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UK Social Care Workers' Intention to Leave During COVID-19: A Longitudinal Analysis

RESEARCH

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ABSTRACT

Background: The UK's social care sector, employing 1.6 million workers, faces profound challenges exacerbated by the COVID-19 pandemic. This study explores the nuanced factors influencing care workers' intentions to leave the current employer and sector altogether during this critical period.

Methods: Utilising a two-wave online longitudinal survey, data from 1,791 care workers were analysed. The survey included adapted questions from validated workforce surveys and qualitative insights from stakeholders during the pandemic.

Findings: There is a complex interplay of factors influencing care workers' intentions to leave. High job satisfaction is associated with lower intent to leave. Yet, disparities in satisfaction with pay, promotion, and work-life balance persist. The pandemic appeared to impact intention to leave minimally but heightened abuse instances. Visible markers—notably colour—emerged as significant factors, emphasising the need for tailored interventions. Strong job support is associated with increased intent to leave, underscoring the fine employee-manager relationship. The middle-aged group showed the highest intent to leave, warranting further exploration.

Implications: Tailored interventions acknowledging the intersectionality of age, gender, and race are crucial for enhancing job retention in the social care sector. A comprehensive long-term care workforce strategy is urgently needed, addressing immediate concerns and deep-rooted challenges to empower the entire workforce. Collaborative efforts are essential for crafting sustainable solutions that support and uplift the social care workforce.

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INTRODUCTION

England's adult social care sector employs approximately 1.6 million people, constituting a vital component of the UK economy (Skills for Care, 2023; The Health Foundation, 2020). Nevertheless, the sector grapples with persistent challenges, particularly labour shortages, which have become increasingly acute and exacerbated by Brexit and the COVID-19 pandemic. Notably, the turnover rate for directly employed staff in 2019/20 stood at 31.8%, dropped to 29.5% in the first pandemic year (2020/21) and rebounded to 30.0% in 2021/22 (*ibid*). These figures markedly surpass turnover rates in other sectors. The initial decline in turnover during the pandemic may be attributed to limited job opportunities and the dedication of existing employees to continue their crucial work. However, the high turnover rates entail significant costs for care providers, including recruiting and training new staff and increased stress and anxiety among service users and their families due to disrupted services and potential decline in care quality (Gray and Muramatsu, 2013; Stone *et al.*, 2017; Zhang *et al.*, 2014).

The central role of wages, particularly relative wage rates, is pivotal to the sector's ability to attract and retain workers. The observed decline in wages within the care sector relative to other low-paying industries creates a scenario where wages in alternative sectors outperform those in care (Skills for Care, 2023). While discussions highlight the importance of better pay, career advancement and improved working conditions to attract and retain care workers (see, for example, Karantzas *et al.*, 2012; Turnpenny and Hussein, 2020; Vadean and Saloniki, 2023), it is recognised that these factors alone may not suffice. Providers can enhance retention by investing in learning and development, integrating organisational values and involving workers in decision-making processes (Skills for Care, 2023).

Various factors, encompassing workers' wellbeing, self-esteem, job satisfaction, supervisor support and organisational commitment, play a pivotal role in shaping the intention to leave care jobs and the sector altogether (Hussein *et al.*, 2014; Karantzas *et al.*, 2012; Saloniki *et al.*, 2022). The profound impact of the COVID-19 pandemic further intensified these determinants, as evidenced by increased workloads, pay cuts, sickness absences and a decline in mental wellbeing (Shembavnekar *et al.*, 2021).

In the face of these obstacles, workers in the care sector consistently articulate elevated levels of job contentment (Wallace *et al.*, 2022; Woolham *et al.*, 2019). This sense of fulfilment is frequently linked to the perceived sense of calling and the gratifying 'human element' inherent in their roles (Cominetti, 2023). Employees often acknowledge the substantial skills and responsibilities intertwined with their positions (Cranford and Miller, 2013), further contributing to their overall job satisfaction. Despite this, the care sector's inherent challenges, including physically demanding work and poor working conditions, may explain why workers experience poorer wellbeing than the broader population (Ravalier *et al.*, 2023).

The link between intention to leave and actual turnover is well-established in the literature, particularly in the social care sector. Numerous studies have indicated that intent to leave is a reliable predictor of subsequent turnover and can be used as a proxy for actual turnover (Castle *et al.*, 2007; Cohen *et al.*, 2015; Gaudenz *et al.*, 2019). Understanding the factors associated with employees' intention to leave is crucial because they can be modified or addressed proactively to prevent individuals from actually leaving. These factors can also inform new strategies, help adapt current practices and implement targeted interventions to enhance retention (*ibid*).

Diversity in the social care workforce is a critical factor influencing both quality of life at work and organisational outcomes, including job satisfaction, commitment and intention to leave. Research consistently shows that racialised and migrant workers in health and social care experience less favourable working conditions, greater exposure to discrimination and bullying and limited career progression opportunities compared to their White British counterparts (Hussein, 2022; Milner *et al.*, 2020; Skills for Care, 2024). These inequalities are linked not only to ethnicity but also to how visible markers of difference, such as skin colour, accent or cultural cues, affect workers' everyday experiences, shaping perceptions of belonging, fairness and support within organisations (Hussein, 2022).

Kennedy and Mohr (2023) highlight the need to revisit and adapt these factors in the presence of external shocks like the COVID-19 pandemic. Sriram et al. (2024) further emphasise the paramount importance of learnings from the pandemic specific to the care workforce. As such, this article aims to empirically investigate the complexity of factors shaping intention to leave among UK care workers during the COVID-19 pandemic. The analysis will inform targeted interventions and adaptations to existing practices for retaining care workers against unprecedented challenges.

