



# Impact of a Social Media Group on Health and Well-being of Healthcare Professionals – “Results of a Well-Net Survey”

## Abstract

Healthcare professionals report workplace stress, burnout and a high prevalence of physical and mental health conditions which may have an impact on their performance and affect outcomes for patients. These include hypertension, diabetes, obesity, anxiety, and depression. As illustrated during the differential outcomes observed during the COVID-19 pandemic, health can be further worsened by social isolation, and incivility in the workplace and impact those from minority backgrounds or with protected characteristics.

Social media groups such as Whats App, Facebook and others offer a safe space for psychological support, peer motivation and flexibility of access to health and wellbeing resources. The British Association of Physicians of Indian Origin spearheaded the formation of a voluntary Well-Net group focussing on health and wellbeing activities in February 2021, which was open to professionals, their friends, and families.

The results of a survey undertaken among the members of such a Well-Net group demonstrated that the combination of peer motivation and flexible access to health and wellbeing support activities improves physical, and mental health and reduces stress levels. A healthy workforce will perform better and lead to safer outcomes for patients. The results make the case for targeted investment in flexible provision for health and wellbeing activities for healthcare professionals, both by employers and voluntary organisations.

## Keywords

healthcare professionals, health and wellbeing, health outcomes, social media support groups

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## Introduction

Medical professionals including doctors carry high-risk factors that lead to impaired well-being and are prone to long-term health conditions due to the nature of their work. Burnout, emotional, and mental health conditions are very common in health care professionals.<sup>1</sup> During the pandemic, healthcare professionals' health and well-being hit an all-time low due to stressful working conditions, isolation, and a lack of social support systems.<sup>2</sup>

The British Association of Physicians of Indian Origin (BAPIO) is a voluntary organisation which was established in 1998. BAPIO Health and Wellbeing Forum and the 'Well-net' What's App group were formed during the pandemic in Feb 2021 to support members during the pandemic. The group welcomed doctors, nurses and their family and friends as the well-being of the people around a person does impact one's own health and well-being. Having appropriate social support systems and networks has a positive impact on health and well-being.<sup>3</sup>

The forum organised various well-being activities. They were carried out regularly, weekly, monthly and sometimes on an ad hoc basis. The theme of the activities planned provided an opportunity to change behaviours and influence lifestyle factors such as diet, nutrition, hydration, and activities including yoga, walking, dance fitness, as well as peer support and sleep.

## Aims

We planned to evaluate the effectiveness of the services offered, to understand health needs

and to what extent the resources were utilised by members, via a Well-Net survey. These included -

- Demographics
- Current health status
- Personal reasons for taking part in self-care activities.
- Details about the type, timings, and place of self-care activities
- Impact on health and wellbeing.

## Method:

An online anonymous questionnaire was designed using an online Google form with 10 questions with options to choose more than one response in some of the questions and a section for free text comments. The questionnaire was distributed to adult members of Whats App® group consisting of 102 members at in Oct 2022. The survey was open for 2 months. Demographic data, aims of participation and outcome measures to understand the well-being provisions accessed within and outside the workplace were collected. By completing the questionnaires, members consented to data analysis and publications. All data collected was anonymous.

## Results

There were 54 complete responses received. The responders included 76% doctors, 15% nurses, and 9% were from family or friends of healthcare professionals.

## Demographics

The majority of the respondents were between 40-60 years, table 1.

Table 1		Age range of respondents
Age in years		Proportions
20-39		6
40-49		35
50-59		39
60-69		11
70-79		9

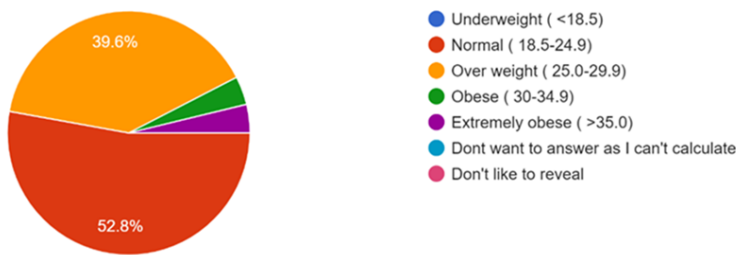


Figure 1: Distribution of body mass index as reported by respondents

### Body Mass Index

There were 52.8% who self-reported their BMI to be within the normal range of 18.5-24.9 kg/m<sup>2</sup>, 39.6% were overweight (BMI 25-29.9 Kg/m<sup>2</sup>) and 7.2% were obese or extremely obese (BMI>30 kg/m<sup>2</sup>), figure 1.

