

Staff Retention: A Tough Challenge in (Mental) Health Care. The Opinion of the (Mental) Healthcare Professional

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Abstract

The Dutch healthcare system faces significant challenges due to increasing demand, complexity of care, staff shortages, and financial constraints. This study explores the motivations of healthcare professionals to remain loyal to their employers amidst these pressures. During five separate conferences for mental health care professionals, group discussions were conducted to gather opinions from the audience. The survey among the conference groups reveals that job satisfaction and quality of work are negatively impacted by staff shortages, particularly in large healthcare organizations. Younger professionals cite limited development opportunities and scheduling issues as reasons for leaving, while older workers highlight managerial roles and lack of participation. The COVID-19 pandemic has exacerbated mental health issues among healthcare professionals, including anxiety, depression, and burnout. Stigma surrounding mental health further hinders openness and improvement. Effective leadership, recognition, collegiality, and work-life balance are identified as crucial factors for retaining healthcare staff. The study emphasizes the need for systemic changes in work organization, leadership, and appreciation to ensure a future-proof healthcare system. Policymakers, healthcare organizations, and professionals must collaborate to create a supportive work environment that addresses both organizational and individual needs. By fostering intrinsic motivation through better working conditions, strong team communication, and effective leadership, the healthcare sector can improve job satisfaction and retention. This holistic approach is essential for maintaining a sustainable and resilient healthcare workforce.

Keywords

Mental Health, Healthcare Professionals, Sustainability, Leadership, Staff

Retention

1. Introduction

A (mental) healthcare system under tremendous strain resulting in long waiting lists, is the consequence of the increase in demand and complexity of care next to staff shortages and limits to financial resources in combination with expanding healthcare costs, exacerbating the situation (Van den Broek et al., 2023). The increasing (mental) health problems and the fact that there is no alignment between supply and demand threaten to undermine the quality of Dutch (mental) healthcare (Boumans et al., 2023). Research by Ten Have et al. (2023) indicated that 3.5 million Dutch people had a mental illness in 2023. To overcome the challenges that result from the above-mentioned problems in order to develop a future-proof mental and general healthcare system, more insight into the motivations for mental healthcare workers (MHCW) to remain loyal to healthcare organizations as employers is necessary. More than half of healthcare professionals report in a survey (Ito et al., 2022) that job satisfaction and quality of work are negatively affected by the staff shortage. This negative impact is mainly experienced by healthcare workers working in large healthcare organizations. For a large group, this contributes to the consideration of leaving the sector and looking for work elsewhere. Research of Lemmelijn and Van Schaaik (2023) showed that younger professionals, with less work experience, cite limited development opportunities and scheduling and time issues as reasons for leaving the healthcare sector. Older workers, with more work experience, mention the role of the managers and lack of participation and impact as reasons for leaving. A study by Lyubykh et al. (2022) described the discrepancy between perspectives of healthcare workers and managers. A systematic review was written (Lyubykh et al., 2022), that focused on recovery occurring during work in the form of work breaks. And found evidence for the relationship between work breaks and well-being and performance among knowledge workers. They suggested that organizations use this review to underpin their policies regarding breaks, and people in the workplace could use it as a starting point to understand how work breaks are related to well-being and performance outcomes. Adaptation to the above-mentioned circumstances for the sake of a future-oriented health care system is inevitable.

In a meta-review of Chutiyami et al. (2022), a comprehensive overview of overall mental health of healthcare professionals during the COVID-19 pandemic was given. The results showed that anxiety, depression and stress/post-traumatic stress disorder were the most reported COVID-19 pandemic-related mental health conditions that had an impact on healthcare professionals. Next to these most prominent prevalent mental health complaints insomnia, burnout, fear, obsessive-compulsive disorder, somatization symptoms, phobia, substance abuse, and suicidal thoughts were reported. Overall, Mental health professionals are affected by various mental health issues and the COVID-19 pandemic has exacerbated these is-

sues. Stigma plays a role in the mental health challenges faced by these professionals as does the doubt about disclosure (Tay et al., 2018). The above-mentioned mental health problems of mental health care workers, the stigma that does not contribute to openness and thus slows down improvement, do not contribute to promoting job satisfaction. A study by Joosen et al. (2022), cited the critical role of the supervisor as a reason for staying in or leaving the workplace or sector. If a professional does not feel heard by their manager, this can lead to absenteeism. An employer who shows little understanding is perceived as an obstacle in returning to work and vice versa in showing understanding and support as helping, with regard to the resumption of work, when a manager meets the basic needs of professionals in terms of autonomy, connection, meaningfulness and competence. This is possible by strengthening them through facilitation and connection and combining this with enthusiasm and inspiration. The intrinsic motivation of healthcare professionals is addressed, which contributes to an increase in job satisfaction and a healthy and safe working climate essential for the retention of healthcare professionals (Schaufeli, 2022; Young, 2022). Healthcare professionals report several factors that shape the conditions for them to continue working in the healthcare sector. Strong teamwork and communication to stabilize the healthcare workforce were mentioned as a result of relational coordination (Wiedermann et al., 2024). Job satisfaction: self-Fulfillment, leadership support, competitive salaries, appreciation, training and professional development. Bernstein et al. (2024) described 4 reasons why employees leave their employers. There are employees who flee, escaping what they perceive to be a toxic work culture or an untenable situation. People who find more control desirable often seek a grip on their work-life balance and flexibility. Someone who wants recognition feels that skills and knowledge are not sufficiently utilized and finally, there are employees who want to develop and seek a new challenge, often following a personal development or professional milestone. Given the expected gap in the future between demand for care and supply of care and perceived departures of staff from care (de Vroege et al., 2020), these are essential starting points for the interaction between managers and their employees. In the Netherlands, the Do-not-Forget-Yourself (DFY)-study (de Vroege & Van den Broek, 2021) which focuses on mental health of (mental) healthcare workers reported results from the first survey in January 2022 (Van den Broek et al., 2023) and the second in May 2023 (De Vroege & Van den Broek, 2023). Now that the hectic pace surrounding the COVID-19 pandemic has eased, we are curious about the course of the mental health of healthcare professionals. This current study follows the comparison of several groups of MHCW on the experience of mental health related to the workplace and the above-mentioned challenges. During the COVID-19 pandemic and post-pandemic in the autumn of 2022. In both foregoing studies a repeated measurement design was used to focus on MHCW and following objectives: (i) to assess the experience of increased symptoms (see for instances: (Yan et al., 2021; Wu et al., 2021; Marvaldi et al., 2021) of anxiety, sadness, levels of stress, sadness, and anger over time, (ii)

