

Hospital staff experiences of working with and parenting young people

Findings from an employee survey and psychologically-informed workshops



About this report

This report describes findings and recommendations from an employee survey into job-related well-being and the Sandwell and West Birmingham Hospitals Trust Parenting Young People (PYP™) programme workshops designed to support employees with parenting responsibilities or who work with young adults.

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Acronyms used in this report

Parenting Young People (PYP™) programme
Sandwell and West Birmingham Hospitals Trust (SWBH)



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Executive summary

As part of their well-being provision, Sandwell and West Birmingham Hospitals (SWBH) Trust commissioned a project aiming to better support staff who combine work with caring responsibilities for adolescents. Following initial consultation, the project was expanded to include staff who work with young people as a virtue of their role. The project is composed of a literature review¹, staff survey, and implementation and evaluation of psychoeducational workshops.

Absenteeism due to ongoing personal issues and stress for those with parental responsibilities has a direct impact on service quality and staff wellbeing. It may also produce safety issues and poorer service provision due to fatigue or understaffing, and lower morale among staff who have to cover for absent co-workers, all resulting in higher costs for the Trust.

All Trust staff were invited to complete a survey, 179 of which responded, to establish how SWBH staff feel towards their jobs and the impact of interacting with young people at home and/or in the workplace. The survey comprised of validated questionnaires to assess job engagement and satisfaction, burnout, family-work conflict, self-regulation (confidence) in parenting, and use of coping strategies.

Informed by a needs analysis conducted with SWBH and an accompanying literature review examining existing parenting programmes¹, the Trust's Parenting Young People (PYP™) workshops were developed by St Basils and the University of Birmingham. These workshops aimed to support staff in their interactions with young people at work and/or with responsibilities to young people at home.

Quantitative findings from the survey and workshop feedback were designated as those to Improve, Monitor or Sustain, and are supported by qualitative findings.

Main findings:

- Quantitative findings suggest that respondents, on average, did not feel that their home life interferes with their work responsibilities. However, some staff indicated that their work interferes with their ability to parent their children. This finding reinforces the need to support employees who are also parents, strengthening SWBH's existing provision such as childcare vouchers and support as part of a Equality and Diversity agenda.
- Respondents felt they were more likely to use healthy coping strategies compared to unhealthy strategies. However, targeted support might be beneficial for clinical staff who were more likely to report using more unhealthy coping strategies which disengage them from problems.
- Whilst respondents perceived themselves to be competent in carrying out their parental responsibilities and/or working with young people, they had mixed feelings toward how well they were supported by the Trust to do so.

- Feedback from the PYP™ workshops was highly positive, and participants provided a number of recommendations for future provision. This feedback indicates avenues for sustaining a supportive offer in the Trust.

Results from the survey are used to inform recommendations, made in collaboration with SWBH, for how staff can best be supported in their interactions with young people at work, or in their relationships with young people at home. These recommendations include:

- Providing training and support around coping strategies to help staff deal effectively with challenges at home and work
- Providing further training to staff on how to better understand and work with young people
- Research on the phenomenon of unconscious bias, referring to automatic and unintentional stereotypes that can affect behaviour towards others, has demonstrated the presence of implicit negative attitudes towards older workers². Applying this research to the current project, it is possible that unconscious bias also plays a role in how younger employees are perceived, for example, in relation to their work ethic. Training on unconscious bias may therefore be worthy of consideration to improve staff attitudes towards working young people.
- Consider the option and consequences of implementing a Trust-wide policy on using mobile phones at work to reinforce the expectations for appropriate behaviour in the workplace
- Identify what further support that staff with caring/parenting responsibilities would like from the Trust
- Conduct follow-up evaluations of interventions to monitor staff outcomes over time and to determine whether recurring workshops or training, as some participants have suggested in their feedback, would be taken up and have a positive impact.

Section 1: Introduction

Background and rationale

Sandwell and West Birmingham Hospitals (SWBH) Trust are employers of over 7000 staff, many of whom will combine work with caring responsibilities for young people. Absenteeism rates due to ongoing personal issues and stress for those with caring responsibilities may be overlooked in terms of the personal and financial cost. Missing work is costly to the Trust, such as in the case of finding replacement workers and the administration involved. Other indirect effects will also be felt including safety issues and poorer service due to fatigue/understaffing, reduced productivity, and lower morale among staff who must cover for absent co-workers.

Whereas programmes are available for parents of young children, fewer are available for parents of adolescents. Moreover, existing parenting programmes often use a didactic “teach and tell” style involving an “expert” in parenting advising parents how to “fix” their problems. Such approaches are likely to make parents feel disempowered and to focus on what is wrong in their families³.

As part of this project, we conducted a literature review on programmes for parents of adolescents⁴ and found:

- Parents who are experiencing challenging relationships with their young person report significant reductions in their personal well-being⁴.
- For working parents, this stress at home is often carried on into the workplace, often culminating in a workplace well-being and mental health issue⁵.
- Parenting responsibilities and managing challenging behaviour is one of the leading causes of workplace absenteeism⁶.
- However, there is a lack of workplace interventions aimed at supporting employees in managing their combined workplace and parenting responsibilities⁷.
- Support is needed to help parents and young people navigate this emotionally charged period of life and ensure that the difficulties don't spiral out of control. Reaching out to parents may help to protect against stress, conflict, isolation, and mental health problems, as well as to avoid the financial implications resulting from a loss of work time and productivity.

The work also links to a wider societal priority to reduce youth homelessness, as family breakdown is one of the major reasons a young person can become homeless. St Basils, the housing service with whom this project has been partnered with, acknowledge their increasing awareness of ‘wits end’ parenting, where parents feel they are unable to continue living with their young person, and the relative lack of programmes for parents of adolescent children.

Consequently, St Basils developed their own parenting programme, Parenting Young People (PYP™), to address the limitations of existing programmes⁸. To that end, PYP™ was designed to be non-judgemental and build upon St Basils’ Psychologically Informed Environment (PIE) approach for staff which postulates that fostering positive relationships between people is crucial for behaviour change⁹.

