agiLab

The University of Sussex
Research and Best Practice in Agile Working

Work indifference: a sign of burnout for agile workers that reduces staff support and empathy

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A note about agiLab

agiLab is the co-creation of academics at the University of Sussex and the NHS. agiLab aims to promote and facilitate an evidence-based approach to best practice and research in agile working through academic and practitioner collaboration and knowledge exchange. A key strategic aim of the NHS is to develop more flexible and pioneering ways of meeting the diverse needs of workers, patients, and society. agiLab aims to be at the forefront of leading the agenda to support and optimise this, via state-of-the-art academic research. www.agilab.org.uk

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Foreword

Building on the insights generated during the first phase of this research, it has been a privilege to support the development of phases two and three. This work offers a valuable opportunity to explore how evidence-based insight can improve the experience of the NHS workforce. Aligned with the NHS People Promise, specifically the commitments that 'we work flexibly' and 'we are safe and healthy', this project reflects our ongoing commitment to enable staff to be innovative about how, when and where they work, in order to meet both service needs and individual goals.

I feel extremely proud to introduce this report on behalf of NHS Employers.

Findings from the first phase revealed that expressions of indifference towards agile working arrangements can evoke a range of negative reactions, thoughts and feelings among colleagues. By developing our understanding of these dynamics, we hope that this next stage of research will ensure that those workers most at risk of burnout are met with compassion, empathy and support from their colleagues and leaders.

We would like to thank our colleagues at the University of Sussex, the generosity of support and guidance provided by Dr Emma Russell throughout the development of this project has been invaluable. We also extend our thanks to the agiLab steering committee for their commitment and insight, and to participants at our most recent agiLab conferences, including union colleagues, senior workforce leaders and NHS Employers colleagues for their valuable input.

We hope that this report will act as a catalyst for further discussion and action across the system. As we work collectively to improve staff experience, we must remain committed to better understanding the complex factors that support a positive experience for NHS staff, particularly those that impact on agile working and burnout, such as indifference. This insight is vital to informing our work to improve staff experience and support the recruitment and retention of a committed, valued and agile workforce for the future.

Sam Owen

Assistant Director: Engagement, NHS Employers

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1. Executive Summary

Following reports that different groups of NHS workers were experiencing tension, as a result of different agile working arrangements, we undertook research in a phase one study in 2023, to understand more about the source of such conflict. This research revealed that, when people express indifference about their agile working arrangement, this is more likely (compared with other expressions) to elicit hostile and unempathetic responses from colleagues. We presented these findings in our 8th agiLab conference, and our agiLab report, titled "*Understanding and reducing tensions between clinical and non-clinical staff in the NHS, in relation to agile working*".

Our phase one report findings were concerning because, in other academic literature, expressions of indifference have been found to be a sign of dysfunction and a potential precursor of burnout. Given that burnout is a significant issue amongst the NHS workforce, with roughly a third of workers reporting that they are experiencing signs of this in the latest staff survey, we wanted to investigate this issue further in two additional phases of research. In phase two, in 2024, we tested whether expressions of work indifference are related to reports of burnout, and if so, we wanted to know which aspects of burnout were especially associated with work indifference, and whether some people are more likely to be affected by this. In a study of 321 working adults, we found that indifference is especially linked to the 'depersonalisation' element of burnout, indicative of people who have disengaged from work and are distancing themselves and their feelings from their job and its demands. The academic literature suggests that depersonalisation is a 'later stage' indicator of burnout, usually experienced following a period of emotional exhaustion. This is potentially a coping mechanism for defending the self when resources and energy have been depleted. We found that the depersonalisation aspect of burnout was more associated with work indifference than other burnout indicators (emotional exhaustion and inefficacy), and measures of (low) wellbeing. We also found that people who more strongly identified with their work were more likely to experience higher levels of burnout indicators when they were also experiencing indifference.

In phase three, undertaken in 2025, we then examined if an intervention to raise awareness about indifference and its association with burnout could increase empathy and helping behaviours from NHS staff when they detect indifference in their colleagues. We undertook a study with 300 working adults, allocating half the sample to an indifference awareness intervention group, and half to a control group. Half of the sample then read about an indifferent NHS agile worker, and half read about an agile worker with no given expression (control). We found that, regardless of the intervention, workers still felt hostility, a lack of empathy and did not want to offer support to agile working colleagues who expressed indifference. They were also more likely to believe that the agile worker expressing indifference had received an unfair agile working deal (compared to the colleague not showing indifference). The only impact that the intervention had was that people were more likely to signpost colleagues for help, but they did not offer them support personally.

These findings show that indifference, rather than agile working arrangements, provoke strong negative reactions from colleagues, and – even when they know this can be a sign of burnout – colleagues are reluctant to personally offer help and support. We discuss how this could be a sign that people in the NHS are generally finding it difficult to deal with the demands of their job and so, when they notice someone who is also struggling (the indifferent person), they do not have the capacity to help them. We suggest that it is now highly important for the NHS to monitor indifference, as a red flag indicator of burnout in staff, and a sign that the work being undertaken may need to be redesigned or addressed to reduce the negative impact it is having. We also highlight the importance of educating managers and organisations (e.g. Trusts) so that workers can receive support for burnout when indifference is expressed; our study implies that it is unrealistic to expect support to be forthcoming from fellow staff members, who themselves may be struggling. We propose a RESET model to help NHS Trusts and organisations think about what to do next to ensure that 'indifference', not currently measured or monitored in internal wellbeing metrics, can become part of the discourse for helping staff at risk of burnout.

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2. Introduction

2.1 Our research on indifference and agile working

Definitions

Agile working involves offering **innovative, customised and responsive** working arrangements related to **how, when and where** people work, to better meet **service needs**, **individual circumstances** and **improve access to good work** (Russell & Grant, 2020).

Indifference is a **non-emotion**, expressed when an emotional response would normally be expected. It involves **flatness of feeling**, apathy, low arousal and **disengagement,** and can outwardly signal that the expressor 'doesn't care' (Cohen-Chen et al., 2022).

In October 2023, agiLab undertook a study of the sources of conflict between clinical and non-clinical workers, who had different agile working arrangements in the NHS (Russell et al., 2023). The study was undertaken because we had heard evidence, through our agiLab conferences and research, that tensions were arising between NHS staff who appeared to resent the agile arrangements that 'other' groups had been given. This aligned with evidence from the academic research literature, that suggests that when organisations move towards ways of working that offer ongoing flexibility and customisation of work arrangements, it can be a source of conflict for staff members who may feel resentful that others are getting a supposedly better deal (Kossek & Kelliher, 2023).

In the first phase study, we used vignette experiments, presenting workers with a scenario that depicted an NHS agile worker's response to their agile working arrangement. We found that when the NHS agile worker expressed indifference in response to their agile working arrangements in the scenario, this provoked a range of negative and hostile reactions, thoughts and feelings from workers in other groups (e.g. clinical or non-clinical groups). These negative responses were stronger when indifference was expressed in the scenario, compared to when negative emotions or no emotions were expressed about the agile arrangement.

These findings indicated that **it isn't the different agile working arrangement** *per se* that is a source of conflict for other staff members. Rather, **it is how an agile worker expresses their feelings** about the agile working arrangement that can evoke a hostile reaction from other workers.

These findings were enlightening as they revealed that workers are more likely to make concessions towards agile workers when they can see that they are struggling (i.e. through the expression of negative emotions). However, indifference (an explicitly non-emotional expression) in relation to agile working, seemed to rile colleagues. This could be because, seeming not to care, in an organisation that holds care at the very heart of its ethos, is likely to be hard to tolerate and perceived to be a character or moral failing of the expressor (Cohen-Chen et al., 2022; Eldh et al., 2016; Fischer & Giner-Sorolla, 2016; Melwani & Barsade, 2011). Indeed, other research confirms that harsh judgement is bestowed upon clinical workers who do not express compassion or emotion towards their patients, even when such workers have experienced trauma and significant strain (Ergin et al., 2020).

There is also research within work psychology that has shown how – when organisations change working arrangements to accommodate the flexible needs of its workers – this is implicitly provided

alongside an expectation of gratitude from recipients, to be expressed through their greater engagement and commitment to the organisation (Kelliher & Anderson, 2010). When a worker expresses indifference in relation to a specially arranged agile work pattern, this could be seen as reneging the implicit expectation of gratitude and reciprocity, leaving the worker in moral debt to the organisation and thus not worthy of compassion and support.

