# Work and wellbeing in the NHS: why staff health matters to patient care

Introduction

'When doctors suffer physical illness, or mental ill health ... adequate means of support should be easily accessible ... [yet] what support there is is fragmented, ill understood and little used ... This is impairing their health, reducing their job satisfaction and ultimately must compromise their ability to provide high-quality care for their patients.' Nuffield Provincial Hospitals[1]

Our healthcare system's greatest asset is the people who deliver it. Without those people – those doctors, nurses, paramedics, porters, clerks, managers, assistants, therapists and many others – there would be no health service. Yet, as NHS services face unprecedented clinical demand, increasing financial pressures and a patient population with complex care needs, it is often the health and wellbeing of NHS staff that suffer.[2–4]

There is an inextricable link between the people who provide care and the patients that they care for. The NHS is one of the largest employers in the world:[5] its 1.3 million staff* in England[6] and Wales[7] care for 1 million patients every 36 hours[5] – equivalent to 243 million patients each year.

For this system to provide safe, sustainable, patient-centred care, it is critically dependent on a healthy and engaged workforce with good mental and physical wellbeing. Yet their health is not prioritised: NHS staff had 15.7 million days off sick in England alone in 2013–14.[8,9] When staff health and wellbeing are neglected, it is not only staff, their families and friends who bear the consequences, but also the patients that they care for, their colleagues, and the organisations within which they work.[1]

Conversely, good staff health, wellbeing and engagement can reap significant benefits for patients and professionals alike:

> **improved patient safety**, including reduced methicillin-resistant *Staphylococcus aureus* (MRSA) infection rates and lower standardised mortality figures[2,11,12]

> **improved patient experience of care**, including higher levels of patient satisfaction[2,13]

> **reduced costs**, including lower rates of sickness absence, reduced use of agency staff, improved productivity and higher rates of staff retention[13–15]

> **professional and personal benefits for NHS staff**, including improved morale, job satisfaction and wellbeing.[3,11,16,17]

Far from being new issues, staff wellbeing and staff engagement have been scrutinised through at least two decades of rhetoric and reports,[1,18] but we are yet to see meaningful change. Action and leadership are needed now. Evidence-based change is imperative. We must work together across the system, nationally and locally, to support people and organisations across the NHS to improve staff health and wellbeing and – in turn – safeguard patient safety, enable positive patient experience and sustain value-for-money services.

This report by the Royal College of Physicians (RCP), entitled *Work and wellbeing in the NHS: why staff health matters to patient care*, sets out why it is in the best interests of both patients and NHS organisations for the health, wellbeing and engagement of the NHS workforce to be prioritised. Building on the Future Hospital Commission's 2013 recommendation that staff should be supported to deliver safe, compassionate care,[19] this new report offers a call to action to UK governments, NHS trusts, health boards, commissioners and medical royal colleges to take urgent action in the interest of patients, staff and services. As this report explains, investment in NHS staff is not an optional extra, but a vital investment in safe, sustainable patient care.

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* Unless otherwise stated, the figures quoted in this report include all NHS staff in England and Wales, excluding GPs and GP practice staff in England, who are not incorporated into the Health and Social Care Information Centre's national data for the rest of the NHS workforce in England.

Where are we now?

High-quality patient care relies on motivated and skilled staff who not only are physically and mentally well enough to do their jobs, but also feel valued, well supported and engaged.

Staff health, wellbeing and engagement in the NHS today

The NHS as a whole performs relatively poorly across many measures of staff health and wellbeing, with sickness absence rates that are 27% higher than the UK public sector average, and 46% higher than the average for all sectors.[20]

There are many reasons that sickness absence rates in the health sector are generally higher than average. Although NHS work can be very rewarding, it can also be physically, emotionally and psychologically demanding, and it can incur an increased risk of illness and injury. The NHS is also one of few organisations that operate services 24 hours per day, 365 days per year.

Added to this is the increasingly challenging workload that many NHS staff manage. Increased clinical demand and a changing patient population have resulted in a 37% increase in emergency hospital admissions and a 58% increase in secondary care episodes for those aged over 65 in the past 10 years.[4,21,22] Clinicians express concern about the ability of hospitals to deliver continuity of care, and a 2010 survey of hospital doctors in England and Wales found that each doctor was responsible for an average of 61 patients at night, with some responsible for up to 400 patients at a time.[23]

As highlighted by Sir Robert Francis QC's independent public inquiry into Mid Staffordshire NHS Foundation Trust, the consequences of failing to meet these challenges can be significant for both patients and staff,[24] with clear links between the wellbeing of the workforce and the quality of patient care delivered.[2]

While there are many examples of good practice, the Boorman 2009 review of health and wellbeing in the NHS found that many NHS organisations worked in ways that were 'incompatible' with effective health and wellbeing support for staff.[11]

Fewer than half (44%) of NHS staff in England report that their employer takes positive action on health and wellbeing. NHS staff survey[26]

Despite these challenges, there are many trusts and health boards that are performing well. For example, staff in some NHS organisations report levels of work-related stress that are half the NHS average, while others achieve staff engagement scores as much as 18% above the mean.[26] Many staff describe working in the NHS as a rewarding and challenging career, and enjoy the teamwork and job satisfaction that it can bring,[16,27] and many NHS organisations have worked hard to improve workforce health and wellbeing through proven interventions. For example, between 2010 and 2013, the RCP's audit of NHS trusts in England revealed a 15% increase in the proportion of organisations that train line managers to support employees' mental wellbeing, and a 24% increase in the proportion adopting an organisation-wide strategy for staff health and wellbeing.[28]

