HEALTHCARE SECTOR STAFF WELLBEING, SERVICE DELIVERY AND HEALTH OUTCOMES

- *There is a strong relationship between healthcare sector staff wellbeing and performance outcomes and there is evidence of a causal link, however this will differ in different fields.*
- *How patients experience care can be an important factor alongside the actual medical treatment they receive.*
- *Organisations should promote staff wellbeing as it is important in its own right and it can improve the quality of both patient experience and their health outcomes.*
- *Staff wellbeing initiatives need to involve the enhancement of positive psychological wellbeing as well as the reduction of negative pressure i.e. stress - coping strategies and social support are important factors to incorporate into such initiatives.*

- Neil Thin (2012)[1] describes people working in health care, whether that is in the formal sector (e.g. doctors, nurses, healthcare advisers) or informal sector (e.g. families, carers) *as 'happiness facilitators'*. He observes how Florence Nightingale was good at promoting wellbeing and argues that this role is generally absent in how we assess people's contribution to society. In a formal healthcare setting nurses are generally in closest contact with patients. This means that nurses' wellbeing is most likely to affect the quality of patients' experiences[2].

- In her 2008 report of the health of the UK's working age population Dame Carol Black argues that the benefits of wellbeing extend further than the employee's quality of life and can add value to organisations such as increasing productivity and profitability[3]. **Wellbeing in the workplace means more than physical health initiatives** and a comprehensive approach needs to address social, physical and psychological wellbeing at work. It needs to involve the enhancement of positive psychological wellbeing as well as the reduction of negative pressures on staff such as heavy workloads[4]. Findings from a study investigating factors which support the psychological health of emergency department staff found that coping strategies and social support are important factors to incorporate into such initiatives[5].

- Following Dame Carol Black's report the government responded and, among a range of other things, announced a review of the health and wellbeing of NHS staff. In 2009 the Department of Health published *'The Boorman report'*[6] which explored the link between the health and wellbeing of NHS, and delivering efficient and effective health care.

- Research carried out to support the 2009 Boorman review found that fewer than 40% of NHS staff believed that their employer proactively supported the health and wellbeing of all NHS staff (see Figure 1), while over 80% believed that their health impacted on the quality of care that they could deliver, with almost a third strongly agreeing with this statement (see Figure 2)[7].
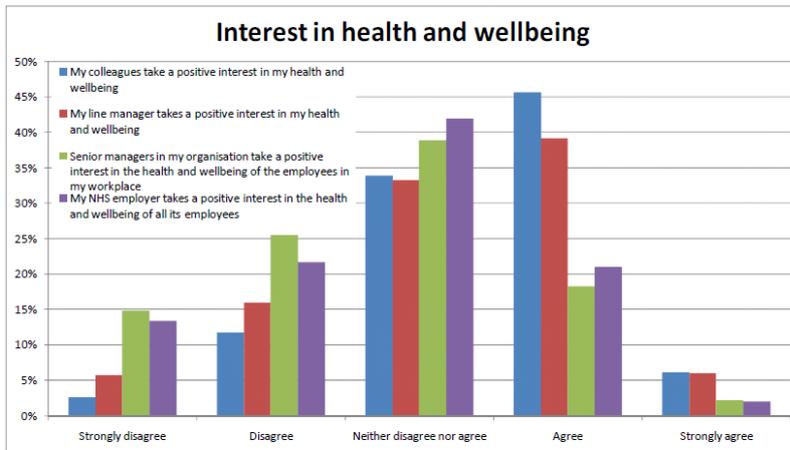
Figure 1: NHS staff perception of employers' interest in health and wellbeing (Source: NHS Workforce Health and Wellbeing Review)[8]
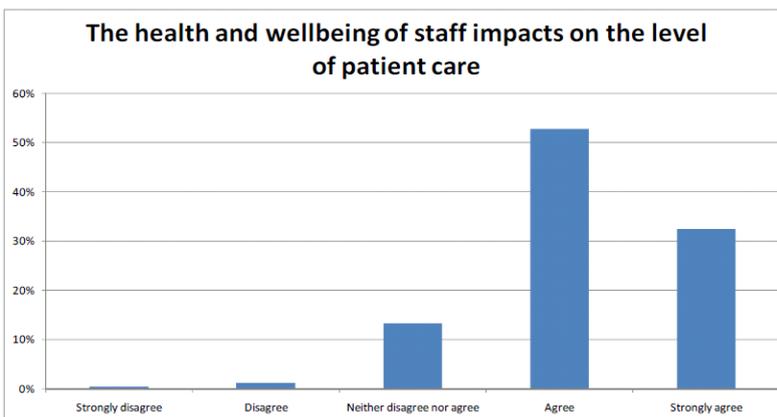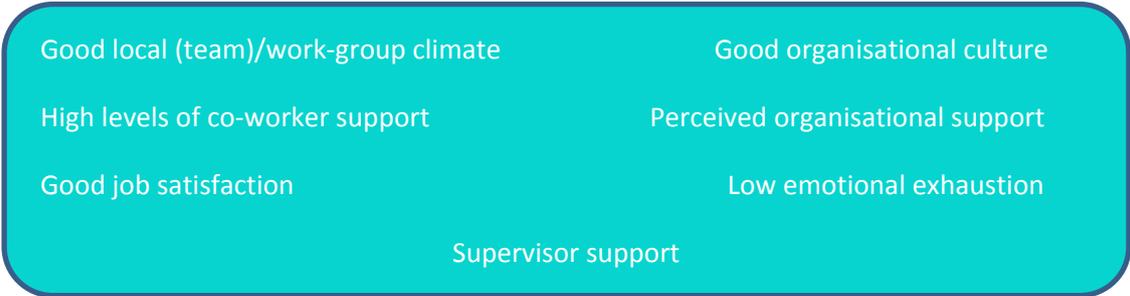