to identify challenges regarding work/private life balance, (iii) exploring experience of sick leave, taken days off, and absenteeism, and (iv) exploring considerations about re-organizing work (e.g., working less hours, quitting their job). The shortcoming of staff in health care is concerning and, especially after the pandemic and related to the upcoming retirement wave, retention of healthcare workers is essential (de Vries et al., 2023).

Subsequently in this current study, conference groups were held among various specialists (nurses; orthopedics specialists; managers of mental health care and post-graduate students of psychology and psychiatry) to gain an in-depth understanding of the vision about how to retain healthcare staff for healthcare, how to improve the mental health of healthcare professionals, how to maintain work-life balance.

We hypothesize that some signs of resilience are reflected in the results of our study (e.g., restoration of balance between private life and work). In this current study, we explore the ideas and vision of healthcare professionals about what a team needs to make work attractive (again). Ideas about what the main factors are that cause work pressure. And who should take the lead in improving the mental health of healthcare professionals? Which leadership skills are needed to take the lead and position yourself, preservation of healthcare professionals and addressing leadership in positioning the healthcare professional with regard to prioritizing mental health and work/life balance in the workplace?

2. Methods

2.1. Study Design and Sample

During five separate conferences for mental health care professionals, we conducted a conference group (opinion research) amongst the audience. This audience consisted respectively of mental health professionals, nurses, managers of mental health care, and other health care specialists. An aided session was used in which participants were asked four questions regarding the theme of preservation of healthcare professionals at work in all of its aspects. These questions were posed using mentimeter.com and answers were visualized using a word cloud. To provide an overview and clarity, the five conference groups will be described separately (see **Table 1**). Every participant was able to react more than once, hence participants and responses are not equal in number. All conference groups were conducted in the year 2024.

Conference group 1 consisted of nurses, primarily working in specialized heart care and was conducted on the fifth of February. In total 76 participants responded to the questions, and a total of 162 responses were recruited. The second conference group was conducted on March 15th and consisted of 86 participants and 186 responses. Conference group number 3 was conducted on April 16th and consisted of 25 participants and 62 responses. The fourth conference group was conducted on June 12th and yielded 53 participants and 111 responses. Finally, the last conference group was conducted on November 8th and consisted of 45 participants and 117 responses. Table 1 describes the different questions posed at each conference.

Table 1. Overview of questions posed during each conference.

	Posed questions	Sample description
Conference #1	-What is needed to improve mental well-being of health care professionals? -How do you keep personnel in health care?	Nurses, managers of (specialized) heart care
Conference #2	-How do you maintain a balanced work and private life? -What do you need to improve mental health at work?	Professionals (nurses/others), managers, team leaders in prosthetic care
Conference #3	-What does your team need to make work attractive (again)? -What do you think contributes to the retention of staff working in mental health care?	Managers, directors, and team leaders of mental health care institution
Conference #4	-What are the main factors that contribute to work pressure for you? -What do you think are the three most important factors in maintaining staff in health care?	Psychologists and psychiatrists (in training)
Conference #5	-Who do you think should take the lead in improving the mental health of health care professionals? -What leadership skills are needed to take control and to position yourself?	Psychologists, psychotherapists

2.2. Conference Group Distribution/Assessment

Data of the conference groups, in terms of responses considering posed questions regarding the theme of preservation of healthcare professionals, were collected using mentimeter presentations and displayed as a word cloud. At each conference group, two different questions were posed. Afterwards, data collection and processing, prior to analyses, were conducted as follows.

In order to minimize bias, all responses on each word cloud were categorized using the categorization suggestions of mentimeter. This process yielded a top 1-3 of the most common or popular responses in corresponding categories (for instance, the responses “administration” and “administrative tasks” were described in the category Administration; Phase 1). Next, artificial intelligence (AI), by using ChatGPT, was used to create categories based on the responses given during the mentimeter session (Phase 3). After creation of these categories, LV sent these suggested categories to DB and AvdB (bot blinded for each other’s responses) and were asked to inspect the categories. If they disagree with the created category/categories they made suggestions for omissions or replacement categories. LdV collected these responses and inspected the output for consensus (Phase 4). In case of non-consensus, LdV organized a consensus meeting (Phase 5) in which consensus was reached between all authors. Lastly, the final set of categories was finalized (Phase 6). **Figure 1** displays the process of data handling and extraction. For each topic, the categories will be displayed and described.