It is clear from our phase 1 findings that expressions of work indifference are likely to evoke hostility and resentment in colleagues, and that this might be especially exacerbated by the NHS setting (where not caring is culturally contentious) and for agile workers (where the lack of gratitude for 'special' arrangements can be galling for onlookers). In other words, in our first study, we suggested that indifference could signal work disengagement, ingratitude and a lack of care and it is this that elicits more hostility and less empathy and support from others. However, we did not test whether the tension created by the expression of indifference should be a cause for concern (i.e. linked to problematic work outcomes). We also did not test how expressions of indifference could effectively be addressed, if indeed these were related to problematic outcomes.

Therefore, in the next phases of our research, our aims were to understand (i) whether indifference expressions in workers are related to problematic work outcomes, and should be a cause for concern for the NHS, and (ii) whether tensions arising from expressions of indifference can be addressed.

2.1.1 Should expressions of indifference be a cause for concern?

In our phase 1 report, and the section above, we conject why expressions of indifference provoked such a negative response from other workers. However, beyond the tensions that arise when indifference is expressed, there are other concerns related to its emergence. In keeping with research from health and clinical sciences, when a person cannot expend the regulatory resources required to manage their emotions, they may shut down, in an effort to protect the self (Drago et al., 2010; Sansone & Sansone, 2010; Wang et al., 2022). This can occur after chronic exposure to negative or traumatic events that have elicited prolonged expressions of negative emotion, and/or required significant effort from a person to manage and deal with such emotions (Maslach et al., 2001). At a certain point, a person may enter a self-protection mode, detaching themselves from their emotions and withdrawing from engagement in the activities and relationships that were a source of discord (Bakker et al., 2004; Hobfoll et al., 2018). At such times, a low arousal, apathetic, non-emotional, and 'indifferent' state is entered (Wang et al., 2022). This can be a signifier that an individual is heading towards (or indeed has reached) a state of burnout (Taris et al., 2005; Wang et al., 2022).

Burnout

Burnout is a work-related condition described by Maslach et al. (2001) as "a prolonged response to **chronic emotional and interpersonal stressors** on the job… defined by the three dimensions of **exhaustion**, **cynicism**, and **inefficacy**" (p. 397). Burnout is an important occupational phenomenon associated with significant **psychological strain** and **poor work-related outcomes** such as reduced job satisfaction, organisational commitment, work performance and staff retention (Bianchi et al., 2019; de Hert, 2020; Demirci et al., 2010; Maslach & Leiter, 2016).

In light of this, our concern about the findings from phase 1 of our research was that expressions of indifference could be indicative of burnout. If this were the case then – at the very point when the worker may most need empathy and support from their colleagues – they are instead being viewed and treated with hostility. Given the significant issues faced by the NHS in maintaining a healthy, engaged workforce, understanding and tackling burnout amongst staff is now a significant priority

(Best, 2021; NHS Employers, 2025; NHS Staff Survey: National Results Briefing, 2024). Our phase 1 research suggests that identifying indifference as an indicator of burnout, and supporting staff who express this state, could go some way towards better understanding and tackling burnout in the NHS.

Indeed, such concerns were reflected amongst agiLab delegates and members in the NHS community. In the week after our 2023 phase 1 report was published, it became the most read article on the NHS Employers website. The study findings were then presented at the 8th agiLab conference in November 2023. Workforce managers, people directors and other attendant NHS groups and stakeholders, iterated the importance of educating staff about expressions of indifference in agile workers, and how this can represent an important 'red flag' for burnout, currently being overlooked. Because our focus is on indifference as expressed in relation to work, we refer to this as 'work indifference' from this point forward.

2.1.2 Tackling work indifference as a 'red flag' for burnout in the NHS

Based on the feedback from our phase 1 of the agiLab research, and to meet the aims set out above, the research team devised two additional phases of study. In phase 2, we wanted to understand if expressions of work indifference really are an indicator of burnout in agile workers, and whether any particular workers might be more or less affected by this. In phase 3, we wanted to design an intervention to help staff to identify work indifference and its associated burnout risk to understand if this would increase empathy and intentions to provide support towards colleagues (hence reducing tensions amongst different agile staff). With recent reports from the NHS demonstrating that burnout continues to be a major problem for staff (NHS Staff Survey: National Results Briefing, 2024[1]; NHS Employers, 2025), these two new phases of research offer the potential to identify workers at risk of burnout. Should the intervention 'work', this would also offer a potential solution for addressing burnout in NHS workers.

2.1 Phase 2: establishing if work indifference is associated with job burnout

The concept of job burnout was originally developed from academic studies examining health and human-services workers, as far back as the 1970s (Freudenberger, 1974). It was found that these workers were especially likely to be exposed to chronic job stressors and the need to execute high levels of emotional regulation to cope with their work (Maslach et al., 2001; Maslach & Schaufeli, 1993). Over time, these demands were purported to deplete workers' resources[2] to the extent that they would emotionally detach from their work, in order to protect themselves from further resource loss, and to rebuild lost resources (Hobfoll et al., 2018; Maslach, 1982; Maslach et al., 2001).

Whilst emotional exhaustion is considered to be the central core of burnout experiences[3] and most likely to emerge first, when long term stressors exceed one's capacity to cope (Kristensen et al., 2005; Leiter & Maslach, 1988; Maslach et al., 2001), there are in fact three key components that comprise the burnout condition (Maslach & Leiter, 1997). Along with emotional exhaustion (being over-extended and resource depleted), cynicism or depersonalisation can be seen in sufferers (involving a negative, callous or detached response) along with perceptions of reduced efficacy (a self-evaluated lack of competence or accomplishment) (Maslach et al., 2001).

[1] Roughly a third of respondents to the 2024 staff survey show signs of burnout, a similar level to 2023.

[2] Resources are any personal (e.g. time, knowledge, self-esteem), social (e.g. managerial support) or material (e.g. work tool or technology) asset that helps a person to build other resources and achieve their valued goals.

[3] It is this component only that appears to be represented in questions about burnout in the NHS staff survey.

Of these components, it is the second – the cynicism or depersonalisation response – that aligns most with indifference. Academic research shows that, especially in care and clinical work, people might demonstrate "indifference or [a] cynical attitude when they are exhausted or discouraged" (Maslach et al., 2001, p. 403) as a way of cognitively distancing or detaching the self from prolonged, emotionally stressful experiences. This manifests as a depersonalised or cynical response pattern and usually follows from an emotionally exhausted state (Leiter & Maslach, 1988; van den Broeck et al., 2013). There is also some suggestion that this response pattern is especially notable in health and human care workers because these workers are often very involved in their jobs and have high expectations about delivering a good service (Bakker et al., 2004; Brotheridge & Grandey, 2002). Maslach et al. (2001, p.411) say that "high expectations lead people to work too hard and do too much, thus leading to exhaustion and eventual cynicism when the high effort does not yield the expected results." Thus, a depersonalised response might emerge because if people feel their efforts are in vain, and cannot be sustained, they effectively have to disengage or psychologically switch off, in order to cope (Kristensen et al., 2005).

Where the burnout literature perhaps differs from the indifference literature is in the depiction of burnout (and especially depersonalisation/cynicism) as involving expressions of negative affect (e.g. callous feelings). This is not in keeping with definitions of indifference as a non-emotion (Cohen-Chen et al., 2022). Nevertheless, the notion that people adopt a detached and emotionally flat response as a late-stage state following enduring stressors, disappointments and exhaustion, appears to fit with both the burnout and indifference literatures. It also matches with anecdotal reports coming out of agiLab, and the findings of our first study phase.

2.2.1 Phase 2 research questions

We therefore designed the second phase of our research into indifference as a source of conflict in the NHS, to seek confirmation that expressions of indifference are associated with expressions of burnout (and especially the depersonalisation/cynicism component). Our phase 2 research questions are set out below.

Phase two research questions:

- Are expressions of indifference and burnout significantly related to each other?
- Is depersonalisation/cynicism more significantly associated with indifference, compared with emotional exhaustion and inefficacy?
- Is indifference also associated with lower levels of wellbeing?
- Are those who experience burnout when indifference is higher more likely to experience this when they have more involvement in their jobs, and stronger work identities (as is often found in those in health and care work)?

By undertaking this phase of research, our intention was to confirm whether addressing indifference expressions in NHS agile workers could be a way of identifying and dealing with burnout. This also enabled us to understand whether work indifference is most connected to the depersonalisation/cynicism stage of burnout (usually found after emotional exhaustion has set in, and currently not captured in the NHS staff survey questions). Finally, we examined job involvement and work identity to establish whether this is one reason why NHS workers have been negatively impacted by burnout to date.