The PIE approach is informed by relevant psychological theories. For example, The PYP™ programme applies the concept of the Good Enough Parent, originated by the psychologist D. W. Winnicott¹⁰, which highlights the dangers of perfectionism in parenting: an unattainable standard by which parents should not be judged. Instead, parents should be encouraged to be “good enough” which, whilst recognising the importance of parenting skills and consistency, acknowledges that at times, parents will get things wrong. Reflecting on these instances is key to resolving difficulties and was therefore incorporated into the PYP™ workshops.

These insights are reinforced by another foundational model for the PYP programme, Cognitive Analytical Therapy (CAT)¹¹. CAT also outlines the harms of striving to be a perfect parent, including developing a perception of oneself as failing and/or leading the child to develop unrealistic expectations of others. CAT also informed the non-didactic approach in running the workshops, which is also reflected in parents being encouraged to move towards a position of engaging with their teenage child in an active and collaborative relationship, where both take responsibility for finding solutions.

Another influence was St Basils’ My Strengths Training for Life (MST4Life™) programme which young people themselves take part in. MST4Life™ is founded on positive sports psychology, and in focusing on the strengths and resources of parents, adolescents and families, workshops are distinctively different from deficits-based approaches. Whilst not disregarding the difficulties that have brought parents to the workshop, this strengths-based approach de-stigmatises parenting difficulties and a psychological approach towards them. It helps parents to develop their own solutions, particularly those who are feeling overwhelmed and powerless.

In summary, the PYP™ workshops are based on a PIE approach which utilises several psychological theories to inform delivery and workshop content. Further details about SWBH’s own PYP programme are provided in a later section, including how the programme was adapted for this context.

Report aims

The three main aims of the report are to:

1. Describe findings from an employee survey into job-related well-being
2. Describe findings from implementation of the Trust’s Parenting Young People (PYP™) programme workshops designed to support employees with parenting responsibilities or who work with young adults
3. Provide recommendations based on the analysis of the survey and workshop evaluation findings

Staff Survey

The survey was designed to utilise validated questionnaires to assess different areas of wellbeing and perceptions of competence in working and/or parenting young people. Scores from these questionnaires can be compared to studies in the published literature and indicated as areas for the Trust to sustain, monitor, or improve. Its aim was to address the following questions:

1. What is the extent of employee job satisfaction and engagement versus burnout?
2. How able do employees feel about dealing with their work with young people?
3. How do employees with children feel about their responsibilities as parents?
4. To what extent do employees feel supported by the Trust in their work with young people and parenting responsibilities?
5. What recommendations can be made to the Trust about how to improve workplace wellbeing, the ability of staff to fulfil parenting responsibilities and work effectively with young adults, and provision of support to help them do so?

Workshop

The workshops were designed to provide support for those staff working with young people as a virtue of their current role within the SWBH Trust and/or have parenting responsibilities at home. With regards to the workshops, this report aims to:

1. Describe workshop content and delivery
2. Provide a summary of the quantitative and qualitative feedback provided by attendees
3. Provide recommendations based on this feedback to help sustain a relevant wellbeing offer in the Trust

Section 2: Staff survey

Methods

Sample

All hospital staff, regardless of their role or degree of interaction with young people, were invited to participate in the survey. Participating staff provided basic information about themselves, including their age, gender, ethnicity, area of work, length of time working at the Trust, and days absent from work in the last 12 months, including due to parenting/carer responsibilities.

A total of 179 staff completed the workplace survey. 84% of the sample were female (Figure 1) and just over half of staff (51%) were in clinical roles (Figure 2). Respondents also indicated how long they had worked at the Trust, with the majority (79%) working there for 3 or more years (Figure 3).

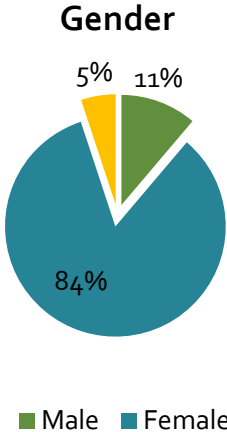


Figure 1. Gender of respondents

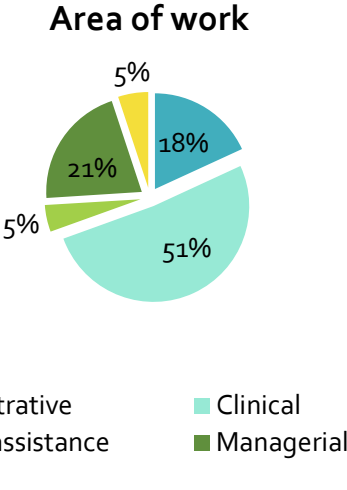


Figure 2. Area of work

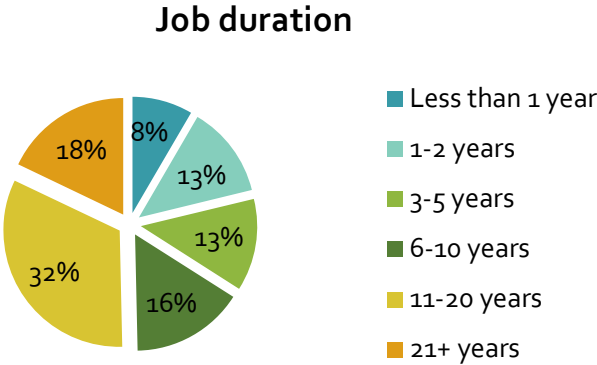


Figure 3. Job duration

Measures

Questionnaires: As part of the survey, which was offered in electronic and paper form, respondents completed validated questionnaires to measure staff job engagement and satisfaction, burnout symptoms, satisfaction with work-life balance, and coping strategies (see Table 1 for a summary).

Staff who indicated they work with young people and/or are parents of young people were also asked to complete questionnaires on self-regulation; that is, how well they think they are able to independently problem solve, self-direct and adapt to challenges related to parenting and/or work with young people. More information about the questionnaires and what they measure can be found alongside results from the survey reported in the next section, and we provide comparison data from published studies where available.