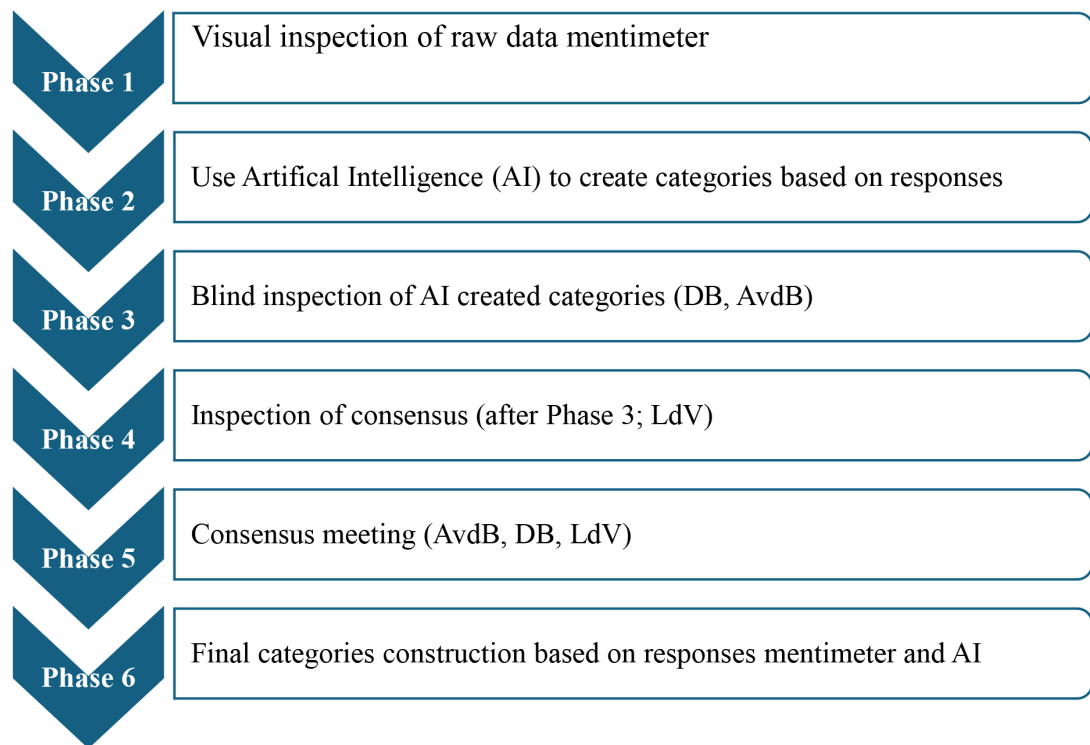
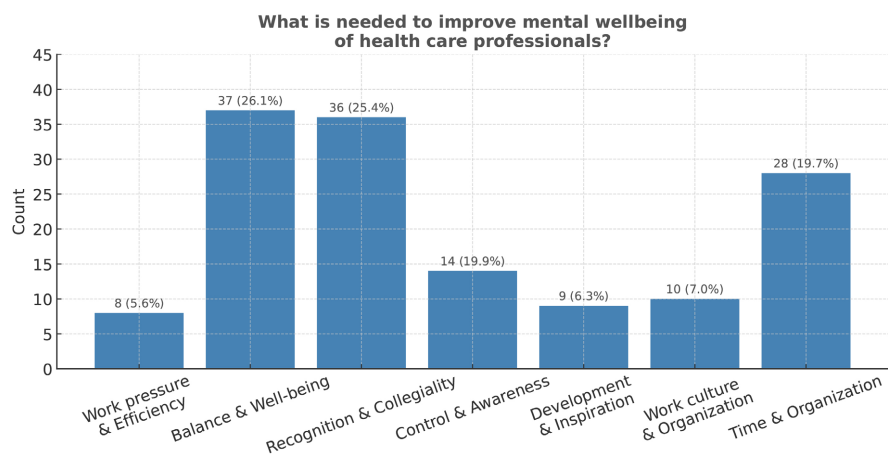


Figure 1. Graphic display of data acquisition, handling, and extraction.

3. Results

3.1. Input during Conference 1

Figure 2 displays the information obtained during the first conference with regard to the questions “What is needed to improve mental well-being of healthcare professionals?” and “How do you keep personnel in healthcare?”. Regarding the first question, 19.7%, 25.4%, and 26.1% stated that time & organization of work, recognition & collegiality, and balance & well-being are needed in order to improve mental well-being. Appreciation, communication & collaboration were stated by 36.2% as an important aspect to keep personnel working in health care. Other responses to both questions are displayed in **Figure 2**.



