



# Impact of Work on Emotional Well-being

Results of a Survey of NHS Employees from a Minority Ethnic background

## Abstract

The healthcare workforce has borne the brunt of the recent COVID-19 pandemic and reports experiencing high levels of stress, work-life conflicts, and incivility which leads to poor recruitment and retention. Despite the high competition rates for entry into university healthcare professional courses, there is a trend of professionals leaving the profession within 2-3 years of qualification. This trend leads to a gross imbalance of carefully crafted workforce prediction numbers and leads to additional stress on those who remain. The impact on the safety and efficacy of healthcare provision is also challenged due to the workforce's unpredictable career intentions. Organisations need to understand the determinants of workforce well-being and develop interventions or incentives that may have a positive impact. The healthcare model depends on having a happy-productive workforce.

The survey undertaken in a Yorkshire NHS Trust provides insight into the emotional well-being of healthcare professionals predominantly from a minority ethnic background. It's clear that there are several positive aspects, including clarity of roles, support from colleagues, and perceived respect. However, there are also areas for improvement, such as managing workload intensity, improving job autonomy, promoting mutual respect, facilitating open communication with line managers, and promoting work-life balance.

These findings can inform strategies to improve the work environment and support the emotional well-being of NHS employees.

## Keywords

Healthcare professionals, occupational well-being, NHS

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## Introduction

Well-being is a state of positive feeling and meeting one's full potential. It can be measured subjectively and objectively.<sup>1</sup> The hedonistic term 'positive feelings and the eudemonic term 'meeting full potential as a member of society' are inclusive, free from cultural bias and should be included in such a definition. While overlapping with health, wellness, welfare and quality of life, wellbeing is separate from these.

Occupational stressors at work increase the risk for mental health dysfunction. Poor mental well-being is harmful to the individual and can affect professionalism, organisational effectiveness, and public safety.<sup>2</sup> It is recognised that working conditions affect worker's well-being (Occupational well-being), including job demands (role conflict and emotional demands) and job resources (influence at work and social community at work) among other factors. The organisational stressors most often demonstrating consistently significant associations with mental health outcomes included lack of support, demand, job pressure, administrative/organisational pressure, and long working hours.<sup>2</sup> Occupational stress impairs psychosomatic well-being, which includes anxiety, depression, sleep quality, and somatic symptoms. The subdimensions of occupational stress - workload and time pressure, professional and career issues, patient care and interaction, interpersonal relationships and management problems, but not resource and environment problems impact occupational well-being.<sup>3</sup> Doctors' poor rota design and inhumane working hours or work-life conflict are the key contributors to burnout.

Ideally, employers want their employees to be happy-productive, yet over half tend to be either unhappy-productive or happy-unproductive- both of which are not

desirable.<sup>4</sup> Employees report that "feeling happier at work" is the most important factor promoting their health and well-being.<sup>5</sup> Other factors include a good understanding of the role, being able to manage the role without being physically or mentally stressed, having access to breaks and feeling valued are also important factors. Individual factors (i.e., personal feelings, behaviours, and health) are determinants of an individual's perceived work-life balance, along with the quality and quantity of personal time.<sup>6</sup>

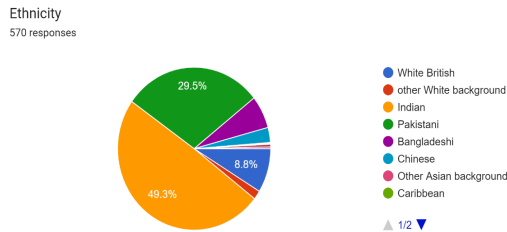
It is important for organisations to explore and understand the specific determinants of occupational well-being for their employees on a regular basis and invest in measures that improve conditions working towards a happy-productive employee model. This is ultimately likely to lead to better recruitment and retention as well as patient safety and organisational efficiency.

## Methods

Instruments that measure occupational well-being with the greatest number of positively rated measurement properties include the Personal Growth and Development Scale, The University of Tokyo Occupational Mental Health Well-being 24 scale, and the Employee Well-being scale. However, none of these worker well-being instruments meet the criteria for adequate instrument design.<sup>7</sup> We designed an occupational well-being survey of doctors in a Yorkshire NHS Trust. Our survey used an anonymised, online questionnaire (using Google Forms on multiple digital platforms) based on the Management Standards Indicator Tool developed by the Health and Safety Executive (HSE).<sup>8</sup> The survey was designed to capture the multifaceted nature of work-related emotional impact on United Kingdom National Health Service (NHS) Trust employees.