Table 1. Summary of questionnaires contained within the staff survey

Questionnaire	Number of items	Rating scale	Author
Job Engagement (Vigour subscale)	6-items	1 (Never) to 7 (Every day)	Schaufeli, Bakker, Salanova, 2006 ¹²
Maslach Burnout Inventory	14-items	1 (Never) to 7 (Every day)	Maslach & Jackson, 1981 ¹³
Job Diagnostic Survey (General Job Satisfaction Scale)	5-items	1 (Strongly disagree) to 5 (Strongly agree)	Hackman & Oldham, 1975 ¹⁴
Family-to-Work Conflict	5-items	1 (Strongly disagree) to 5 (Strongly agree)	Netemeyer et al. 1996 ¹⁵
The Parenting Self-Regulation Scale	16-items	1 (Strongly disagree) to 5 (Strongly agree)	Hamilton et al., 2015 ¹⁶
The Parenting Self-Regulation Scale (adapted to working with young people)	16-items	1 (Strongly disagree) to 5 (Strongly agree)	Hamilton et al., 2015
Coping Strategies Inventory (short form)	16-items	1 (Very unlikely) to 5 (Very likely)	Addison et al., 2007 ¹⁷

Open-ended questions: Four open-ended questions accompanied the survey to allow respondents to give more information about:

- Challenges they face as a parent/carer, or work with young people as part of their job
- What suggestions they had for the Trust to support their ability to manage their role as a parent/carer or work with young people.

Interpretation of data

The results of the survey are presented in tables as average scores across all respondents, as well as being broken down by staff role. To aid interpretation, scores are colour coded to indicate a recommendation for the Trust to:

- **Sustain:** A good score and an area to celebrate,
- **Monitor:** A moderate score and an area for potential improvement, or
- **Improve:** A poor score and area to target for needed improvement

Which scores fall into which category of recommendation is determined by the rating scale used in a particular questionnaire (e.g. 1 to 5, or 1 to 7) and whether low or high scores indicate something positive (e.g. job satisfaction) or negative (e.g. burnout). For example, where 1 is "Strongly disagree" and 5 means "Strongly agree" for positively-worded questions, mean scores of 1-2 would be categorised as **Improve**, scores of 3 as **Monitor**, and scores of 4-5 as **Sustain**.

Survey findings

Employee absences

Respondents were asked about their absences from work in general (Figure 4), and as a result of parenting responsibilities (Figure 5), in the last 12 months. When asked about the number of days absent from work due to childcare responsibilities, only 27% of respondents indicated that the question was not applicable to them.

Of the approximate two thirds who provided further information, 74% indicated they had taken no time off in the last month as a result of parenting responsibilities, 14% said they had taken 1-2 days off, and a further 12% indicated they had taken 3 or more days off.

Days absent from work

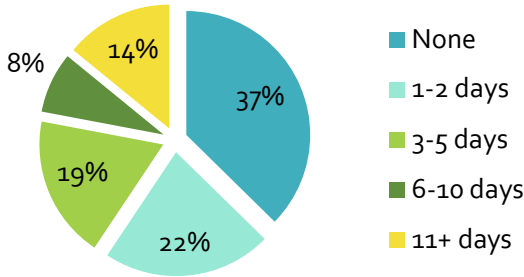


Figure 4. Days absent from work in the last 12 months (not including annual or study leave)

Days absent due to parental responsibilities

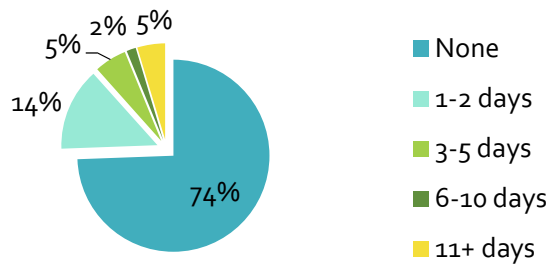


Figure 5: Days absent from work in the last 12 months due to parental responsibilities

Job satisfaction

Staff were asked to complete the General Job Satisfaction Scale from the Job Diagnostic Survey, which consists of five items to measure the overall degree to which an employee is satisfied and happy with their job. Higher scores on this scale reflect a more positive attitude towards the job. For comparison, an average score of 3.32/5 was found in a large survey of 6,930 employees across 876 jobs in 56 organisations¹⁸.

As summarised in Table 2, job satisfaction for SWBH staff was slightly higher than this average.

Table 2. Average job satisfaction scores

Key to interpret findings:	
Sustain	Job satisfaction
Monitor	
Improve	
Overall	3.5
Administrative	3.2
Clinical	3.5
Clinical Assistance	3.7
Managerial	3.4
Other	3.9

Note: Responses were made on a 1 ("Strongly disagree") to 5 ("Strongly agree") rating scale

Job satisfaction has great practical importance for organisations because it is associated with fewer absences, task errors, and turnover¹⁹. Employees with greater job satisfaction also report higher commitment to the organisation, demonstrate better citizenship behaviour at work, as well as better health and well-being.

Job engagement and burnout

Job engagement and burnout of SWBH staff were assessed using dimensions from the Maslach Burnout Inventory and Utrecht Work Engagement Scale.

Engagement is a positive, fulfilling work-related state of mind and indicated by:

- Greater vigour – higher levels of energy and mental resilience whilst working

Burnout is the opposite of engagement, and is defined as a psychological syndrome that is reflected by:

- Greater emotional exhaustion – depletion of emotional resources leading individuals to feel they are no longer able to 'give' at a psychological level
- Greater depersonalisation – negative, cynical attitudes and feelings about one's clients, such as that they are somehow deserving of their troubles

Table 3 shows findings for the vigour subscale of the engagement questionnaire and emotional exhaustion and depersonalisation subscales of the burnout questionnaire.

