



Managing Stress and Mental Well-being in the NHS Staff?

Abstract

This article focuses on the workplace stress and mental well-being element and considers views on who is responsible for managing stress at work and promoting mental well-being.

Keywords

Healthcare workforce, well-being, recruitment & retention

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Introduction

There is a continuous, dynamic, and sometimes fierce debate on the determinants of the workforce crisis in the NHS. A long-term UK Government workforce plan for the NHS has been published. The recently published Parliamentary research briefing “The NHS workforce in England (1) ¹ cites the statistics; as of January 2023, there were 1.42 million people working in the NHS in England, including 133,000 FTE (full-time equivalent) hospital doctors and 325,000 FTE nurses along with 35,200 permanent qualified GPs (March 2023). Asian or Asian British doctors account for 33% of the medical workforce compared to only 10% of the working-age UK population, due to the number of internationally qualified medical graduates inducted into the NHS. We also know the workforce (especially nurses) is largely female – around 75%.

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Along with the debate of recruiting enough numbers to work in the NHS, is the ongoing conversation about retention of the workforce. Excessive work pressures, comparatively low pay, bullying, and harassment including racism are various reasons for workplace stress cited through NHS Staff surveys², medical³ and nursing organisations⁴ and could also be contributing to high sickness levels and poor retention rates in the NHS. Workplace stress consequently affects health and well-being which includes physical, mental, and social aspects. The need to manage workplace stress optimally is not only a humanitarian, and ethical issue but also one which affects the quality of patient care and the future of the NHS if it cannot provide a sustainable workforce for growing demand.

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Whose responsibility is it anyway?

Most of the responsibility for minimising workplace stress and that it remains manageable as well as promoting well-being rests with the employer. A look at the various surveys over the last few years, even pre-dating the pandemic, demonstrates excessive workload, not being valued at work, bullying and harassment, lack of support when reporting discrimination, lack of adequate career progression, as well as lack of flexible working arrangements. The proportion of staff responding thus in these various surveys is significant too. For example, in a 2021 Royal College of Nursing Survey ⁵ 56.8% of respondents said they were considering leaving their current post and cited feeling undervalued and under pressure as the main reasons for this. The annual General Medical Council (GMC) State of Medical Education and Practice in the UK report ⁶ states that a quarter of doctors surveyed (25%) were categorised as being at high risk of burnout in 2022, compared with 17% in 2021. The findings are stark indeed; half of doctors (50%) were satisfied in 2022, down from 70% in 2021. In 2022, more doctors reported working beyond their rostered hours on a weekly basis (70%, up from 59% in 2021), having difficulty taking breaks each week (68%, up from 49% in 2021), and feeling unable to cope with their workload each week (42%, up from 30% in 2021). This survey targets trainers, non-trainers and trainees and is an important predictor of our capacity to train and supervise the doctors needed for the future.

It is clear from the above that the key factors affecting workplace stress and wellbeing are the direct responsibility of the employer.

The ongoing junior doctor and nurses strike around demands for pay restoration and pay in keeping with inflation also demonstrate the role of fair wages on stress and well-being. While issues of pay scales for healthcare staff are not a direct employer responsibility, they need to ensure that staff are paid appropriately for the work they do including overtime and

that they are able to progress fairly through the career ranks, which will help ensure that staff are appointed to the right level of seniority for the work they deliver. The NHS has not been doing this consistently as is shown by the results of various surveys referred to above.

A further indictment of the NHS is that it does not always provide the support that staff need at vulnerable and difficult times. Inflexible rotas and lack of flexible working opportunities have been referred to in the above surveys. Also, recent high-profile cases have shown us that when there is a discriminatory and punitive culture, staff are subjected to disciplinarys or referred to the regulators when speaking up against discrimination or asking for the right tools to do their job. ⁷

To understand the link between employer responsibility and workplace stress, there is much to learn from those places where staff do feel supported and report a compassionate, kind and just culture. ⁸ Michael West and the King's Fund ⁹ work has shown, that in healthcare organisations with the right culture, there are more employees who report joy at work, more productivity and fewer employees reporting stress and burnout. This is also borne out by the top performing Trusts in the NHS staff survey, ¹⁰ where there is a link between leadership with the right culture and values and employees feeling more recognised and valued, less likely to be stressed and more likely to continue working in the organisation.

Conclusion:

Workplace stress by its definition is directly related to work and influenced by the culture, conditions, and resources at work. These are firmly within the domain of the employer's duties and accountabilities. It follows that managing stress and mental well-being at work is the responsibility of the employer. It is within the purview of the employer that they create a culture where employees feel able to ask for help and support when they are facing stress and burnout. Otherwise, we risk making that perennial mistake of blaming individuals for

what is a systemic problem, and the vicious cycle will continue.

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