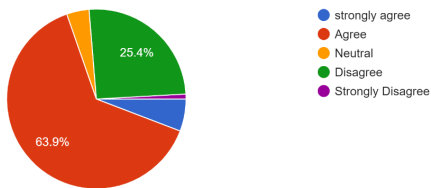
Results

The survey received 570 responses. The length of employment varied between less than 2 years (9.5%), 2-5 years (32.6%) 5-10 years (51.6%) and some more than 10 years. The top three reported ethnicity of the respondents were Indian (49.3%), Pakistani (29.5%) and White British (8.8%), figure 1.

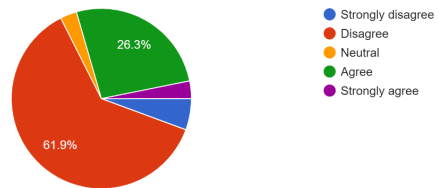


Most respondents reported being clear about what was expected of them at work (73%; Fig 2), having no concerns at work (73%; Fig 3), and knowing how to get their work done (73%, figure 4) and did not report having too many demands on them from different quarters (73%, fig 5).

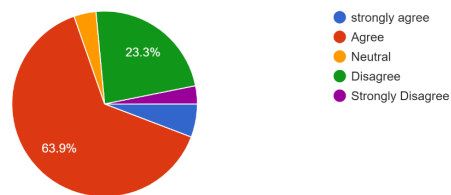
I am clear what is expected of me at work  
570 responses



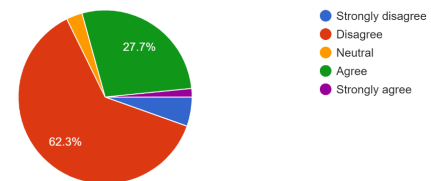
I have some concerns about the work  
570 responses



I know how to go about getting my job done  
570 responses

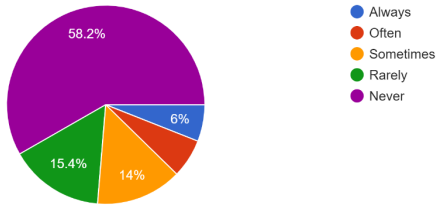


Different groups at work demand things from me that are hard to combine  
570 responses

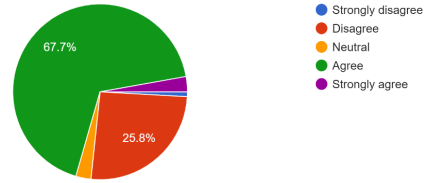


Most respondents did not report facing harassment or rarely (58.2%; 15.4%, fig 6), and believed that if the work was tough, they would receive help from colleagues (72%, fig 7).

I am subject to personal harassment in the form of words or behaviour  
570 responses

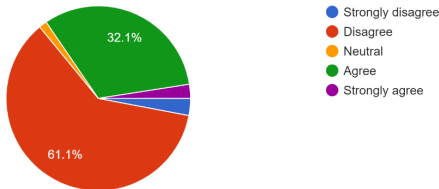


If work gets difficult, my colleagues will help me  
570 responses

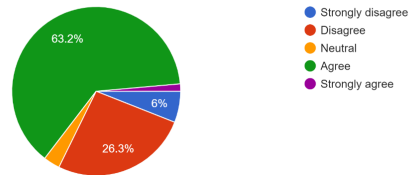


Respondents reported not having to work more intensely than expected (65%, fig 8), that they have a choice in what they do at work (65%, fig 9) as well as being clear on their responsibilities (70%, fig 10) and understanding the aims and objectives of their team or department (77%; fig 11).

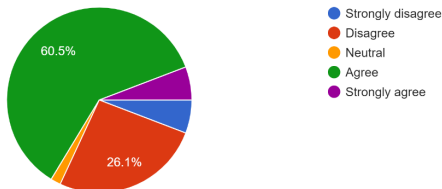
I have to work more intensively than I thought  
570 responses



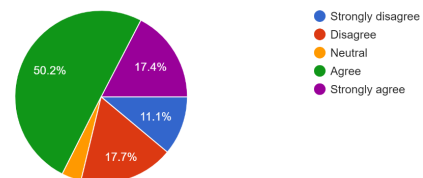
I have a choice in deciding what I do at work  
570 responses