2.3 Phase 3: designing a work indifference awareness intervention to tackle burnout

In the event that our phase 2 research would support the notion that work indifference is an indicator of burnout, we designed a third phase of research involving an intervention.

Academic research suggests that interventions to tackle burnout have had mixed results. The least successful types of intervention focus on change at the individual level (e.g. offering resilience training or employee engagement programmes) (Afrahi et al., 2022; Maslach et al., 2001). These individualised approaches work less well because burnout is most likely to occur as a result of situational stressors (e.g. workload and time pressure) and so should be tackled through reducing organisational demands and/or increasing organisational resources (Maslach et al., 2001). A key organisational resource that appears to offer positive benefits for those experiencing burnout, is social support. Social support involves the provision of empathy, compassion, information and helping behaviours (House, 1981). It can prevent people from feeling like they are on their own in tackling demands, and can show people that their struggle has been acknowledged.

However previous research into indifference has shown that this is a non-emotion that often instils hostility in others, and can result in a withdrawal of social support and co-operation (Cohen-Chen et al., 2022). This may be because - when people fail to show emotions in response to situations that would usually elicit an emotional response - they may be dehumanized by others, seen as not caring (potentially a sign of contempt) and morally justifying a non-supportive, unhelpful response from others (Runions & Bak, 2015). Because the expression of emotions is such a fundamental part of being human, when this is lacking, people may be attributed mechanistic or inhumane traits (Haslam et al., 2007). This is especially likely to be a problem in environments where workers are more likely to be temporally and spatially dispersed from each other. Recent research has found that when social connections between people are weakened and severed (e.g. through online work), then colleagues are more likely to dehumanize each other, morally justifying withdrawal of support or care-giving helping behaviours (Haslam, 2022; Runions & Bak, 2015; Shin & Kim, 2020).

An intervention to tackle work indifference therefore needs to achieve two goals. First, it needs to rehumanize the person expressing indifference, to show others that their detached and non-emotional response is a sign of human struggle. Second, it needs to encourage social support from others so that when indifference is expressed, colleagues are prompted to demonstrate care and empathy and offer them help. The provision of social support at such times should serve to offset burnout.

2.3.1 Phase 3 research questions

We therefore designed an intervention to recognise work indifference in colleagues in the third phase of this research, and examined whether this would elicit more social support in terms of greater empathy, reduced hostility and, greater intentions to offer help. We chose to study this using an experimental design to understand whether a simple ‘indifference awareness’ training could be useful. Our phase 3 research questions are set out below.

Phase three research questions:

- Does an indifference awareness training (intervention) elicit more positive responses and social support for NHS agile workers, than a neutral training condition (control)?
- Does an NHS worker elicit fewer positive responses and social support from colleagues, when they express indifference (indifference expression condition) compared to neutral emotions (control condition) when referring to a new agile working arrangement?
- Are positive responses and social support provision higher when participants have received the intervention *and* indifference expression condition, i.e., when participants have learned about indifference as an indicator of burnout and are then asked about what they would think, do and feel if they encountered an agile worker expressing indifference?

In addressing these questions, we examined social support via measures of helping behaviours and support for burnout, and we examined positive responses via measures of empathy, hostility (low = less positive), emotions about the person expressing indifference, and perceptions of fairness about the expressor's agile arrangement.

Should the exposure to indifference awareness training result in colleagues offering greater social support and having a more positive response towards expressors of indifference, then offering such an intervention could be a relatively inexpensive approach for the NHS to adopt. By disseminating such an intervention amongst workers and managers, it could go some way towards tackling burnout via encouraging the provision of important social support resources, when a person is in need.

3. Methodology

Phases 2 and 3 of this research programme received ethics approval from the University of Sussex Social Sciences and Arts research committee (ER/DAD25/5) on 15th October 2024.

3.1 Phase 2 Research design

A cross-sectional survey was designed to examine whether expressions of work indifference were associated with indicators of burnout, wellbeing, job involvement and work identity. This was to confirm (or not) that indifference expressions can be a sign that people are struggling with stress or exhaustion, and to understand whether this might be more likely to affect some people (e.g. those with higher job involvement and work identity) than others.

3.1.1 Procedure

Participants were recruited from the Prolific academic platform. Prolific users were asked if they wanted to take part in a study about working conditions and wellbeing. All participants would be paid for their time as per the national living wage for the UK. The recruitment advert informed participants that it would take less than 10 minutes to complete the survey and that all results would be treated as confidential. We screened candidates to include only those who had a Prolific approval rating of 90% and higher, and were UK Participants working part-time or full-time, aged between 18 and 70. Those who responded to the recruitment call, and who passed the screening, were then directed to an information sheet that outlined details of the study, and asked people to explicitly consent to take part if they were happy with this. Those who did not consent received a statement, “Thank you for your interest in the study”. Those who consented were automatically taken to the survey.

The survey was hosted on the Qualtrics platform. Participants first completed the main survey and then were asked to respond to a series of demographic questions. Two questions were included in the survey to check the attention of the participants. Participants who failed the attention checks were removed from the study. At the end of the survey, participants were thanked for their time and payment was arranged via the Prolific platform in the usual way.

3.1.2 Participants

Responses from 322 participants were returned, but one participant was removed from the study, having failed the attention check. This left a final sample size of N=321, of whom 33% identified as ‘Male’, 66% identified as ‘Female’ and 1% identified as ‘other/non-binary’ or preferred not to say. The mean age of participants was 40.6. In terms of weekly hours, 54% worked 31-40 hours a week, with 34% working under that (0-30 hours), and 13% working above that (41 hours and above). In terms of tenure, 43% had worked in their current organisation for over 5 years, 25% for 2-5 years, and 31% for under 2 years (2% other). In terms of organisational role, 24% were middle management, 20% were skilled professionals, 22% were support staff, and 17% were administrative staff. In terms of employment status, 63% were full time employees, 33% were part time employees, and 4% were either on a zero-hour contract or other. Of the sample, 51% worked in the private sector, 41% worked in the public sector, and 7% worked in the Not-for-Profit sector.

3.1.3 Measures

The survey contained measures for each of the following variables in the order outlined below.

Burnout was measured using the Maslach Burnout Inventory (Maslach & Jackson, 1981). This is a 22-item measure and participants are asked to "*please indicate how you perceive your work, where 0 = never and 6 = everyday"*. The questions that follow are indicative of three aspects of burnout related to *emotional exhaustion* (7 items; α = .91)*, depersonalisation* (7 items; α = .88) and inefficacy via lower scores on *personal accomplishment* (8 items; α = .86). Scores were averaged for each aspect of burnout. An example item is "I feel like I am at the end of my tether". High scores on emotional exhaustion and depersonalisation, and low scores on personal accomplishment, are related to higher levels of burnout.

Wellbeing was measured using the WHO-5 (α = .91) wellbeing index (Topp et al., 2015). This is a five-item measure and participants were asked to, *"please indicate the closest to how you have been feeling over the past 2 weeks, where 1 = at no time and 5 = all of the time"*. An example item includes "I have felt calm and relaxed". Scores are averaged across the items and high scores are indicative of higher levels of wellbeing.

Job involvement was measured using Kanungo's (1982) 10-item measure (α = .91). Participants are asked to, "*please indicate how accurate the below statements are about your job involvement, where 1 = very inaccurate and 7 = very accurate."* An example item is "I live, eat and breathe my job". Two items were reverse scored. Scores are averaged across the items and high scores are indicative of high levels of job involvement.

Work identity was measured using Sargent's (2003) 4-item measure (α = .84). Participants were asked to "*please indicate how much you agree with the below statements about your work identity, where 1 = strongly disagree and 7 = strongly agree"*. A sample item is "In general, my job is an important part of my self-image". Two of the items were reverse scored. Scores are averaged across the items and high scores are indicative of a strong work identity.

Work indifference was measured using a 9-item scale, specifically designed to understand indifference in relation to one's job, and designed by the authors (α = .95). Indifference was asked about in relation to the participant's organisation, colleagues, clients and work. Participants were asked *"To what extent do you agree with the following statements regarding your job, where 1=strongly disagree and 6 = strongly agree."* A sample item is "I do not care about my colleagues". Scores are averaged across the items and high scores are indicative of high levels of indifference.