It is vital that we learn from this good practice and draw on the wealth of evidence about what works. We must take urgent action to raise the standard of staff health and wellbeing across the NHS and, consequently, the quality of care that those staff are able to deliver.
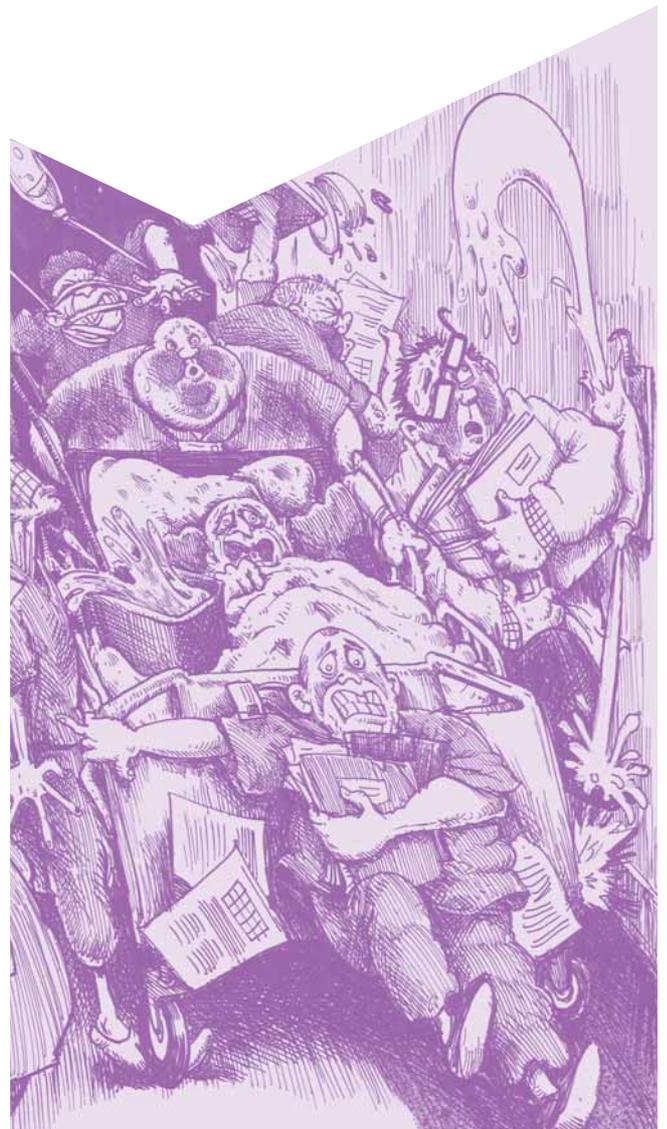
Key health and wellbeing challenges in the NHS workforce

Presenteeism

Many NHS staff feel pressure or a sense of personal responsibility to attend work when they are unwell. Sixty-eight per cent of NHS staff in England and 70% of NHS staff in Wales report having recently attended work despite not feeling well enough to perform their duties.[2,26,29]

Mental ill health

Poor mental health is estimated to account for more than a quarter of staff sickness absence in the NHS.[11] Thirty-eight per cent of NHS staff in England and 33% of NHS staff in Wales report having suffered work-related stress and/or being unwell as a result of work-related stress over the past year.[26,29]

Musculoskeletal disorders

With staff frequently engaging in physically demanding activities, musculoskeletal (MSK) disorders are a major cause of illness and injury in the NHS workforce, and have been estimated to account for nearly half of all NHS staff absence.[11]

Equity and equality

The NHS workforce is extremely diverse in terms of the nature of work carried out by different occupational groups, their working patterns and demographic characteristics, and whether they are employed directly by the NHS or by a third-party contractor. There are strong associations between these factors and staff health and wellbeing: outsourced staff, those working night shifts and those working in remote or isolated conditions experience worse health and wellbeing and lower levels of staff engagement than other staff groups.[26,28,29]

Obesity and overweight

The government has estimated that around 300,000 NHS staff are obese, with a further 400,000 being overweight.[30] Given rising levels of obesity and overweight in the wider population, these figures are likely to rise, with significant consequences for both staff and their employing organisations.

Why the working environment matters

The working environment is a key determinant of staff engagement and wellbeing.

Staff working in different NHS jobs and organisations demonstrate substantial variations in measures of employee engagement, levels of ill health and sickness absence, and self-reported health and wellbeing.[26,31] For example, although only 41% of NHS staff as a whole report feeling satisfied with the extent to which their employer values their work, this figure is substantially higher (65%) for those employed by clinical commissioning groups (CCGs) in England. Meanwhile, for ambulance staff it drops to just over half the national average (21%).[26]

The distinct and often isolated environment in which ambulance staff work is reflected in poor wellbeing and low levels of staff engagement across a range of measures in both England and Wales. These staff report significantly lower levels of job satisfaction, higher levels of work-related stress and less support from line managers than those working in hospitals, mental health, community care or (in England) CCGs.[26,29]

'The fact that you can work a 13-hour shift and not have anywhere to go and get food overnight is sort of ridiculous and you wouldn't expect it in any other profession.' Trainee physician[16]

In the hospital, those working in emergency and acute care settings often report a sense of feeling under pressure and undervalued. Recent research by the RCP found low morale among trainee doctors in acute hospitals.[16,32] Many described a shortage of even the most basic staff amenities, such as adequate workspace, rest facilities or somewhere to buy food. Others reported an ever-increasing workload, a feeling of being a 'dumping ground' for senior colleagues, and a general sense of being unappreciated and poorly respected.

