such as safe staffing, manageable workloads, and feeling supported by managers and colleagues.

Several studies have examined these components in detail. For instance, a systematic review by Thapa et al (2022) analysed data from more than 40,000 healthcare professionals and found that healthy workplace environments are consistently linked with higher staff engagement and lower burnout. More specifically, adequate structural supports, such as staffing levels, access to regular breaks, and clear communication, can play a direct role in supporting nurses' well-being. A large cohort study by Zhang et al (2024) involving 2,500 nurses found that job satisfaction and self-reported mental health outcomes were significantly better in settings with sufficient staffing and supportive leadership practices (Thapa et al, 2022).

Another important feature of a healthy workplace is equity, particularly in regard to fair treatment, inclusive policies, and equal opportunities for advancement. A national survey of over 20,000 UK nursing staff by the Royal College of Nursing (2022) reported that perceived fairness in workplace policies was associated with improved morale and reduced rates of sickness absence. Similar findings were reported in a multinational study by Triana et al (2019), which found that unequal access to progression opportunities was linked with lower staff satisfaction and increased absenteeism across nursing populations in several countries.

Finally, individual factors such as a sense of purpose or 'career calling' may also contribute to feelings of workplace satisfaction. A cross-sectional study by Li et al (2024), which surveyed 650 nurses, found that those who reported a strong sense of career calling also had higher levels of job satisfaction. However, these authors note that this research was conducted in a single healthcare context, which may limit the broader applicability of the findings.

Overall, however, this literature implies that healthy workplaces are not defined by a single factor, but rather by the interplay between supportive systems, organisational fairness, and nurses' perceptions of their value and purpose. Recognising these factors is a first step toward building environments that not only support well-being but also foster long-term workforce sustainability.

The ‘Time Out’ exercise that follows (Time Out 1) offers nurses a structured opportunity to pause, reflect on their own experiences within their workplace, and identify practical steps to enhance both individual and team well-being.

TIME OUT 1
Take a moment to reflect on the evidence and examples discussed in this section. In your own words, write a brief description of (or list) what makes a workplace in nursing ‘healthy.’ *In one or two sentences, how would you describe a ‘healthy workplace in nursing’ to a new* professional *colleague joining your team?*

Understanding nurse well-being: individual experiences and environmental impacts

Having explored the workplace characteristics that underpin a healthy nursing environment, it is also essential to understand the individual determinants that shape how nurses experience and respond to these conditions.

Nurse well-being is complex, encompassing physical health as well as cognitive, emotional, spiritual, behavioural, and relational aspects. Life stage and cultural background can also significantly influence these aspects of well-being (Jarden & Roache 2023). In a recent literature review, Jarden and Roache (2023) synthesise evidence from a wide range of studies and theoretical perspectives, highlighting how these individual factors interact with broader environmental influences. Notably, the complex and demanding nature of nursing means that these personal determinants of well-being are often profoundly shaped by the work environment.

Working conditions have been shown to play a crucial role in either supporting or undermining nurses’ well-being. For example, Tomaszewska et al. (2024) conducted a systematic review of 22 studies examining instruments that measure nurses’ organisational well-being. This review found that key dimensions affecting well-being include leadership and support, workplace relationships, communication, work

demands, and organisational policies. The studies reviewed used a range of validated instruments to assess these domains, with sample sizes varying from small single-site studies to large multi-centre surveys, thus providing a comprehensive overview of factors influencing well-being among nurses. Similarly, Hussein et al. (2024) engaged 54 stakeholders, including registered nurses and nurse well-being professionals, in surveys to come to agreement on the most important outcomes for measuring nurse well-being. The panel identified 13 core outcomes, such as job satisfaction, morale, and life-work balance, as critical to nurse well-being. This consensus-based approach ensures the findings are relevant and representative of the views and experiences of those within the profession.