Table 3. Average burnout and engagement scores

Key to interpret findings:				
	Sustain Monitor Improve	Engagement	Burnout	
		Vigour	Emotional exhaustion	Depersonalisation
Overall		5.3	3.4	2
Administrative		4.7	3.3	1.9
Clinical		5.3	3.5	2.1
Clinical Assistance		5.4	3	1.7
Managerial		5.7	3.3	1.8
Other		5.1	3.3	1.7

Note: Responses were made on a 1 ("Never") to 7 ("Everyday") rating scale

In Table 4, Burnout scores are compared to other studies which include samples of nurses, technicians, teachers, managers and oncological care providers^{20,21}. Engagement (vigour) scores are compared to a sample of surgeons²².

Job engagement (vigour) and emotional exhaustion scores found in the current survey are similar to those in the comparison data, whereas Depersonalisation scores appear to be slightly higher in the comparison data.

Table 4: Comparison burnout scores in the emotional exhaustion and depersonalisation subscales in a range of professions, and the vigour subscale of job engagement in surgeons.

	Engagement	Burnout	
	Vigour	Emotional exhaustion	Depersonalisation
Surgeons	5.1		
Nurses		3.5	2.6
Technicians		3.4	2.6
Teachers		3	2.3
Oncological care		2.6	2
Managerial		Not presented	2.4

Note: One point has been added to mean scores from these studies, which used a 6-point scale, to be able to compare the scores rated on a 7-point scale in the current survey

Burnout is associated with:

- Poorer job performance - including absenteeism, intentions to leave a job, actual turnover, and lower productivity, job satisfaction and commitment to the job or organisation
- Poorer health – including stress-related health problems and substance abuse, and may also precipitate mental ill health²³

On the other hand, job engagement is associated with better job outcomes such as concentration, performance and commitment²⁴.

Family-work conflict (work-life balance)

Family-work conflict is “a form of inter-role conflict in which the general demands of, time devoted to, and strain created by the family interfere with performing work-related responsibilities”²⁵. Higher scores on this questionnaire mean greater perceived conflict, so lower scores are more desirable. A study of 135 individuals found a mean of 2.91 for the family-work conflict scale. Means for the SWBH survey are presented in

Table 5.

Table 5: Family-work conflict scale means

Key to interpret findings:	
Sustain Monitor Improve	Family-work conflict
Overall	2.1
Administrative	2.1
Clinical	2.3
Clinical Assistance	2
Managerial	1.8
Other	2

Note: Responses were made on a 1 ("Strongly disagree") to 5 ("Strongly agree") rating scale

In contrast to these findings, qualitative responses on work-life balance which are discussed in a later section indicate that work-life balance is a heartfelt issue for some staff. This discrepancy may be explained by the difference in the literature between family-work conflict, which was measured in this survey and defined above, and work-family conflict, which is when work-related responsibilities interfere with family-related responsibilities. This distinction is important to keep in mind to understand the apparent discrepancy between quantitative and qualitative results.

Working with young people

Respondents indicated how often they interacted with young people (patients, colleagues, students etc.) in the workplace (Figure 6).

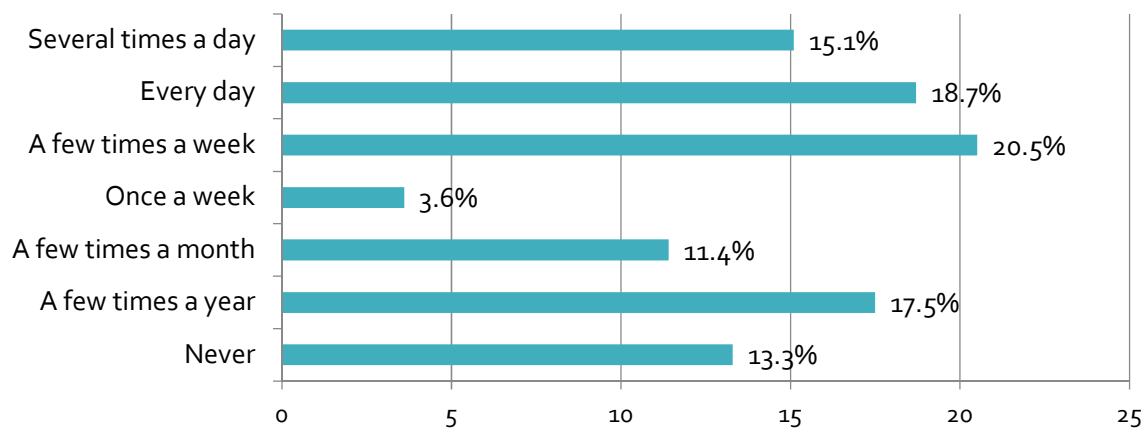


Figure 6. Frequency of interaction that staff indicate they have with young people at work, as patients, colleagues, apprentices, or otherwise

150 staff (86.6%) who indicated that they interacted with young people a few times a year or more were prompted to complete an adapted version of the Parenting Self-Regulation Scale.

In the context of parenting, self-regulation refers to how competent parents feel in their ability to apply skills such as problem-solving, self-direction and adapting goals to a range of parenting challenges¹⁶. Example items from the Parenting Self-Regulation Scale include “I have confidence in myself as a parent” and “How my child turns out is mainly due to luck”. The wording of this scale was adapted for use in this survey to also assess the perceived self-regulation of those working with young people.

Table 6. Self-reported ratings of self-regulation skill when working with young people

Key to interpret findings:	
Sustain	Self-regulation in working with young people
Monitor	
Improve	
Overall	3.7
Administrative	3.8
Clinical	3.6
Clinical Assistance	3.7
Managerial	3.7
Other	3.7

Note: Responses were made on a 1 (“Strongly disagree”) to 5 (“Strongly agree”) rating scale

A mean of 3.1, using the same 1-5 scale, was found for respondents answering the statement “I feel supported by the Trust in managing the aspects of my job role that require me to work with young people”. This score falls into the **Monitor** category.

Staff were prompted to elaborate on their responses through the questions below, the first of which may be of help in explaining why staff scored this way. The themes of their answers, alongside direct quotes, are numbered and explored below.

What suggestions, if any, would you have for the Trust to support your ability to work with young people aged 10 to 24 years as part of your job?