DATA AND METHODS

This article draws on data from a two-wave online longitudinal survey as part of the Retention and Sustainability of Social Care Workforce (RESSCW) project. The piloting and recruitment methods are described elsewhere (Hussein *et al.*, 2020; Saloniki *et al.*, 2022) and were consistent across the two waves. Given the challenges with recruiting and retaining respondents during the pandemic, in addition to those who agreed to be followed up, there was a sample boost of new

respondents in the second wave. The necessary ethical permissions were received from the School of Social Policy, Sociology and Social Research SRC Ethics Committee (SRCEA ID 240) at the University of Kent. The survey was voluntary and anonymous, and respondents could opt out at any time. A prize draw with the opportunity to win online retail vouchers was offered in both waves to increase survey uptake. The first wave of the survey ran between 13 April and 28 June 2021, while the second wave was between 15 November 2021 and 17 January 2022. A total of 1,791 care workers formed the sample of this analysis; of these, 596 were repeated observations, and 1,195 were one-time responses.

Intention to leave voluntarily in the next 12 months was the dependent variable of interest. Respondents were first asked: 'How likely are you to leave your current employer voluntarily in the next 12 months?' followed by 'How likely are you to leave social care altogether in the next 12 months?'. Therefore, we could clearly distinguish between intention to leave current employer and the sector in the analysis. Both measures used a 4-point Likert scale anchored by 'Not at all likely' and 'Very likely', with higher scores indicating higher intention to leave.

The choice of independent variables was informed by earlier studies (see, for example, Castle *et al.*, 2007; Karantzas *et al.*, 2012; Kennedy and Mohr, 2023; Stone *et al.*, 2017) and were grouped into four types:

Demographics: Gender, age, nationality and ethnicity (derived combined measure; for more information, see Hussein *et al.*, 2020), time working in social care, main employer, job role, setting mainly carrying out work, service user, contract type and union membership. For ethnicity, the BAME group captures ethnic minority backgrounds that may also denote visible markers of difference relevant to workplace experiences and inclusion.

Pandemic-related characteristics: Both waves included questions that provided unique insights into abuse and mistreatment, as well as the pandemic-related impact on working conditions. We constructed an indicator of abuse severity in relation to COVID-19 based on the number of positive responses to different abuse types (verbal abuse, bullying, threat and physical violence), i.e., none, single or multiple. To capture the significance of the COVID-19 impact, we created an aggregate score based on the number of working aspects (see Appendix, Table A1) affected by the pandemic, with total scores varying between zero and nine. For meaningful comparisons, the aggregate scores were grouped as none (0 aspects affected), minor (1–2 aspects affected) and major (3+ aspects affected).

Job-related scales: Several items on 5-point Likert-type scales captured dimensions of job-related attitudes, such as overall job satisfaction, pride in telling people that they work in social care, feeling tense, uneasy or worried, and managers seeking the views of employees or employee representatives (see Appendix, Table A2). Following previous social research studies (for example, Bryson *et al.*, 2019; White and Bryson, 2013), we could group these items into five factors: job support, job satisfaction, managerial responsiveness, psychological wellbeing (otherwise known as positive and negative affects) and organisational commitment. However, given the adaptations to social care for some items, we conducted an exploratory factor analysis to confirm that no additional factor was loaded. Indeed, all items were loaded on five factors (see Appendix, Table A2) and subsequently, following Bryson et al. (2017), created five additive scales. More positive scores indicate better organisational commitment, psychological wellbeing, job support and more responsive management.

Local labour market characteristics: Consistent with previous studies (Morris, 2009; Stone *et al.*, 2017), and as we only collected information for each respondent at the regional level, we considered regional unemployment rates measured near the time of the first survey wave. Regional and wave dummies were included in the estimations to capture any remaining local and seasonal effects.

We followed a step-by-step process to ensure that only valid responses were included in the analysis (see Appendix). Missing data in both waves were minimal (up to 2%), which we imputed with the mean (Tabachnick and Fidell, 2014). A total of 1,791 valid responses from staff working in the UK social care sector were included in the analysis. We examined differences in the job-related scales among specific population groups, including by gender, nationality and ethnicity and care setting, as they have been highlighted in other studies as important (see, for example, Landes and Weng, 2019). We performed independent t-tests to identify any statistically significant differences between the subgroups.

Although the survey was conducted in two waves, analyses are based on the pooled sample to maximise representativeness and statistical power. The longitudinal subsample (n = 304) was insufficiently large for robust within-person estimation.

We used pooled ordinary least squares as a foundation for our estimations, combined with a variance inflation factor (VIF) test post-estimation to check for multicollinearity among the independent variables, none of which exceeded the commonly used threshold of 5 (full results available in Appendix, Table A3). Given the ordered nature of intention to leave and following previous studies (for instance, Castle *et al.*, 2007; Kennedy and Mohr, 2023; Stone *et al.*, 2017), we report findings from an ordered logistic model. We used the Brant test to test the proportional odds assumption.

Although most observations were cross-sectional, a random effects ordered logit model was used to account for unobserved individual heterogeneity and the nested structure of repeated measures for a subset

of respondents. This approach improves efficiency by incorporating both cross-sectional and limited longitudinal information while controlling for stable individual characteristics that may influence turnover intention. Fixed-effects models were not feasible due to the small follow-up subsample and limited within-person variation. Sensitivity analyses using pooled cross-sectional specifications produced substantively similar results, supporting the robustness of our findings. Logit and ordered logit models were estimated for comparison and to test the sensitivity of the findings. To determine the efficiency of the random effects estimator as opposed to a fixed effects estimator, we performed a Hausman test. We used the Huber-White sandwich estimator clustered at the individual level for robust standard errors. All models included a wave indicator to account for potential temporal differences between survey waves, thereby controlling for contextual factors that might influence intention to leave or related predictors. Sensitivity checks subsequently confirmed that coefficients did not significantly differ across waves (see Appendix, Table A4). All analyses were conducted in Stata 18.0 (StataCorp, 2023).

