Key factors that influence Allied Health Professional Therapists to remain working within a Stroke Unit

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Keywords
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Abbreviations
AHP(s) - Allied Health Professional(s)
AHPT(s) - Allied Health Professional Therapist(s)
FTE - Full-Time Equivalent
GDPR - General Data Protection Regulation
HEI(s) - Higher Education Institution(s)
ISDN - Integrated Stroke Delivery Network
NHS - National Health Service
SU(s) - Stroke Unit(s)

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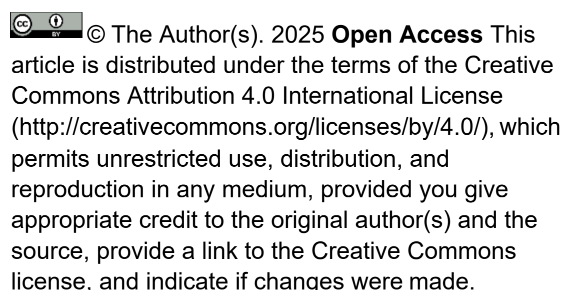
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What this paper adds: This paper provides an up-to-date insight of retention themes for Allied Health Professional Therapists working on a Stroke Unit, which go beyond previous retention studies. It implies retention strategies within the contemporary NHS setting should consider the needs of the whole-person and not solely focus on day-to-day challenges.

Abstract

Background: The National Health Service (NHS) is experiencing significant workforce shortages due to lack of adequate workforce planning. Stroke Units (SUs) needs to retain highly skilled staff to deliver specialised

services. Currently in the Southeast of England, workforce retention issues pose a high operational risk within stroke services.

Method: This case study completed semi-structured interviews of occupational therapists, physiotherapists, and speech and language therapists, termed Allied Health Professional Therapists (AHPTs), with the aim to provide up-to-date insights into key retention factors. Recruitment was via purposive selection and ethical approval was gained from the Research Ethics Advisory Group of University of Kent. Thematic analysis and verification techniques of member checking and inter-rater reliability were completed.

Results: Four key factors arose: 1) multi-faceted development system; 2) driving change; 3) intrinsic value; and 4) extrinsic motivators, overarched by personal evolution. Interconnection of the factors anchored AHPTs within SU retention and each factor's importance were unique to individuals and fluid in nature.

Discussion:
The themes highlighted in the results enabled personal evolution and are thus, key to the retention of AHPTs working in a SU. When operating well, they allow the AHPTs to develop a deep commitment to the SU and NHS Trust and provide a drive to improve and overcome challenges.

Conclusion:
Whilst this study offers insight into the complex topic of retention within a modern SU, caution must be applied if transferring the findings outside of this study's environment.

Introduction: In January 2023, total workforce vacancies in the National Health Service (NHS) across England were 133,446 full-time equivalents (FTE), from a total of 1,239,868 FTE staff for all hospitals and community health services (NHS Digital, 2023a; NHS Digital 2023b). Nationally, staff turnover has high financial costs and without a skilled workforce, there may be reduced quality-of-care (Buchan *et al*., 2019). Determinants of retention within the NHS are wide-ranging and complex (The Health Foundation, 2018). Over the past decade, lack of adequate workforce planning, strategy, and policy have resulted in the NHS experiencing workforce shortages across all occupational groups (Marufu *et al*., 2021).

The third largest occupational group is covered by the term 'Allied Health Professionals' (AHPs) (NHS, 2022a). In January 2023, AHP occupations totalled 82,853 FTE NHS workers, with over 8,000 FTE vacancies (NHS Digital, 2023a; NHS Digital 2023b). The Southeast of England has 18,103 FTE NHS workforce vacancies, with 1,166 FTE vacancies advertised for AHPs in January 2023; the third highest vacancy rate for AHPs in England (NHS Digital, 2023b). These vacancy figures are projected to rise in the coming years (Marufu *et al*., 2021). NHS staff shortages directly impact patient care and staff experience; therefore, high

staff vacancy rates could potentially lead to further retention issues (Buchan *et al*., 2019). Additionally, staff stress, burnout, and intention to leave the NHS have been further impacted by the Covid-19 pandemic (Marufu *et al*., 2021, p.307)

Specialist services such as Stroke Units (SUs) need to retain highly skilled staff to deliver high-quality healthcare, and rehabilitation to minimise disability (Clarke, 2009). A stroke occurs when the blood supply to the brain is diminished and is categorised as a medical emergency (NHS, 2022b). There are approximately 85,000 strokes recorded each year in the UK (SSNAP, 2022). Physiotherapists, occupational therapists and speech and language therapists are integral to SUs (NICE, 2013) and have been collectively termed Allied Health Professional Therapists (AHPTs) for this study. SUs aim to retain highly skilled AHPTs to deliver specialist and vital rehabilitation (Clarke, 2009). However, there is currently limited information concerning the impact of workforce and staff retention on these issues within SUs.