More generally, although being in employment tends to be good for overall health, work can sometimes be a cause of illness. Health and Safety Executive figures show that 22.7 million working days were lost in 2011–12 owing to work-related ill health in the whole UK economy, with a further 4.3 million days lost owing to workplace injury.[33]

NHS staff are more likely to incur a work-related illness or injury than comparative staff in other sectors.[11] Work activities in the NHS can be highly physical and emotionally demanding, which increases the likelihood of injury and illness. Common activities such as moving and handling carry a higher risk of injury, with MSK disorders a major cause of NHS staff absence.[2]

Work is also an important cause of poor mental health for those employed in the health service,[33] with 38% of NHS staff in England and 33% in Wales suffering work-related stress in the past year.[26,29] Paramedics, those who are carers and those with a disability report higher rates of stress than other staff.[26] Conversely, those who feel valued and able to influence at work report low mental stress[34] – which itself is associated with reduced sickness absence[3] and higher productivity[35] – further demonstrating the important link between employee engagement and staff wellbeing.[3]

Doctors have higher rates of mental ill health than many other professional groups,[36] and health professionals as a whole have among the highest suicide rates of any occupational group in England and Wales.[37] Among consultant physicians and medical registrars, 16.3% report that their job always or often 'gets them down', with a further 50.4% saying that they 'sometimes' feel this way.[38]

Doctors can also experience psychological stress when their patients suffer adverse events, such as clinical mistakes that cause actual or potential harm. A study of physicians who had experienced an adverse clinical event in a patient found that the overwhelming majority suffered adverse psychological and emotional consequences. Nearly 60% had difficulty sleeping, with other common responses including nervousness, stress, anxiety and reduced job satisfaction.[39]

Importantly, patient safety may therefore be at risk in the immediate aftermath of an incident, when a clinician's performance could be impaired as stress, anxiety and sleep disturbance affect clinical decision making. This risk makes it particularly important for employers to support healthcare professionals to manage the psychological and emotional impact of adverse clinical incidents, yet a significant majority of physicians (67%) report that healthcare organisations do not offer adequate support to deal with the stress associated with an adverse event.[39] At least 24 doctors committed suicide while under fitness-to-practise investigations between 2005 and 2013.[40]

For a minority of staff, the working environment can also be a source of violence, bullying or harassment that damages wellbeing and staff engagement. Physical violence and abuse are particular challenges in some parts of the NHS, with 33% of staff in ambulance trusts and 15% of those in mental health settings reporting having experienced physical violence from a patient or patient's relative in the preceding 12 months – substantially higher than the 7% seen in specialist hospitals (in England).[26]

'It is an exceptionally challenging, understaffed, demoralising job.'
Trainee physician[16]

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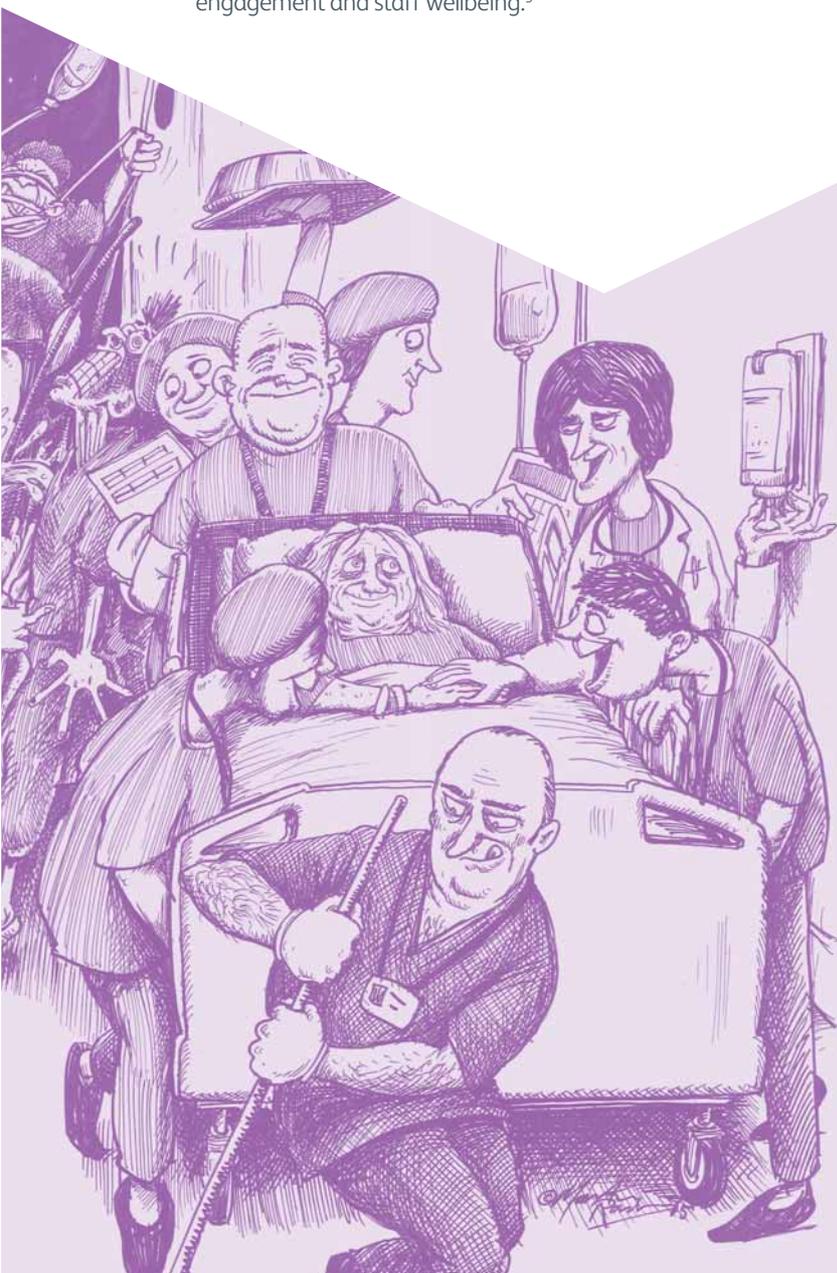
Existing health and wellbeing support for NHS staff

There are many examples of good practice where NHS organisations are highly committed to promoting health and wellbeing in their workforce. However, this good practice is not implemented consistently across NHS organisations, resulting in patchy access to good health improvement and occupational health support.