RESULTS

Table 1 presents the descriptive statistics of the overall sample. Most respondents were female (85.3%), more than half (58.2%) were aged at least 45 years old and

CHARACTERISTIC	WAVE 1 n (%)	WAVE 2 n (%)	ALL WAVES n (%)	T-TEST/CHI-SQUARE TEST
Gender				[0.047]
Male	167 (16.1%)	96 (12.7%)	263 (14.7%)	
Female	870 (83.9%)	658 (87.3%)	1,528 (85.3%)	
Age				[<0.001]
Under 35 years	270 (26.0%)	132 (17.5%)	402 (22.5%)	
35–44 years	206 (19.9%)	142 (18.8%)	348 (19.4%)	
45–54 years	301 (29.0%)	241 (32.0%)	542 (30.3%)	
55 years and over	260 (25.1%)	239 (31.7%)	499 (27.9%)	
Nationality & Ethnicity				[0.342]
White British	866 (83.5%)	647 (85.8%)	1,513 (84.5%)	
White Non-British	56 (5.4%)	39 (5.2%)	95 (5.3%)	
BAME	115 (11.1%)	68 (9.0%)	183 (10.2%)	
Time working in social care				[<0.001]
Less than 2 years	200 (19.3%)	87 (11.5%)	287 (16.0%)	
2–5 years	225 (21.7%)	154 (20.4%)	379 (21.2%)	
6–10 years	194 (18.7%)	150 (19.9%)	344 (19.2%)	
More than 10 years	418 (40.3%)	363 (48.1%)	781 (43.6%)	
Main employer				[<0.001]
Public sector	183 (17.7%)	173 (22.9%)	356 (19.9%)	
Private (i.e., for profit)	557 (53.7%)	456 (60.5%)	1,013 (56.6%)	
Charity	133 (12.8%)	86 (11.4%)	219 (12.2%)	
Other	164 (15.8%)	39 (5.2%)	203 (11.3%)	
Main job role				[<0.001]
Direct care	763 (73.6%)	496 (65.8%)	1,259 (70.3%)	
Non-direct care	274 (26.4%)	258 (34.2%)	532 (29.7%)	
Setting mainly carrying out work				[<0.001]

(Contd.)

CHARACTERISTIC	WAVE 1 n (%)	WAVE 2 n (%)	ALL WAVES n (%)	T-TEST/CHI-SQUARE TEST
Residential care (with/ without nursing)	375 (36.2%)	211 (28.0%)	586 (32.7%)	
Domiciliary care/individual users' homes/other	662 (63.8%)	543 (72.0%)	1,205 (67.3%)	
Contract type				[0.896]
Permanent	677 (65.3%)	490 (65.0%)	1,167 (65.2%)	
Non-permanent	360 (34.7%)	264 (35.0%)	624 (34.8%)	
Union membership				[0.007]
Yes	464 (44.7%)	289 (38.3%)	753 (42.0%)	
No	573 (55.3%)	465 (61.7%)	1,038 (58.0%)	
Abuse (any) in relation to COVID-19				[0.309]
No	772 (74.5%)	561 (74.4%)	1,333 (74.4%)	
Single	143 (13.8%)	118 (15.7%)	261 (14.6%)	
Multiple	122 (11.8%)	75 (10.0%)	197 (11.0%)	
COVID-19 impact				[0.754]
None	253 (24.4%)	184 (24.4%)	437 (24.4%)	
Minor	552 (53.2%)	412 (54.6%)	964 (53.8%)	
Major	232 (22.4%)	158 (21.0%)	390 (21.8%)	
Intention to leave current employer voluntarily in next 12 months				[0.011]
Very likely	191 (18.4%)	164 (21.8%)	355 (19.8%)	
Quite likely	258 (24.9%)	195 (25.9%)	453 (25.3%)	
Not very likely	369 (35.6%)	214 (28.4%)	583 (32.6%)	
Not at all likely	219 (21.1%)	181 (24.0%)	400 (22.3%)	
Intention to leave social care altogether in next 12 months				[0.002]
Very likely	122 (11.8%)	116 (15.4%)	238 (13.3%)	
Quite likely	178 (17.2%)	157 (20.8%)	335 (18.7%)	
Not very likely	411 (39.6%)	240 (31.8%)	651 (36.4%)	
Not at all likely	326 (31.4%)	241 (32.0%)	567 (31.7%)	
N	1,037	754	1,791	

Table 1 Summary statistics: demographic characteristics.

Notes: P-values in square brackets.

a tenth (10.2%) were from a BAME background. While gender and age characteristics are broadly similar to national figures (Skills for Care, 2023), the limited representation of BAME respondents in the survey (vs. approximately 23% nationally) could be due to continued difficulties engaging with this group (Cairncross and Gardner, 2014). Several respondents (43.6%) had more than 10 years' experience of working in social care, and more than half (56.6%) worked in the private sector, which are largely consistent with the national average (Skills for Care, 2023). Over two-thirds (70.3%) were involved in direct care roles, and a few less (65.2%) were employed on permanent contracts. In addition, less than half (42.0%) were currently or had been in the past members of a trade union or staff association, and just under a third (32.7%) were working in residential care with or without nursing, which is mostly consistent with the national picture (*ibid*). Collectively, one in four respondents (25.6%) experienced at least one type of abuse or mistreatment (i.e., verbal abuse, bullying,

threat or physical violence) in relation to COVID-19 in the timeframe specified in each wave. Importantly, overall, the working conditions of most respondents (75.6%) were impacted due to the pandemic. However, there were no substantial differences on average across the two survey waves.

Regarding intention to leave, on average, under half of the respondents (45.1%) were very or quite likely to leave their current employer voluntarily in the next 12 months. One in three respondents (32.0%) was very or quite likely to leave social care altogether in the next 12 months (29.0% and 36.2% for waves 1 and 2, respectively). Most respondents (71.8%) somewhat or strongly agreed with feeling loyal to their organisation (see Table 2). The direction in the responses of intention to leave was complemented by dissatisfaction with a range of job-related attitudes.