Integrated Stroke Delivery Networks (ISDNs) have been developed to manage system-wide transformation of regional stroke services with the aim of improving SU performance and stroke outcomes (SSNAP, 2022). Within the Kent and Medway ISDN, three SUs were selected to treat the yearly average of 2,359 strokes (SSNAP, 2023). Kent and Medway ISDN estimates an additional 153.8 FTE AHPTs are required to enable sufficient quality of stroke provision regionally, and acknowledges workforce retention as a significant operational risk throughout the stroke pathway (ISDN, 2021). Surprisingly, in April 2022, the case study SU [of this study] reported only three AHPT vacancies and 35% of AHPTs being employed in the team for more than three years, remaining through a period of continual change, thus, indicating there could be some unique factors about this SU surrounding retention.

Previous retention studies suggest that excessive workload, constant change, lack of autonomy, and concerns around quality-of-care are consistently highlighted by AHPs, nursing staff, and mental health nurses as common factors for leaving the NHS (Adams, Ryan and Wood, 2021; Loan-Clarke *et al*., 2010; Marufu *et al*., 2021). Financial incentives for AHPs within the NHS do not appear to affect retention, with only pensions identified as financially beneficial. Conversely, professional development and career opportunities are highlighted as important (Loan-Clarke *et al*., 2010). However, data from this paper were collected over 12 years ago, during which time relative pay and financial benefits have significantly changed.

Context is key when exploring retention factors, especially when considering the NHS workforce environment is ever-changing (Adams, Ryan and Wood, 2021). To truly understand the complexities, especially in specialised settings such as SUs, the exploration needs to be context-specific to help provide a richer understanding of retention factors.

Element	Example
The case	A group of AHPTs who have been working in the Stroke Unit for more than three years.
A bounded system	One Stroke Unit Department within an acute hospital within the South East of England.
Studied in context	Studied within the particular department and hospital. Interviews completed away from the Stroke Unit where possible.
In-depth study	The AHPTs' perceptions of retention factors within the bounded system.
Selecting the case	Purposive critical case selection.
Multiple sources of evidence	Face-to-face semi-structured interviews and investigator diary.

Table 1: The case study elements and inclusion criteria for this study.

Aim: To provide an up-to-date insight for AHPT management into key retention factors for AHPTs working in a continuously developing SU in the South East of England, within the complexities of the modern NHS.

Method: A relativist ontological stance and case study methodology were undertaken, to construct meaning and knowledge from exploring participants' experiences within the context of the SU (Starman, 2013, p.30). The single 'case' was a clearly bounded, real-life SU (Table 1) (Cleland, MacLeod and Ellaway, 2021, p.1131). Case study methodology offered a framework to explore contemporary complexities relevant to AHPT retention issues (Yin, 2014, p.2). Due to the unique characteristics of this SU, multiple-case verification was not deemed suitable (Starman, 2013). The direction of this study was informed by the positive ethos of appreciative inquiry, since it challenges assumptions of inadequacy by focusing upon positive achievements (King, Horrocks and Brooks, 2018, p. 281).

Semi-structured face-to-face interviews allowed flexibility and modification, to explore what participants perceived as important, build rapport and collect rich data (Bryman, 2016,). Purposive selection was completed by a third party approaching AHPTs who met the inclusion criteria (Table 1) (Kekeya, 2021, p.31). Criticisms of interviews include reduced data validity, and power imbalance and control (O'Leary, 2014). Six participants, who fit the inclusion criteria, were recruited using deliberative selection (Reed and Santini, 2022, pp. 79-90). These participants were spread across the AHPT disciplines each completing a 60-minute interview, which provided enough rich data to gain maximum insight (Reed and Santini, 2022, p.80). A pilot interview enabled modification within the interview guide and

introduction. Permission was obtained from the pilot interviewee to include their data within the final analysis (O'Leary, 2014).

The interview guide comprised of the following six questions.

- Can you tell me a brief outline of your job and role at the [Stroke Unit]?
- What makes you come to work every day?
- Can you think of a time recently at work when you have felt most excited and engaged? And what factors contributed to that?
- What factors are most important to you and the reasons you stay working in your current job in the [Stroke Unit]?
- What is your vision for your career progression?
- Is there anything additional you think should be discussed to ensure that your employer continues to retain you?