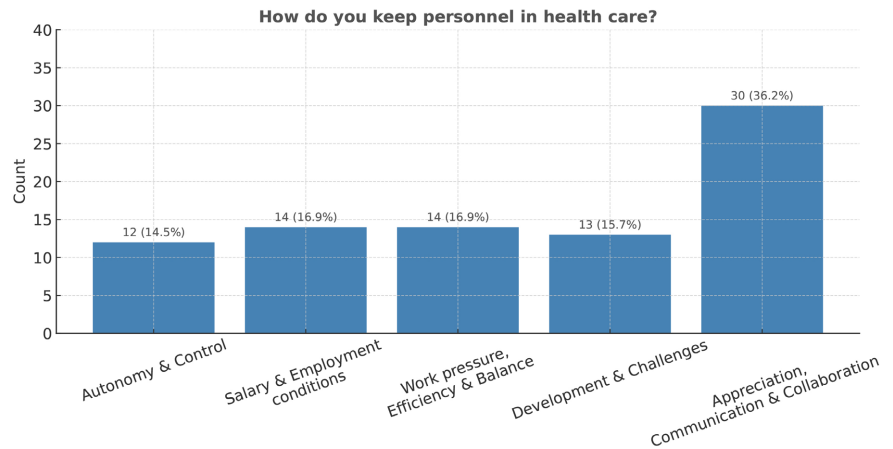
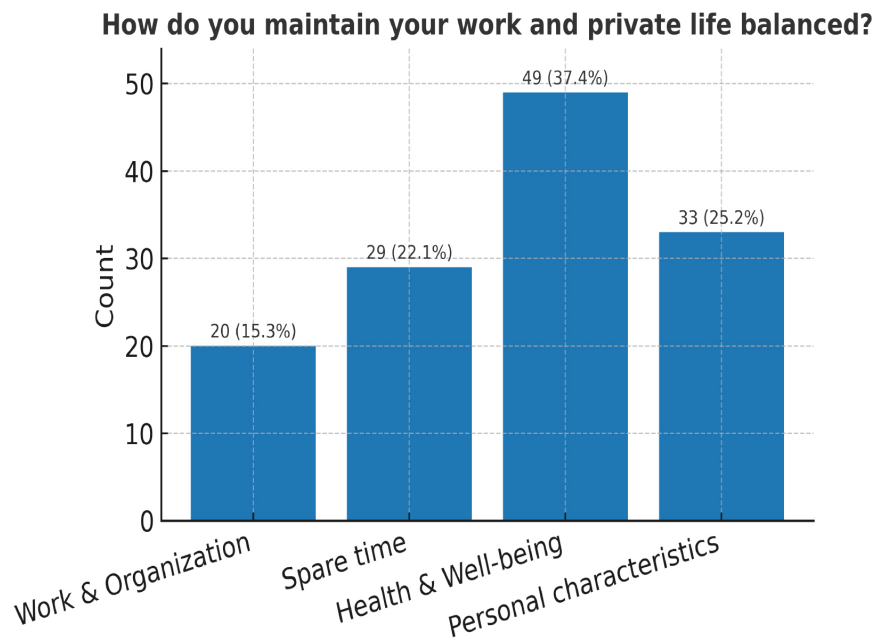


Figure 2. Categories based on responses (number and percentages) during conference 1.

3.2. Input during Conference 2

Figure 3 displays the outcome of our second survey during another conference. 37.4% of the participants responded that maintaining work and private life balance through Health & well-being. Others also responded that they maintain balance due to personal characteristics (25.2%), having spare time (22.1%), and/or through Work & organization of work (15.3%). Some of these responses were also found when asking what they thought was needed when improving mental health at work. For instance, Work & organization of work was mentioned by 35.8% to be improved in order to improve mental health but also Health & relaxation (17.2%) and Personal freedom & space (6.0%). Most respondents stated that Atmosphere & collaboration (41.1%) contributes most to improving mental health at work. Other responses to both questions are displayed in **Figure 3**.



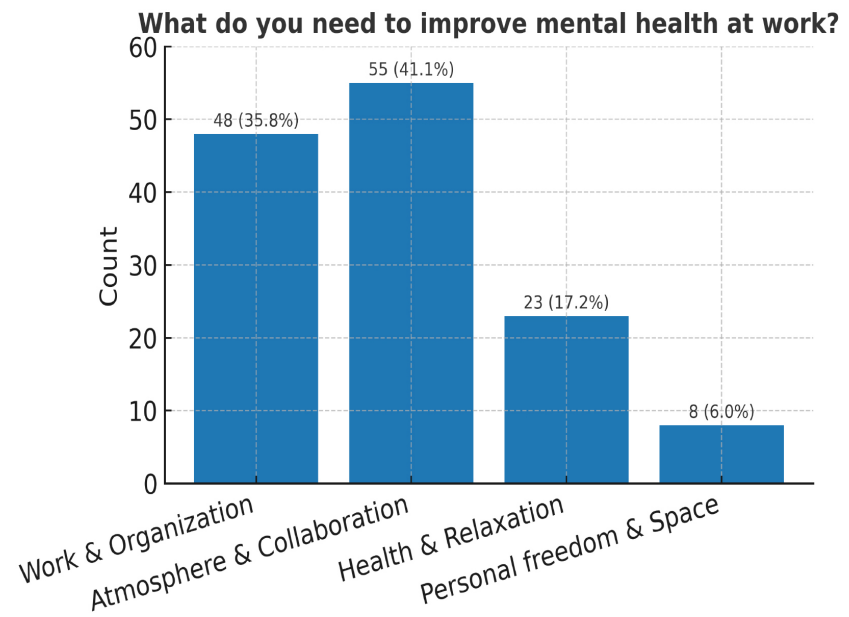
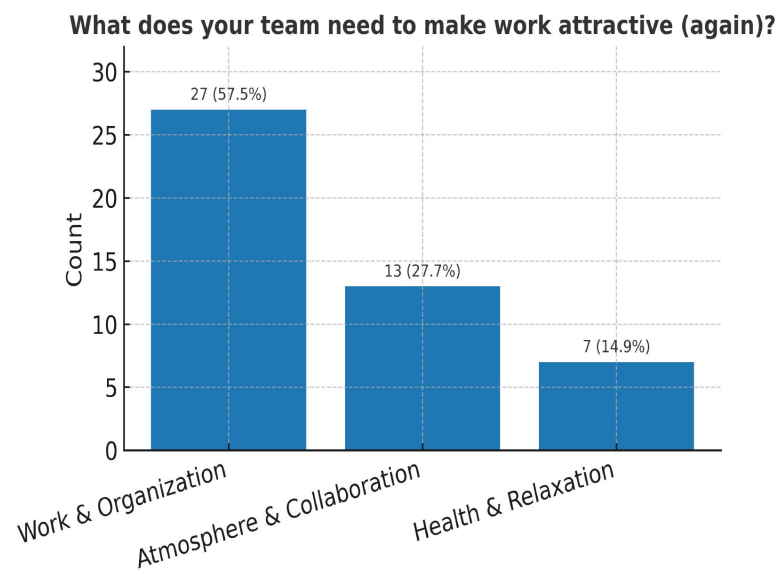