- 1. Provide training courses for youth and/or staff in the following areas:**
 - Teenage pregnancy/sexual health
 - Mental health
 - Full induction (i.e. outlining all responsibilities) for young people starting their jobs
 - Technology
 - Keeping up to date with young person terminology/culture
 - Counselling skills
 - Coping with anxiety
 - Group sessions for those on apprenticeships to share experiences
- 2. Implement a policy on using mobile phones at work:** Young peoples' use of mobile phones at work was an area that the respondents felt was affecting their ability to work productively with young people. A workplace policy around the use of mobile phones is something that respondents believe would provide a shared understanding amongst the workplace, and thus, assist in an increased level of productivity.
- 3. Increase staffing and resources:** Respondents felt that an increase in staff through the recruitment of experienced residential care workers, young staff members (to relate to young people) and aids to workers was a necessary step in improving level of work with young people.

What challenges, if any, do you typically face when required to work with young people (aged 10 to 24) as part of your job?

- 1. Poor levels of motivation, engagement and maturation levels:** Respondents felt that young people could exhibit lower levels of motivation, work ethic and maturity levels than older workers. As a result, respondents felt that in certain situations, they were spending their time assisting the young people, and thus being less productive in their assigned duties.

"some young people don't have the work ethic that more mature colleagues have and are not as committed to the job, which can result in them not pulling their weight"

- 2. Misunderstanding due to generational differences:** Specifically, respondents felt that they did not understand a lot of the young peoples' terminology, and that they could not keep up with the young peoples' use of technology.

'their technology skills and understanding is far greater than mine and sometimes I am lost with what they are doing.'

3. **Health or personal issues that may affect their working ability (i.e. mental health, sexual health):** One participant referenced common problems working with young people which are:

"usually personal issues that are not work-related whereby the young person does not necessarily have the skills to deal with a personal issue whilst undertaking a job"

Parenting children and young people

Respondents indicated whether they had any parenting or childcare responsibilities outside of work and, if so, how old these children were (respondents could tick multiple boxes). 86 survey respondents (48%) reported having parental responsibility for adolescents and young people aged 10-19 and/or 20-24 years (Table 7).

Table 7: Survey respondents with parental responsibility over children and young adults by age group

Parental/carer responsibility age group	Number of respondents
None	58 (32%)
0-9	48 (27%)
10-19	57 (32%)
20-24	29 (16%)
25+	19 (11%)
Total	179 (100%)

A total of 112 respondents completed the ordinary version of the Parenting Self-Regulation Scale. Responses to this questionnaire include parents of children and young people of any age.

Table 8: Self-reported ratings of self-regulation skill when parenting

Key to interpret findings:	
Sustain	Self-regulation in parenting
Monitor	
Improve	
Overall	4
Administrative	3.9
Clinical	4
Clinical Assistance	4.4
Managerial	3.9
Other	3.9

Note: Responses were made on a 1 ("Strongly disagree") to 5 ("Strongly agree") rating scale

A mean of 2.8, using the same 1-5 scale, was found for respondents who answered the statement "I feel supported by the Trust in managing my parenting/caring responsibilities". This score falls into the category of **Improve**. As described in the second part of this report, implementation of the SWBHT PYP™ programme is already one way to improve this issue.

Respondents were asked the bolded questions below, and the themes of their answers, alongside direct quotes are numbered and elaborated on below.

What challenges, if any, do you typically face as a parent/carer?

1. Work-life balance: Respondents elaborated on the challenge of balancing their work commitments with their role as parents. As mentioned in the earlier quantitative section on family-work conflict, these qualitative responses refer more to the demands of work impacting their home life rather than the other way around. Specifically, parents felt that:

- They were forced to miss important events in their children's lives (i.e. school plays, extra-curricular activities) due to work commitments
- They had difficult time getting carer's leave time when children were sick, as well as during school holidays
- They had depleted energy for childcare responsibilities as a result of their work commitments. Nevertheless, we know from the quantitative data that parents and non-parents did not differ in terms of burnout scores

These themes are illustrated further through some of the respondents' quotations:

"Not being there for my children due to work commitments. Guilt surrounding missing children's activities due to work."

"My child feels that work puts a lot of demands on my time due to the hours I work."

"Drained after work so lack energy to help with homework as effectively as I'd like. Same with extra-curricular activities, dinner, making packed lunch etc."

2. Caring for young people with disability or other health issues: Respondents expanded upon the challenges they face taking care of children who have disabilities or experience other health issues. The nature of such issues requires additional care, as well as potential extended hospital visits, which can lead to difficulty in balancing work commitments.

This is illustrated by one respondents' experience of caring for their child through health issues:

"My daughter has a long term health condition... This has been difficult to manage alongside holding down a full time job.... We have grown together at

learning how to deal with her health. However, the worry is always there...The stress has been immense."

What suggestions, if any, would you have for the Trust to support your ability to manage your role as a parent/carer?

1. **Increased flexibility in carer's leave:** Survey respondents felt that increased flexibility in making leave arrangements was needed for when children were sick, or other unexpected parental responsibilities arose.
2. **Increased flexibility in working hours:** Staff suggested ways to increase flexibility by being given options to work from home, having an easier process to switch shifts and being able to take time off during school holidays to spend time with children. Respondents shared their opinions regarding these areas by stating:

"I would like to see an option to have more carer leave days. Options to... work from home where I could catch up at home. Increase availability to counselling to support emotional strain."

"More flexibility and support around leave for parents that have to deal with issues even when their children are older as quite often the issues are then bigger and more serious."

Coping with challenges at home and the workplace

The Coping Strategies Inventory, which was included as part of the survey, categorises coping efforts according to whether a person engages or disengages with a stressor. These two strategies have different long-term consequences²⁵:

- **Engagement strategies** involve confronting the stressor, and are associated with long-term resilience
- **Disengagement strategies** involve avoiding the stressor and are associated with long-term problems such as depression

The second dimension relates to whether the coping is emotion- or problem-focused which can include both engagement and disengagement strategies.

- **Problem-focused** strategies involve managing the stress-producing situation, such as making a plan of action and following it, asking for advice, or waiting for the problem to take care of itself.
- **Emotion-focused** strategies involve regulating one's own emotional responses, such as letting out feelings to reduce stress, looking for the positives, or criticising oneself.