A four-step model of thematic analysis was implemented (Green *et al*., 2007):

1. Data Immersion: via multiple reviews of transcripts, audio recordings, and interview notes.
2. Coding: completed manually, enabling development of codes and definitions.
3. Creating Categories: codes were grouped to create coherent categories.
4. Identifying Themes: from the categories, themes developed shifting towards an explanation for and interpretation of the study question.

To increase credibility and dependability of the results, two formal verification techniques were employed. Member checking enabled participants to review the analysis section, to ensure they had not been misrepresented or misinterpreted. Whereas inter-rater reliability checks meant coding, categorising, and thematic development were corroborated by the study supervisor who specialises in thematic analysis (Reed and Santini, 2022).

Informed consent was gained by providing clear information about the study via the participant information leaflet and a written consent form (Wiles, 2013). The supporting material outlined participants' right to withdraw, data usage regulations (including General Data Protection Regulations), participant involvement in reviewing the data, and a section to request a copy of the results (Robson and McCartan, 2016). Informed consent was viewed as an iterative process and additional verbal consent was obtained at each stage (Wiles, 2013). Participant and locality information were anonymised and treated confidentially (Wiles, 2013). Participants were offered a debriefing session, although none required this service.

The investigator adopted an insider and outsider positionality at different times. The investigator has shared roles and experiences with the participants, enabling good rapport within the interviews (Dwyer and Buckle, 2009).

An outsider approach was taken to ensure neutral positioning and maintain

study authenticity (Stake, 1995). The completion of reflexivity via an investigator diary and corroboration with the study supervisor helped to increase trustworthiness of the study (Schön, 1991; Nadin and Cassell, 2006).

The study methodology limited the generalisability of the findings and restricted application from the case study to another population (Starman, 2013; O'Leary, 2014). However, the essence of this study was solely focused on the case SU. Therefore, individual judgement is required for transferability of the themes to the wider phenomenon of NHS retention (Cleland, MacLeod and Ellaway, 2021).

Results: The data produced 28 codes, nine categories and four themes. Their connective relationship is demonstrated in Table 2. A selection of quotations is used to support the four themes, however, vast numbers of additional quotes spread across participants were collated in quotation tables.

Theme One:
Personal Evolution- Multi-faceted Development System, defined as a culture which provides multi-dimensional support, opportunities and growth, leading to development within key aspects of work.

Throughout the interviews, all participants identified that personal values created satisfaction with their professional role leading to daily meaningful work:

'… quite unconsciously like being an [AHPT] is basically my personality, it's what I am through and through… what is meaningful to [patients] and helping them back to… is something that gives me a lot of pleasure…' (P1).

Some were willing to pause personal evolution due to their commitment to their professional identity and the NHS Trust during multiple challenges:

'…the last few years have been challenging for many reasons… probably one of the reasons I've stayed is the fact that I do see… a future for the Stroke Unit, for the Trust …' (P4).

The participants clearly linked professional satisfaction directly with making a difference to a patient's journey through the healthcare system:

'… to somebody's… journey after they've had a stroke, is important and… I think the positivity that you get from that helps to feed the reason to come to work…' (P5).

The participants identified a key component of their role as teaching and supporting other staff members, which were engrained, both formally and informally, into everyday practice:

'Obviously with the environment it's going to get worse before it gets better but it's just about making sure everyone stay[s] positive and realistic and it's not getting them down' (P1).