### Current Health Status

Almost 50% of the respondents reported being in good health with no known underlying health conditions. The others reported one or more physical or mental health problems. Hypertension (18.5%) was the most common health condition, followed by diabetes and anxiety (14.8%), obesity and respiratory conditions (9.3%) and depression (3.7%), figure 2.

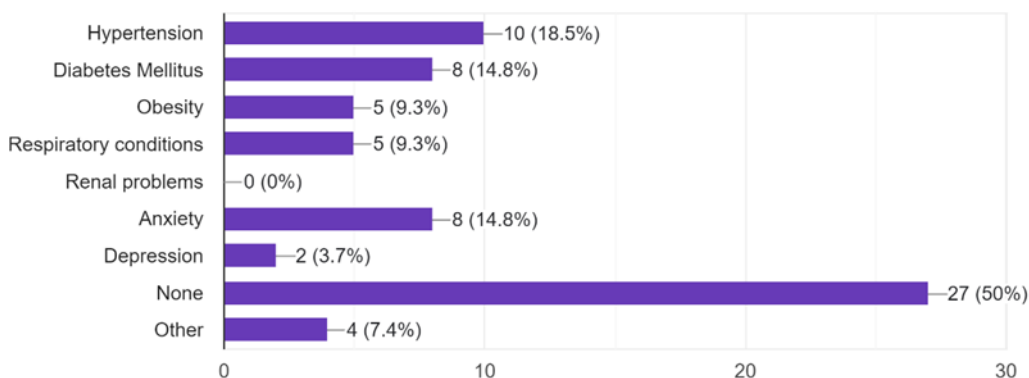


Figure 2. Prevalence of self-reported health conditions among respondents

### Reasons for participating in wellbeing activities.

Most of the respondents joined with an aspiration to improve their physical health or fitness (87%), and mental health (53%) or to lose weight (38.9%). Almost 38.9% participated to improve their social connectedness, and networking, build friendships and combat loneliness, figure 3.

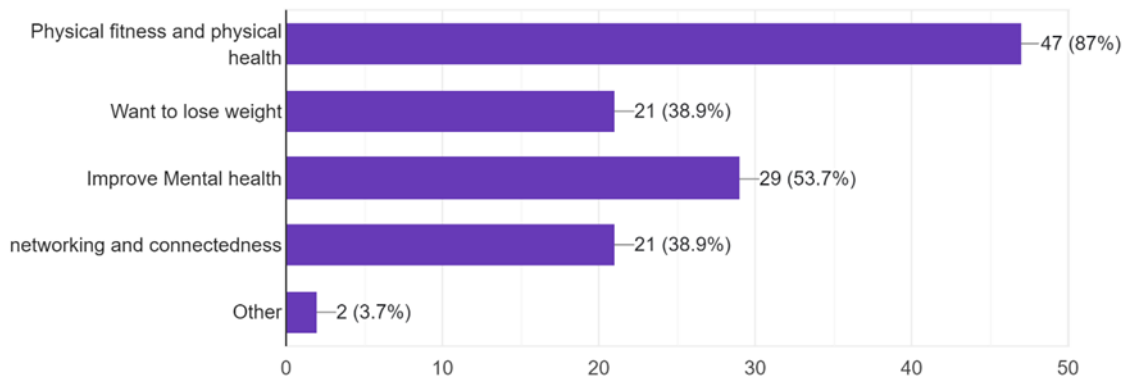


Figure 3. Aspiration of participants in the Well-Net activities

**Activities**

**Type of the activities**

Walking, balanced diet and yoga were popular activities incorporated into their daily routines by half of the respondents. A few engaged in vigorous activities like cycling and running, (figure 4)