Promoting mental wellbeing

Mental ill health is a major cause of sickness absence and poor wellbeing, yet prevention of mental ill health is not being prioritised in many parts of the NHS, even though there is good evidence that organisations can improve staff mental wellbeing.[34] While 92% of NHS trusts in England offer staff some form of access to psychological therapies, only 57% have an organisational plan or policy to support the mental wellbeing of their staff.[28]

Tackling long-term sickness absence

All NHS trusts audited in England have an organisational policy for long-term sickness absence, but nearly one-third wait until staff have been off sick for 4 weeks before initiating management support, while a further 10% include no trigger point whatsoever for management support.[28] This is despite strong evidence that early intervention from line managers from the first day of sickness absence reduces the overall time spent off work and can even prevent the recurrence of long-term sickness absence for common conditions such as lower back pain.[17]

Promoting healthy weight

Only 28% of NHS trusts in England reported that they have a plan or policy to help reduce overweight and obesity among staff.[28] Many NHS organisations offer poor access to affordable, healthy food – particularly for those working overnight[28] – and on-site retail outlets selling cheap confectionery and junk food are common.

Promoting smoking cessation

Three-quarters of NHS trusts in England have a policy to support employees to stop smoking.[28] However, nearly 40% of audited trusts do not allow staff to attend smoking-cessation support during working hours without loss of pay, even though smoking itself is strongly associated with increased staff absence.[3]

Access and inequality

Audit work has found that staff working in NHS services that have been contracted out to external providers often struggle to access the same level of health and wellbeing support as colleagues who are directly employed by NHS organisations,[3] despite legal duties to promote equality[41] and, in England, to tackle health inequalities.[42] Outsourced staff are often in low-paid, unskilled shift work, factors that are closely associated with poor health outcomes and may pose health risks.[43]

Indeed, sickness absence is highest among the lowest paid.[44] Unequal access to health and wellbeing interventions is therefore an equity issue, and one that may increase existing inequalities in health and wellbeing between different groups. Moreover, health and wellbeing support is not always tailored to reflect the diverse needs of different demographic groups (such as different age groups, shift patterns, salary grades, ethnicity or gender), and few NHS providers monitor uptake across different groups or adapt services accordingly.[28]

As employers, NHS organisations must not only monitor the impact of inequality in their workforce, but take action to address it. Services must be accessible to all parts of the NHS workforce, regardless of occupation or working pattern. Staff health and wellbeing should be integrated as core components of service planning, contracts and tenders so that all NHS staff – including those who are employed by third-party contractors – have access to high-quality occupational health services, evidence-based health promotion initiatives such as smoking-cessation support and healthy eating options, and fair terms and conditions, so that, at the very least, the NHS workplace does not exacerbate existing inequalities in health in its own workforce.
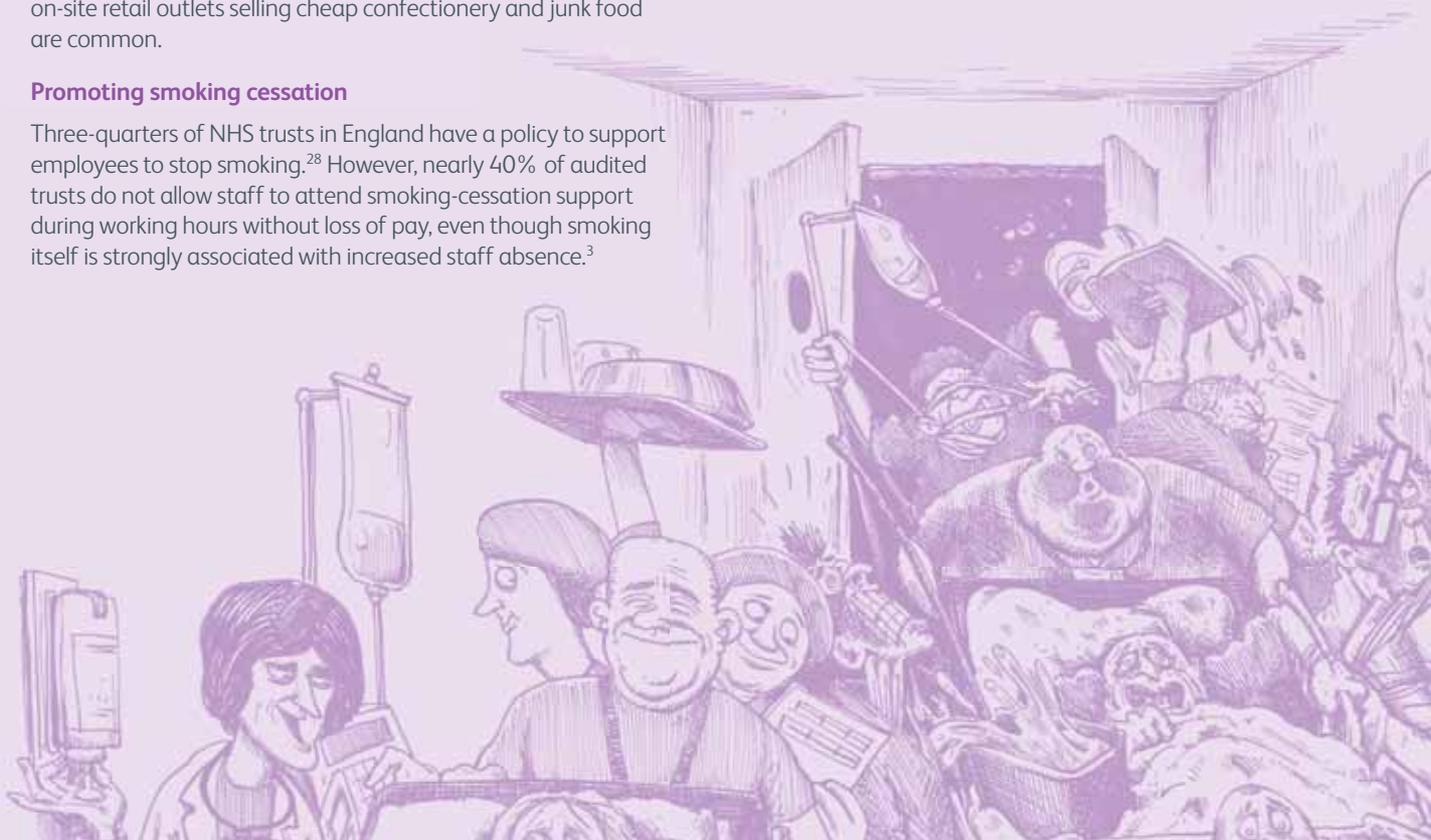
What's the impact?