Code	Category	Category Definition	Themes
Developing self-awareness **Professional satisfaction** **Accepting uncertainty**	**Vision of self**	The AHPTs' own vision of their values, job satisfaction and ability to deal with change.	**Personal evolution- multi-faceted development system** A culture which provides multidimensional support, opportunities and growth leading to development within key aspects of work.
Personalised career progression **Opportunity for non-clinical skills development** **Future possibilities**	**Career pathways**	Opportunities or developments enabling career progression within current or future pathways.	
Dedication to NHS Trust's vision **Accessible and approachable leaders** **Communication of changes and opportunities*** **Staff development***	**Leadership**	Formal and informal leaders who embed, engage and develop AHPTs enabling correlation with the NHS Trust's vision.	
Evidence-based clinical practice and service redesign **Communication of changes and opportunities*** **Links with Higher Education Institutions**	**Future innovation**	The potential for the AHPT to be involved within future developments within their area of specialism.	**Personal evolution-driving change** A chance to be involved in meaningful change towards organisational improvement and furthering personal skills
Personalised rehabilitation **Variety of work** **Emotional labour** **Quality over quantity**	**Holistic patient care**	The satisfaction of providing high quality care for all patients and engagement with the challenges involved.	
Different skills within a team **Personal and team value correlation** **Shared responsibility**	**Team working**	The connection between the team member allowing for effective collaboration.	**Personal evolution-intrinsic value** A sense of belonging to the essential nature of the organisation's culture and values.
Staff development* **Kindness** **Support** **Appreciation from advice and feedback** **Time away from clinical work** **Individual and team wellbeing**	**Peer support**	Psychological and holistic support provided by the team to enable personal progression.	
Environmental workspace **Location of workplace**	**Work setting**	The locality of work and facilities available enabling a comfortable physical environment.	**Personal evolution-extrinsic motivators** External factors which provide a basis of security creating a platform for additional developments.
Wages to reflect cost-of-living increase **Remuneration**	**Money**	A wage that provides financial stability and represents the level of responsibility and challenge within an AHPTs' job role.	

Table 2: Table showing codes, categories and themes

All participants, however, demonstrated concerns around consistent communication of ongoing developments, both at an operational and local level, and the potential impact on staff and personal career development. However, they acknowledged that as a whole, communication had improved:

"I think people just feeling a bit frustrated that they're not hearing things… why haven't we been told about X, Y, and Z …" (P2).

With all the participants working at a senior level, opportunities to further their careers were considered important in deciding whether to remain or leave the NHS Trust:

'… there comes a point where you get to a [Senior Level] and there isn't much opportunity once you're there… what do you [do] after that, where do you go with your career starts to become the thought in your mind' (P3).

Other participants spoke about how non-clinical opportunities were not always systematically communicated, which could impact their evolutionary growth and career progression:

'… depending on who you're talking to or what… meetings you might be in, conversations might happen about something that might be on the radar unofficially… but you don't hear about them officially always' (P5).

With the SU expansion, the participants expressed the stroke service identity as a specialist centre. As such, they felt additional specialist roles were required, but they were aware that within the NHS Trust, these opportunities might be slow:

'I do think we are trying to push forward and progress… and move with times, I think it's hard but I think [NHS Trust] are keen to develop… we're starting to get our voice now but unless you're in [Name of City]… your progress will be slower' (P3).

All participants agreed that working for an NHS Trust that is willing to invest in their development as a clinician was important. However, it was mentioned that opportunities to pursue non-clinical skills were lacking. These skills were seen as essential for evolving personally and within their careers as important areas of investment:

'I would like to maybe work a little more business case, development, just kind of to get the knowledge… I did ask but it wasn't kind of… little bit ignored in a way…' (P6).

In conjunction with this, the more experienced participants expressed concern that the ability and opportunities to progress further within the NHS Trust were limited or unknown:

'There's one manager for the team and now there's quite a lot of [Senior AHPTs] as well thinking about that… you know, we can't all be the manager when [Name] leaves you know… either you wait forever until it's your turn or you look elsewhere at other options…'

(P2).

However, all felt positive and excited about future possibilities. They thought their NHS Trust would support them with their personal evolutionary journey and provide a place to explore development options. Underlying these previous points was leadership. Those who had a good relationship with their supervisor felt they were receiving effective communication, advice, and support that enabled personal development:

'… I mean my supervisor's [Name] been amazing always giving me ample opportunity to talk… through any worries or anything including any changes that I'm worried about and she'll listen... give me advice and be quite open and honest with each other…' (P1).

The wider team leaders were also identified as important support networks.

Theme Two:
Personal Evolution- Driving Change, defined as a chance to be involved in meaningful change towards organisational improvement and furthering personal skills.

All participants advocated the need for high-quality patient-centred care, which interlinked with a positive attitude towards their role. Helping patients recover from a medical event with personalised holistic rehabilitation, was viewed as a key element of meaningful work:

'… they're in the right place now, you['ve] got a role to do to try and support them, getting them better but also, you see them through that journey of hopefully getting better… but also supporting them at their most vulnerable… I do enjoy that' (P4).

Additionally, the participants also mentioned enjoyment from the variety of work their caseload provided, thereby preventing a static feeling within their role. Some highlighted their caseloads provided important learning opportunities, allowing continual development and evolution:

'… if someone comes to work and they get bored, I think that's when you don't want to come to work day in and day out but when there's so much variety, you just want to come in…' (P1).