In Table 9, results are presented separately for Engagement and Disengagement strategies, alongside problem-focused and emotion-focused subscales. Items were scored on a 1 ("Very unlikely") to 5 ("Very likely") scale. For comparison purposes mean scores for coping strategies use in a sample of 359 male and 520 female US university students²⁶. Higher scores for the

engagement strategies indicate healthier coping strategies, whereas higher scores for the disengagement strategies indicate more unhealthy coping strategies.

Table 9. Means for likelihood of using different coping strategies across occupational area. Comparison means are provided for males and females for subscales of the coping strategy questionnaire in a sample of US college students.

Key to interpret findings:	Coping strategy type			
	Problem-focused engagement	Emotion-focused engagement	Problem-focused disengagement	Emotion-focused disengagement
Overall	3.9	3.5	2	2.9
Comparison (male/female)	3 / 3.1	2.5 / 3	2.6 / 2.7	2.5 / 2.3
Administrative	3.9	3.4	2	2.7
Clinical	3.8	3.6	2	3
Clinical Assistance	3.9	3.3	1.9	3
Managerial	3.9	3.5	1.9	2.8
Other	3.8	3.4	1.8	2.7

Note: Responses were made on a 1 (“Very unlikely”) to 5 (“Very likely”) rating scale

Compared to the example comparison scores, SWBH staff seem to fare well in terms of being more likely to use healthy (engagement) strategies and less likely to use unhealthy (disengagement) strategies.

Engagement strategies: Scores for use of both problem-focused and emotion-focused engagement strategies were categorised as areas to **Monitor**. These were borderline scores for problem-focused strategies (i.e. staff are more likely to use healthy problem-focused coping strategies) compared to emotion-focused strategies (i.e. staff are relatively less likely to use healthy emotion-focused coping).

Disengagement strategies: Scores for problem-focused and emotion-focused disengagement strategies, which are typically less healthy in the long-term, were mostly areas to **Sustain** as these strategies were used less by staff. However, these were borderline scores for emotion-focused disengagement strategies, particularly the scores for staff in clinical roles which indicate a need to **Monitor**.

Summary

The following points summaries the main areas of strengths and areas for suggested monitoring and improvement:

- Job satisfaction is an area to **Monitor**.
- Job engagement and burnout scores indicated that these were areas to **Sustain**.
- Family-work conflict, defined as home life interfering with work life, was an area to **Sustain**. However, this is distinguished from work-family conflict, defined as work life interfering with home life, which, whilst not measured in the survey, should be taken into consideration. For example, work-family conflict was an area of concern in the qualitative responses including comments on lack of flexibility in working hours and lack of energy to fully engage in home-life after stressful days at work.
- The ability of staff to respond to challenges when working with young people is an area to **Monitor**. The perceived level of support received by the Trust in managing these challenges is also an area to **Monitor**. Areas of improvement were identified through the qualitative responses, such as through gaining a better understanding of young people and their skills. Findings also highlight where intergenerational working could benefit both younger and more experienced employees. For example, the technological literacy of young people commented on by respondents could complement and help develop the skills of less technology-confident employees. Promoting this perspective could help develop a working culture of recognising each other's strengths rather than viewing young people as the only group that needs help to do their job well.
- The ability of staff to respond to challenges when parenting young people is an area to **Sustain**, although there are some groups of staff for whom this is an area to **Monitor**. This greater confidence compared to working with young people may be expected since their parental responsibilities are likely to be greater and felt to be more important than their responsibilities to young people at work. However, the perceived level of support received from the Trust in respondents' ability to fulfil parenting responsibilities is an area to **Improve**. This finding matches the tone of the qualitative responses, which included concerns about their abilities to balance work and parental duties.
- For the most part, survey respondents report they are unlikely to use the disengaging coping strategies that are associated with harmful long-term consequences. Furthermore, they are more likely to use engaging coping strategies, which tend to be effective and supportive of wellbeing over both the long- and short-term. This is therefore an area to **Sustain**. There is nevertheless room for improvement to help staff make better use of healthy coping strategies in responses to challenges at work or at home and monitoring the well-being of clinical staff in particular and is therefore an area to **Monitor**.

Findings from the survey therefore convey the sentiment that staff had mixed feelings towards whether they felt supported by the Trust in their parenting of and/or work with young people, which indicates a desire for increased provision of support.

Respondents called for more staff and resources suggesting that they would benefit from additional support, some of which related more to systemic issues (such as working hours and stressful jobs) and others which pertained to lack of understanding of young people which could

be addressed through training. SWBH responded to this latter need by hosting PYP™ workshops for staff who were parents of and/or who work with young people, and which is the focus of the following section.

Section 3: The Trust's Parenting Young People (PYP™) Workshops

Supporting employees who support or work with young people

Large organisations such as the SWBH Trust will have many staff who have parental responsibilities alongside their work roles. Dealing with 'personal business', including caring for children, is one reason for absenteeism and stress in the workplace, impacting health, wellbeing, productivity and commitment to work²⁷.

Attempting to address this issue, Sandwell and West Birmingham Hospitals Trust have been partners in adapting the original PYP™ programme to a hospital setting and extending it to include working with young people in the workplace. The original Parenting Young People (PYP™) programme was designed by St Basils, equality charity brap and the University of Birmingham and tested and adapted to the needs of Trust staff.

Two phases of workshops were implemented at SWBH hospitals to provide support to employees who work with young people as colleagues or service providers and/or have caring/parenting responsibilities for young people at home.

Workshop description

Workshops were delivered in hospital training rooms with the aid of presentation slides, worksheets, and reflective discussions and lasted approximately two hours. They were co-led by two facilitators who were chartered psychologists, a trainee clinical psychologist, and/or a senior lecturer in psychology.

The workshops were based on four principles³:

1. Relationship building
2. Validation
3. Research informed
4. Evidence-based tools

Workshop delivery consisted of two phases.