Note: We received some feedback about including more control variables (such as measures of depression) in this study, when presenting the phase 2 design at the 12th agiLab conference. In our research, we adhere to the principles of control variable usage outlined by Bernerth & Aguinis (2016). This involves only including control variables where understanding the incremental impact of a new variable is a key objective, or where the control variable is relevant to the research question(s). Notably, our objective in this study was not to identify all of the possible constructs and conditions (e.g. depression and other mental health impairments) that might be associated with work indifference. Nor was our objective to identify the incremental contribution of work indifference as a variable associated with burnout, above and beyond constructs such as depression and other clinical disorders. Our objective in our phase 2 research was simply to identify if expressions of work indifference are related to burnout amongst working adults, and which aspects of burnout might be especially relevant.

3.2 Phase 3 Research design

Next, we ran an experimental study with 348 participants. Those who completed less than 80% of the study questions were removed from the analysis, leaving a final sample size of N=300. The sample was collected via recruitment endeavours from the agiLab NHS steering committee (N = 62) and from utilising Prolific (N = 238), using filters to recruit NHS employees.

In the study, we aimed to understand whether work indifference awareness training (explaining to people how work indifference is expressed, and that indifference can be a sign of burnout) means that NHS workers will offer more empathy and support when they encounter a colleague who is expressing indifference about their agile working arrangement. We ran this as an online experiment with two conditions (condition 1: participants either undertook indifference training or another unrelated training as a control group; condition 2: via a vignette, participants either encountered a colleague expressing indifference about their agile work, or a colleague expressing no

emotion/neutral emotions [control]). The expectation was that those who receive the indifference training in condition 1 and then encountered an indifferent colleague in condition 2 would show the most empathy and support. This is because they would understand that indifference expressions are a red flag for burnout and that the expressor would therefore need extra help and compassion.

3.2.1 Procedure

During the recruitment phase, prospective participants were asked if they wanted to take part in a study about agile working. Prolific participants would be paid for their time as per the national living wage for the UK. The recruitment advert informed participants that it would take less than 10 minutes to complete the survey and that all results would be treated as confidential. From Prolific, we screened candidates to include only those who had a Prolific approval rating of 95% and higher, and were UK Participants working part-time or full-time for the NHS, aged between 18 and 70. Those who responded to the recruitment call, and who passed the screening, were then directed to an information sheet that outlined details of the study, and asked people to explicitly consent to take part if they were happy with this. Those who did not consent received a statement, “Thank you for your interest in the study”. Those who consented were automatically taken to the survey.

The study was hosted on the Qualtrics platform. First, participants were randomly assigned to one of two conditions. One condition (Intervention: *n* = 151) presented information to explain that: (i) indifference emerges after prolonged exposure to stress and is represented as a flat, apathetic emotional state; (ii) indifference can often evoke hostile and unsupportive responses from people because they don’t understand it can be an indicator of burnout, and (iii) if indifference is observed in colleagues, the participant can help by offering more support and sympathy. In the control condition (Control: *n* = 149) participants read an unrelated and neutral text about interruptions at work (matched for reading age, length, etc.).

Next, participants were presented with a scenario (adjusted to the context using the scenarios from our phase 1 study) describing a colleague’s experience with agile working conditions. All participants read:

> A colleague at work has been struggling to cope with the demands of their job for some time. They have a young family and find managing work and home responsibilities quite difficult, which has caused them a lot of stress. You are aware that they have recently requested – and been moved to – a new agile working arrangement. This is very unusual in your organisation as most requests get turned down. As part of this arrangement, they maintain full-time hours but only need to come into the work site between 10 am and 3 pm. They can then make up the rest of their hours at a time and place convenient to them, connecting to work digitally. A couple of weeks into this new arrangement, you ask them how it is going.

Participants are then randomly assigned to an expression condition. In the indifference expression condition (Indifference: *n* = 151), participants read:

> They reply, “Every day I come in to work and I often don’t have time to stop, **but I don’t care really as it’s just a job**. I’m fitting as much in as I can so that I can leave at 3 pm and collect my children from school. I make sure that I am connected to work via my mobile and laptop, whenever I am not on site, but I **am not bothered about it**. It means that I can keep on top of emails and meeting requests and often work late into the night, but, **whatever, I’m generally indifferent about this whole arrangement**.”
>
> *[Note the bold type is added here to emphasize the indifference expression but was not included in bold in the study].*

Participants who were randomly assigned to the no expression condition (Neutral: *n* = 149), read:

> They reply, “Every day I come in to work and I often don’t have time to stop. I’m fitting as much in as I can so that I can leave at 3 pm and collect my children from school. I make sure that I am connected to work via my mobile and laptop, whenever I am not on site. It means that I can keep on top of emails and meeting requests and often work late into the night.”

To ensure that participants had adequate time to read the instructions and the scenario, a minimum reading time of 5 seconds was enforced using a timing function in Qualtrics. Time taken to read the instruction and scenario was also recorded. Following presentation of the scenarios, participants were asked to answer a series of questions about what they were feeling and thinking about the staff member in the scenario, and what they would be likely to do next. At the end of the study, participants were thanked for their time and payment was arranged for Prolific participants in the usual way.

3.2.2 Participants

Our final sample size was N=300, of whom 25% identified as ‘Male’, 74% identified as ‘Female’ and 1% identified as ‘other/non-binary’ or preferred not to say. The mean age of participants was 41 and ages ranged from 18-69. All participants were NHS employees. In terms of current roles, 38% were middle management, 21% were skilled professionals with no management responsibilities, and 13.5% were administrative staff. In terms of employment status, 71% were employed full time, 27% were part time workers, and 2% were on a zero-hours contract or other status. In terms of working hours per week, 26% worked 30 hours and under, 63% worked 31-40 hours a week, and 11% worked 41 hours and over. In terms of tenure, the majority (53%) had been at the organization more than 5 years, with 29% having a tenure of 2-5 years, 17% less than 2 years (2% as other).

In terms of agile working arrangements, participants were asked how often they worked away from a main work site (e.g. from home). Responses were that 37% worked away from a main work site for none of the time, 26% for half or less of the time, 23% for more than half of the time, and 14% worked for all of the time away from a main work site (e.g. from home). Of our sample, 16% only work non-traditional working hours (i.e. outside of 9am to 5pm, Monday to Friday), 13% participants work more than half their time in non-traditional working hours, 27% work half or less of their time in non-traditional working hours, and 45% work only during traditional working hours.

3.2.3 Measures

Empathy was measured using a 4-item scale including empathy, compassion, sympathy and concern toward the staff member ($\alpha = .91$). We asked participants, “Having read the text to what extent are you experiencing each of the following emotions towards the staff member in the text?” Answers ranged from 1 (Not at all) to 6 (Absolutely). A mean score was calculated. Higher scores indicate higher levels of empathy have been felt.

Anger was measured using a 3-item scale including anger, frustration, and irritation toward the staff member ($\alpha = .89$). We asked participants, “Having read the text to what extent are you experiencing each of the following emotions towards the staff member in the text?” Answers ranged from 1 (Not at all) to 6 (Absolutely). A mean score was calculated. Higher scores indicate higher levels of anger have been felt.

We also measured ***Contempt*** and ***Indifference*** as single items using the same scoring approach as for the emotions as above. Again, a higher score indicates higher levels of the said felt (non) emotion.

Next, we measured ***Helping intentions***, using a 5-item scale ($\alpha = .84$). We asked participants, “Having read the text, to what extent would you engage in the following actions regarding that staff

member”. Answers ranged from 1 (Not at all) to 6 (Absolutely). Items were: “Write a positive reference letter for the staff member; Stay after hours to help the staff member with their work; Pass on a message/note/package to the staff member; Offer a 'shoulder to cry on' to the staff member when they need to offload; Review the staff member's work for them”. A mean score was calculated. Higher scores indicate higher levels of helping intentions.

Support for burnout was then measured with a 3-item scale (α = .86). We asked participants, “Having read the text, to what extent would you engage in offering help to the staff member, by…”. Answers ranged from 1 (Not at all) to 6 (Absolutely). Items were: “Suggesting the staff member to contact the department offering support for burnout in our organisation; Looking up the contact information of someone who may be able to support the staff member, and send them the information; Asking the staff member if they are alright and whether you can do something for them”. A mean score was calculated. Higher scores indicate higher levels of support for burnout.

Fairness of agile deal was then measured with a single item. We asked participants, “Having read the text, to what extent would you agree with the following statement”. Answers ranged from 1 (Strongly disagree) to 6 (Strongly agree). The item was: “It isn’t fair to others that the staff member has been given a special agile arrangement”. A higher score indicates perceptions of injustice about the staff member’s agile deal.