Others reported the complexities of their caseloads could create positive emotional labour:

'… I think when you're working with patients and you're changing their life, it's more psychologically rewarding…' (P6).

Nevertheless, the participants felt that if services became fixed on reaching targets, then job satisfaction and the resilience to negative emotional labour reduced, leading to thoughts about leaving their role:

'I struggle[d] so much I think when we just couldn't give the care we wanted and so many of us felt that frustration

that people needed things we couldn't provide and that, you know, just having too many people on caseload…' (P2).

All participants were aware the service they currently provided did not achieve gold standard practice due to multiple factors. Potential improvements suggested creating new roles, specialist services, and developing pathways. All of these require AHPT input, which may result in AHPTs pursing long-term careers within the NHS Trust.

Theme Three:
Personal Evolution- Intrinsic Value, defined as a sense of belonging to the essential nature of the organisation's culture and values.

The participants all reported the feeling of belonging within the team and from peer support:

'… [SU team] do communicate a lot with you and they do value your opinion and respect your opinion that actually when you've got tough days with tough patients and tough family members, but you know the team is going to support you then I think that just makes you come to work day in and day out here rather than anywhere else' (P1).

Some shared an understanding of the role the wider team played for the functioning of the SU, and they also expressed an appreciation of having a diverse team with different skills:

'… it makes, you know, quite a special person to be involved in a team like this… I feel that actually if everyone does genuinely care about each other, yeah, if everyone has their slight differences … but on a… day-to-day basis, everyone would be there for the whole team…' (P4).

Shared responsibility with a foundation built on kindness and strengthened by feedback, enabled the participants to feel supported and, in turn, support other members of the team. These conversations, however, required time away from clinical work to enable productive learning and reflection:

'… that sort of sitting down, protected time, you know, a chance to think about what do we want to handover and communicate to the team…' (P2).

Time away from clinical work appeared to not only facilitate improved working relationships and respect within the team, but also allowed natural development of human connections between staff:

'I think it's a bit of time out… and actually for everyone to see that you are still a human person, you're still a person and you can have fun and you can have a laugh and actually, just to know one another a bit better and interact with one another on that level, brings something different to when you then work together clinically…' (P5).

The NHS Trust appeared to acknowledge self-development and support by implementing additional wellbeing services for staff:

'… the [Wellbeing] services you can

reach in hospital actually is[are] better than out in the community so that is a massive pro to this Trust' (P4).

The interviews revealed the importance of supporting a person as a whole, taking into consideration their mental and physical wellbeing, both at work and home. The participants suggested that additional support structures needed to involve systematic and protected non-clinical time, thereby allowing all staff to access wellbeing activities:

'… protected wellbeing time… just so people actually know that that's coming up so they haven't got to feel that actually moving to another location is the only way to solve their issues…' (P1).

It was acknowledged that reduced time away from patient facing clinical work simultaneously reduced AHPTs' capacity for kindness, offering support and developing resilience. Indicating teamwork and peer support away from the clinical setting is vital in creating a safe space and belonging.

Theme Four:
Personal Evolution- Extrinsic Motivators, defined as external factors which provided a basis of security creating a platform for additional development:

All participants appreciated the location of the workplace and its proximity to where they lived. Some explored working in different geographical locations for increased salaries, but felt that the reasons for staying, as explored in the previous three themes were more important:

'… I guess practicalities, there's child-care, I live… a walkable distance from the hospital… so I don't want to leave and I want to make it work here...' (P2).

All reported a desire for an increase in pay with remuneration reflecting additional elements and responsibilities within their role:

'I enjoy my job but obviously looking at what locums get and actually the responsibility… it obviously does… make me think… I can go away and be a locum and get much more money… but not much responsibility…' (P1).

The impact of the current cost-of-living crisis was highlighted as an important retention issue, but there was also awareness that the NHS Trust had limited control over the financial incentives they are able to provide. Some reported an appreciation of the small benefits given for working within their particular NHS Trust:

'… I think ordering us the badges for AHP day… and you know, just the extra little things that they think of is… I mean the car parking charges coming back … that's not ideal… but obviously them reducing it by quite a lot has been a big help…' (P4).

There was a suggestion of flexible working opportunities for all staff, in order to save money and help counteract the increase in the cost of

living:
'I think flexibility of working is probably something I've forgotten to say and I think that's something I have been supported to [be] allow[ed] to do because of… my situation with my family… but I think actually, it doesn't necessarily have to be a family thing, actually, you can be more efficient working from home…' (P3).