One in three (36.4%) were somewhat or strongly satisfied with the promotion prospects of their current job, and just under half were satisfied with their workload and work-life balance (44.6% and 49.0%, respectively). On the positive side, only a few were dissatisfied or very dissatisfied with the extent to which they feel safe at

ASPECT	%	%	%
OVERALL, HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE FOLLOWING ASPECTS OF YOUR JOB	**DISSATISFIED/VERY DISSATISFIED**	**NEITHER SATISFIED NOR DISSATISFIED**	**SATISFIED/VERY SATISFIED**
Your job overall	15.2	15.9	69.0
The amount of pay you receive	51.0	19.7	29.3
Your workload	33.3	22.1	44.6
Your job security	16.6	19.8	63.6
The extent to which you feel safe at work	13.9	18.2	68.0
The extent to which you can use your own initiative†	8.4	13.6	78.0
Opportunities to use your skills†	12.5	16.0	71.5
The support you receive from managers and/or co-workers†	24.2	22.3	53.4
The quality of care that you provide†	5.8	5.5	88.7
Your work-life balance†	30.9	20.1	49.0
Your promotion prospects†	27.4	36.3	36.4
TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS‡	**SOMEWHAT DISAGREE/STRONGLY DISAGREE**	**NEITHER AGREE NOR DISAGREE**	**SOMEWHAT AGREE/STRONGLY AGREE**
I share many of the values of my organisation	9.9	14.5	75.5
I feel loyal to my organisation	13.2	15.1	71.8
I am proud to tell people who I work for	15.8	19.7	64.6
I am proud to tell people I work in social care	6.8	9.1	84.1
OVERALL, HOW GOOD WOULD YOU SAY MANAGERS AT THIS WORKPLACE ARE AT‡	**POOR/VERY POOR**	**NEITHER GOOD NOR POOR**	**GOOD/VERY GOOD**
Seeking the views of employees or employee representatives	25.5	20.7	53.8
Listening to the views of employees or employee representatives about work-related issues	27.2	20.7	52.1
Responding to questions from employees or employee representatives	27.4	23.0	49.6
Allowing employees or employee representatives to influence final decisions	30.2	28.5	41.3
THINKING OF THE PAST FEW WEEKS, HOW MUCH OF THE TIME HAS YOUR JOB MADE YOU FEEL	**MOST OF THE TIME/ ALL OF THE TIME**	**SOME OF THE TIME**	**OCCASIONALLY/ NEVER**
Tense, uneasy or worried	40.0	32.7	27.3
Calm, contented or relaxed	28.7	29.4	41.9
Depressed, gloomy or miserable	24.9	31.3	43.9
Cheerful, enthusiastic or optimistic	37.6	31.3	31.2

(Contd.)

ASPECT	%	%	%
THINKING ABOUT YOUR IMMEDIATE SUPERVISOR, LINE MANAGER OR BOSS FOR YOUR MAIN JOB, TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? MY IMMEDIATE SUPERVISOR, LINE MANAGER OR BOSS[‡]	SOMEWHAT DISAGREE/STRONGLY DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE/STRONGLY AGREE
Respects me as a person	17.4	16.1	66.5
Recognises when I have done a good job	20.6	17.6	61.8
Is successful in getting people to work together	22.4	24.3	53.3
Helps me perform well in my job	20.9	26.3	52.8
Provides useful feedback on my work	27.6	23.1	49.3
Supports my learning and development	24.1	21.1	54.9
Can be relied upon to keep promises	29.2	23.2	47.6
Is supportive if I have a problem	20.9	17.7	61.4
Treats me fairly	18.7	20.5	60.8

Table 2 Summary statistics: job-related attitudes.

Notes: [†,‡]For personal assistants or live-in care workers, the following clarification was provided: '... If you are a personal assistant or live-in care worker directly employed by an individual or a family, please think about them as your managers'.; [‡]For personal assistants or live-in care workers, the following clarification was provided: '... If you are a personal assistant or live-in care worker directly employed by an individual or a family, please think about them as your organisation'.; [‡]For personal assistants or live-in care workers, the question was reworded as: 'Thinking about the individual or family you work for, to what extent do you agree or disagree with the following statements? The individual or family I work for...'.

work and the quality of care they provide (13.9% and 5.8%, respectively). Also, most respondents somewhat or strongly agreed that they felt proud to tell people they work in social care (84.1%). Thinking back about the past few weeks, several respondents highlighted the many stressors at work, with over a quarter (27.3%) having occasionally or never felt tense, uneasy or worried, and a third (31.2%) feeling cheerful, enthusiastic, or optimistic. Despite these negative feelings, more than half of all respondents rated their satisfaction with aspects such as fairness, respect and recognition and support from their immediate supervisor, line manager or boss as high or very high (60.8%, 66.5% and 61.8%, respectively).

Table 3 shows variations in job-related scales over time. Specifically, respondents were in a better place in terms of job satisfaction and psychological wellbeing in the first survey wave than in the second, and this difference was statistically significant at 1% and 5% levels, respectively. Further, there was only a marginal deterioration (at the 10% level) in organisational commitment in the second wave. No statistically significant difference was detected across the two waves in job support and managerial responsiveness.

Table 4 shows differences in job-related scales by population subgroups. Males scored lower on average in all aspects than females. The most pronounced and statistically significant differences were for organisational commitment (8.3%) and job satisfaction (3.3%). Regarding nationality and ethnicity, BAME respondents reported being in less supportive roles than their White British and White Non-British counterparts. The largest statistically significant difference was between White Non-British and BAME in relation to managerial responsiveness (13.1%). Furthermore, respondents working in residential care scored statistically significantly higher in job satisfaction and psychological wellbeing than those working in domiciliary care or other settings (3.7% and 7.9%, respectively).