Figure 3. Categories based on responses (number and percentages) during conference 2.

3.3. Input during Conference 3

Figure 4 shows the responses during the third conference, regarding the questions “What does your team need to make work attractive (again)?” and “What do you think contributes to the retention of staff working in mental health care?”. The respondents primarily consisted of managers/supervisors in mental health care. 57.5% stated that Work & organization of work is key in order to make work attractive (again) for their team. Other responses such as Atmosphere & collaboration (27.2%) and Health & relaxation (14.9%) were also mentioned. Work & organization of work (41.4%) and Autonomy & appreciation (37.9%) were stated as contributing factors in retention of staff, besides Atmosphere & collaboration (20.7%). Other responses to both questions are displayed in **Figure 4**.



What do you think contributes to the retention of staff working in mental health care?

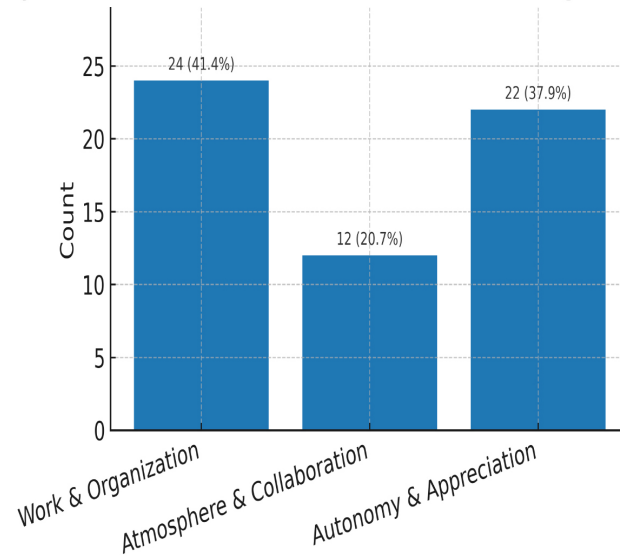
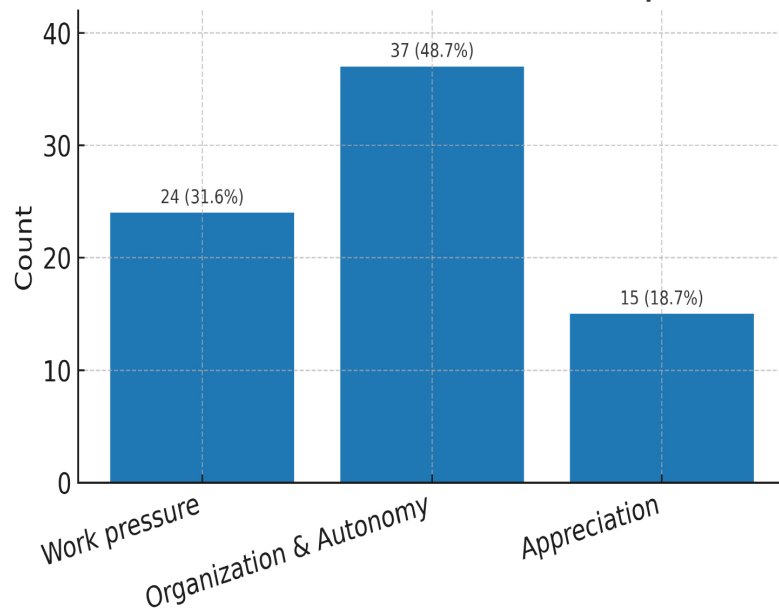


Figure 4. Categories based on responses (number and percentages) during conference 3.

3.4. Input during Conference 4

Figure 5 displays outcome of responses during conference number four, addressing the questions “What are the main factors that contribute to work pressure for you?” and “What do you think are the three most important factors to maintain staff in health care?”. With regards to first question, Organization of work & autonomy (48.7%), Work pressure (31.6%), and Appreciation (19.7%) were mentioned. Personal appreciation (38.6%) and Work & organization (25.3%) were the most mentioned regarding the most important factors to maintain staff in health care. Other responses are displayed in **Figure 5**.

What are the main factors that contribute to work pressure for you?



What do you think are the three most important factors to maintain staff in health care?