The physical environment was an important factor for staff to feel comfortable, but also to ensure the best care for their patients.
'I think when we do get our new building, it will kind of be like, the cherry on top...this is what we've been working for...' (P4).

Discussion: The themes highlighted in the results revealed four key retention factors, which enable personal evolution of the AHPT and are thus key to the retention of AHPTs working in a SU.

Factor 1: Multi-Faceted Development System: Increased workload and reduced job satisfaction were highlighted as key factors in NHS staff turnover (Loan-Clarke *et al*., 2010; Marufu *et al*., 2020; Adam, Ryan and Wood, 2021). Excessive workload continues to increase since the Covid-19 pandemic (Ingham, Jackson and Purcell, 2022). However, within this study, the participants' self-awareness, distinct professional identity, and ability to accept uncertainty, all facilitated strong commitments to their roles. Therefore, a negative connection between increased workload and job satisfaction could be an over-simplification to understanding professional motivation and retention within a SU (Ingham, Jackson and Purcell, 2022). Strong commitment could come from meeting core needs, thereby creating intrinsic motivation and a high level of wellbeing (West, 2021, p.119).

The participants reported multiple facets to their role: staff development, non-clinical skills, leadership, and clinical elements, which all generated professional pride and satisfaction (Adams, Ryan and Wood, 2021). These complex roles indicate retention factors for AHPTs are wider than clinical day-to-day challenges. Within complex roles, growth and commitment to work are vital and require 'motivation factors' of achievement, recognition, the work itself, responsibility, and advancement to maintain a positive job attitude (Herzberg,1966). These factors were highlighted by participants in this study. However, the non-clinical elements of participants' roles were not currently prioritised, nor considered in the daily staffing calculations. In other words, the participants were not able to apply and develop their non-clinical skills, potentially limiting the evolution of their careers and reducing autonomy (Ewen *et al*., 2021).

A lack of development opportunities has been cited as a key reason for leaving the NHS (The Health Foundation, 2018). However, this study found the AHPTs were positive about future possibilities and willing to wait for opportunities; participants accepted

uncertainty and even temporarily paused their personal evolution to invest in the SU. This could be because of their dedication and commitment to the NHS Trust's vision. Also, the participants were motivated by improving services and valued patient experience. Individuals whose values align with those of the organisation are more likely to invest themselves (Clarke, 2009). However, this must be supported by accessible and approachable leadership, as poor leadership is a common factor for high staff turnover (West, 2021).

Traditionally, leadership within the NHS has been hierarchical and focused on performance margins and targets (Storey and Holti, 2013). However, NHS leadership has recently shifted towards compassion and empathy (West, 2021). The participants felt supported by their supervisors and leaders within the wider team, as they created space for responsibility, allowing an evolution in the AHPT role. Therefore, having accessible and approachable leadership, both formally and informally, is a key retention factor (Storey and Holti, 2013).

Commitment is achieved by enhancing, rather than undermining, staff trust through fair and systematic communication, and this is vital in promoting positive opportunities. If development opportunities are not communicated then staff seek these elsewhere (Marufu *et al*., 2020). Participants in this study highlighted that although communication had improved as a whole, dissemination of operational changes required further development, suggesting a possible area of growth for the NHS Trust. However, the participants felt that the overall investment occurring within their speciality of stroke care was sufficient to continue their commitment to the NHS Trust's future innovations.

Factor one suggests that the SU fosters personal evolution via support and development of the participants' professional identity and vision of self. Thus, allowing the AHPTs to invest their specialised skills and knowledge while committing to the NHS Trust and improving patient care. This links with the second factor, driving change.

Factor 2: Driving Change: The participants felt that providing support and holistic, evidence-based rehabilitation were important elements in their professional satisfaction, closely integrated to their vision of self. This study indicates that a variety of work combined with the complexity of patients, aided job satisfaction, created a drive to improve the SU service, and provided intellectual stimulation (Storey and Holti, 2013). However, complex patients can bring an element of emotional labour and exhaustion (Hochschild, 2012). Although emotional labour is not directly related to job satisfaction, it is believed to reduce resilience, performance, and increase staff turnover (Wright and Cropanzano, 1998). Interestingly, this study highlighted that the effects of emotional labour were counteracted by the satisfaction the AHPTs gained from providing holistic care to stroke patients

and their families.
It was important to the AHPTs that the quality of rehabilitation and care were at the forefront of service redesign to ensure patients received the correct specialist input (RCP, 2016). AHPTs wanted to be directly involved in creating, supporting, and developing the SU, in order to cultivate a sense of pride (Storey and Holti, 2013).
The NHS has recently shifted its emphasis, placing more focus on compassionate care and clinical effectiveness (Storey and Holti, 2013). Nevertheless, within stroke care, there remains an element of achieving targets to benchmark services (RCP, 2016). Even with the positive intention of targets and guidelines, they may negatively affect motivation, performance, and foster short-term thinking (Pink, 2009). This study found when AHPTs were focused on high-quality personalised rehabilitation, there was higher resilience to negative emotional labour and reduced thoughts of leaving the SU.