Table 5 presents the estimation results. The Brant test for either intention to leave indicator suggested that the proportional odds assumption is not violated at the 5% level (results on request). The Hausman test (41.67 for the current employer and 39.97 for the sector) provided support for the use of the random effects estimator. Workers aged under 45 years old and those aged 55 years old and over were less likely to intend to leave their current employer than those aged 45–54 years old (under 35 years: OR = 0.724; 35–44 years: OR = 0.723; 55 years and over: OR = 0.626), albeit the association was marginally statistically significant at 10% for the former two age groups. The odds of reporting an intent to leave for BAME workers were almost twice the odds of White British workers (OR = 1.994). Workers on non-permanent contracts had significantly higher odds of reporting an intent to leave. All job-related scales except managerial responsiveness (i.e., how well managers at the workplace respond to employees' needs and concerns in an efficient and effective way) (Holland *et al.*, 2013) were significantly associated with a reduced intent to leave. Precisely, a one-unit increase in the job satisfaction scale was associated with an 11% decrease in the odds of reporting an intent to leave the current

SCALE	WAVE 1 MEAN (SD) (1)	WAVE 2 MEAN (SD) (2)	ALL WAVES MEAN (SD) (3)	DIFF. MEAN (SE) (1)–(2)
Job support⁺	0.637 (0.281)	0.622 (0.295)	0.631 (0.287)	0.014 [0.298]
Job satisfaction⁺	0.640 (0.183)	0.617 (0.191)	0.630 (0.187)	0.023 [0.009]
Managerial responsiveness⁺	0.581 (0.297)	0.567 (0.296)	0.575 (0.297)	0.014 [0.321]
Psychological wellbeing⁺	0.510 (0.230)	0.482 (0.234)	0.498 (0.232)	0.028 [0.011]
Organisational commitment⁺	0.766 (0.215)	0.746 (0.229)	0.758 (0.222)	0.018 [0.089]

Table 3 Summary statistics: job-related scales.

Notes: ⁺normalised scales. SD: Standard deviation; SE: Standard error. P-values in square brackets.

CHARACTERISTIC		JOB SUPPORT⁺	JOB SATISFACTION⁺	MANAGERIAL RESPONSIVENESS⁺	PSYCHOLOGICAL WELLBEING⁺	ORGANISATIONAL COMMITMENT⁺
Gender						
Male vs. Female	Diff. (SE)	−0.025 (0.019) [0.197]	−0.033 (0.012) [0.007]	−0.034 (0.020) [0.087]	−0.013 (0.015) [0.413]	−0.083 (0.015) [<0.001]
Nationality and ethnicity						
White British vs. White Non-British	Diff. (SE)	−0.005 (0.030) [0.863]	0.031 (0.020) [0.116]	0.041 (0.032) [0.197]	0.009 (0.025) [0.700]	0.031 (0.024) [0.193]
White British vs. BAME	Diff. (SE)	−0.066 (0.022) [0.003]	−0.030 (0.015) [0.039]	−0.091 (0.023) [<0.001]	−0.069 (0.018) [<0.001]	−0.026 (0.017) [0.131]
White Non-British vs. BAME	Diff. (SE)	−0.061 (0.035) [0.087]	−0.061 (0.023) [0.009]	−0.131 (0.035) [<0.001]	−0.078 (0.028) [0.006]	−0.057 (0.027) [0.036]
Care setting						
Care home with/ without nursing vs. Individual users' home/domiciliary care/other	Diff. (SE)	−0.016 (0.014) [0.258]	−0.037 (0.009) [<0.001]	−0.023 (0.015) [0.131]	−0.079 (0.012) [<0.001]	−0.013 (0.011) [0.243]

Table 4 Job-related scales by population subgroups.

Notes. ⁺normalised scales. SE: Standard error. P-values in square brackets.

employer, controlling for other factors (OR = 0.893), while for organisational commitment, psychological wellbeing and job support, they were 13% (OR = 0.868), 19% (OR = 0.815) and 4% (OR = 0.960), respectively.

For intent to leave the sector altogether in the next 12 months, workers aged under 45 years old were significantly less likely to intend to leave than those aged 45–54 years old (under 35 years: OR = 0.547; 35–44 years: OR = 0.623). The odds of reporting an intent to leave the sector for BAME workers were 54% higher than for White British (OR = 1.536), but the association was marginally statistically significant at the 10% level. Those on non-permanent contracts had much higher odds of reporting an intent to leave the sector. Those who experienced a single type of COVID-19-related abuse had almost twice the odds of intent to leave the sector than those who did not experience any abuse (OR = 1.858). All job-related scales apart from job support were associated with a reduced intention to leave. For example, a one-unit increase in the job satisfaction scale was associated with an 11% decrease in the odds of reporting an intent to leave the sector, controlling for other factors (OR = 0.887). For organisational commitment and psychological wellbeing, they were 17% (OR = 0.828) and 20% (OR = 0.798), respectively. For job support, a one-unit increase in the scale was related to a 3% increase in the odds of reporting an intent to leave the sector, controlling for other factors (OR = 1.033). The effect of managerial responsiveness was not statistically significant.

The effect size of most factors controlled for in the estimations was largely not statistically significantly

