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NHS staff wellbeing: Why investing in organisational and management practices makes business sense

A RAPID EVIDENCE REVIEW AND ECONOMIC ANALYSIS — SHORT REPORT

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NHS staff wellbeing: Why investing in organisational and management practices makes business sense

A rapid evidence review and economic analysis

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The issue of concern

The pandemic has demanded an extraordinary response from NHS staff resulting in increased strain and workload intensity while highlighting their vital role as key workers. However, the pressures of staff shortages, high vacancy rates and poor mental health which pre-date the pandemic, have not only continued but have worsened. The NHS is now in a state of genuine crisis with long waiting lists and ambulance response times, as well as large numbers of staff resignations. Staff wellbeing seems to have been regarded as secondary to the operational goals of the NHS rather than of central importance. This report sets out the business case for transforming this state of affairs.

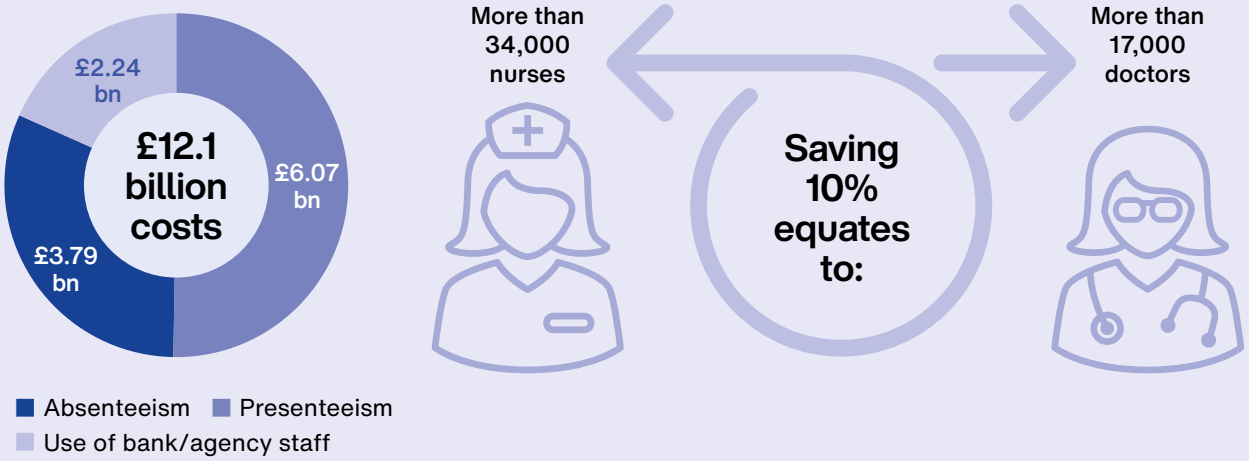
How bad is staff wellbeing?

NHS data on staff wellbeing shows that:

- Mental health is deteriorating with 47% of NHS staff reporting feeling unwell as a result of work-related stress in the twelve months to November 2021 when the data was collected.
- The overall sickness absence rate for NHS staff in England has increased to 5.7% in October 2021 and 54% of staff (up from 46% in 2020) reported going to work in the previous three months despite feeling not well enough to perform their duties (presenteeism). Presenteeism is likely to have a much more significant impact on overall productivity.
- Data collected during the pandemic showed high levels of symptoms of post-traumatic stress disorder (PTSD) among ICU staff (40%), nurses and midwives (between 29% and 45% depending when the measures were taken). This compares with 4% in the general population and 17% among military veterans who had recently served in a combat role.
- 57% of healthcare workers responding to a survey by Unison[1] said they were thinking of quitting, with the most common reason being the impact work is having on mental health.
- High staff vacancy and turnover rates.

How to save the NHS £12 billion

Poor staff mental health and wellbeing costs the service the equivalent of **78 million days** of staff time each year



How does poor staff wellbeing effect patient care?

Poor wellbeing is likely to impact on performance. The report summarises research which has found associations between poor healthcare staff wellbeing and patient and other outcomes.

Quality of care

- Patient satisfaction correlates with staff wellbeing as measured by injury rates, job satisfaction and turnover intentions.
- Patients report poorer experiences in NHS Trusts with higher spend on agency staff and better experiences in Trusts with higher staff 'engagement'.
- Staff engagement is a measure combining different aspects of staff jobs including motivation, ability to contribute to improvements, and the extent to which they would recommend their organisation. Lower staff engagement is associated with higher rates of absenteeism and presenteeism.

Patient safety, infection and mortality rates

- There is an association between poor wellbeing (particularly sleep-deprivation) and medical errors. Higher levels of anxiety and burnout were linked to more errors.
- Infection rates were lower in Trusts where staff report being able to contribute towards service improvements and where there was support for incident reporting.
- Patient mortality rates were lowest in Trusts with good management practices where staff worked in well-structured teams with clear goals, had performance reviews, and where team members worked closely with each other. Staff who work in this way were also more likely to have better health and wellbeing and report lower rates of work-related stress and presenteeism.