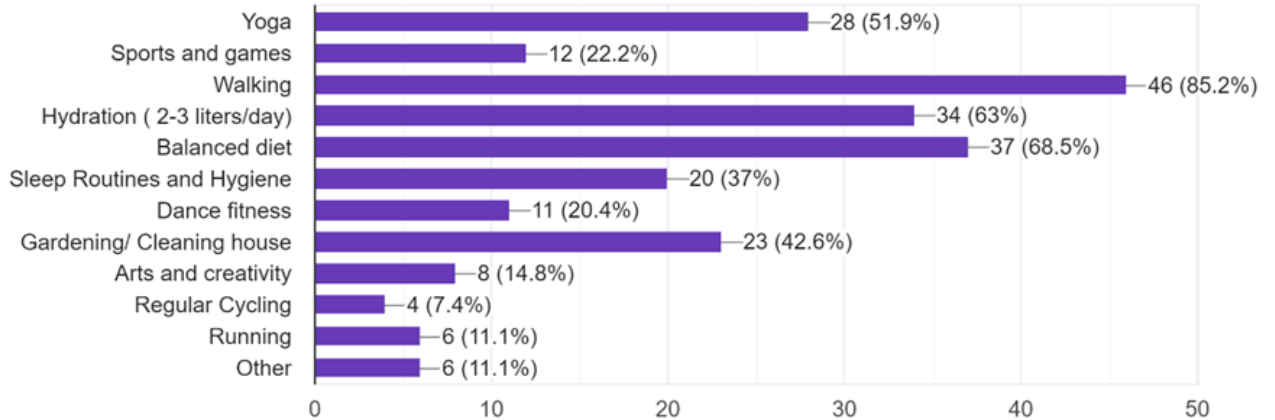


Figure 4. Proportion of respondents participating in the different Well-Net activities.

**Timing of the activities**

Very few (14.8%) respondents accessed wellbeing resources during working hours, 61.1 % accessed resources in the evenings or over the weekends (61%), figure 5.

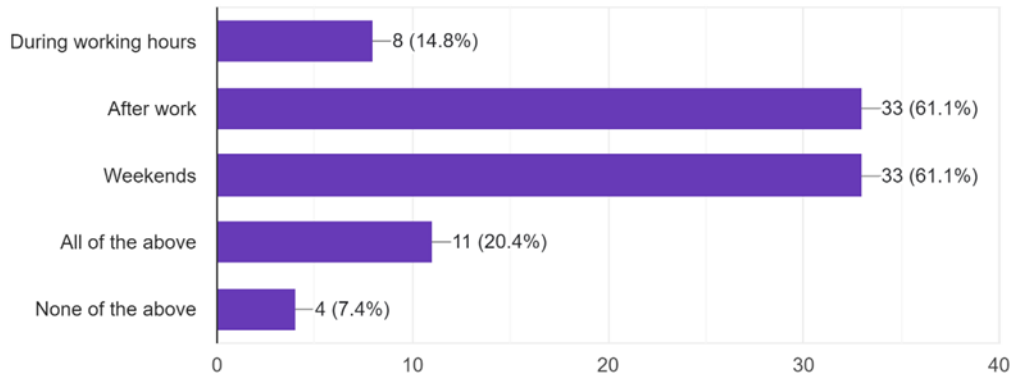


Figure 5. Timing for accessing Well-net activities.

**Place of the activities**

Only 18.5% access support services at their workplace, whereas 75.9% access at home. Majority (74.1%) accessed activities virtually, while 25.9% used gymnasium or leisure centres, figure 6.

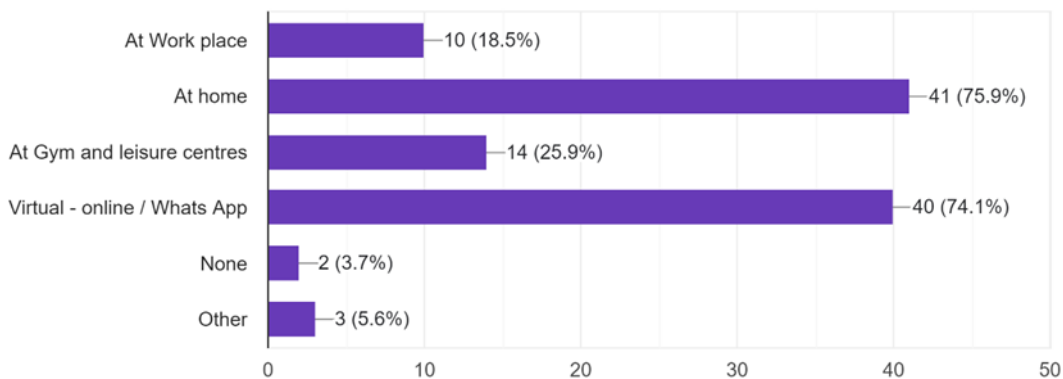


Figure 6. Location of respondents accessing Well-Net activities

**Effectiveness**

**Weight loss**

Over the period of the Well-Net group activities, approximately 1.5 % lost between 7-10 kilograms, 11.1% lost 5-6 kgs, 20% lost 3-4 kgs and 35.2 % lost 1-2 kgs. Around 29.6% of the respondents didn't lose any weight, figure 7.