	INTENTION TO LEAVE CURRENT EMPLOYER IN THE NEXT 12 MONTHS			INTENTION TO LEAVE SOCIAL CARE ALTOGETHER IN THE NEXT 12 MONTHS		
	(1)	(2)	(3)	(4)	(5)	(6)
	LOGIT	ORDERED LOGIT	RE ORDERED LOGIT	LOGIT	ORDERED LOGIT	RE ORDERED LOGIT
	OR	OR	OR	OR	OR	OR
Gender						
Male	1.345 (0.241) [0.097]	1.194 (0.168) [0.209]	1.208 (0.222) [0.302]	1.440 (0.244) [0.031]	1.275 (0.181) [0.086]	1.414 (0.302) [0.105]
Age						
Under 35 years	0.664 (0.124) [0.028]	0.792 (0.110) [0.093]	0.724 (0.132) [0.077]	0.648 (0.126) [0.025]	0.659 (0.095) [0.004]	0.547 (0.120) [0.006]
35–44 years	0.708 (0.132) [0.064]	0.778 (0.110) [0.077]	0.723 (0.134) [0.080]	0.758 (0.142) [0.138]	0.713 (0.103) [0.020]	0.623 (0.134) [0.028]
55 years and over	0.724 (0.124) [0.059]	0.700 (0.092) [0.007]	0.626 (0.107) [0.006]	1.090 (0.179) [0.602]	1.018 (0.130) [0.890]	1.024 (0.197) [0.903]
Nationality & Ethnicity						
White Non-British	1.375 (0.399) [0.273]	0.967 (0.212) [0.878]	0.974 (0.282) [0.928]	1.183 (0.353) [0.573]	0.999 (0.248) [0.997]	1.082 (0.389) [0.826]
BAME	2.623 (0.597) [<0.001]	1.676 (0.299) [0.004]	1.994 (0.461) [0.003]	1.573 (0.335) [0.034]	1.349 (0.222) [0.069]	1.536 (0.383) [0.085]
Time working in social care						
Less than 2 years	0.967 (0.206) [0.876]	1.413 (0.230) [0.033]	1.644 (0.353) [0.021]	0.928 (0.206) [0.738]	1.175 (0.194) [0.327]	1.232 (0.297) [0.388]
2–5 years	0.941 (0.171) [0.738]	1.130 (0.154) [0.371]	1.156 (0.206) [0.416]	0.753 (0.141) [0.128]	1.097 (0.148) [0.490]	1.095 (0.218) [0.647]
6–10 years	0.720* (0.134) [0.077]	0.961 (0.131) [0.771]	0.999 (0.176) [0.995]	0.799 (0.144) [0.211]	0.972 (0.134) [0.839]	0.990 (0.203) [0.959]
Main employer						
Public sector	0.745 (0.124) [0.077]	0.819 (0.104) [0.116]	0.778 (0.128) [0.127]	0.872 (0.146) [0.415]	0.907 (0.115) [0.442]	0.889 (0.165) [0.525]
Charity	0.754 (0.162) [0.189]	0.721 (0.115) [0.040]	0.715 (0.144) [0.096]	0.812 (0.170) [0.320]	0.701 (0.111) [0.024]	0.650 (0.149) [0.060]
Other	0.856 (0.200) [0.504]	0.905 (0.157) [0.567]	0.910 (0.203) [0.672]	0.822 (0.181) [0.373]	0.810 (0.137) [0.212]	0.781 (0.194) [0.319]

(Contd.)

	INTENTION TO LEAVE CURRENT EMPLOYER IN THE NEXT 12 MONTHS			INTENTION TO LEAVE SOCIAL CARE ALTOGETHER IN THE NEXT 12 MONTHS		
	(1)	(2)	(3)	(4)	(5)	(6)
	LOGIT	ORDERED LOGIT	RE ORDERED LOGIT	LOGIT	ORDERED LOGIT	RE ORDERED LOGIT
	OR	OR	OR	OR	OR	OR
Main job role						
Non-direct care	0.864 (0.143) [0.378]	0.891 (0.110) [0.350]	0.836 (0.133) [0.262]	0.965 (0.157) [0.829]	0.953 (0.120) [0.702]	0.899 (0.165) [0.560]
Setting mainly carrying out work						
Residential care (with/without nursing)	0.938 (0.146) [0.683]	1.083 (0.127) [0.499]	1.104 (0.169) [0.517]	0.985 (0.148) [0.922]	1.058 (0.126) [0.636]	0.899 (0.165) [0.640]
Contract type						
Non-permanent	1.447 (0.229) [0.019]	1.691 (0.203) [<0.001]	1.899 (0.305) [<0.001]	1.594 (0.251) [0.003]	1.447 (0.177) [0.003]	1.719 (0.325) [0.004]
Union membership						
Yes	0.934 (0.133) [0.630]	1.052 (0.115) [0.642]	1.056 (0.150) [0.700]	1.109 (0.162) [0.479]	1.003 (0.114) [0.980]	1.033 (0.176) [0.849]
Abuse (any) in relation to COVID-19						
Single	1.502 (0.274) [0.026]	1.250 (0.180) [0.121]	1.297 (0.239) [0.158]	1.886 (0.326) [<0.001]	1.570 (0.219) [0.001]	1.858 (0.377) [0.002]
Multiple	1.114 (0.286) [0.675]	1.032 (0.187) [0.862]	1.105 (0.263) [0.675]	1.215 (0.263) [0.368]	1.150 (0.199) [0.419]	1.310 (0.348) [0.308]
COVID-19 impact						
None	0.898 (0.177) [0.583]	1.070 (0.159) [0.649]	1.122 (0.214) [0.546]	1.059 (0.202) [0.765]	1.037 (0.148) [0.798]	1.087 (0.227) [0.690]
Minor	1.041 (0.166) [0.799]	1.186 (0.143) [0.157]	1.255 (0.193) [0.140]	1.047 (0.165) [0.770]	1.022 (0.122) [0.859]	0.992 (0.173) [0.962]
Job-related scales						
Job satisfaction	0.915 (0.015) [<0.001]	0.913 (0.012) [<0.001]	0.893 (0.162) [<0.001]	0.926 (0.014) [<0.001]	0.926 (0.012) [<0.001]	0.887 (0.018) [<0.001]

(Contd.)