- Phase 1: To pilot test and adapt the workshops to a hospital context, three sessions were delivered in September and October 2017 to 23 employees from a range of disciplines and positions. Attendance ranged between 6-9 people.
- Phase 2: To further test the workshops and determine whether staff perceptions of these changes helped, four workshops were delivered in November 2018 and February 2019, with a total of 31 employees attending. Alongside changes to session content based on feedback from Phase 1, the name of the workshops was changed to PIE4Employers™ to appeal not only to staff who have adolescent children but also to staff who work with young adults as clients or colleagues

Methods

Workshop attendees

Table 10 shows the range of relationships that participants in the workshops had with young people, with the most common response being as a parent or carer. Table 10: Attendees' relationships with young people

Table 10: Attendees' relationships with young people

Type of relationship with young person/people	Phase 1	Phase 2	Across All Groups
	Percentage of respondents		
Parent/Carer	59.1%	60%	59.6%
Patients	31.8%	46.7%	40.4%
Colleagues	18.2%	20%	19.2%
Apprenticeships	29.6%	36.7%	33%
Other	Not available	10%	20.8%

Workshop evaluation

Following each workshop, participants completed an evaluation form to feedback on their experience of the content of the workshop and how it was delivered, in the following areas:

- 1. Acceptability:** The reactions of participants to the workshop (e.g., "Did it meet expectations?"; "Did they think the content and delivery was appropriate?").
- 2. Practicality:** Does the workshop suit a range of individuals and can be done with the available resources (e.g., "Is the time and location suitable?").
- 3. Implementation:** The degree to which the workshop was implemented as planned (e.g., "Did participant understand the aims of the workshop?"; "Were they able to follow the content and partake in the activities?").
- 4. Demand:** The views of participants regarding whether there is a demand for a workshop of this nature (e.g., "Would they recommend it to others?"; "Do they intend to use what they learned in the workshop?").

Findings from the workshops

The following tables report the total mean scores participants gave for each survey item in each of these four areas (with standard deviations in brackets). Qualitative responses relating to each of these areas are then summarised.

Acceptability

Participants found the workshops to be enjoyable, engaging and helpful, and were positive towards course materials and facilitators. For example, one participant commented that “the adolescent brain quiz helped challenge my perception of young people”. Scores increased slightly in Phase 2.

	Phase 1	Phase 2	All Groups
I found the workshop materials to be helpful	4.12 (0.72)	4.63 (0.49)	4.52 (0.59)
My expectations for this workshop have been fulfilled	4.13 (0.81)	4.47 (0.68)	4.35 (0.77)
I found the session to be enjoyable and engaging	4.56 (0.51)	4.80 (0.41)	4.69 (0.50)
I found the workshop facilitators to be friendly and knowledgeable	4.75 (0.45)	4.90 (0.31)	4.84 (0.37)

Practicality

Participants indicated they were pleased with the time and location of the workshop.

	Phase 1	Phase 2	All Groups
I was pleased with the time and location of the workshop	4.25 (1.06)	4.27 (0.74)	4.36 (0.80)

Implementation

Participants in both Phases felt confident in parenting or working with young people following the workshops. Participants also responded positively to other aspects of workshop implementation

	Phase 1	Phase 2	All Groups
I feel more confident in parenting and/or working with young people after having attended this workshop	4.06 (0.85)	4.37 (0.49)	4.18 (0.70)
I understood the aims of the workshop	4.31 (0.79)	4.37 (0.67)	4.44 (0.66)
I found it easy to follow the workshop content	4.50 (0.63)	4.63 (0.49)	4.61 (0.52)
It was easy for me to get actively involved in the session by asking questions or contributing to discussions	4.56 (0.63)	4.43 (0.68)	4.54 (0.64)

Demand

We interpreted demand for the Parenting Young People™ workshop based on participants' intention to use what they had learned, their interest in attending more workshops, and willingness to recommend it to others.

Participants in Phase 2 seemed more confident that they would be able to try out what they had learnt compared to those in Phase 1. Several participants commented in their feedback that they would have benefited from a longer session or more frequent workshops. Based on the positive ratings in response to all three of these questions, we conclude that there is a demand for workshops of these nature.

	Phase 1	Phase 2	Across All Groups
I will be able to try out what I learned	3.95 (0.89)	4.60 (0.11)	4.34 (0.80)
I would recommend this workshop to other members of staff	4.33 (0.86)	4.87 (0.06)	4.65 (0.66)
I would recommend this workshop to other members of staff	4.33 (0.86)	4.87 (0.06)	4.65 (0.66)

Qualitative feedback

As part of the post-workshop survey, participants were also asked to provide answers to open-ended questions to gain more detailed feedback. Participants were prompted to comment on what they most liked and disliked about the workshop, what they would change, what they would like covered in future workshops, and suggestions for what to name the workshops. Additionally, participants who took part in the taster workshops were also engaged in a 25-minute focus group discussion. This qualitative feedback is summarised in Table 11.

Table 11: A summary of qualitative workshop feedback from Phase 1 and Phase 2 workshops

	Phase 1	Phase 2
What, if anything, did you like most about this workshop?	<ul style="list-style-type: none"> • Group-work • Good pace • Informal, approachable • Adolescent brain quiz which helped challenged perceptions of young people 	<ul style="list-style-type: none"> • Its interactive nature • Interesting, practical information • Qualified deliverer
What, if anything, did you dislike most about this workshop?	<ul style="list-style-type: none"> • Would have benefitted from a longer session, but have to balance with demands of job 	<ul style="list-style-type: none"> • Length of workshop (i.e. too short; allow for more time for practice/reflection) • Specific piece of emotional content (i.e. Bernardo's advert) • Environment (i.e. cold room)
What, if anything, would you change about this workshop?	<ul style="list-style-type: none"> • More role play • Group workshops to cater for specific concerns (e.g. parenting vs. work-related) • More communication skills work 	<ul style="list-style-type: none"> • Length (make it longer) • Content (making it more specific to certain roles at workplace)
What other topics related to parenting, or working with young people, would you like to be covered in a future workshop?	<ul style="list-style-type: none"> • Impact of culture • Bully and peer pressure in young people • Social media • Additional support – pointers to further training, e-learning, support group 	<ul style="list-style-type: none"> • Working with vulnerable people • Scenarios/role play in smaller groups • Information on working with chronic pain • Working with young people who self-harm