Despite the importance of these factors, nurses often encounter workplace stressors such as high workloads, multitasking, lack of equipment, insufficient support, and ethical dilemmas. These stressors can harm nurses' health and reduce job satisfaction; they have also been associated with challenges in maintaining patient care quality (Anderson et al 2021). For example, a longitudinal survey of the UK nursing and midwifery workforce during the COVID-19 pandemic (Couper et al 2022) found that high workloads, inadequate resources, and lack of support were significantly associated with increased mental health problems and reduced job satisfaction. This study followed a large and diverse sample of nurses and midwives, enhancing the generalisability of its findings. A qualitative study in general practice settings (Anderson et al 2024) further highlighted that a lack of recognition, feeling undervalued, and insufficient involvement in decision-making can negatively affect both nurse well-being and patient care quality. The combination of large sample sizes and the inclusion of diverse practice settings across these studies strengthens the applicability of their conclusions.

Demographic factors such as age, experience, and health status can also influence nurses' well-being. Younger nurses and those with chronic health conditions often report higher levels of stress (Titler 2022). Work-related stress in nursing is defined as the physical and emotional reactions that occur when job demands exceed an individual's resources or ability to cope (Baye 2020). In a survey of 367 nurses, Baye (2020) found that those with chronic illnesses were more likely to experience work-

related stress, and that younger nurses reported higher stress levels compared to their more experienced colleagues. These findings are supported by national surveys and guidance from the Royal College of Nursing (2022, 2024a), which consistently identify long working hours, high workload, and insufficient experience as key contributors to stress and diminished well-being among nurses

To illustrate the concepts discussed so far, and how these might play out in practice, consider the following case study demonstrating how individual and organisational factors interact to influence nurse well-being.

Case Study: Supporting well-being in a high-pressured nursing team

At a busy acute care ward, nurse Jane observed rising stress among her colleagues due to increasing patient acuity and staff shortages. Recognising the increasing stress levels and rising rates of sickness, the ward manager introduced regular reflective huddles and directed staff to where they could access counselling through the organisation. Jane also provided details of mental health resources. She then developed peer-support partnerships, enabling team members to share various coping strategies with one another.

Over six months, staff reported improved morale and felt more supported. The initiative helped nurses identify workplace challenges and advocate for practical changes, such as staggered breaks and enhanced communication channels.

Reflect on how this example demonstrates the interaction between individual coping mechanisms, team culture, and organisational support in promoting nurse well-being.

Please note that this case study is fictitious, for educational purposes, and is not based on real individuals

It is clear from the evidence and reports, presented in this section, that well-being among nurses arises from the continual interaction of diverse and multifaceted workplace conditions, spanning psychological, physical, social, and organisational

domains – as well as personal life circumstances, which will also, inevitably, impact individual well-being. Ultimately, supporting nurse well-being requires recognising this intricate web of influences rather than reducing it to isolated causes.

Challenges to a Healthy Workplace

Building on the understanding of what constitutes a healthy workplace, it is crucial to explore the barriers that undermine this. Organisational factors (such as staffing levels, leadership, and policies) are distinct from but closely related to *workplace culture*, understood as the shared values, norms, and behaviours shaping everyday practice (Schein 2010; Braithwaite et al. 2017). Together, these factors ultimately shape the overall environment and nurses' experiences within it.

Common organisational challenges such as staffing and resource constraints often lead to increased workloads, which can compromise nurses' ability to take breaks or provide optimal care (Smith and Johnson 2023). Over time, these system-level pressures contribute to stress, burnout, and job dissatisfaction (Boudreau and Rhéaume 2024). Additionally, pay and working conditions remain major contributors to overall well-being and job satisfaction among NHS staff, with recent pay disputes highlighting their impact on workforce morale and retention (Holden, 2024).

Within this broad context, workplace culture plays a pivotal role in how nurses interact, communicate and experience their work (Safeer and Allen, 2019). A healthy culture is characterised by respect, open communication, support, and shared purpose, fostering both well-being and effective teamwork (Gupta et al. 2025). One of the most well-documented cultural challenges to this is bullying, defined as repeated, patterned negative behaviours involving misuse of power, which has been shown to create toxic environments, heighten stress, increase dissatisfaction, and drive turnover (Edmonson 2019; Smith et al. 2020; Jackson et al. 2024).

Nearly half of nurses report experiencing bullying during their careers, with prevalence estimates ranging from 26% to 77% depending on clinical setting and country (Goh et al. 2022). Bullying behaviours, including gossip, exclusion, intimidation, ridicule, and open hostility, undermine nurses' sense of value and belonging (Chong & Shorey,

2022; Hassmiller & Wakefield, 2022). Such behaviours often thrive in organisations with rigid hierarchies, poor leadership support, and unaddressed misconduct (Grailey et al. 2021; Fitzpatrick et al. 2019).