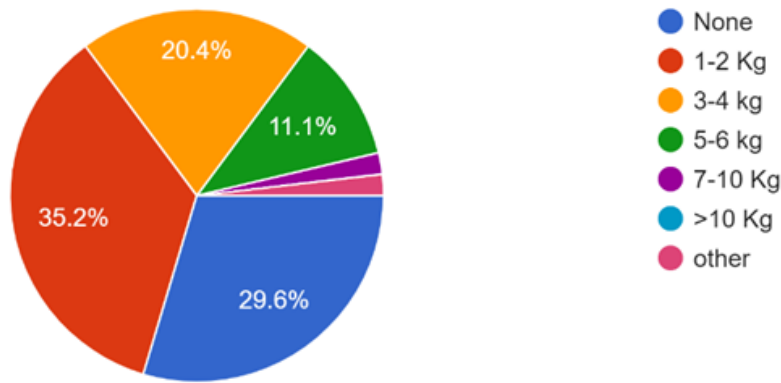


Figure 7. Proportion of respondents achieving weight loss thresholds.

### Impact on stress levels

Figure 8a. How stressed were you before you joined any self-care activities (1- minimum stress to 5 -highly stressed)

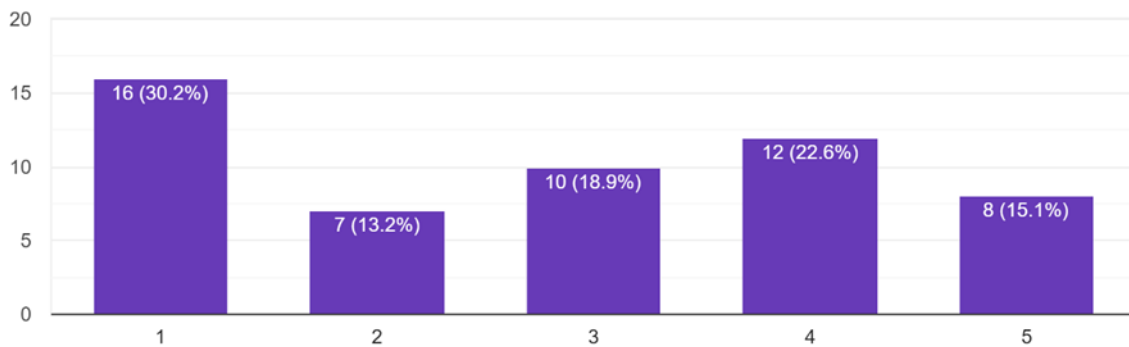
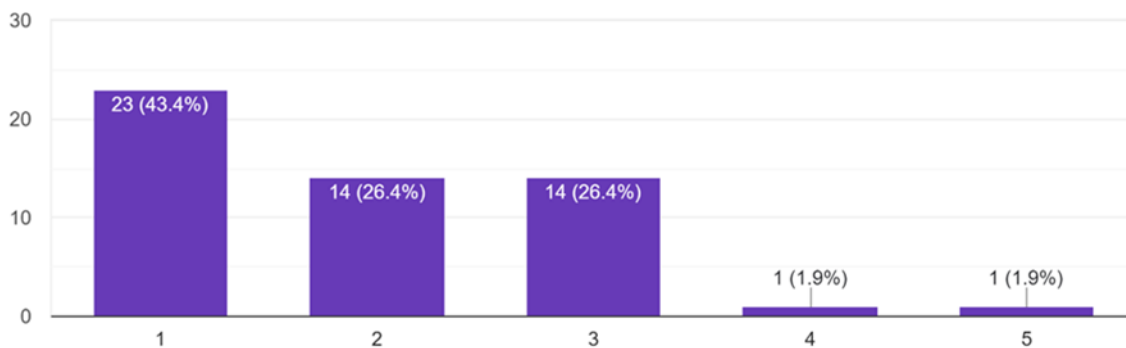


Figure 8b. How stressed are you now after you began self-care (1 being minimum stress to 5 being highly stressed)



After engaging in self-care activities, the number of respondents in highly stressed categories (grades 4 and 5) reduced significantly. The numbers from grade 4 and grade 5 dropped to 1.9% from 23 % and 15 % respectively, figures 8a and 8b.



## Discussion

In the Well-Net survey of healthcare professionals who were members of the BAPIO Health & Wellbeing WhatsApp group, around 75% were in the middle-age range of 40-60 years, with nearly 50% being either overweight, obese, or extremely obese. Around 50% of respondents had a health condition, including hypertension, diabetes, and anxiety. Most reported high levels of stress.