<p>The workshop is currently called 'Parenting Young People (PYP™)'. Do you have any ideas for a more appropriate name?</p>	<ul style="list-style-type: none"> • Understanding and/or engaging our young people • Understanding an adolescent mind • Supporting young people • Young persons in the 21st Century • Adolescent supporting framework (ASF) 	<ul style="list-style-type: none"> • Understanding young people • Understanding and working with young people • Communicating effectively with young people • Employing young people
<p>How could SWBH improve the promotion of this workshop?</p>	<ul style="list-style-type: none"> • Provide a clear outline – what the workshop will include • Encourage managers to release staff • Some favour changing the name of the workshop to appeal not only to parents 	

Summary

Workshops were designed to address the areas in the survey in which there was room for improvement. For example:

- Findings from the survey for use of coping strategies indicated that staff could benefit from utilising more engagement-style strategies which are both more effective and better for wellbeing in the long-term
- When asked in the survey about what challenges they faced when working with young people as colleagues one theme was the lack of perceived maturity. Addressing this difficulty, the PYP™ workshops were designed, amongst other learning, to facilitate understanding of young people’s maturational development and challenge perceptions about their behaviour.

Feedback from the PYP™ workshops was highly positive. The workshops were valued by the staff that attended, and such an offer may be important to maintaining staff wellbeing and engagement and preventing burnout in the medium to longer-term.

There was an improvement in scores from Phase 1 to Phase 2 workshops, indicating that feedback was implemented and had a positive impact. For example, the one **Monitor** score in Phase 1 for being able to use information from the workshop was a **Sustain** score in Phase 2.

Section 4: Discussion

Recommendations

Based on the reported findings, we can make the following recommendations:

- Offer additional training courses for youth and/or staff. Hospital staff suggested a full induction for young people starting their jobs and training for staff more widely on understanding young people better (including youth culture and technology).
- This previous suggestion was met through the SWBH PYP™ programme which received highly positive feedback from participants. As well as appreciating the content of the workshops, such as the adolescent brain quiz, participants also valued their interactive and group nature. Therefore, a specific recommendation for supporting the training needs of Hospital staff would be further implementation of the SWBH PYP™ programme.
- Were an offer similar to PYP™ be sustained, a follow-up evaluation would be recommended to monitor staff outcomes over time and to determine whether recurring workshops or training, as some staff have suggested in their feedback, would be taken up and have a positive impact.
- Identify what further support, in addition to PYP™, that staff with caring/parenting responsibilities would like from the Trust.
- Research on the phenomenon of unconscious bias, referring to automatic and unintentional stereotypes that can affect behaviour towards others, has demonstrated the presence of implicit negative attitudes towards older workers²⁸. It is possible that unconscious bias also plays a role in how younger employees are perceived, for example, in relation to their work ethic. Training on unconscious bias may be an option for consideration.
- Broader suggestions included increasing staffing and resources and implementing a Trust-wide policy on the appropriate use of mobile phones at work.
- Implementing a Psychologically-Informed Environment (PIE) approach targeted towards specific departments or work areas with higher stress levels. This could be implemented in a range of models, ranging from one-off workshops to a full PIE programme.
 - The first component of this provision involves 3 days of PIE Foundation Training, open to all members of staff to help them learn more about PIE, improve understanding of those with complex needs, and learn about psychological tools and skills that can be used to improve interactions and self-care. The second component involves 12 months of monthly reflective practice with a clinical psychologist which helps staff implement and develop their learning. For example, staff can decide to discuss how to use PIE in relation to a challenge present by a specific service user or reflect on a theme that resonates with the group, such as how to use psychological tools to address issues of motivation.

Limitations

The survey sample of 179 staff (approximately 2.56% of the total number of Trust staff) suggests the findings may not be representative of all viewpoints. Reasons why more staff did not complete the survey are not known, but in our experience, typical reasons include people feeling that they do not have enough time to complete it, or perhaps those who completed the survey felt the issues were more important to them.

An observation about the data is that the electronic version of the survey seemed to encourage respondents to write much more detail in response to the open-ended questions compared to those who completed the paper survey.

We are unable to say from the qualitative data ways in which staff felt happy with the current support provided by the Trust. Questions focused on what suggestions respondents had to improve support, but it is also important to recognise that there are likely practices that are already working but outside the scope of this evaluation.

The workshops were unable to directly address what some staff perceived as more systemic issues such as understaffing or lack of flexibility in working hours. Whilst these issues are beyond the scope of this report and the aims of the workshop, the workshops may have nevertheless provided some alleviation and improved coping amongst those staff who attended.

Conclusions

This report aimed to:

1. Describe findings from an employee survey into job-related well-being
2. Describe findings from implementation of the Trust's Parenting Young People (PYP™) programme workshops designed to support employees with parenting responsibilities or who work with young adults
3. Provide recommendations based on the analysis of the survey and workshop evaluation findings

Regarding the first aim, there are both areas of celebration and improvement regarding staff wellbeing in the Trust. There is a need for staff to feel more supported in their work with young people, mainly because of frustrations with the work ethic they are perceived to have which may relate to a real difference, lack of understanding, or even unconscious bias. Some respondents also expressed a need to feel more supported in their ability to fulfil their parenting responsibilities, mainly due to work stress and time commitments encroaching on their home life.

Answering the second aim, the PYP™ workshops were a success based on the engagement and feedback from participants. Whilst the workshops could not address broader issues, they supported staff to engage in healthier coping strategies, provided them with a space to discuss issues in a constructive and psychologically informed manner, and were found to be applicable.

Finally, the third aim has provided recommendations from staff themselves included training and changes to work patterns, whilst unique recommendations from the report include exploring options for sustaining well-being provision such as that provided through the SWBH PYP™

programme which could have positive implications for intergenerational working culture in the long-term.

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