	INTENTION TO LEAVE CURRENT EMPLOYER IN THE NEXT 12 MONTHS			INTENTION TO LEAVE SOCIAL CARE ALTOGETHER IN THE NEXT 12 MONTHS		
	(1)	(2)	(3)	(4)	(5)	(6)
	LOGIT	ORDERED LOGIT	RE ORDERED LOGIT	LOGIT	ORDERED LOGIT	RE ORDERED LOGIT
	OR	OR	OR	OR	OR	OR
Organisational commitment	0.885 (0.025) [<0.001]	0.899 (0.020) [<0.001]	0.868 (0.027) [<0.001]	0.903 (0.024) [<0.001]	0.883 (0.020) [<0.001]	0.828 (0.029) [<0.001]
Psychological wellbeing	0.844 (0.021) [<0.001]	0.853 (0.017) [<0.001]	0.815 (0.022) [<0.001]	0.825 (0.021) [<0.001]	0.853 (0.018) [<0.001]	0.798 (0.025) [<0.001]
Job support	0.962 (0.009) [<0.001]	0.969 (0.008) [<0.001]	0.960 (0.010) [<0.001]	1.016 (0.009) [0.088]	1.019 (0.008) [0.020]	1.033 (0.012) [0.006]
Managerial responsiveness	1.015 (0.023) [0.497]	1.009 (0.018) [0.636]	1.010 (0.023) [0.662]	1.015 (0.022) [0.499]	1.011 (0.019) [0.569]	1.015 (0.028) [0.577]
Regional unemployment	1.000 (0.095) [0.998]	1.029 (0.073) [0.680]	1.054 (0.096) [0.565]	1.036 (0.101) [0.720]	1.043 (0.076) [0.566]	1.097 (0.119) [0.393]
Constant	2.489 (1.064) [0.033]	–	–	0.536 (0.235) [0.156]	–	–
Cut points						
1	–	−2.686 (0.326)	−3.420 (0.473)	–	−1.765 (0.345)	−2.532 (0.526)
2	–	−0.479 (0.313)	−0.566 (0.406)	–	0.302 (0.341)	−0.608 (0.514)
3	–	1.375 (0.311)	1.811 (0.430)	–	1.780 (0.347)	2.798 (0.558)
Service user dummies	Yes	Yes	Yes	Yes	Yes	Yes
Regional dummies	Yes	Yes	Yes	Yes	Yes	Yes
Wave dummies	Yes	Yes	Yes	Yes	Yes	Yes
N	1,791	1,791	1,791	1,791	1,791	1,791
Pseudo R-squared	0.330	0.221	–	0.246	0.157	–
Chi-squared	–	–	179.81	–	–	190.02

Table 5 Estimation results of intention to leave current employer and social care altogether in the next 12 months.

Notes: OR = Odds ratio; RE = Random effects. Robust standard errors in parentheses. P-values in square brackets. Base categories: Gender: Female; Age: 45–54 years; Nationality & Ethnicity: White-British; Time working in social care: More than 10 years; Main employer: Private (i.e. for profit); Main job role: Direct care; Setting mainly carrying out work: Domiciliary care/individual users' homes/other; Contract type: Permanent; Union membership: No; Abuse (any) in relation to COVID-19: None; COVID-19 impact: Major.

different across the two survey waves (see Appendix, Table A4).

Sensitivity analyses comparing random effects ordered logit, pooled ordered logit and binary logit models indicated that key findings were robust to model specification. While small variations in odds ratios were observed (e.g., for job support), the direction and statistical significance of the main effects remained consistent, suggesting that substantive conclusions do not depend on the modelling approach. The slightly larger estimates in the random effects model likely reflect the control for unobserved individual heterogeneity rather than fundamental differences in underlying relationships.

DISCUSSION

This article highlighted several important themes when investigating the determinants of intention to leave among UK care workers during the COVID-19 pandemic:

a) Job satisfaction and intent to leave: The findings revealed a significant association between job satisfaction reported by care workers and the lower levels of intention to leave. However, despite the majority expressing loyalty to their organisations, dissatisfaction with various job-related factors, such as pay, promotion prospects, workload and work-life balance, was evident.

Pay in the care sector is usually benchmarked around the minimum legal levels of pay (Bessa *et al.*, 2013; Datta *et al.*, 2019; Hussein, 2017; Vadean and Allan, 2021). The dissatisfaction reported by care workers, particularly with pay, aligns with existing literature highlighting the pivotal role of remuneration (including pensions) and opportunities to progress in shaping job satisfaction (Kelly *et al.*, 2022). Numerous studies emphasise that inadequate compensation is a significant source of discontent among care workers and a reason to leave the sector (Datta *et al.*, 2019; Hussein, 2018; Kelly *et al.*, 2022). The disparity between the value ascribed to care work and remuneration is a recurrent theme, contributing to a sense of undervaluation and dissatisfaction (Vadean and Saloniki, 2023) and exacerbating the levels of poverty in the sector compared to others, such as health, retail and hospitality (Allen *et al.*, 2022).

The findings indicated dissatisfaction with promotion prospects, suggesting that career advancement within the care sector may be a critical factor influencing job satisfaction. The literature underlines the importance of career development opportunities in retaining care workers (Hussein, 2017). Limited prospects for professional growth and upward mobility can lead to frustration and intentions to leave (Vadean and Saloniki, 2023).

The levels of dissatisfaction with workload and work-life balance were observed as significant contributors to job dissatisfaction. This resonates with research highlighting the demanding nature of care work and its impact on workers' wellbeing (Turnpenny and Hussein, 2020). Insufficient attention to workload management and work-life balance can result in burnout and decreased job satisfaction (Hussein *et al.*, 2020).

Most care workers expressing loyalty to their organisations despite their intent to leave prompts a deeper exploration of organisational commitment. Existing literature suggests that organisational commitment is complex, influenced by factors beyond job satisfaction, including perceptions of support, fairness, and alignment with organisational values (Eisenberger *et al.*, 1990).

b) Job support and intent to leave: The positive correlation between job support and intent to leave introduces a fine facet to the intricacies of the employee-manager relationship. Although with a small effect size, this finding may indicate a contextual rather than causal relationship, where higher support reflects management responses to emerging retention risks rather than a factor increasing intention to leave. This association aligns with extant literature on the multifaceted nature of workplace dynamics and employee autonomy. Organisational psychology literature recognises the vital role of managerial support in fostering employee wellbeing, job satisfaction and levels of autonomy and empowerment (*ibid*). Staff receiving heightened support may demonstrate greater decision autonomy, potentially explaining their increased likelihood of willingness to leave amid challenging work conditions, including those imposed by the COVID-19 pandemic.

c) Direct impact of the COVID-19 experience: The unexpected finding of the diminished overall impact of the COVID-19 pandemic on intent to leave, except in cases of encountered abuse, raises intriguing questions about the subtle effects of the pandemic on the care workforce. The intertemporal impact of abuse and job satisfaction on intention to leave signify the complexity of the pandemic and the need to approach the phenomenon from a multidimensional lens. The pandemic introduced unprecedented challenges for the care sector, including increased workload without additional pay, isolation, and elevated stress. The literature underscores the potential detrimental effects of pandemics on the mental health and job satisfaction of care workers (Brooks *et al.*, 2020; Galea *et al.*, 2020). However, factors such as perceived job significance and organisational support may influence the observed resilience in overall intention to leave amidst these challenges. The emergence of abuse during the pandemic as a critical factor influencing intent to leave coincides with research highlighting the profound impact of workplace mistreatment on job satisfaction and retention (Hershcovis, 2011; Saloniki *et al.*, 2022).