I am clear what my duties and responsibilities are  
570 responses

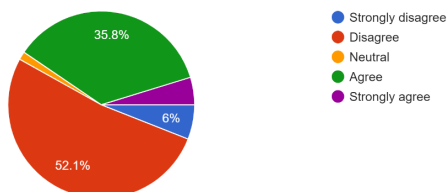


I am clear about the goals and objectives for my department  
570 responses

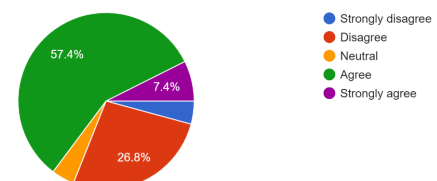


Respondents reported being able to take sufficient breaks (58.1%, fig 12), being able to talk to their line manager about being upset or annoyed (64.3%, fig 13), being respected by colleagues (64.8%, fig 14) and supported for carrying out work that was emotionally demanding (66.9%; fig 15).

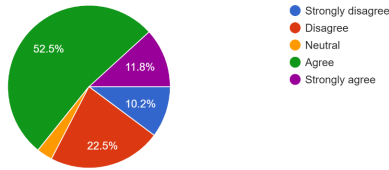
I am unable to take sufficient breaks  
570 responses



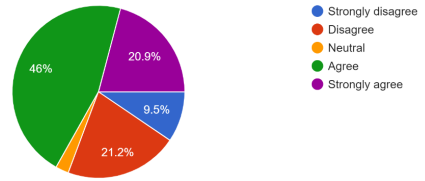
I receive the respect at work I deserve from my colleagues  
570 responses



I can talk to my line manager about something that has upset or annoyed me about work  
570 responses



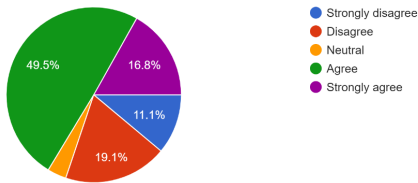
I am supported through emotionally demanding work  
570 responses



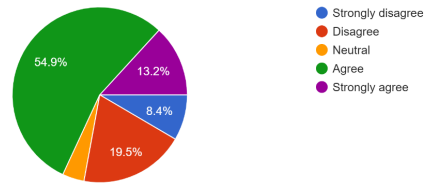
Respondents reported being consulted about change at work (66.3%, fig 16) and felt that their colleagues were willing to listen to work-related problems (68.1%, fig 17). They reported feeling warm at work (59.6%, fig 18). They reported that work did not affect them (65%, fig 19) or their families negatively (65.7%, fig 20).

Sixty-nine per cent of respondents felt happy at work, while the remaining were apprehensive, unhappy, anxious, or depressed.

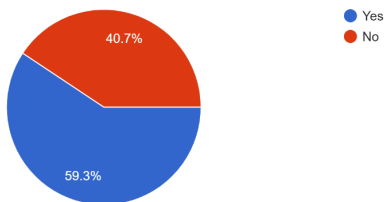
I am consulted about change at work  
570 responses



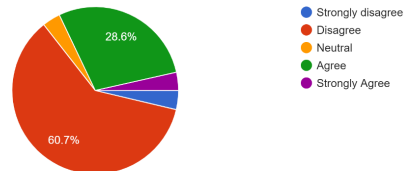
My colleagues are willing to listen to my work-related problems  
570 responses



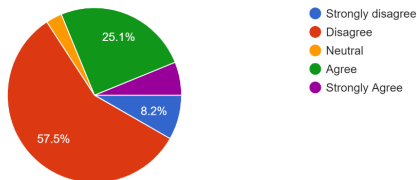
I have a warm feeling for my workplace  
570 responses