Participants then completed a series of demographic questions.

4. Findings

We undertook statistical analyses on our data to help us to understand (i) if work indifference is related to burnout (and in what way) and (ii) if a work indifference training intervention led people to be more empathic and supportive towards colleagues expressing indifference about their agile arrangement. A full report of our findings, with the statistical information, can be found in the Appendix. A summary of these findings is outlined below.

4.1 Findings for Phase 2: the relationship between indifference and burnout

We addressed the first aim of this tranche of research within this study phase.

Our first question asked **whether work indifference and burnout are significantly related to each other**. Our correlation results showed that indifference was significantly associated with all three indicators of burnout.

Our second question asked **whether depersonalisation/cynicism is more significantly associated with work indifference, compared with emotional exhaustion and inefficacy**. When examining the relative explanatory power of all three burnout indicators together, we found that depersonalisation had the strongest relationship with work indifference (0.66, $p<.001$), followed by inefficacy (low personal accomplishment) (-0.56, $p<.001$) and then emotional exhaustion, which was unexpectedly associated with work indifference at lower levels (-0.28, $p<.001$). This suggests that although higher emotional exhaustion is associated with higher indifference as a standalone relationship, when we account for the effects of depersonalisation and inefficacy, i.e. detaching oneself from one's work and other people, exhaustion is likely to be lower.

Our third question was to understand **whether work indifference is also associated with lower levels of wellbeing**. Correlational results supported this, but wellbeing did not offer an incremental explanation of indifference beyond what the burnout measures were able to explain. This suggests that work indifference is more closely associated with burnout indicators than negative wellbeing indicators.

Our final question asked if **those who experience burnout when work indifference is higher are even more likely to experience this when they have more involvement in their jobs, and stronger work identities** (as is often found in those in health and care work). We ran analyses to understand whether each burnout measure is strengthened or weakened when the expression of work indifference is also connected to feelings of work identity and job involvement.

We only found significant relationships with work identity. When people have higher levels of work identity the relationship between work indifference and emotional exhaustion is stronger. Further, when people have higher levels of work identity the relationship between work indifference and inefficacy (as measured by lower levels of personal accomplishment) is stronger. Depersonalisation was only directly linked to work indifference; it wasn't strengthened or weakened by a person's identification with their work. This suggests that people who strongly identify with their jobs but are experiencing higher levels of indifference, will experience burnout more acutely.

4.1.1 Summary of Phase 2

Findings: the relationship between indifference and burnout

There is strong evidence to show that **indifference is associated with burnout**. In particular, indifference is related to the **depersonalisation/cynicism** component of burnout. Burnout indicators (compared to wellbeing indicators) provide the strongest explanation for indifference, and when people **more strongly identify with their work**, their indifference can more negatively impact their sense of personal accomplishment (feel more ineffective) and emotional exhaustion (feel more worn out). These problematic outcomes suggest that when people express indifference at work, managers and organisations need to find ways of offering support and recovery strategies, to mitigate the likelihood of reaching a full state of burnout.

4.2 Findings from Phase 3: evaluating the effectiveness of an indifference training intervention

In this study phase, we examined whether learning about how indifference can be an indicator of burnout, requiring empathy and support from colleagues when they note that an agile worker is expressing indifference at work.

Our first question asked whether a work indifference awareness training condition (intervention) would elicit more positive responses and social support for NHS agile workers in general (regardless of their emotional expression), than a neutral training condition (control). We found that the intervention condition (learning that indifference can be an indicator of burnout) only led to marginally higher levels of empathy from participants compared to the control condition.

Our second question asked whether an NHS agile worker would elicit more positive responses and social support from colleagues when they expressed indifference (indifference expression condition), rather than neutral emotions (control condition) in reference to a new agile working arrangement. We found that, regardless of whether participants were in the intervention or control condition, indifference expressions evoked lower levels of empathy and higher levels of anger from participants, compared to the neutral expression, although levels of anger were quite low in general. Participants who observed the expressions of work indifference, compared to neutral expressions, were less likely to help the person in the text and were less likely to offer support for burnout specifically, again, regardless of whether the participant was in the intervention or control condition. Finally, in terms of fairness, participants who observed an indifferent expression were more likely to agree with the statement, “it isn’t fair that the staff member has been given a special agile working arrangement” regardless of whether they were in the intervention or control condition.

Our third question asked whether positive responses and social support provision is higher when participants have received the intervention and are exposed to an agile worker expressing indifference about their arrangement. In other words, are responses more positive and supportive when participants have learned about indifference as an indicator of burnout and are then asked about what they would think, do and feel if they encountered an agile worker expressing indifference? We found that the intervention *did not* mitigate the negative effects of indifference expressions on feeling empathy, anger, or indifference towards the indifferent agile worker. Further, there was no greater intention to offer help to the indifferent agile worker, even when the participant knew they were likely to be in need of support (had been in the intervention condition). In other words, telling people that indifference is a sign of burnout and struggle did not improve how participants felt about indifferent agile workers or their intention to help them.

However, when participants read about indifference being a sign of burnout (intervention condition), they were more likely to offer one type of support for burnout to the expresser. This was in relation to signposting to the staff member where to get help. The items requiring more effort from the participant (e.g. looking something up, or personally helping the expressor), did not yield significant results.

4.2.1 Summary of Phase 3

Findings: evaluating the effectiveness of an indifference training intervention

Our findings show that **indifferent expressions about agile work in the NHS really rile people**, creating bad feeling and low intentions to offer help and support. **Even when people have learned that indifference can be a sign of struggle** and a need for support, colleagues are more likely to see the indifferent agile worker as having received preferential treatment with their agile deal, and not worthy of empathy and help. However, those who received the training would be **willing to signpost sources of help, without personally getting involved** in supporting an indifferent colleague.

5. Conclusion and Recommendations

In this research, we had two aims. We wanted to understand (i) whether indifference expressions in agile workers are related to problematic work outcomes, and should be a cause for concern for the NHS, and (ii) whether tensions arising from expressions of indifference in relation to agile working can be addressed.

> We found that **indifferent expressions is linked to the problematic outcome of burnout**. When people express flat emotions, apathy and a lack of care about themselves, others and their work, this is most strongly associated with the **depersonalisation/cynicism** element of burnout.

Depersonalisation/cynicism is a particularly prevalent indicator of burnout in care and clinical workers (Maslach et al., 2001) and it is suggested that this expression emerges as a strategy for dealing with prolonged and emotionally stressful experiences (Kristensen et al., 2005). Indeed, we found that when workers strongly identified with their work, they were even more likely to experience burnout when higher levels of work indifference were being expressed. In NHS workers, who want to show care and high standards, and who strongly identify with their work, reaching a state of indifference may be highly discordant with their personal ethos, making burnout a higher-than-normal risk (Bakker et al., 2004; Brotheridge & Grandey, 2002; Maslach et al., 2001).

Much of the academic literature suggests that depersonalisation/cynicism follows from a period of emotional exhaustion. Where few energy resources remain available to an individual it may be too much for them to expend these resources on emotional expression. As such, entering a state of flat emotion and detaching from feelings about self, others and work can help to protect dwindling reserves (Hobfoll et al., 2018; Maslach, 1982; Maslach et al., 2001). Indeed, our findings suggest that when workers were experiencing depersonalisation and low personal accomplishment (or inefficacy) people were also more likely to also be experiencing work indifference, with emotional exhaustion at such times being lower. This potentially indicates that the exhaustion phase had passed and that workers were closer to the end point of burnout. However, it could also indicate that the 'coping strategy' of expressing indifference (Kristensen et al., 2005) was conserving energy, hence the lower levels of exhaustion. Either way, based on theories of burnout stages and our own findings, **expressions of indifference appear to signal a later stage of burnout**. Exploring this in a longer-term study of burnout trajectories would be a useful future research endeavour.

We then looked to understand if tensions amongst staff could be reduced through educating people about indifference expressions in relation to agile working. Phase 1 research had already shown that people are not hostile towards others who have special agile arrangements *per se*. Rather, they were hostile towards others who express *indifference* about their agile arrangements. In our phase 3 study, we found that when people express indifference about their agile working arrangement, this can lead to heightened perceptions of unfairness from agile working colleagues. This may well be because NHS workers believe that being given an agile working arrangement is a concession that the organisation makes to help an individual, and that individuals need to show gratitude for this. When the individual seems not to care, it can be seen as unappreciative, which can rile colleagues (Kelliher & Anderson, 2010).

