

# Systematic Review of Staff Morale in Inpatient Units in Mental Health Settings

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*Report for the National Co-ordinating Centre for  
NHS Service Delivery and Organisation  
R & D (NCCSDO)*

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## ***Executive Summary***

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### **Objectives**

The aim of this study was to examine the extent, aetiology, and consequences of poor staff morale in inpatient mental health services, and to identify the clinical and cost effectiveness of strategies to improve morale. Seven project objectives were identified.

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### **Methods**

This report involved two interlinked parallel phases as follows:

- the scoping review of the extent, aetiology and implications of low staff morale in health services, scoping out the range and diversity of interventions
- the systematic review of all potential organisational interventions aimed at improving morale.

A brief scoping review of the organisational literature concerning innovative strategies and policy context was also conducted

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### **Results: epidemiology and aetiology**

- Heterogeneity within primary outcome measures, population and measurement instruments prevents an accurate analysis of occupational stress indicators with acute and general inpatient mental health care environments.
- The small amount of data that is available suggests that while levels of burnout may be moderate, job satisfaction may be high.
- Studies included in the review suggested that the main factors likely to precipitate occupational stress in inpatient mental health care settings were related either to organisational issues (such as job characteristics and management) or psychological variables (such as adequate social support).

## Results: interventions

- Educational interventions – such as skills enhancement, mentoring and supervision – delivered in individual and group format may be beneficial. However, much of this research comes from specialist settings that may not be directly relevant to acute adult inpatient settings.
  - Staff being released from work commitments so that they can receive and complete the intervention could be a critical issue.
  - There is too little evidence on psychological and structural interventions to comment on their effectiveness.
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## Practice

- Morale in trusts is generally good. Where morale is poor, a number of common factors have been identified including recruitment levels, leadership qualities, strong working relationships between clinicians and managers and effective communication and information systems.
  - In practice there are currently a number of innovative interventions which have no evidential basis.
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## Recommendations

- New research is required to focus on overcoming the methodological and theoretical shortcomings of previously published work.
- Large-scale, multi-site studies should be conducted to provide a high level of research evidence on the prevalence and aetiological associations of staff morale. Data should be obtained using well-known, validated measures.
- A cohesive programme of intervention research should be commissioned that focuses on acute inpatient settings, uses Level 1 evidence study designs coupled with pragmatic evaluations, and a common battery of measures (for example, Maslach Burnout Inventory (MBI), General Health Questionnaire (GHQ)).

**Disclaimer**

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**Addendum**

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