Work has started to affect my personal life negatively  
570 responses

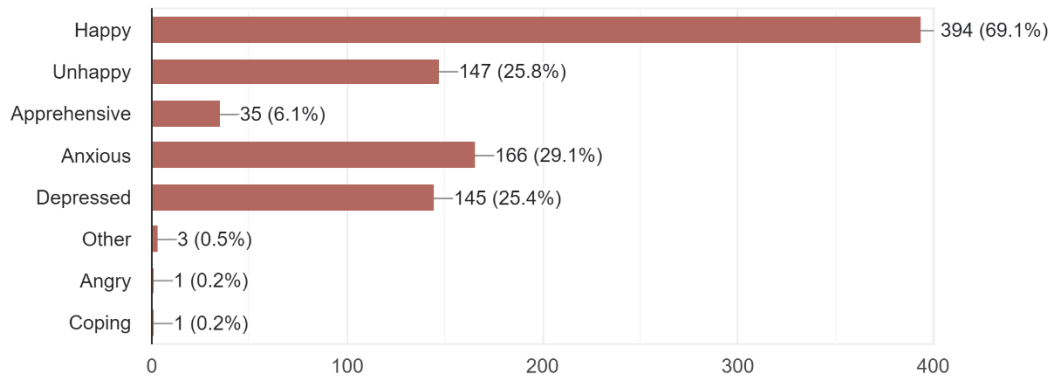


Work has started to affect my family life negatively  
570 responses



I am (please tick all that apply)

570 responses



### Discussion

The results from the current survey provide perspective into the emotional well-being and work-related experiences of NHS employees in Yorkshire, a vast proportion of whom were doctors belonging to a minority background. Responses to the questions illuminate how various aspects of the job environment can impact healthcare professionals. Our findings, combined with previous studies, underscore the complexity of the factors contributing to emotional well-being at work.

It is important that employees understand the nature of their work and are clear on what is expected of them. Our findings are in line with findings from a 2019 national NHS staff survey that reported that over 70% of NHS workers felt they knew what was expected from them at work.<sup>9</sup>

In this survey majority of respondents did not report concerns related to their work, which aligns with the findings by Alarcon that healthcare professionals often exhibit a high level of dedication and commitment to their work<sup>10</sup>, despite the presence of underlying issues potentially related to stress, workload, or interpersonal dynamics<sup>11</sup>.

Most of the respondents demonstrated confidence in being equipped to deliver their work, which is consistent with reports that healthcare professionals tend to report high levels of expertise and confidence in their abilities<sup>12</sup> and adaptability.<sup>13</sup>

The proportion who reported experiencing workplace harassment reflected the persistent reports from NHS staff surveys and Workforce Race and Equality Standards (WRES) proportions.<sup>14</sup> Despite the reports of harassment, most respondents believe that colleagues would lend help if needed, findings are consistent with the literature on teamwork and camaraderie in healthcare settings.<sup>15</sup>

Most respondents disagreed with the statement about having to work more intensively than expected. This might reflect the often-demanding nature of healthcare jobs, which could set higher expectations of workload intensity. This finding contrasts with the increasing concern about burnout in healthcare professionals due to high workload demands.<sup>16</sup> In terms of autonomy at work, most respondents felt they had a choice in deciding their tasks, which is associated with higher job satisfaction.<sup>17</sup>

A significant proportion agreed that they were unable to take enough breaks. This could contribute to fatigue and burnout and is worth attention.<sup>18</sup> Most respondents felt they received the respect they deserved from their colleagues, indicating a generally positive work environment.<sup>19</sup> Most respondents reported that they could discuss upsetting or annoying work-related matters with their line managers. This is a promising finding, as open communication with superiors can contribute to better job satisfaction and well-being.<sup>20</sup> Almost half of the respondents felt supported through emotionally demanding work, which is vital in healthcare settings where emotional stress is prevalent<sup>21</sup> and agreed that their colleagues were willing to listen to their work-related problems. This is positive, as peer support is known to help mitigate work-related stress.<sup>22</sup>

The response to the question about a warm feeling towards the workplace was almost evenly split. This could be indicative of varying levels of job satisfaction, workplace culture, and engagement.<sup>23</sup> Negative emotions about the workplace can impact job satisfaction and productivity, so this warrants further investigation.<sup>24</sup> Many disagreed that work was negatively impacting their personal and family life. This is an encouraging finding, given the known risks of work-life conflict in healthcare professions. However, the sizeable minority who agreed suggests a need for continued efforts to promote work-life balance.

### Limitations

This methodology, despite its limitations, has provided a foundation for understanding the work-related emotional impact on NHS employees. By building upon this study's methodology in future research, we can continue to generate insights into these important issues, driving forward initiatives to improve the

working lives of those at the heart of our healthcare system: the employees of the NHS.

### Conclusions

The results from this survey provide important insights into the emotional well-being of NHS employees, particularly those from a minority ethnic background. It's clear that there are several positive aspects, including clarity of roles, support from colleagues, and perceived respect. However, there are also areas for improvement, such as managing workload intensity, improving job autonomy, promoting mutual respect, facilitating open communication with line managers, and promoting work-life balance. These findings can inform strategies to improve the work environment and support the emotional well-being of NHS employees.

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