The consequences of bullying extend beyond the individual, reflecting deeper systemic and cultural flaws that affect the whole organisation (Jin et al. 2025). For instance, Gillespie et al. (2024) identified the profound emotional impact of bullying on newly qualified nurses, undermining both morale and confidence. Similarly, Paustian-Underdahl et al. (2025) found bullying correlated with increased turnover intentions and a decline in perceived quality of care.

Creating and sustaining healthy workplaces is not the responsibility of any one individual, but a collective commitment. As the NHS Leadership Academy (2021) and the Royal College of Nursing (2025a) emphasise, tackling bullying and improving workplace culture requires every member of the team to speak up, model respect, and actively support one another. Organisational change begins with individual action but is sustained through shared values and a culture of inclusivity (RCN 2025a; NHS Leadership Academy 2021).

Before moving on, take a moment to consider the following reflection (Time Out 2).

TIME OUT 2

Consider who within your organisation you could approach if you experienced bullying, or workplace stress. This might include your line manager, a Freedom to Speak Up Guardian (FTSUG), Employee Assistance Programme (EAP), occupational health services, or union representatives.

- What steps would you feel comfortable taking to raise concerns or seek help?
- Are you aware of the policies and resources your workplace offers to protect and support staff facing bullying or harassment?
- How might knowing these options empower you or your colleagues to address challenges constructively and safely?

Taking the first step in speaking up or accessing support can be daunting, but understanding available routes is vital for protecting your well-being and fostering a healthy workplace.

Building on this reflection about support routes, it essential to recognise that individuals from cultural backgrounds where speaking up or questioning authority is traditionally discouraged may experience greater hesitancy or fear in raising concerns (Jones et al. 2021). These cultural norms can compound feelings of vulnerability and isolation, making standard speak-up models less accessible or effective for some staff (Pavithra et al. 2022). Recognising this, organisations and leaders should adopt culturally sensitive approaches that actively invite diverse voices and ensure tailored support to empower all staff to ‘speak up’ about bullying (Jones et al. 2021).

Having identified some of the characteristics of healthy workplaces, the individual determinants of nurse well-being, and barriers such as bullying, it is now essential to turn our attention to practical strategies that nurses and organisations can implement to foster healthy workplaces.

Cultivating a healthy workplace

Effective strategies to promote nurse well-being address the complex interplay between individual resilience, supportive workplace culture, and strong organisational leadership. Building on our understanding of well-being determinants and barriers such as bullying, this section outlines practical, evidence-based solutions that nurses, and nurse leaders can implement to foster healthier, safer, and more supportive work environments. These approaches align closely with the learning outcomes, enabling

you to recognise key features of a healthy workplace, identify obstacles, adopt targeted organisational and personal approaches, and reflect on how to apply these principles in your own practice.

Supporting new nurses

Transitioning into nursing practice is a vulnerable period that can affect individual confidence, competence, and retention. Practical strategies include:

- Structured preceptorship programmes are proven effective in supporting this phase - strong support from colleagues and managers enhances their success (Wardrop et al., 2019).
- Sharing resources, such as the Royal College of Nursing's self-care guides, which provide tools for nurses at every career stage (RCN 2024b)
- Training preceptors in teaching, communication, and emotional support to enhance mentorship quality and reduce stress.
- Fostering teamwork and open communication to help new nurses feel welcomed and valued (see Aldosari et al. 2021).

Evidence shows that setting clear boundaries, joining peer support groups, and engaging in restorative activities, such as physical exercise, creative hobbies, or spending quality time with loved ones or pets, can significantly reduce stress and build resilience in nurses (Cleary et al., 2020; Jarden & Roache, 2023). Introducing these practical self-care tools early in a nurse's career can boost confidence, improve retention, and promote overall morale.

Now do Time Out three.

TIME OUT 3
Select one or more of the following: 1. List three steps you can take in your first month as a newly qualified nurse to help you feel supported and cope with stress (e.g., joining a support group, developing peer relationships, setting boundaries). 2. List three ways you can support a new colleague to foster positive workplace relationships.