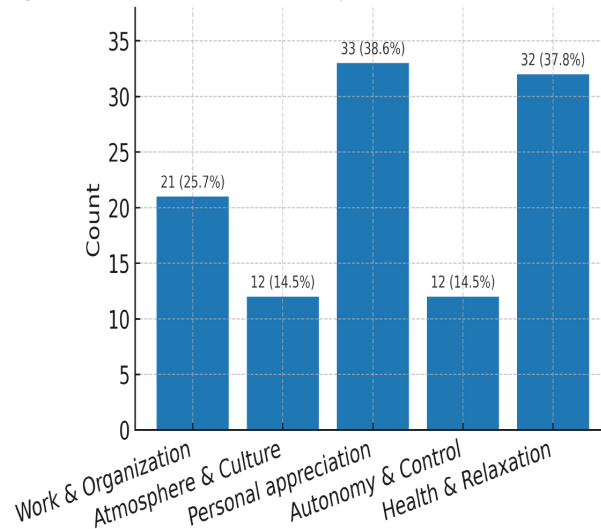


Figure 5. Categories based on responses (number and percentages) during conference 4.

3.5. Input during Conference 5

Figure 6 displays the outcome of responses during the last conference which was dedicated to leadership and ownership. Government & policymakers (44.3%) were thought to have to take the lead with regard to improving mental health of health care professionals. But also healthcare professionals & employees (20.0%) themselves were mentioned. Other responses are displayed in **Figure 5**. Leadership & influence (27.6%) but also Skills (22.4%) and Communication & inter-personal skills (20.7%) were mentioned to be needed to take control and position oneself. Other responses are displayed in **Figure 6**.

Who do you think should take the lead in improving the mental health of health care professionals?

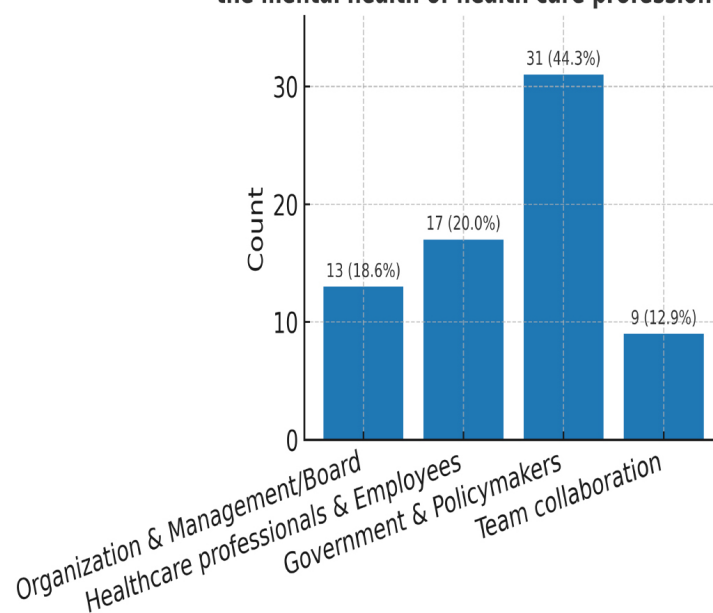




Figure 6. Categories based on responses (number and percentages) during conference 5.

4. Discussion

In the current study, we explored healthcare professionals' views on retention of healthcare professionals and how leadership is taken in positioning the healthcare professional in terms of prioritizing one's own mental health and work-life balance. During five separate conferences for (mental) health professionals, a guided session (a conference group) was used in which participants (nurses, mental health managers and other health care specialists) were asked four questions on the topic of retaining health care professionals in all its aspects.

The findings of this study underscore an urgent and complex issue within the Dutch healthcare system: the preservation of healthcare professionals and the protection of their mental well-being which is also considered a current global topic. The conference group data consistently reflect a set of core themes that professionals deem critical for improving their well-being and staying in the sector. Namely, organization of work, collegiality, recognition, autonomy, and leadership. These insights closely align with previous research (Ito et al., 2022; Joosen et al., 2022; Schaufeli, 2022), which also identifies these elements as essential to job satisfaction and retention.

4.1. Increasing Mental Pressure in an Overburdened System

Mental pressure among healthcare professionals is not new, but the COVID-19 pandemic has amplified existing issues (Chutiyami et al., 2022). The consequences remain visible even in the post-pandemic period, as shown in the DFY study (de Vroege & Van den Broek, 2023). Professionals reported burnout symptoms, sleep disorders, depressive moods, and a general sense of underappreciation. Despite some signs of resilience, such as a partial restoration of work-life balance, the conference group outcomes suggest that fundamental system-level changes are necessary. The combi-

nation of mental strain, chronic understaffing, and increasing workload (Boumans et al., 2023) directly threatens the sustainability of healthcare delivery.