Far from being a discretionary luxury at a time of unprecedented financial and clinical pressures, investment in staff health is more crucial than ever to enable value-for-money, sustainable services and high-quality patient care.

There is good evidence that high-performing organisations prioritise their commitment to fostering a healthy and engaged workforce.[17,28,45] Conversely, where the health and wellbeing of NHS staff are neglected, it is not only individual members of staff who suffer the consequences, but also the quality and safety of patient care.[2] NHS organisations as a whole suffer too, with huge direct and indirect financial costs to cover from already stretched budgets and during a period of increasing pressure on NHS finances.[13]

Patient safety

Safe, effective patient care is intimately linked to good staff health, wellbeing and engagement. Research has found that doctors who feel more engaged are significantly less likely to make mistakes,[46] while a study of nursing practice similarly found that higher staff engagement was linked to improved patient safety.[12,47] Better staff wellbeing is even associated with reduced MRSA infection rates and lower standardised mortality figures.[11] Conversely, the Keogh review of 14 trusts with high levels of patient mortality found that these trusts tended to have high rates of sickness absence, particularly among doctors and nurses.[48]

Patient experience

Patient satisfaction rates are higher and patient experience is better where the workforce is healthier and where there are high levels of staff engagement.[2,12,49,50] Over 80% of NHS staff themselves also believe that the state of their health and wellbeing affects patient care.[2] Conversely, NHS organisations rated as having 'poor' staff health and wellbeing were found, on average, to be among the 25% worst performers on measures of patient satisfaction.[2,13]

'Currently the view from the [patient's] bed is of short-staffed teams working hard to deliver minimum standards of care. Morale is at an all-time low.' Patient[25]

Costs and productivity

Effective employee engagement has been found to impact positively on productivity, staff retention and absence rates.[35] Good staff health and wellbeing have likewise been found to yield similarly important benefits for employers.[17] Conversely, significant costs can arise when organisations fail to prioritise staff wellbeing and engagement adequately. Department of Health research estimates that each NHS trust in England could save an average of £350,590 per year by reducing sickness absence alone.[2] Additional, indirect costs are also accrued as a result of poor staff health, wellbeing and engagement, including:

> the use of agency and other temporary staff to cover sickness absence, estimated to cost the NHS £1.45 billion each year[2,13]

> recruitment costs to replace staff who leave owing to illness, stress or poor job satisfaction, estimated to total £4,500 per vacancy, and substantially more for senior clinical and managerial posts[2,35]

> reduced productivity due to presenteeism among staff who turn up to work when unwell, and reduced levels of discretionary effort from staff who are poorly engaged or feel low levels of job satisfaction.[2]

Personal impact on staff

Work is a major part of life for most adults and a key determinant of self-worth, social esteem and personal satisfaction. Equally, these factors can suffer when work is a source of stress, dissatisfaction, illness or injury. For those who work in the NHS, there can be considerable consequences when employers fail to recognise the effects of working in what is often a highly pressured, emotionally demanding and physically challenging environment.

Few aspire to ill health and poor wellbeing, and many staff who experience it describe a sense of shame, embarrassment or guilt at having let down their colleagues.[2]

Employees' families, friends and colleagues are affected too. Stress or ill health can wield its influence on others in a household. Lifestyle behaviours – from smoking to healthy eating – play a key role in influencing the choices of friends and family.

Illness and absence can be disruptive and distressing for the colleagues of those directly affected. Those whose health deteriorates to the point of long-term sickness absence for 6 months or more are more likely to die than return to employment,[51] even though many could be supported to return to work with effective early intervention from line managers and occupational health services.

Stats at a glance

The NHS workforce

> The NHS has **1.3 million employees** in England and Wales.[6,7]

> NHS staff are estimated to care for **1 million patients every 36 hours**[5] – equivalent to **243 million patients each year.**

> Doctors comprise around 10% of the NHS workforce in England and 8% in Wales.[6,7]

> **Nursing, midwifery and health visiting staff** are the **largest occupational group in the NHS**, comprising 30% of the workforce in England and 39% in Wales.[6,7]

> In **65% of NHS trusts** in England, there are **outsourced staff** who are not directly employed by the NHS.[28]

> The average annual salary for someone working in the NHS in England is £29,758.[52]

The health and wellbeing of the NHS workforce

> **38%** of NHS staff **in England** and **33% in Wales** report **suffering work-related stress** and/or being unwell owing to work-related stress over the past 12 months.[26,29]

> **Sickness absence** in the NHS averaged **4.1% in England** and **5.4% in Wales** in 2013–14.[9,53]

> In 2013, **3,819 people left work in the NHS in England owing to ill health** – 2% of the total number of leavers. A further **10,383 (5.5%) left owing to unsatisfactory work–life balance.**[6]

> **68%** of NHS staff **in England** and **70% in Wales** report having **attended work** at least once in the previous year when they **did not feel well enough** to perform their duties.[2,26,29]

