



Berkshire

davidoliver372@googlemail.com Follow

David on Twitter @mancunianmedic

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ACUTE PERSPECTIVE

David Oliver: Work wellness programmes aren't the key to improving NHS morale or retention

David Oliver *consultant in geriatrics and acute general medicine*

André Spicer, professor of organisational behaviour at London's Bayes Business School, has written recently in the *Guardian* about how work wellness programmes don't make employees happier.¹ And many employees don't seem happy at all, especially in the NHS. Its 2022 staff survey (with over 600 000 responses) showed some of the worst scores since it began collecting data,² and three in 10 were considering leaving.³ This is mirrored by national data showing a drop in patient and public satisfaction with the NHS.^{4 5}

Almost three quarters of staff survey respondents said that they worked in NHS organisations with "too few colleagues to allow them to do their job properly." Only 27% said that "staffing was sufficient" at their organisation, and only 68% were "happy with the standard of care their organisation provided." Health and wellbeing were significant concerns, and a third of doctors and dentists reported feeling burnt out from work.

The NHS continues to face high levels of unfilled vacancies in clinical posts,⁶ and an increasing proportion of UK trained clinicians are leaving the NHS or thinking of doing so. NHS GPs report far higher burnout and unhappiness in their work than their counterparts in a range of other high income nations.⁷ A 2022 survey of 2000 NHS clinical staff who were considering leaving found that their main reasons were pay, their living and transport costs, and not feeling valued by the government or their employer.⁸

The *Guardian* reported on record numbers of NHS staff leaving the service in 2021-22 (170 000),⁹ with workload, staffing gaps, stress, and pay all given as key reasons. A *Financial Times* analysis of why people wanted to leave the NHS showed "work-life balance" and "stress" as the top reasons.¹⁰ The pay disputes and NHS strikes over the past year have bought some of these issues further into the open.

Sources of stress

We've seen some concrete actions at a national level, such as enhanced funding and expansion of the NHS Practitioner Health programme to support the health and wellbeing of clinical staff.¹¹ NHS England has funded increased provision of staff mental health and wellbeing hubs, including confidential counselling services,¹² and has published a long term workforce plan, which at the very least pays lip service to the importance of retention and a happier, more engaged workforce.¹³

At a local level—despite the demise of things like hospital social clubs and free/cheap onsite

accommodation and car parking—there's a growing interest in initiatives such as the Point of Care Foundation's Schwartz rounds to give staff a safe space to reflect on difficult cases.¹⁴ Onsite wellbeing centres, group fitness activities, and better cycle facilities have also been introduced.

I'm not against any of these things per se. But, reading Spicer's article, you realise that this is just window dressing. He cited research on initiatives in the wider workplace beyond the NHS, showing that interventions such as stress management classes, wellbeing apps, and mindfulness classes made no difference to workers' wellbeing, job satisfaction, or sense of pressure.^{15 16} He referenced empirical evidence identifying 10 of the most common workplace sources of stress leading to ill health—including shift work, long working hours, job insecurity, conflicts between work and life, low job control, high work demands, and a lack of support.¹⁷ These very factors describe the working conditions and lives of so many NHS clinical staff that it almost looks as though we design these jobs with a view to making people ill.

Spicer also highlighted research into the NHS itself from Birkbeck University.¹⁸ The findings suggested ways to improve morale, including better rotas, more manageable workloads, less top-down pressure, less pointless bureaucracy, and fewer low value, non-core tasks. These would in turn be helped by better retention, hence fewer workforce gaps. Ultimately, we'd be better off not exposing NHS staff daily to unacceptable working conditions or unmanageable workloads, placing unrealistic expectations on staff working in under-resourced facilities.

Archbishop Desmond Tutu once said, "There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in."¹⁹ We should prevent the causes of worsening morale and wellbeing, rather than trying to pull workers out of the river and offering "resilience training"²⁰ to stop them drowning.

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