We designed an intervention to examine if educating others about how indifference is a sign of human struggle (that can signal a worker's need for help and compassion) would prompt NHS workers to be more empathic and supportive. However, this was not found. As outlined on page 11, interventions that most effectively promote social support helping involve galvanising organisational resources, and/or rehumanizing those in need of support. Because our intervention asked participants about taking action personally, with an unreal colleague, the intervention does not appear to have been strong enough.

People were **hostile towards those who expressed work indifference**, **even if they had learned that indifference is a signal for burnout and a cry for help**. The intervention only served to encourage colleagues to **signpost** the indifferent worker towards sources of help. Colleagues experienced negative feelings and thoughts about the indifferent worker, regardless of the intervention, and did not offer them personal support or help.

5.1. What do our findings mean for the NHS?

Our research does not indicate that receiving different agile arrangements creates negative feelings, attitudes and actions in colleagues. As such, there is no reason for the NHS to discontinue its programme of rolling out agile working to staff when there is a mutual benefit to them and the organisation. However, our findings suggest that the NHS needs to manage the process carefully because people's emotional expression about their arrangements (especially their indifferent expressions) can evoke tension and could lead to perceptions of unfairness. Beyond this, because work indifference expressions appear to be a late-stage indicator of burnout, that do not elicit support or compassion from colleagues, the NHS may need to engage in some careful messaging about what this non-emotion means and the extent to which its employees are 'suffering' from it.

We would therefore suggest that the NHS now needs to: (i) monitor expressions of work indifference in relation to people's work, as a later stage indicator of burnout that signals that a worker needs help; (ii) develop stronger interventions and messaging around the importance of recognising and supporting those who express work indifference (especially at an organisational level, as support from colleagues may be difficult to achieve and unrealistic to expect); and, (iii) examine what factors may lead to workers getting to a point whereby they are expressing work indifference (i.e. examining how jobs can be designed to minimise the stressors that will lead to people reaching a point of near-burnout).

We are aware that care and clinical workers traditionally have high expectations and standards about offering care and compassion to patients and a vocational drive to do a good job. This can make it especially concerning when they find themselves expressing work indifference. Although work indifference may occur as a last-ditch reaction before reaching full burnout, it is likely to be especially difficult for NHS workers who experience this, because of the strong identification they have with their jobs. Because of the lack of awareness about how work indifference manifests, and what it can signal, workers may also not realise what it means when they begin to express indifference themselves. Helping workers to recognise signs of work indifference in themselves, and that this can be an indicator of burnout that they need support for is likely to be important.

We also acknowledge that it may be very difficult when colleagues observe work indifference in others, as NHS workers may find it hard to forgive those who cannot express care for a treasured service, and for service-users who are often vulnerable. Further, it may well be that because so many NHS workers are close to a state of burnout (about a third of workers in the latest staff survey showed signs of this), colleagues simply don't have the capacity and resources to extend their empathy, help and support to other workers who are signalling, through their own work indifference, that burnout is approaching and help is needed. Indeed, this is a finding from our study and highlights that recognising work indifference in others now needs to be part of the remit of managers and Trusts, who would also be encouraged to provide direct support to staff experiencing this state, especially as colleagues may be unable to extend such help.

Clearly, the NHS is facing significant challenges with staffing levels, service pressures, and cuts to resources and budgets. However, failing to address the burnout crisis, through the provision of support when colleagues express a key indicator – work indifference – could be a substantive oversight with long term repercussions for the health of its workers, and the health of the service.

We therefore make a number of recommendations below, to help resolve this issue.

5.1.1 What can the NHS do when its workers express indifference?

Although this research examined the relationship between work indifference and burnout amongst workers, presently we do not have any data as to how extensively work indifference is being felt by NHS staff. The NHS staff survey asks questions about burnout, based on the Copenhagen Burnout Inventory (Kristensen et al., 2005). However, this measure does not include questions about depersonalisation/cynicism or low personal accomplishment/inefficacy and focuses predominantly on the exhaustion and fatigue stage. It could therefore be worth including some questions on depersonalisation/cynicism and/or work indifference to the NHS staff survey in order to gage later stage indicators of burnout. As data accumulates, the NHS will be able to monitor how levels of work indifference and burnout fluctuate and whether increased indicators of exhaustion-related burnout in one year might lead to increased or reduced levels of work indifference or depersonalisation in later years. Whilst we strongly recommend monitoring indifference through the staff survey, we are aware that this may not be possible. In which case, we recommend that employee surveys at Trust level could incorporate questioning around the experiences of staff indifference and how this links to patterns in burnout data.

Apart from measuring and monitoring work indifference, it is clear that those expressing it need help and support for burnout. Our intervention (a short educational piece of written information) did not encourage colleagues to offer empathy, support and help (beyond basic signposting) when noticing a person who was expressing indifference. A stronger intervention, potentially one that involves rehumanising the sufferer (e.g. via role-play, simulations or perspective taking), could work to help colleagues develop more empathy, compassion and understanding (Chua et al., 2021; Maslach et al., 2001; Smith et al., 2020). However, the onus should not be on colleagues alone to support workers at risk of burnout, not least because colleagues themselves may be struggling. Therefore, noticing workers who are expressing work indifference will also be important for managers to be alert to. Indifference can be seen in health and clinical workers following periods of trauma and exhaustion (Ergin et al., 2020) and can be seen as a coping strategy for protecting the self and resources (Drago et al., 2010; Kristensen et al., 2005; Sansone & Sansone, 2010; Taris et al., 2005; Wang et al., 2022). Managers who are aware of this can detect which employees especially need help and support because they are likely to be reaching the end of what they can cope with.

Recognising signs of work indifference

To identify workers at risk of burnout, key signs of work indifference include.

- A **lack of emotional expression in response to a normally emotive event**.
    - When faced with a negative event, the worker does not show negative emotions, but expresses that they '**don't care**'.
    - When faced with a positive event, the worker does not show positive emotions, but expresses that it '**doesn't matter**' to them.
- A **flatness of feeling and expression**.
- A general **apathy** about work and work outcomes.
- A resigned **disengagement expressed towards the job, colleagues and service-users** (e.g. 'whatever', 'I don't really mind', 'I am not bothered')**.**

Although the above indicators suggest how indifference can be recognised in workers, it is important to reiterate here that the latest staff survey indicates that roughly a third of the NHS workforce is showing signs of burnout. Against this backdrop, and as mentioned above **it may be unfair and unrealistic to expect colleagues to step in and offer support when indifference is detected, because they too may well be experiencing indifference or other burnout indicators**. In keeping with key principles in work psychology, primary interventions and resources need to be provided *before* indifference and burnout has set in. I.e. managers and organisations need to be looking at ways of reducing work demands and pressures so that workers do not get to a point whereby exhaustion, indifference and burnout are being experienced (Maslach et al., 2001). Agile working could be a way of changing the demands and pressures faced by workers and could offer one type of solution that might be helpful. However, this needs to be carefully trialled and monitored and expectations of gratitude and positive response for any change to people's agile work arrangements should not be expected, especially as new working patterns bed down.

Changing how work is arranged, and minimising demands placed on workers **requires significant structural change from the NHS**, and calls to address this are apparent in many of the major reports into improving workforce wellbeing across the service (NHS Employers, 2025). We appreciate that it is no mean feat to achieve structural changes at a time when workload and work pressures are so intense. Nevertheless, our research consolidates and adds to the calls that making these changes – however difficult – is now imperative. In the meantime, we recommend that NHS Trusts and organisations train managers and staff to identify work indifference and put in place **clear signposting and resourcing** for workers who are struggling, **embedding this into existing support services for dealing with burnout**.

Overleaf, we make some suggestions as to how staff, managers and Trusts can now begin to act on our research findings.

5.2 A strategy for reducing indifference-related burnout

Based on our findings and the academic literature, we suggest a RESET strategy that the NHS could adopt to tackle indifference as a late-stage indicator of burnout in staff.

1. **R**aise Awareness: educate workers and managers as to how indifference is expressed, and the effect this has on other workers.
    a. For the expressor, understanding that they are experiencing indifference – and that this may be a sign of burnout – can encourage them to seek support and assistance.
    b. For colleagues, understanding that observing indifference in others can evoke feelings of hostility (with reassurance that this is a normal reaction) can enable them to offer signposts of help, even if empathy and support is not forthcoming.
    c. For managers, understanding what indifference looks like and how this signifies that a person needs help and support, should act as a catalyst for referring the worker to wellbeing support services, and should encourage them to have conversations about whether/how job demands can be addressed.