4.2. Role of Work Organization, Recognition, and Leadership

A recurring theme in the results is the importance of proper organization of work. Before and after the pandemic, “work & organization of work” was frequently cited as a key factor. This includes administrative burdens, irregular shifts, lack of autonomy, and limited influence over one’s work. These findings reinforce the need for structural redesigns of care delivery processes. As also noted by Lemmelijn & Van Schaaijk (2023), such organizational issues are especially demotivating for younger professionals. In addition, recognition (both from colleagues and management) plays a crucial role. A perceived lack of appreciation is broadly experienced as a stressor and demotivator. This echoes Schaufeli’s (2022) findings that leadership that supports autonomy, connectedness, and competence enhances intrinsic motivation and workforce resilience. The conference groups affirm this, particularly in their emphasis on the importance of supportive, communicative, and inspiring leadership in retaining healthcare workers. Notably, there was a difference in the need for attention to health and relaxation in the workplace between professionals and managers. The study by Lyubykh et al. (2022) described such a discrepancy. In their systematic review, they focused on recovery occurring during work in the form of work breaks. Evidence was found for the relationship between work breaks and well-being and performance among knowledge workers. Their suggestion to organizations to use this review for the purpose of underpinning their policies regarding breaks could be acted upon. People in the workplace could use it as a starting point to understand how work breaks are related to well-being and performance outcomes. Managers might need to be convinced first by employees of the importance of taking frequent breaks because it may seem to reduce work activity in the short run, but it increases efficiency and effectiveness in the long run. Next, managers could encourage break-taking by promoting a positive attitude toward breaks, taking breaks themselves, scheduling regular breaks, and creating space for breaks.

4.3. Shared Responsibility for Change

Strikingly, participants do not solely point to management or employers; they also identify policymakers and themselves as responsible for driving improvements. In conference 5, the importance of ownership and collective responsibility was emphasized. Nonetheless, systemic barriers, such as rigid funding structures and policy frameworks (Van den Broek et al., 2023) often prevent the implementation of sustainable solutions like flexible scheduling, career development opportunities, and reduction of administrative tasks.

4.4. Implications for Policy and Practice

The implications of this study are clear: sustainable employability of healthcare

professionals requires more than individual resilience or one-off interventions. A systemic, integrated approach is needed, involving both micro-level (individual leadership and team climate) and macro-level (policy, regulation, funding) efforts. This calls for close cooperation between healthcare institutions, educational bodies, governmental agencies, and professional associations. Participatory leadership models may help rebuild trust and restore a sense of professional ownership.

5. Limitations

The data of this study were obtained during five separate conferences for (mental) healthcare professionals. Due to the fact that we were unable to obtain sample demographic variables, such as gender, age, and other job background variables, we have to be aware of the limited generalizability of the current study. Next, this study was a one-time measurement; there is no follow-up measurement which means there is no visibility of changes over time. The study involved several questions that were posed to participants interested in the topic of mental health of healthcare professionals, which may possibly cause some bias. We have implemented several strategies to mitigate this potential limitation of which AI is one of the strategies used. Furthermore, the setup of our current study enabled us to qualitatively follow-up on responses. Especially regarding the question related to responsibility (answer “Government & policymakers” and “Healthcare professionals & employees”) needs a thorough in-depth exploration in order to clarify which role/responsibility should be taken by whom. Lastly, we were unable to describe differences between professional groups regarding their responses to our questions. This will be of great informational value so future studies should include such comparisons.

6. Conclusion

The COVID-19 pandemic has further exacerbated mental health issues among healthcare professionals, with common complaints such as anxiety, depression, and burnout. The stigma surrounding mental health issues hinders openness and slows down improvements in the work environment. Dutch healthcare is at a tipping point, with mental health and workforce retention under continuous pressure. The data in this study confirm and deepen existing literature by offering concrete, practice-based insights into what professionals themselves identify as key priorities. To realize a future-proof healthcare sector, it is essential to strengthen the intrinsic motivation of healthcare professionals through better working conditions, strong team communication and effective leadership skills. The current study highlights the importance of recognition, collegiality, and a good work-life balance as crucial factors for retaining healthcare staff as well as a sense of appreciation by employer. The research shows that both younger and older healthcare professionals have different reasons for leaving the sector, ranging from limited development opportunities to a lack of support from executives. The results of the various conference groups underline the need for a holistic approach that focuses

on both the organization and the individual needs of healthcare professionals. Improving mental health and the working climate within the healthcare sector requires joint efforts from policymakers, healthcare organizations and the healthcare professionals themselves. Without structural changes in organization, leadership, and appreciation for MHCW, it will be difficult to make the healthcare system futureproof. To ensure motivated employees, changes are necessary in employee appreciation and recognition, autonomy and professional freedom. By creating a positive work culture, offering flexibility, recognition and development opportunities, an employer can create an environment where employees feel valued and motivated. Incorporating the views of healthcare professionals themselves, regarding the organization of healthcare in the future, creates support for the challenges of a future-proof healthcare system.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- Bernstein, E., Horn, M., & Moesta B. (2024). *Why Employees Quit. New Research Points to Some Surprising Answers*. Harvard Business Review. Human Resource Management Spotlight. <https://hbr.org/2024/11/why-employees-quit>
- Boumans, J., Kroon, H., & Van der Hoek, B. (2023). *Ggz uit de knel. Verkenning van mogelijkheden en valkuilen van het actuele hervormingsnarratief*. Trimbos Instituut, Netherlands Institute of Mental Health and Addiction. <https://www.trimbos.nl/wp-content/uploads/2023/01/AF2059-Ggz-uit-de-knel.pdf>
- Chutiyami, M., Cheong, A. M. Y., Salihu, D., Bello, U. M., Ndwiga, D., Maharaj, R. et al. (2022). COVID-19 Pandemic and Overall Mental Health of Healthcare Professionals Globally: A Meta-Review of Systematic Reviews. *Frontiers in Psychiatry*, 12, Article ID: 804525. <https://doi.org/10.3389/fpsy.2021.804525>
- de Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K. et al. (2023). Retaining Healthcare Workers: A Systematic Review of Strategies for Sustaining Power in the Workplace. *Healthcare*, 11, Article 1887. <https://doi.org/10.3390/healthcare11131887>
- de Vroege, L., Gribbling, G., & van den Broek, B. (2020). Don't Forget Yourself When Taking Care of Others—Mental Support for Health Care Professionals during the COVID-19 Crisis. *Tijdschrift voor Psychiatrie*, 62, 424-426.
- de Vroege, L., & van den Broek, A. (2021). Results of Mental Support for Health Care Professionals and Mental Care during the COVID-19 Pandemic. *Journal of Public Health*, 43, 490-492. <https://doi.org/10.1093/pubmed/fdaa278>
- de Vroege, L., & van den Broek, A. (2023). Post-Pandemic Self-Reported Mental Health of Mental Healthcare Professionals in the Netherlands Compared to during the Pandemic—An Online Longitudinal Follow-Up Study. *Frontiers in Public Health*, 11, Article ID: 1221427. <https://doi.org/10.3389/fpubh.2023.1221427>
- Ito, A., Sato, K., Yumoto, Y., Sasaki, M., & Ogata, Y. (2022). A Concept Analysis of Psychological Safety: Further Understanding for Application to Health Care. *Nursing Open*, 9, 467-489. <https://doi.org/10.1002/nop2.1086>
- Joosen, M. C. W., Lugtenberg, M., Arends, I., van Gestel, H. J. A. W. M., Schaapveld, B.,