[1] Unison is one of the UK's largest trade unions, and represents staff who provide public services in the public and private sector including NHS healthcare workers.

What are the costs to the NHS of poor staff wellbeing?

We estimated the costs to the NHS of poor staff wellbeing using NHS data. This showed that:

- The NHS in England spends £6.20 billion a year on bank/agency staff.
- Staff absences in England equate to 19,570,137 full-time equivalent days lost per year, or 15 days per staff member.
- Stress and poor mental health are the main factors leading to sickness absence.
- Poor mental health and wellbeing costs the NHS an estimated £12.1 billion a year (estimated cost of presenteeism £6.07 billion, staff absence £3.79 billion, and cost of the use of bank/agency staff £2.24 billion).
- By tackling poor mental health and wellbeing and reducing people voluntarily leaving the NHS could save up to £1 billion under some of the scenarios modelled.

What can be done?

Rather than focus on interventions that do not address the workplace causes of poor wellbeing, such as providing yoga or mindfulness classes, or clinical interventions for mental health conditions, we reviewed the evidence for the impact of organisational and management interventions on staff wellbeing in the NHS. This was because there are robust scientific studies that have established organisational and management factors as causes of wellbeing and there is evidence from other sectors that changing how work is organised, scheduled, performed and/or managed improves staff wellbeing.

Particular actions that have been shown to be effective include training individual workers to make improvements to their own jobs; training managers to make improvements to workers' jobs; leadership development; participatory approaches to work redesign involving teams of workers redesigning their jobs; changes to shift patterns; flexible working; changes to performance management; improved communications; clarifying job descriptions; devolved decision making; task enlargement; task rotation, team working, problem-solving groups, improvements in equipment such as IT, increased staffing or some combination of such practices. An important caveat around all these is that effectiveness also depends on how new practices are implemented.

Our evidence review

We undertook a rapid systematic evidence review of organisational and management interventions which had been tried in the NHS. We followed systematic review methodology but increased rapidity by reviewing only studies published from 2010 onwards, not undertaking double-blind screening of citations returned in our searches and using a reduced quality appraisal method. We also assessed the cost-effectiveness of the interventions we found where we could find robust information to do so.

We identified twelve studies of relevant interventions undertaken in the NHS: two were focused on systemic change, three on changing aspects to the psychosocial work environment, two on providing forms of workplace support, one on changes to how working schedules (shifts) were managed, two were focused on making changes to the physical workplace environment, one on automation and one on virtual/home-based working. Two out of twelve were concerned with responses to Covid-19 (one on changes to the physical environment and one on the introduction of virtual/home-based working).

We found that:

- Actions focused on systemic/culture change, how working schedules are managed and improving aspects of the working environment have positive effects on staff wellbeing.

- Actions focused on improving social support, automating processes and virtual working also have positive effects, at least for some people. Actions focused on improving the psychosocial work environment were less likely to result in improved wellbeing.

- Several of these actions have some evidence on cost-effectiveness and suggest a positive return on the initial investment made.

However:

- The evidence base is weak which indicates the need for investment in building a better understanding of what works in healthcare settings in the UK.

- Many of the actions that we examined were taken in isolation and as such did not look at wider context, broader systemic changes or interconnectedness with other components of a health and wellbeing programme.

- The evidence does not reflect on implementation and we know from other evidence that several factors are important when putting an offer in place: continuity or persistence of efforts to implement changes; learning from efforts to implement; adapting interventions and implementation plans to be suitable to local (and changing) contexts.

Key points for policymakers

Although change is urgently needed there is no quick fix: systemic and sustained changes in organisational cultures within the NHS are required.

Cultural change should be accompanied by a step-change in the priority which is placed on the protection of the workforce and the promotion of their health: managing staff health and wellbeing should be put at the core of operational plans, governance, and strategies, and in regulatory inspections by the Care Quality Commission.

Given the unique structure and size of the NHS, there is a danger that because responsibility to make the necessary changes falls on different organisations operating at national, area and employer levels, not enough will be done to effect significant change. The issue of governance needs to be addressed up front.

We must care for the carers and this requires investment at scale.

Change is affordable because of the longer-term returns achieved, but **investment must be sustained and ring-fenced** and:

- Include managerial as well as financial resources;

- Include dedicated staff time to effect lasting change;

- Be in place for five years at a time.

Employing more staff with the money saved will also help reduce the burden of mental health problems.

The NHS has a responsibility to monitor staff wellbeing in order to receive better information on the challenges in their locality or organisation in order to address the specific health and wellbeing issues they face.

In highlighting the issue of staff wellbeing, the pandemic has created an opportunity for meaningful change.

The NHS is a healthcare service as well as an employer of a significant number of people. If it cannot first start with that most fundamental aspect of care – the care of its own staff – then how can it be expected to care for its patients or be a role model for other employers?

Short report

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This document is available in a range of accessible formats including large print. Please contact the UCL Social Research Institute for assistance.

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