2. **E**ncourage empathy: NHS staff and managers need to be trained to recognise that indifference expressions rarely evoke empathy in others. Training should attempt to challenge this using stronger interventions such as re-humanizing expressors, utilising perspective-taking, and speaking with real workers who are willing to talk about and share their experiences. Such interventions should help to reframe colleague responses towards offering more compassionate displays of support.

3. **S**upport: when work indifference is detected, offering help to indifferent workers is immediately necessary. This is likely require work redesign initiatives, and will involve organisational and managerial resources. Where possible, we also stress how important it is to:

4. **E**mbed findings in NHS burnout advice: given the wealth of resources available in the NHS to support workers with burnout, it is important to incorporate education about indifference, and support related to indifference, within these options. This can improve awareness and ensure support is directed towards colleagues who may have been overlooked by wellbeing services because 'work indifference' as a signal for burnout has not previously been showcased in NHS materials and resources. By adding to existing tools and services, this is likely to maximise reach of the message that 'work indifference is a burnout indicator' that people will need support with.

5. **T**rack: use measures of work indifference to understand the general incidence of this non-emotion in staff – through the NHS staff survey and other organisational metrics (e.g. Trust-specific employee surveys). It will also be useful to track whether awareness of work indifference as a red flag for burnout is improving amongst NHS workers and managers. These options will help to detect levels of work indifference in the NHS staff population and observe how it changes over time and in relation to any interventions. We recommend including questions about indifference that were used in our phase 2 study; Trusts can contact the study authors for detail on how these can be incorporated.

5.3 Summary

Indifference is a non-emotion, often observed in the health and clinical academic literature to be a sign of dysfunction. In this research we found that expressions of work indifference are related to burnout, and in particular the later stage component of burnout referred to as depersonalisation/cynicism. Expressing indifference in relation to agile work can indicate that the arrangement is not working, and the NHS staff member needs help and potentially a new work design. However, work indifference evokes such hostility from others that, even when NHS workers have been trained to recognise it and understand that work indifference is an indicator of a colleague suffering, they still find it difficult to offer compassion, support and help.

We recommend that employers take pains to offer agile working solutions that accommodate the personal needs and circumstances of individuals, and *regularly check* that these arrangements are working for them. When indifference is detected, this is likely to be a sign that the role needs to be adapted, and work demands reduced. Given the problems with reducing burnout in the NHS today, attending to signs of work indifference in all workers (with and without agile arrangements) and learning how to best prevent this through effective job design, and support workers with organisational resources, is an urgent and necessary step towards improving the health and wellbeing of the workforce.

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Appendix

Statistical Analysis

Findings for Phase 2

Indifference was positively and significantly associated with all three burnout measures: emotional exhaustion (r = .32, p < .001), depersonalisation (r = .57, p < .001), and lower personal accomplishment (r = -.58, p < .001). In a stepped multiple regression analysis, we entered all three burnout measures to examine the proportion of the variance in indifference (as the outcome variable) that they accounted for (R^2 = 0.49; standard error 0.79; F Statistic: 102.29, df = 3). We found that depersonalisation was the strongest predictor (b = 0.66; p< .001) followed by lower levels of personal accomplishment (b = -0.56; p< .001) and then lower levels of emotional exhaustion (b = -0.28; p< .001).

At a second step, we then added wellbeing, to examine any incremental effect on indifference. Although wellbeing was negatively correlated with indifference in the correlation matrix (r = -0.34, p < .001), it did not offer any explanatory power to the model (R^2 = 0.49; standard error 0.79; F Statistic: 76.86, df = 4 [b = 0.60; p = .375]), indicating that the burnout measures are more important as predictors of indifference than wellbeing (i.e. they are probably tapping into similar constructs).

Indifference was also negatively associated with job involvement (r = -.56, p < .001) and work identity (r = -.59, p < .001). Entering these in step 3 of the regression model (R^2 = 0.63; standard error 0.69; F Statistic: 87.51, df = 6), showed that both job involvement (b = -0.26; p < .001) and work identity (b = -0.19; p < .001) were negatively associated with indifference and offered an incremental explanation above and beyond the burnout measures. In other words, the more indifference people expressed, the worse their burnout (specifically related to depersonalisation) and the weaker their identification and involvement in their work.

Next, we ran analyses to understand whether each burnout is strengthened or weakened when the expression of indifference is also connected to feelings of work identity and job involvement. To run this moderation analyses we used PROCESS for SPSS (Model 1).

We found an interaction effect of indifference with work identity on emotional exhaustion (b = .07, SE = .03, t = 1.97, p = .050, 95% CI [.00, .14]). Here, indifference was associated with higher levels of emotional exhaustion, but this effect was stronger for those who more strongly identified with their work (b = .58, t = 6.18, p < .0001, 95% CI [.39, .76]) than low identifiers (b = .38, t = 5.33, p < .0001, 95% CI [.24, .52]). See Figure 1.

We found an interaction effect of indifference with work identity on personal accomplishment (b = -.08, SE = .02, t = -3.75, p < .0001, 95% CI [-.12, -.04]). Here, indifference was associated with lower personal accomplishment, but this effect was stronger for those who more strongly identified with their work (b = -.52, t = -8.97, p < .0001, 95% CI [-.64, -.41]) than low identifiers (b = -.29, t = -6.49, p < .0001, 95% CI [-.38, -.20]). See Figure 2.

No interaction effects were found for depersonalisation or job involvement.

We found an interaction effect of indifference with work identity on wellbeing (b = -.06, SE = .03, t = -2.35, p = .019, 95% CI [-.12, -.01]). Here, indifference predicted lower wellbeing, but this effect was stronger for those who strongly identified with their work (b = -.41, t = -5.55, p < .0001, 95% CI [-.56, -.27]) than low identifiers (b = -.23, t = -3.99, p = .0001, 95% CI [-.34, -.12]). See Figure 3.

No interaction effects were found for job involvement.

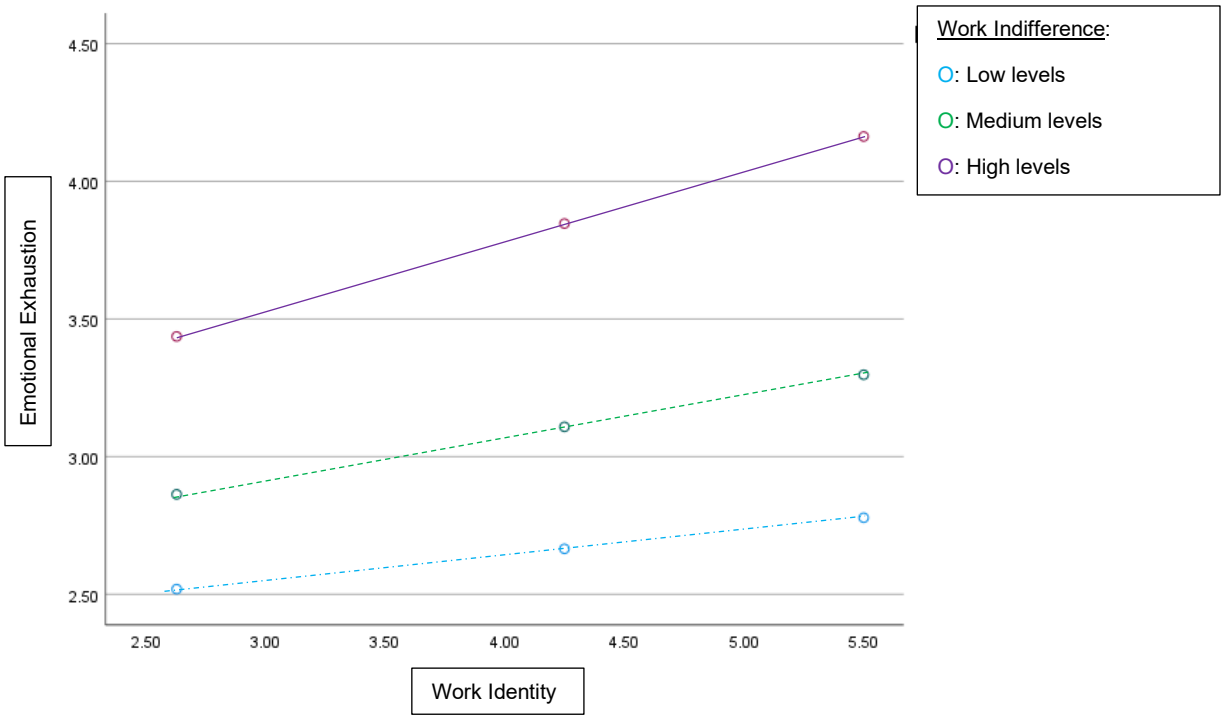

Figure 1: The interaction of work identity with work indifference on emotional exhaustion