The participants were aware that SU services are not currently correlated to all key standards within stroke guidelines (NICE, 2013; RCP, 2016). This generated a drive and excitement to improve their specialism within the NHS Trust and the wider geographical locality, including creating new roles, specialist services, specific development pathways for the future workforce, and developing links with Higher Education Institutes (HEIs). The participants felt these developments could create longevity for personal evolution, thus supporting the concept that expanding abilities allows meaningful contribution to change (Pink, 2009).
The participants mentioned that connections with HEIs could expand education of new staff members and integrate values earlier within career pathways to build emotional resilience and support, thereby securing a robust, creative, and resilient workforce (Sargent and Laws-Chapman, 2012). This relationship with HEIs could open up potential career developments and learning opportunities, creating organisational prestige and the ability to recruit and retain high-performing AHPTs (Hausknecht, Rodda and Howard, 2009). NHS nurses and AHPTs report the importance in having both professional and academic development opportunities (Solowiej, Upton and Upton, 2010; Marufu *et al*., 2020). This study's participants felt they were provided with sufficient professional opportunities but academic development was more challenging to obtain.

Factor two highlights the sense of fulfilment experienced by AHPTs when involved in influencing change and developing services aimed at improving patient care. This correlates with factor three, which explores the intrinsic value required for ongoing personal evolution while remaining within a role when career opportunities are not currently available due to service reconfiguration.

Factor 3: Intrinsic Value: The participants expressed an appreciation of the team within day-to-day challenges and felt their team was

strengthened by diversity and shared responsibility; prerequisites for a team based in a SU (Clarke, 2009). Additionally, the element of shared responsibility meant participants felt a unified direction for their work and a sense of belonging, enabling a cohesive patient journey (Clarke, 2009). For AHPTs to remain within a team frequently faced with challenging and complex situations, there needs to be mutual understanding and alignment of values, as expressed by the participants in this study. Underpinning teamwork was peer support achieved by kindness, appreciation, wellbeing, staff development, and time away from clinical work. Previously, interpersonal relationships have been reported as external factors (Herzberg, 1966). However, this study found the support gained from the SU team had a positive effect on the participants' self-worth, motivation to evolve, and emotional resilience, suggesting interpersonal relationships build intrinsic value, which may be more powerful for retention of staff than performance-related incentives (Sargent and Laws-Chapman, 2012).

In order to develop an effective team, kindness, support and honest feedback are vital (Sargent and Laws-Chapman, 2012). Kindness facilitates personal evolution by enabling an environment for innovation and development of resilience for daily complexities in a SU (Kaufman, 2023). The participants identified peer support as one of the main reasons they remained in their role. Formal and informal support strategies are engrained into everyday practice. The support received and provided created a sense of satisfaction, developing a wider purpose to their role (Pink, 2009).

Wellbeing is vital for patient safety, patient experience, and clinical effectiveness (Kaufman, 2023). The study noted that this NHS Trust recently acknowledged the importance of the emotional and physical health of its staff by investing in wellbeing services. However, the participants suggested that having a more formal integration of wellbeing within everyday practice, applied consistently across the different disciplines, could further help individual wellbeing. Investing in all elements of an individual within the work environment can reduce sickness and improve retention (West, 2021).

A new retention factor was highlighted as time away from clinical work. Protected time via supervision, wellbeing activities, and non-clinical work, develop human interactions, relationships, and offer safe spaces in which to have honest conversations (West, 2021). However, when the time for completing these tasks is not calculated in operational daily staff numbers or the focus is on reaching targets, these factors are deprioritised, leading to AHPTs becoming demoralised. This suggests that excessive workload does not cause staff to leave the NHS, but the lack of dedicated time away from patient-facing duties, thereby reducing the ability to connect and rebuild resilience. However, even when factors one, two

and three are facilitated, the participants still identified external motivators as potential reasons to leave the service, which is explored in factor four.