3. Reflect on personal activities or therapies you use to manage stress and workplace challenges (e.g., exercising, socialising, spending time with pets or family).

Addressing workplace culture and bullying

A positive workplace culture underpins nurse well-being, yet negative behaviours like bullying remain prevalent and harmful. For example, when senior staff rely on harsh criticism or excessive demands to improve performance, they risk damaging nurses' confidence and causing emotional exhaustion (Hartin et al., 2020; See et al., 2023). To counteract this, organisations can implement key strategies aligned with the NHS Long Term Workforce Plan (2023):

- Introduce and regularly review zero-tolerance policies for bullying and harassment across all levels of the organisation, making it clear that such behaviours are unacceptable (NHS England 2023b).
- Create, confidential reporting pathways, such as confidential 'Speak Up' policies. This allows them to voice concerns safely, without fear of reprisal.

TIME OUT 4
Think about your experience. Write down a time when aspects of workplace culture may have challenged your well-being. Focus on specific social, environmental, or personal factors. What actions did you take to manage or overcome these challenges?

Leadership development

Research consistently shows that effective teamwork, open communication, and supportive leadership are strongly associated with improved nurse well-being, lower levels of burnout, and better patient outcomes (Browne and Tie, 2024; Holtan et al., 2024; Fernández et al., 2024). Leadership behaviours shape workplace culture, influence how staff communicate and collaborate, and ultimately affect morale and staff retention.

One factor that sets high-performing teams apart is the presence of emotionally intelligent leaders, those who model respect, empathy, and accountability. For

example, compassionate leadership frameworks, now embedded in NHS values, emphasising ‘attending, understanding, empathising, and helping’ to promote inclusive dialogue, support staff under pressure, and recognise staff contributions (King’s Fund, 2022). These approaches help build psychological safety, allowing team members to speak up without fear.

Recommended strategies include:

- Providing ongoing leadership training focused on communication, emotional intelligence, and managing team dynamics.
- Encouraging leaders and senior staff to model respect, actively listen, and recognise team members’ contributions to build trust and morale.
- Setting clear expectations that foster accountability and provide constructive feedback.

These organisational strategies are complemented by recognising that leadership is not confined to formal management roles; nurses at all levels can demonstrate leadership through role modelling, speaking up, and creating inclusive team practices. Encouraging emerging nurse leaders to reflect on their style and seek feedback also promotes growth and safer, more cohesive care environments.

Nurses at every career stage can strengthen their leadership skills through targeted development programmes. For example, the Royal College of Nursing’s Developing Leadership Programme (2025b) helps nurses become effective role models and resilient change agents. Early-career nurses may benefit from programmes like the Florence Nightingale Foundation (2025), which combines training, mentorship, and networking to cultivate leadership confidence. Additionally, advanced degrees and tailored programmes support ongoing growth for aspiring and current nurse leaders. Engaging with such opportunities equips nurses to foster inclusive, supportive workplaces and navigate challenges more effectively.

Now to Time Out five.

TIME OUT 5

If you have a problem at work – a good place to start is with some simple steps.

Take a look at the Royal College of Nursing's (2024c) 'problems at work checklist'. This provides some useful tips for resolving common workplace problems.

You can access this here: https://www.rcn.org.uk/Get-Help/RCN-advice/problems-at-work

Conclusion

Nurse well-being is shaped by a multifaceted interplay of individual, organisational, and cultural factors. Persistent workplace challenges, such as excessive workloads, pervasive bullying, and inadequate support, pose significant threats to nurses' physical and mental health, job satisfaction, and retention. Without systemic interventions, these barriers continue to undermine both individual well-being and team dynamics.

Fostering healthy work environments includes prioritising several interconnected factors, such as equitable staffing, fair policies, and a culture of respect and accountability. Addressing bullying and incivility requires organisational transparency and enforcement of behavioural standards alongside embedded support mechanisms, including Freedom to Speak Up Guardians and Employee Assistance Programmes. Reflective practices and peer support further enhances personal and professional growth which can contribute to healthier workplace relationships.