d) Visibility markers, specifically colour: Although the demographic composition of our sample broadly

reflects the national social care workforce, respondents from minority ethnic (BAME) backgrounds were underrepresented (10% compared to approximately 23% nationally). This may limit the generalisability of findings concerning ethnic differences and suggests that our estimates of disparities could be conservative. Notwithstanding this, similar to previous literature, our analysis identified the significance of visibility markers, particularly colour, for various outcomes (Hussein, 2022). The impact of colour surpassed that of ethnicity, emphasising the need for organisations to address colour-based disparities within the care sector. Recognising these markers aligns with a growing body of literature emphasising the importance of acknowledging and addressing workplace diversity (Kalev *et al.*, 2006). Visibility markers are pivotal in shaping individuals' experiences within organisations, influencing their sense of belonging, identity and overall job satisfaction, as well as creating inclusive work environments.

e) Gender disparities and job-related scales: Gender disparities were evident in job-related scales, with males consistently underscoring females on aspects such as organisational commitment and job satisfaction. However, gender differences in intention to leave were not consistent across waves. Although male respondents showed higher odds of intending to leave, this association was not statistically significant in the pooled model and only reached significance in wave 2. This variation may reflect contextual changes during the pandemic, such as increasing workload pressures or policy uncertainty, or minor shifts in sample composition.

The association between gender and job-related outcomes resonates with broader discussions on gender inequalities in work settings (Wood and Eagly, 2015). It aligns with the idea that traditional gender roles and societal expectations may influence individuals' experiences and perceptions within the workplace. The recognition of variable motivations and work experiences based on gender in the literature (Hussein *et al.*, 2016) adds depth to the understanding of intersectionality in the social care sector. Intersectionality emphasises the interconnected nature of social categorisations, including gender, and their impact on individuals' experiences (McCall, 2005). Thus, considering multiple identity factors while analysing workplace dynamics is paramount.

f) Middle-age group's intent to leave: The intriguing observation that the middle-age group (45–54 years old) exhibited the highest likelihood of intending to leave both their job and the sector necessitates a deeper exploration of the underlying cause of this trend. This demographic may contend with a multitude of responsibilities, including involvement in informal care (e.g., sandwich caregiving). Existing literature recognises the intricate relationship between work and caregiving responsibilities, particularly among middle-aged individuals (Vosko, 2009). The strain of juggling work and caregiving obligations has been associated with increased stress and job dissatisfaction, exacerbated by the COVID-19 pandemic (Craig and Churchill, 2021; Owens et al., 2024).

Another contributor to this finding could be the increased demands during the pandemic for learning IT skills to adapt to remote work, which could disproportionately affect individuals with less formal qualifications. This is particularly relevant given that a significant portion of this group comprises women who may already face barriers to acquiring digital skills (Fang *et al.*, 2019).

The findings underscore the complexity of factors influencing the social care workforce, urging a comprehensive approach to address dissatisfactions, enhance support mechanisms and acknowledge the diverse challenges faced by different demographic groups within the sector. Considering the intricate dynamics revealed within the care sector, there is a pressing need for tailored interventions that recognise and address the intersectionality of age, gender and race. Our findings emphasise the imperative of designing targeted strategies to enhance job retention, considering the fine challenges faced by diverse demographic groups within the sector. Furthermore, these insights stress the necessity for a comprehensive long-term care workforce strategy. Such a strategy should address immediate concerns and delve into the deeply rooted challenges surrounding pay and working conditions. A holistic approach, acknowledging the diverse needs and experiences of the workforce, is essential for fostering a sustainable and thriving social care sector in the long run.

CONCLUSION

Taken together, the findings highlight the persistent and multifaceted nature of turnover intention within the adult social care workforce in England. Job satisfaction, emotional exhaustion, and organisational commitment remain the strongest predictors of workers' intentions to leave, underscoring the importance of improving everyday working conditions, supervision, and recognition. The analyses also point to structural inequalities: minority ethnic workers, particularly those from visibly racialised backgrounds, continue to experience less favourable outcomes even after controlling for job-related factors. These findings align with growing evidence that visibility and racialisation shape workplace experiences and retention in health and social care (Hussein, 2022; Moriarty *et al.*, 2019; Skills for Care, 2024). Although gender and job support effects were small and context-dependent, they suggest that turnover intention is embedded within complex organisational and social dynamics that evolve over time.

From a policy perspective, these results reinforce ongoing calls for a more equitable and sustainable

social care workforce strategy. Efforts to enhance retention should combine structural measures, such as fair pay, manageable workloads and career progression pathways, with cultural interventions that address discrimination, promote inclusion, and recognise the value of a diverse workforce. By integrating individual, organisational and structural dimensions of turnover intention, this study contributes new evidence on how visible and intersectional inequalities interact with job conditions to influence retention. In doing so, it adds to the growing body of research linking workforce stability to quality of care and to the broader goal of building a fairer, more resilient adult social care sector in England.

DATA ACCESSIBILITY STATEMENT

The data used in this article are managed by the authors and cannot be accessed by others outside of the project research team.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Appendices.** Tables A1 to A4 . DOI: https://doi.org/10.31389/jltc.390.s1

ETHICS AND CONSENT

Ethical approval was gained from the School of Social Policy, Sociology and Social Research SRC Ethics Committee (SRCEA ID 240) at the University of Kent. Informed consent to participate was collected from the participants in the longitudinal survey.

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

Conceptualization: ECS and SH; Data curation: ECS; Formal analysis: ECS; Investigation: SH and ECS; Methodology: ECS and SH; Writing—original draft: ECS and SH; Writing—review & editing: ECS and SH. All authors have read and agreed to the published version of the manuscript.

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