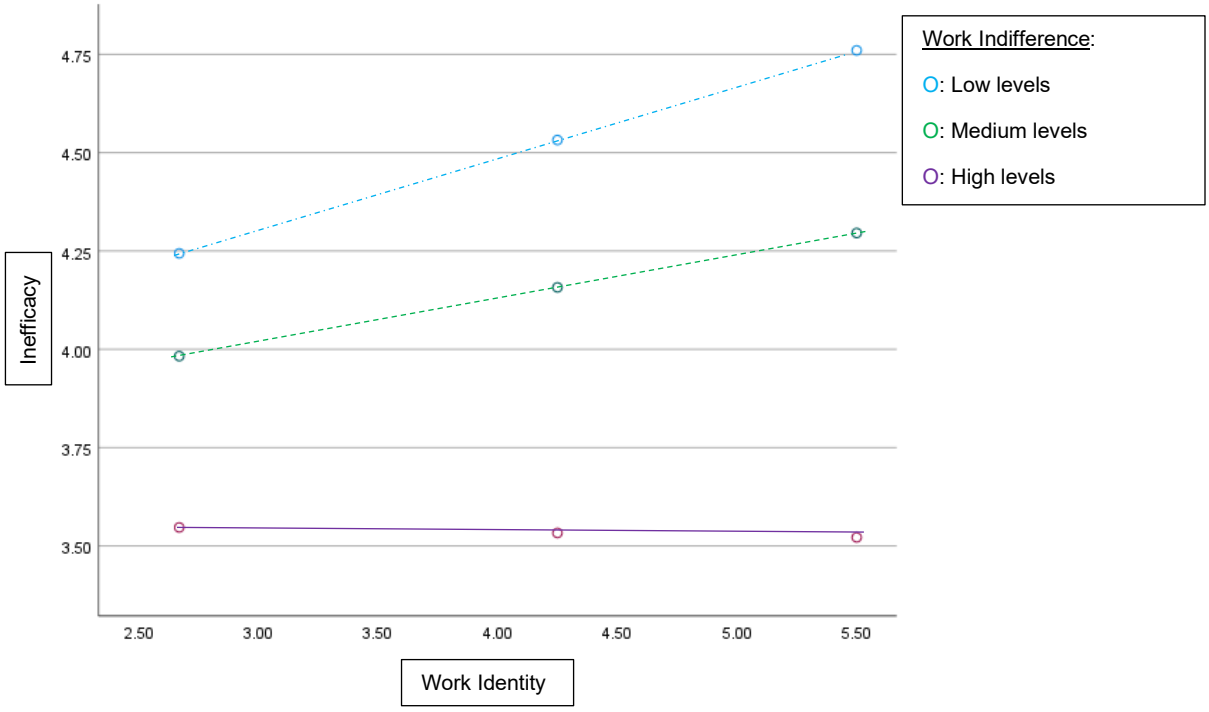

Figure 2: The interaction of work identity with work indifference on inefficacy (low personal accomplishment)

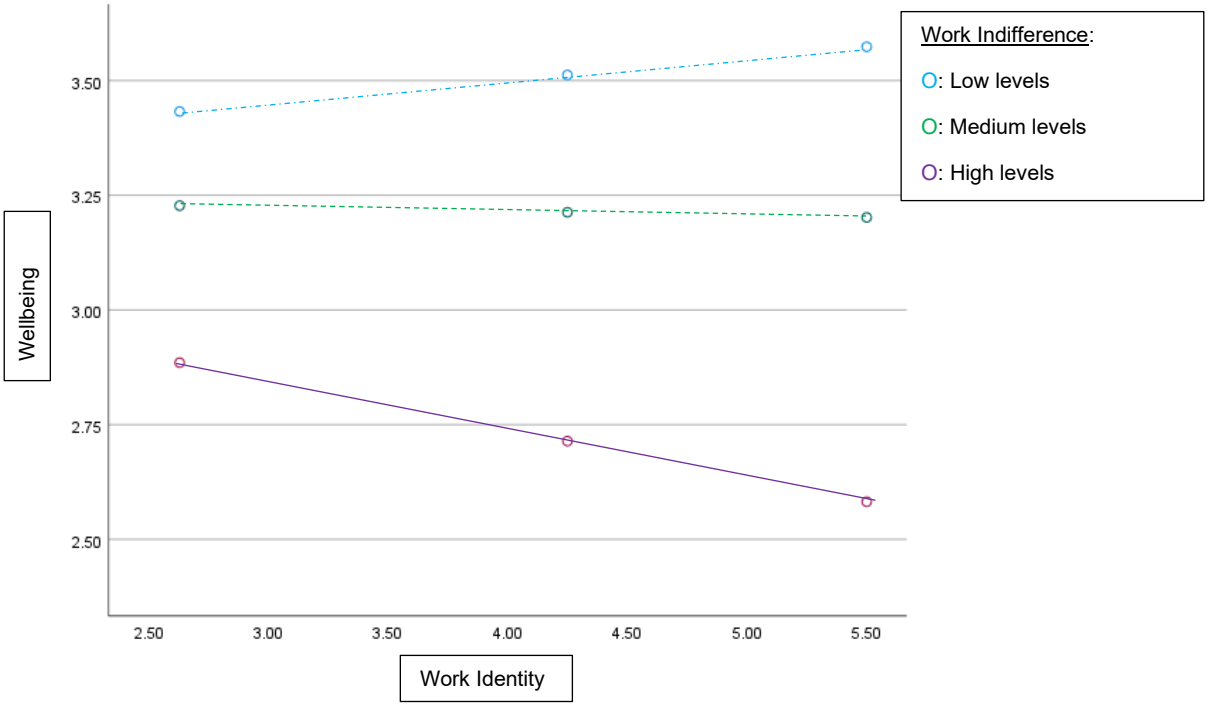

Figure 3: The interaction of work identity with work indifference on wellbeing

Findings from Phase 3

Regardless of intervention, indifference expressions (*M* = 3.76, *SD* = 1.68) evoked lower levels of empathy from participants, compared to the neutral condition (*M* = 4.47, *SD* = 1.29; *t* = 4.12, *p* < .001). The indifference expression also evoked higher levels of anger from participants (*M* = 2.07, *SD* = 1.09) compared to the neutral (*M* = 1.61, *SD* = .92; *t* = 3.93, *p* < .001), although levels of anger were quite low. Participants who the expressions of indifference were less likely to help the person in the text (M = 3.45, SD = 1.32) compared to neutral (*M* = 3.93, *SD* = 1.09; *t* = 3.45, *p* < .001), and were less likely to offer support for burnout specifically (*M* = 4.26, *SD* = 1.41) compared to neutral (*M* = 4.82, *SD* = .95; *t* = 4.02, *p* < .001), regardless of intervention.

The intervention condition (learning that indifference can be an indicator of burnout) led to marginally higher levels of empathy evoked in participants (*M* = 4.28, *SD* = 1.56) compared to the control condition (*M* = 3.95, *SD* = 1.52; *t* = 1.83, *p* = .068).

Interactions

The intervention did not mitigate the negative effects of indifference expressions on empathy, anger, indifference or helping intentions. In other words, telling people that indifference is a sign of burnout did not change how they felt about the person or their intention to help.

However, the interaction effect of indifferent expression X intervention on support for burnout was marginally significant (*F* = 2.77, *p* = .097). Indifference expressions reduced support for burnout compared to the control condition, but **only when no intervention was administered**. When participants read about indifference being a sign of burnout (intervention condition), they were more likely to offer help for burnout to the expresser. This was particularly true of the item suggesting the staff member get help, while the items requiring more effort from the participant (e.g. looking something up, or personally helping the expressor), did not yield significant results.

In terms of fairness, there was a significant interaction (b = .76, SE = .33, t = 2.32, *p* = *.021*, 95% CI [.11, 1.40]). When participants read an indifferent expression they saw the arrangement as unfair regardless of the intervention (b = -.09, SE = .23, t = -.37, *p* = *.71*, 95% CI [-.54, .37]). However, in the neutral condition the intervention reduced perception of unfairness compared to no intervention (b = .67, SE = .23, t = 2.91, *p* = *.004*, 95% CI [.22, 1.13]).