Reflective tools, such as the 'Time Out' exercises included in this article, offer practical means for evaluation on how nurses can positively influence their work environments. However, ongoing, systematic evaluation of workplace culture will enable healthcare organisations to identify emerging challenges and implement timely, informed interventions to support nurse well-being. Sustained investment in leadership development and research is essential to respond effectively to evolving challenges and to promote nurse well-being in the future.

References

Aldosari N, Pryjmachuk S, & Cooke H (2021) Newly qualified nurses' transition from learning to doing: A scoping review. International Journal of Nursing Studies, *113*, 103792. https://doi.org/10.1016/j.ijnurstu.2020.103792

Almeida D, Figueiredo AR, Lucas P (2024) Nurses' Well-Being at Work in a Hospital Setting: A Scoping Review. Healthcare (Basel), 12(2):173. doi: 10.3390/healthcare12020173.

Anderson, N., Pio, F., Jones, P., Selak, V., Tan, E., Beck, S., Hamilton, S., Rogan, A., Yates, K., Sagarin, M., McLeay, A., MacLean, A., Fayerberg, E., Hayward, L., Chiang, A., Cadzow, A., Cadzow, N., Moran, S., & Nicholls, M. (2021). Facilitators, barriers and opportunities in workplace wellbeing: A national survey of emergency department staff. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2021.101046

Anderson H, Scantlebury A, Galdas P, Adamson J (2024) The well-being of nurses working in general practice during the COVID-19 pandemic: A qualitative study (The GenCo Study). Journal of Advanced Nursing;80(4):1574-1591. doi: 10.1111/jan.15919.

Baye Y, Demeke T, Birhan N, Semahegn A, & Birhanu S (2020) Nurses' work-related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia: A cross-sectional study. *PLoS ONE*, *15*(8), e0236782. https://doi.org/10.1371/journal.pone.0236782

Berthelsen C, Hølge-Hazelton B (2021) The Importance of Context and Organization Culture in the Understanding of Nurses' Barriers Against Research Utilization: A Systematic Review. Worldviews Evid Based Nurs. 2021 Apr;18(2):111-117. doi: 10.1111/wvn.12488. Epub.13. PMID: 33713544.

Blasco-Belled A, Tejada-Gallardo C, Fatsini-Prats M, Alsinet C (2024) Mental health among the general population and healthcare workers during the COVID-19 pandemic: A meta-analysis of well-being and psychological distress prevalence. Current Psychology;43(9):8435-46.

Boudreau C, Rhéaume A (2024) Impact of the Work Environment on Nurse Outcomes: A Mediation Analysis. Western Journal of Nursing Research.46(3):210-218. doi:10.1177/01939459241230369

Braithwaite, J., Herkes, J., Ludlow, K., Testa, L., & Lamprell, G. (2017). Association between organisational and workplace cultures, and patient outcomes: systematic review. *BMJ open*, *7*(11), e017708.

Browne C, Tie YC (2024) Promoting well-being: A scoping review of strategies implemented during the COVID-19 pandemic to enhance the well-being of the nursing workforce. International journal of nursing studies advances.1;6:100177.

Chong KE, Shorey S (2022) Barriers in adopting health-promoting behaviours among nurses: A qualitative systematic review and meta-synthesis. International Journal of Nursing Practice;28(1):e13030.

Cleary M, Schafer C, McLean L, Visentin DC (2020) Mental health and well-being in the health workplace. Issues in Mental Health Nursing, 1;41(2):172-5.

Couper K, Murrells T, Sanders J, Anderson JE, Blake H, Kelly D, Kent B, Maben J, Rafferty AM, Taylor RM, Harris R. (2022) The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study. International journal of nursing studies.1;127:104155.

Edmondson A (1999) Psychological safety and learning behavior in work teams. Administrative science quarterly, *44*(2), 350-383.

Edmonson C, & Zelonka C (2019) Our Own Worst Enemies: The Nurse Bullying Epidemic. *Nursing Administration Quarterly*, *43*(3), 274. https://doi.org/10.1097/NAQ.0000000000000353

Fernández Castillo, G., Khalid, M., & Salas, E. (2024). Beyond communication: An update on transforming healthcare teams. *Frontiers in Medicine*, *11*, 1282173. https://doi.org/10.3389/fmed.2024.1282173

Fitzpatrick B, Bloore K, Blake N. (2019) Joy in work and reducing nurse burnout: From triple aim to quadruple aim. AACN advanced critical care. 15;30(2):185-8.