Variations across different types of organisation and occupational groups

> Sickness **absence rates** are **highest** in **ambulance trusts** (6.0% in England, 7.8% in Wales), and **lowest in CCGs** in England (2.4%) and the Velindre NHS Trust cancer care and blood service in Wales (3.2%).[31,54]

> **Medical and dental staff** exhibit the **lowest levels** of **sickness absence** (1.2% in England, 1.6% in Wales).[31,54]

> **Disabled staff** are **significantly more likely** to suffer **work-related stress** than other staff (53% compared with 35%).[26]

> Only **37%** of **outsourced staff** can **access** the same **support services** to tackle **long-term sickness absence** as directly employed NHS staff.[28]
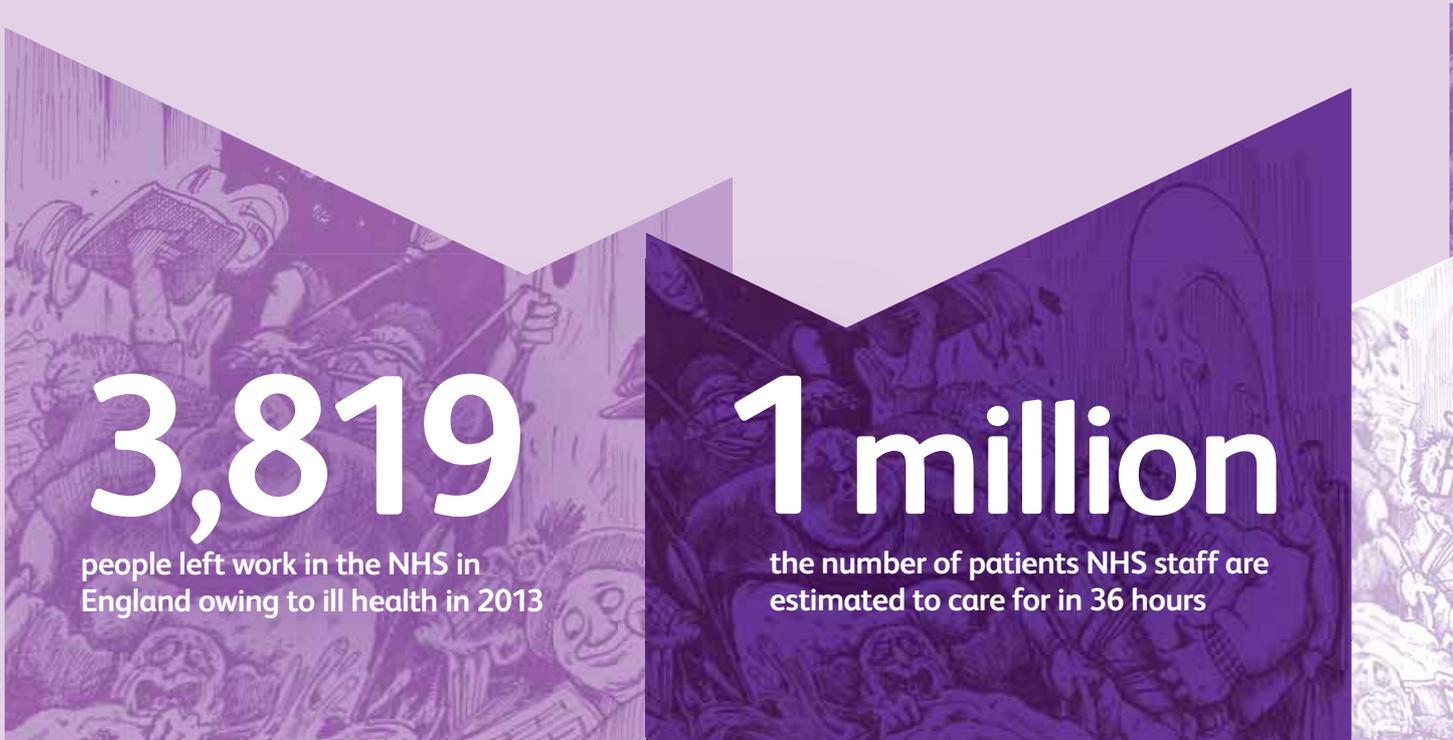
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What progress is being made?

> Audit work in England has found that **65% of NHS trusts now have a plan for the health and wellbeing of their workforce**, up from 41% in 2010.[28]

> Despite stress and mental ill health being major causes of sickness absence,[11] only **57% of NHS trusts have a policy to support mental wellbeing**, although this has increased from 48% in 2010.[28]

> The proportion of **NHS trusts** in England **with an organisation-wide plan for obesity** and overweight has **increased from 13% to 28% since 2010**, but this figure remains low, and fewer than half of these plans consider the needs of staff working different shift patterns.[28]

The cost of poor health and wellbeing ...

> **Retirement due to ill health** is estimated to **cost the NHS £150 million** per year.[11]

> The Chartered Institute of Personnel and Development (CIPD) **estimates** that the cost of **replacing staff** who leave **owing to ill health** or poor wellbeing is **£4,500 per vacancy**.[2]

... and the benefits of a healthy and engaged workforce

> An NHS organisation with 3,000 staff could **save an estimated £235,000** in staff absence costs by **improving levels of staff engagement** to match the 10% best-performing NHS employers.[13]

> Organisations with **higher levels of staff engagement** have been found to have **13% lower staff turnover** and significantly **reduced sickness absence** rates.[17]