Factor 4: External Motivators: The AHPTs all highlighted the location of their workplace reduced daily stress. The ease of their commute created a positive feeling towards their work environment. However, additional work expenses were cause for concern as the current NHS pay scale does not reflect inflation rates (Buchan *et al.*, 2019. The participants were aware of the NHS Trust's efforts to improve the situation, but these were insufficient to counteract a sense of helplessness concerning the increased cost-of-living, causing some to explore work within hospitals that paid a higher wage.

The interviews highlighted concern about the lack of workspace. Poor physical environment can contribute to staff stress, ineffectiveness in patient care and teamwork (Anåker *et al.*, 2020). Within the SU, flexible working conditions have increased due to lack of space. However, the participants reported that due to the clinical nature of their role, home working has not been fully explored. Working from home can increase social isolation and be transactional in nature rather than purposeful (Pink, 2009). This study did not show home working isolation as a major concern, though perhaps this was due to the AHPTs mainly working in a face-to-face environment.

The AHPTs reported remuneration was key for retention. The participants felt their roles had a high level of responsibility and skills, and there was a sense of injustice that non-permanent staff, who were potentially less invested in the NHS Trust, could be paid more (Hausknecht, Rodda and Howard, 2009, p.6). It has been argued the best use of money as a motivator is to ensure people are paid enough to reduce any issues with money (Pink, 2009). However, this study found that AHPTs may leave the SU for an increased salary if their commitment is influenced by a reduction in factors one, two or three.

Factor four demonstrated that AHPTs were concerned about pay and work environments. Equally, if the conditions highlighted in factors one, two and three were satisfactory, this appeared to reduce the influence of external factors.

The Relationship Between the Factors: The four factors identified from the analysis are central to AHPT retention within the SU. The factors are dynamic and fluid feeding into the overarching concept of personal evolution of the AHPT. Participants were asked to order the four retention factors into priority. The responses indicated what is a higher priority changed daily. AHPT management will need to be responsive to the fluid nature of personal evolution, the adaptable relationships between the retention factors, and their individual importance to each AHPT to improve retention.

A lack of nurture within any of the four factors can lead to regression in personal evolution within the AHPT, potentially leading to a reduced commitment to the NHS Trust and SU. The reduction in size and number of personal evolutions can lead to a reduced ability for creative solutions and decision-making (Sargent and Laws-Chapman, 2012). Consequently, the AHPT may feel less anchored within their role and less resilient in working through complex challenges (Sargent and Laws-Chapman, 2012).

However, if personal evolution is allowed to flourish and the four factors are well supported, the AHPT may evolve beyond the skillset of their current role. When the four factors of retention are nourished, then the AHPT may show significant developments in their personal evolution, and thereby require career progression within the NHS Trust. Positively, this evolution means the AHPT is ready to progress their skills and values within another role. This study found that some of the participants were at this stage in their evolution, therefore, the NHS Trust must provide opportunities in order to retain their highly specialised staff and benefit from their skills and knowledge (The Health Foundation, 2018).

Together, the four factors go beyond factors previously considered in previous retention studies. When operating well, they allow the AHPTs to develop a deep commitment to the SU and NHS Trust and provide a drive to improve and overcome challenges. Supported by their team and working in a comfortable environment, they can be resilient to ongoing demands and foster creativity and innovation. Only innovation can enable modern healthcare to adapt to meet the ongoing workforce challenges and increased clinical demands and expectations (West, 2021). This study highlights to AHPT management, the importance of being continually alert and responsive to the fluid nature of retention within the proposed model, ensuring applied retention strategies do not become complacent.

Conclusion: This study provided up-to-date insights of retention factors for AHPTs in the SU.

1) The four factors go beyond previous retention studies and imply retention strategies which should consider the needs of the whole person.
2) It proposes more dedicated time away from patient-facing duties, a supportive, diverse team and comfortable environment, allowing AHPTs to connect and rebuild resilience to ongoing demands, enabling creativity and innovation, which are essential for retention.
3) When operating well, the factors foster a deep commitment to the SU and NHS Trust. However, a lack of investment in retention factors may cause a reduction in commitment, regression in anchorage, and an increased risk of staff turnover.

Notably, retention strategies need to be

aligned with the culture and context of the workplace. This study had a small number of purposively selected participants and the factors were revealed within the context of one SU. Whilst it still offers insight into the complex topic of retention within a modern SU, caution must be applied if transferring the findings outside of this study's environment. It may be of interest to researchers wishing to conduct larger quantifiable research to determine whether similar retention factors are common within the wider stroke workforce or to those working elsewhere in health who may be seeking a starting point for gaining a deeper insight into their own workforce.

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