- Terluin, B. et al. (2022). Barriers and Facilitators for Return to Work from the Perspective of Workers with Common Mental Disorders with Short, Medium and Long-Term Sickness Absence: A Longitudinal Qualitative Study. *Journal of Occupational Rehabilitation*, 32, 272-283. <https://doi.org/10.1007/s10926-021-10004-9>
- Lemmelijn, M., & Van Schaaijk, A. (2023). *Van uitstroom naar behoud in de sector zorg en welzijn een verdieping naar de uitstroomredenen in verschillende functiegroepen in de regio Utrecht*. Nivel. <https://www.nivel.nl/en/publicatie/van-uitstroom-naar-behoud-de-sector-zorg-en-welzijn-een-verdieping-naar-de>
- Lyubykh, Z., Gulseren, D., Premji, Z., Wingate, T. G., Deng, C., Bélanger, L. J. et al. (2022). Role of Work Breaks in Well-Being and Performance: A Systematic Review and Future Research Agenda. *Journal of Occupational Health Psychology*, 27, 470-487. <https://doi.org/10.1037/ocp0000337>
- Marvaldi, M., Mallet, J., Dubertret, C., Moro, M. R., & Guessoum, S. B. (2021). Anxiety, Depression, Trauma-Related, and Sleep Disorders among Healthcare Workers during the COVID-19 Pandemic: A Systematic Review and Meta-Analysis. *Neuroscience & Biobehavioral Reviews*, 126, 252-264. <https://doi.org/10.1016/j.neubiorev.2021.03.024>
- Schaufeli, W. (2022). Bevlogen Leiderschap. *De Psycholoog*, 1, 10-22.
- Tay, S., Alcock, K., & Scior, K. (2018). Mental Health Problems among Clinical Psychologists: Stigma and Its Impact on Disclosure and Help-Seeking. *Journal of Clinical Psychology*, 74, 1545-1555. <https://doi.org/10.1002/jclp.22614>
- ten Have, M., Tuithof, M., van Dorsselaer, S., Schouten, F., Luik, A. I., & de Graaf, R. (2023). Prevalence and Trends of Common Mental Disorders from 2007-2009 to 2019-2022: Results from the Netherlands Mental Health Survey and Incidence Studies (NEMESIS), Including Comparison of Prevalence Rates before vs. during the COVID-19 Pandemic. *World Psychiatry*, 22, 275-285. <https://doi.org/10.1002/wps.21087>
- van den Broek, A., van Hoorn, L., Tooten, Y., & de Vroege, L. (2023). The Moderating Effect of the COVID-19 Pandemic on the Mental Wellbeing of Health Care Workers on Sustainable Employability: A Scoping Review. *Frontiers in Psychiatry*, 13, Article ID: 1067228. <https://doi.org/10.3389/fpsy.2022.1067228>
- Wiedermann, C. J., Barbieri, V., Engl, A., & Piccoliori, G. (2024). Impact of Relational Coordination on Job Satisfaction and Willingness to Stay: A Cross-Sectional Survey of Healthcare Professionals in South Tyrol, Italy. *Behavioral Sciences*, 14, Article 397. <https://doi.org/10.3390/bs14050397>
- Wu, T., Jia, X., Shi, H., Niu, J., Yin, X., Xie, J. et al. (2021). Prevalence of Mental Health Problems during the COVID-19 Pandemic: A Systematic Review and Meta-Analysis. *Journal of Affective Disorders*, 281, 91-98. <https://doi.org/10.1016/j.jad.2020.11.117>
- Yan, H., Ding, Y., & Guo, W. (2021). Mental Health of Medical Staff during the Coronavirus Disease 2019 Pandemic: A Systematic Review and Meta-Analysis. *Psychosomatic Medicine*, 83, 387-396. <https://doi.org/10.1097/psy.0000000000000922>
- Young, D. L. (2022). Turnover and Retention Strategies among Mental Health Workers. *Fortune Journal of Health Sciences*, 5, 352-362.