Florence Nightingale Foundation (2025) Leadership Programmes for Nurses and Midwives. https://florence-nightingale-foundation.org.uk/leadership-programmes/

Gupta R, Stiehl E, Wator C, Pratap PL, Sherman BW. (2025) Workplace Culture of Health and Equitable Workforce Well-Being: A Scoping Literature Review. American Journal of Health Promotion.20:08901171251326316.

Hassmiller SB, Wakefield MK. The future of nursing 2020–2030: Charting a path to achieve health equity. Nursing Outlook. 2022 Nov 1;70(6):S1-9. https://www.ncbi.nlm.nih.gov/books/NBK573902/

Holtan KH, Halvari AEM, Olafsen AH, Øvergård KI, & Halvari H (2024) The role of leadership in nurses' wellbeing and performance: A cross-sectional survey using a dual motivational pathway model. Journal of Advanced Nursing, *80*(8), 3211-3225.

Holden J (2024) The King's Fund: 10 early actions the government can take to improve NHS working conditions.https://www.kingsfund.org.uk/insight-and-analysis/briefings/10-actions--improve-nhs-working-conditions#:~:text=Money%20is%20not%20the%20only,be%20made%20full%20use%20of.

Hussein AH, Abou Hashish EA, Younes BM. (2024) The Relationship Between Nurses' Psychological Well-Being and Their Work Productivity Loss: A Descriptive Correlational Study. SAGE Open Nursing,10:23779608241285400.

Jarden A, & Roache A. (2023). What Is Wellbeing? International Journal of Environmental Research and Public Health, 20(6), 5006. https://doi.org/10.3390/ijerph20065006

Jin F, Ni S, Wang L (2025) Occupational stress, coping strategies, and mental health among clinical nurses in hospitals: a mediation analysis. Frontiers in Public Health. 2;13:1537120.

Jones A, Blake J, Adams M, Kelly D, Mannion R, & Maben J (2021) Interventions promoting employee "speaking-up" within healthcare workplaces: a systematic narrative review of the international literature. Health Policy, *125*(3), 375-384.

Goh HS, Hosier S, Zhang H (2022) Prevalence, antecedents, and consequences of workplace bullying among nurses - a summary of reviews. International journal of environmental research and public health. 6;19(14):8256

Grailey KE, Murray E, Reader T, & Brett SJ (2021) The presence and potential impact of psychological safety in the healthcare setting: an evidence synthesis. BMC health services research, 21(1), 1-15.

Gillespie GL, Tamsukhin SM, Galloway E, Garde D, & Grubb PL (2024) Don't be nasty: A phenomenological study of newly licensed nurses and workplace bullying. Teaching and Learning in Nursing, *19*(2), 164-169. https://doi.org/10.1016/j.teln.2024.02.020

Hartin P, Birks M, & Lindsay D (2020) Bullying in nursing: How has it changed over 4 decades?. Journal of Nursing Management, *28*(7), 1619-1626.

Jackson D, Usher K, & Cleary M (2024) Workplace incivility: Insidious, pervasive and harmful. International Journal of Mental Health Nursing, *33*(3).

King's Fund (2022) What is compassionate leadership? https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-compassionate-leadership

Kirk K (2024) Time for a rebalance: psychological and emotional well-being in the healthcare workforce as the foundation for patient safety. BMJ Quality & Safety, *33*(8), 483-486.

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: a systematic review and meta-analysis. *JAMA Network Open*, *7*(11), e2443059-e2443059.

NHS England (2023) *Looking after your team's health and wellbeing guide.* https://www.england.nhs.uk/publication/looking-after-your-teams-health-and-wellbeing-guide/#heading-1

NHS England (2023a) NHS Long Term Workforce Plan https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/

NHS England (2023b) *NHS Violence Prevention and Reduction Standard.* https://www.england.nhs.uk/long-read/violence-prevention-and-reduction-standard/

NHS Leadership Academy (2021) The NHS Leadership Way: Our leadership philosophy and approach for all leaders in health and care. NHS Leadership Academy, London.https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/

Patrician PA, Bakerjian D, Billings R, Chenot T, Hooper V, Johnson CS, & Sables-Baus S (2022) Nurse well-being: A concept analysis. Nursing Outlook, *70*(4), 639-650.