Figure 2: NHS staff perception of impact of staff health and wellbeing on patient care (Source: NHS Workforce Health and Wellbeing Review)[8]

- There are a number of studies that demonstrate **a connection between healthcare sector staff wellbeing and how patients rate the care they receive and their health outcomes**. NHS organisations which have more favourable indicators of staff wellbeing (e.g., in relation to bullying, harassment and stress) have better attendance, lower staff turnover, less agency spend, higher patient satisfaction and better outcome measures[9 10 11].

- Reflecting on his review Steven Boorman concluded: *"……. Protecting and improving staff health is not a fluffy, cuddly thing to do, but rather a key enabler to support improvements in high quality care, patient satisfaction and improved efficiency….."* [12]

- At the same time as the Boorman Review reported, NICE issued *Guidance for employers on promoting mental wellbeing through productive and healthy working conditions*[13].

- **It is difficult to determine whether the links between staff wellbeing and patient satisfaction and patient health outcomes are causal** or due to other factors. A mixed methods research study carried out by the National Nursing Research Unit at King's College London explored this issue in two large acute trusts and two community service providers, and did suggest a causal link[14]. The research identified two issues which exacerbated the challenges of nursing care roles – a **high-demand/low control work environment** and the **local work climate**.

- There is a growing body of evidence that shows how **health and recovery from illness and disease are strongly influenced by wellbeing**[i]. Elements of subjective wellbeing such as hope, trust (in medical staff) and agency for example all play a crucial role in shaping health outcomes[15]. Thin[1] argues that a focus on objective health alone will be limited in delivering health outcomes and that consideration of patient choices and their care environment (flowers, pictures in hospitals or care home for example) can have a positive impact on how quickly someone recovers and can impact on their longevity. This means **that how patients experience care can be an important factor alongside the actual medical treatment they receive**[1].

- The National Nursing Research Unit study demonstrated a link between staff who had autonomy in their jobs and who worked in a supportive environment and patient satisfaction with the care they received. Where patients rated care as 'bad', staff also felt their wellbeing was poor, with high job demand and burnout risks. But where patients rated their care as 'good' staff felt much more supported, in a good team and with high job satisfaction[16]. The study identified **seven variables which are linked to positive patient experiences**: Two key issues were that if nursing staff have some control over their work e.g. the ability to make decisions then this mediates their wellbeing. Similarly, leadership on a ward and good co-worker relationships helps to support people in difficult jobs and bolster their wellbeing[17].

Good local (team)/work-group climate	Good organisational culture
High levels of co-worker support	Perceived organisational support
Good job satisfaction	Low emotional exhaustion
Supervisor support	

- A Canadian study looking at the link between physicians' levels of wellbeing and the quality of care that they provide to their patients[18] found that this link is not at the forefront of physicians' awareness in their day to day job. Despite being committed to their patients, the main reason for this finding was an overwhelming workload, which in turn meant that some physicians tended to overlook their own health and wellbeing. The study concluded that **individual physicians, their peers, their patients, employing organisations and the health care system must appreciate and support physicians in their efforts to protect and maintain their personal wellbeing**.

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[i] See 'Wellbeing and Longevity' factsheet for more detail.

- Similarly a US exploratory study[19] found that after controlling for severity of illness and other demographic factors, **physician burnout had an impact on patient outcomes in terms of patient satisfaction and time taken to recover post discharge from hospital**. The study argues that organisations that take proactive steps to reduce burnout through intervention initiatives will see greater benefits in terms of patient satisfaction and recovery.

- **The importance of compassion in health care** has been reaffirmed by a number of government reviews including the Francis Review on the mid Staffordshire NHS Foundation Trust (2013); the review into the commissioning of care and treatment at Winterbourne View care home in Bristol (2001); and the Keogh Review investigation into the care and treatment provided by 14 hospital trusts identified as having higher than average death rates (2013).

- Training is important for staff wellbeing. One study investigated the effects of spiritual care training for palliative care professionals and found that spiritual care training had a positive and sustained (over six months) effect on the spiritual wellbeing and attitudes of the participating palliative care professionals .   Christine Longaker, describes that it is 'how we are' with people that matters in alleviating suffering, and that this is a 'way of being' not 'something we do' and that it should be effortless. She argues that '*we all have an innate capacity to be compassionate and that it is something that can be cultivated*'[20].

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