> Consultancy firm PwC found that healthcare providers can reap **£9.20 in benefits** from every **£1 invested** in **staff health and wellbeing** programmes.[15]
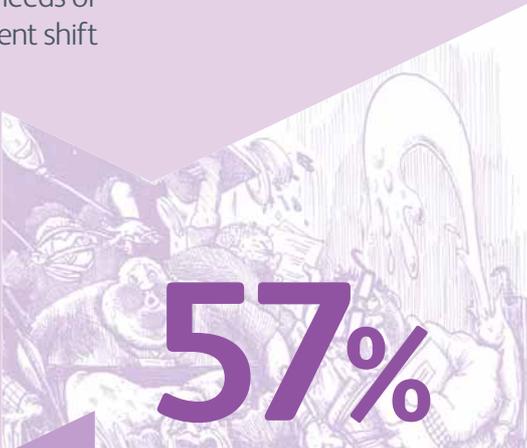
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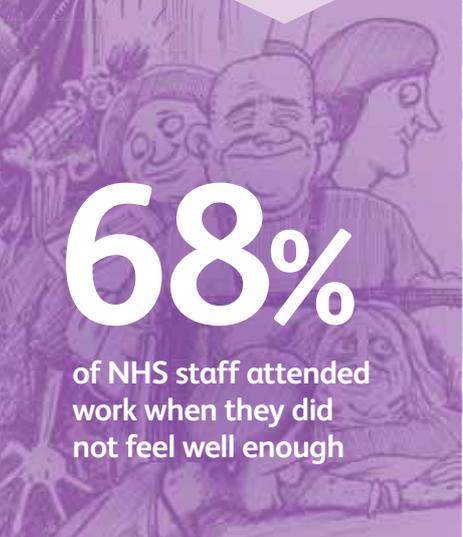
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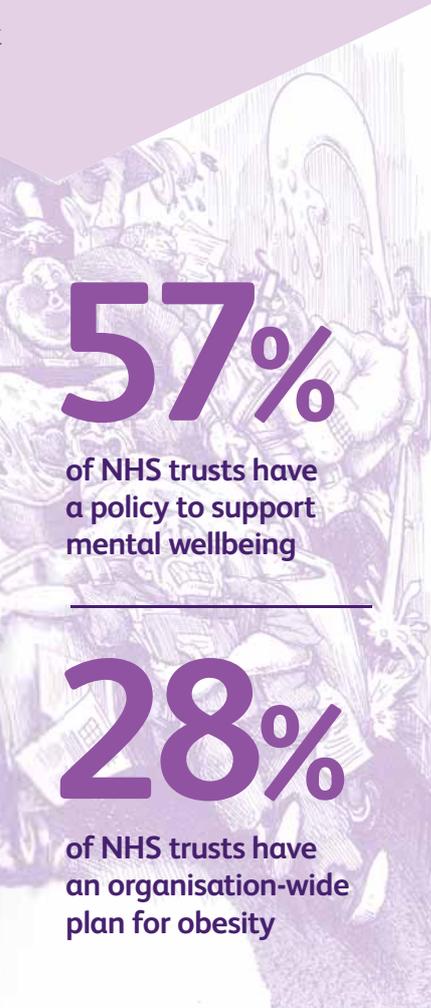
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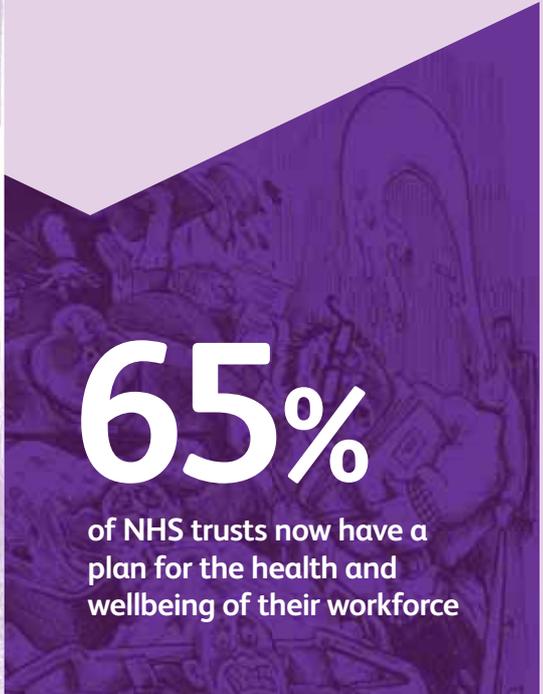
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From rhetoric to reality

There is an inextricable link between levels of engagement and wellbeing among NHS staff, and the quality of care that those staff are able to deliver.

After at least two decades of rhetoric on these issues, we are yet to see effective or consistent change. If we are to meet the challenge of safe, sustainable, patient-centred care at a time of unprecedented demand on the NHS, we must take evidence-based action at every level to prioritise good health and positive staff engagement in the people who make our health service possible.

Staff wellbeing is not an optional extra for the NHS; it is critical to patient care. Urgent action is needed now.

10 priority areas for action

Improving health, promoting wellbeing and strengthening staff engagement in the NHS workforce require action at every level – from individual hospitals to national government. The health service must lead by example and drive change. The RCP has identified 10 priority areas for action.

For NHS trusts, health boards and commissioners

1 Prioritise staff engagement and wellbeing
Organisations must prioritise evidence-based action on staff engagement and wellbeing. Trusts, health boards and commissioners should see maintaining and improving staff health and engagement as an investment in the sustainability and efficacy of their services, not an optional extra.

2 Implement NICE guidance on public health interventions for the workplace
There is extensive evidence about what works to improve staff wellbeing and engagement. National Institute for Health and Care Excellence (NICE) guidance supports employers to implement focused, practical and cost-effective interventions on wellbeing issues ranging from mental health to smoking cessation.

3 Champion proactive occupational health
Occupational health services should prioritise early intervention and work actively to improve staff health and wellbeing. Occupational health professionals must be empowered to shape and lead local action.