The health and well-being of healthcare professionals is a global health priority as most of the healthcare provision and aspirations of universal health depend critically on having a healthy and viable workforce.<sup>4</sup> Work pressure, poor sleep, lack of access to healthy food or lack of time to incorporate physical activities within a busy lifestyle are known contributory factors to hypertension, diabetes, obesity, and emotional and mental health conditions of healthcare professionals. Anxiety, depression, post-traumatic stress, and poor psychological well-being are far too prevalent in this cohort.<sup>5</sup> The Well-being of healthcare professionals is known to directly impact patient care, and there is evidence for the benefits of promoting mental well-being and healthy working conditions<sup>6</sup> but often such guidance does not explicitly recommend specific measures to improve physical well-being nor the impact of peer support on diet, physical activity, social isolation, or psychological wellbeing.

Most of the respondents in the Well-Net survey accessed self-care activities either after work or at weekends - therefore, whilst the provision of workplace resources is important, doing it in a peer-supported way outside of working hours - seemed to be more convenient, particularly online or at home. Some organisations invest in wellbeing resources during working hours, but it does not appear to be convenient or preferred so may not be utilised by many.

In our survey, activities supported via the What's App group had positive benefits with desired weight loss and reduced stress and appear to have helped to build strong community support. Members felt happier

seen in the free text comments and requested to continue these support services. It also reduced their stress levels and loneliness which had a positive emotional impact.<sup>7</sup>

**Limitations** of this survey included the lack of a baseline survey at the time of formation of the Well-Net group in Feb 2021. This survey was done 19 months after coaching and guidance on diet, physical activity, yoga, and emotional well-being activities were delivered during that period. Nevertheless, this survey shows self-reported improvement in outcomes such as weight loss, reduced stress levels and loneliness, and a sense of belonging as well as happiness.

## Implications for the future

In the UK, organisations such as the National Health Service should allocate resources for health and wellbeing which are flexible, accessible and in a format that may be utilised by staff at their convenience. Our survey results highlight that the convenient timings are likely to be after work, at home and online. Currently, many resources are offered mainly during working hours and are focussed on psychological well-being rather than holistic physical health and wellbeing.<sup>8</sup> Organisations and their leaders should prioritise workforce wellbeing and create supportive working conditions and policies that also offer equality, diversity, and wellbeing<sup>9</sup>- which is likely to lead to efficiency and better outcomes.<sup>10,11</sup> There is evidence that healthcare professionals from minority backgrounds tended not to access resources provided by their employers unless these were culturally tailored.<sup>12</sup> This is in line with our survey results where this cohort practised their self-care in social hours engaging themselves with their culturally favourable social network and support systems, outside the workplace.

## References

1. Bridgeman, P. J., Bridgeman, M. B. & Barone, J. Burnout syndrome among healthcare professionals. *Am. J. Health-Syst. Pharm. AJHP Off. J. Am. Soc. Health-Syst. Pharm.* **75**, 147-152 (2018).



2. Vizheh, M. *et al.* The mental health of healthcare workers in the COVID-19 pandemic: A systematic review. *J. Diabetes Metab. Disord.* **19**, 1967–1978 (2020).
3. Berkman, L. F. & Krishna, A. Social Network Epidemiology. in *Social Epidemiology* (eds. Berkman, L. F., Kawachi, I. & Glymour, M. M.) 0 (Oxford University Press, 2014).  
doi:10.1093/med/9780195377903.003.0007.
4. Søvold, L. E. *et al.* Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority. *Front. Public Health* **9**, (2021).
5. Brand, S. L. *et al.* Whole-system approaches to improving the health and wellbeing of healthcare workers: A systematic review. *PLoS ONE* **12**, e0188418 (2017).
6. Mental wellbeing at work | Guidance | NICE.  
<https://www.nice.org.uk/guidance/ph22> (2009).
7. Pierce, M. *et al.* Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data. *Lancet Psychiatry* **8**, 610–619 (2021).
8. Holtzclaw, L., Arlinghaus, K. R. & Johnston, C. A. The Health of Health Care Professionals. *Am. J. Lifestyle Med.* **15**, 130–132 (2020).
9. Stevenson, J. & Rao, P. M. Explaining levels of wellbeing in Black and Minority Ethnic populations in England. 72.
10. Boorman, S. Health and well-being of the NHS workforce. *J. Public Ment. Health* **9**, 4–7 (2010).
11. Improving the health of the NHS workforce: Report of the partnership on the health of the NHS workforce. *Nuffield Trust*  
<https://www.nuffieldtrust.org.uk/research/improving-the-health-of-the-nhs-workforce-report-of-the-partnership-on-the-health-of-the-nhs-workforce>.
12. Daga, S. *et al.* Culturally-tailored Peer Support for Doctors and Nurses of Indian Origin. *Sushruta J. Health Policy Opin.* **14**, 1–8 (2021).