Paustian-Underdahl S, Li Y, Whyte IV J, De La Haye DC. (2025) The effects of bullying on nurses' turnover intentions, patient care, and somatic health complaints: Examining the importance of staffing adequacy and stress mindsets. Nursing Outlook. 1;73(3):102398.

Pavithra, A., Mannion, R., Sunderland, N., & Westbrook, J. (2022). Speaking up as an extension of socio-cultural dynamics in hospital settings: a study of staff experiences of speaking up across seven hospitals. *Journal of Health Organization and Management*, *36*(9), 245-271. DOI 10.1108/JHOM-04-2022-0129

Royal College of Nursing (2025a) Bullying and Harassment. https://www.rcn.org.uk/Get-Help/RCN-advice/bullying-and-harassment

Royal College of Nursing (2025b) Developing Leadership Programme https://www.rcn.org.uk/Professional-Development/Educational-programmes-and-services/Supporting-you-to-lead/Developing-Leadership-Programme

Royal College of Nursing (RCN 2024a) NHS sickness data shows average nurse took entire week off sick last year due to stress-related illness. https://www.rcn.org.uk/news-and-events/Press-Releases/nhs-sickness-data-shows-average-nurse-took-entire-week-off-sick-last-year-stress-apr24

Royal College of Nursing (RCN 2024b) Wellbeing, Self Care and Resilience https://www.rcn.org.uk/library/Subject-Guides/wellbeing-self-care-and-resilience

Royal College of Nursing (RCN 2024c) Problems at work checklist: Helpful tips for resolving common workplace problems. https://www.rcn.org.uk/Get-Help/RCN-advice/problems-at-work

Royal College of Nursing (RCN 2022) The nursing workforce: Royal College of Nursing report. https://lordslibrary.parliament.uk/the-nursing-workforce-royal-college-of-nursing-report/

Safeer R, Allen J. (2019) Defining a culture of health in the workplace. Journal of occupational and environmental medicine. 1;61(11):863-7.

Schein, E. H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.

See ECW, Koh SSL, Baladram S, & Shorey S (2023) Role transition of newly graduated nurses from nursing students to registered nurses: a qualitative systematic review. Nurse Education Today, *121*, 105702. https://doi.org/10.1016/j.nedt.2022.105702

Smith S, Johnson G. (2023) A systematic review of the barriers, enablers and strategies to embedding translational research within the public hospital system focusing on nursing and allied health professions. PLoS One.16;18(2):e0281819.

Thapa DR, Subedi M, Ekström-Bergström A, Areskoug Josefsson K, Krettek A (2022) Facilitators for and barriers to nurses' work-related health-a qualitative study. BMC nursing, 5;21(1):218. doi:10.1186/s12912-022-01003-z

Titler MG, Medvec BR, Marriott DJ, Khadr L, Friese CR. (2024) Registered nurses' well-being, Michigan, 2022. American journal of public health;114(S2):180-8.

Tomaszewska K, Kowalczuk K, Majchrowicz B. (2024) Correlations between well-being of nurses and psychosocial working conditions–a descriptive cross-sectional study. Frontiers in public health, 24;(12)1443015.

Triana M, del C, Jayasinghe M, & Pieper JR (2019) Perceived Workplace Gender Discrimination and Employee Consequences: A Meta-Analysis and Complementary Studies Considering Country Context. *Journal of Management*, 45(6), 2419–2447. https://doi.org/10.1177/0149206318818443

Wardrop R, Coyne E, Needham J. (2019) Exploring the expectations of preceptors in graduate nurse transition; a qualitative interpretative study. Nurse Education in Practice. 1;34:97-103.

World Health Organization (2021). 2021- 2025, *Global strategic directions for nursing and midwifery.* https://iris.who.int/bitstream/handle/10665/344562/9789240033863-eng.pdf?sequence=1

Zhang X, Zhang C, Gou J, Lee SY (2024) The influence of psychosocial work environment, personal perceived health and job crafting on nurses' well-being: a

cross-sectional survey study. BMC Nurs. 3;23(1):373. doi: 10.1186/s12912-024-02041-5.