4 Take mental wellbeing seriously
NHS organisations must take mental wellbeing seriously: stress, 'burn-out' and mental ill health are major causes of sickness absence in the NHS. Effective line-management support and early intervention are key. Tailored support must be available to help clinicians manage psychological stress following adverse clinical incidents and during fitness-to-practise investigations.

5 Value the role of supervisors and line managers
Make staff health, wellbeing and engagement a core part of the role of supervisors and line managers, and ensure that they are equipped with the skills to deliver it.

6 Act on inequality
Workforce wellbeing should be integrated as a core component of service planning, tenders, contracts and monitoring, so that everyone working in the NHS – including those outsourced staff who tend to be in low-paid work – has access to high-quality occupational health, health improvement and staff engagement interventions. Interventions must be tailored to meet the needs of different demographic staff groups and working patterns.

7 Enable staff to influence
People who feel able to influence their work experience less mental strain and feel more engaged than those who do not. Staff must be empowered to shape their working environment at every level, from the way that they perform their individual job roles to the way in which their organisation promotes staff wellbeing.

For government, devolved administrations and national partners

8 Empower NHS organisations to take action
National levers must encourage commissioners, trusts and health boards to take evidence-based action on staff engagement, health and wellbeing. Financial incentives, contracts and quality assurance processes should be systematically reviewed to incorporate mechanisms to promote staff wellbeing across the NHS. In England, this should include the NHS standard contract.

9 Demonstrate national leadership
We urgently need coordinated national leadership to galvanise the health service and translate the rhetoric of staff wellbeing into reality. This must be a consistent, long-term priority of any government, and it is crucial to a sustainable and patient-centred NHS.

For the RCP

10 Empower physicians to lead
Physicians must be empowered as clinical leaders to drive evidence-based action across multidisciplinary teams. Staff wellbeing and engagement should involve and engage doctors at every stage of their career, from medical students to senior consultants.

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Join the debate

What is your experience of staff health and wellbeing in the NHS? How can NHS organisations support positive employee engagement? What examples of good practice can others learn from?

Share your views

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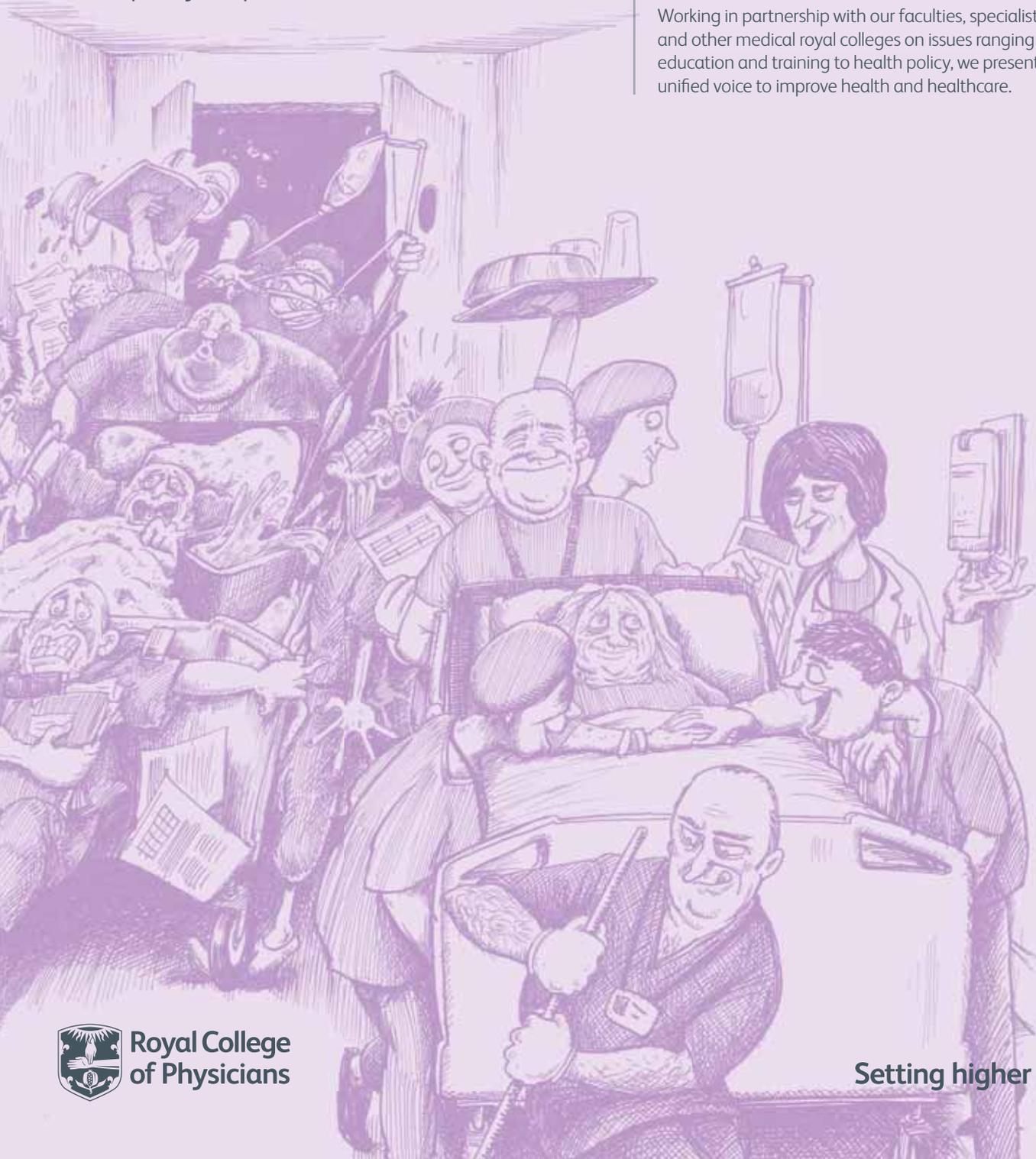
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