Understanding staff wellbeing, its impact on patient experience and healthcare quality

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Introduction

Patient experience is widely recognised as an important component of quality care. Both relational and functional aspects of care influence health outcomes related to safety and effectiveness. Functional aspects relate to basic expectations about how care is delivered, such as attention to physical needs, timeliness of care, clean and safe environments and effective coordination between services. Relational aspects, on the other hand, refer to the interpersonal aspects of care – the ability of clinicians to empathise, respect patients' preferences, include them in decision making and provide the information to enable self-care. Patients expect health professionals to put their interest above other considerations and to be honest and transparent when something goes wrong, and good interpersonal care is highly valued by those using health services.

Good relational care depends heavily on health professionals as individuals and has substantial benefits. Effective communication between clinicians and patients – involving, for example, empathy, communication, respect for beliefs and concerns, and provision of clear information – will promote patient trust, which can benefit safety and effectiveness in a number of ways. Measures of patient experience can, therefore, provide valuable insight into the delivery of high quality care: and NHS staff play a fundamental role, since health professionals are responsible for delivering everyday care in both its relational and functional aspects.

The number of staff in the NHS has grown substantially over the last decade. According to the latest NHS staff census available, in England there were 1,387,692 staff in the NHS as at 30 September 2014. This marked an increase of 23,527 (1.7%) since 2013, and an increase of 126,832 (10.1%) since 2004 (an average annual increase of 1.0% per year).[1] The latest annual count of all personnel working in the NHS showed an increase across all NHS staff groups and GPs since 2003.

However, the total number of staff in the NHS is not the only element to show significant growth. According to the latest figures released by the Health and Social Care Information Centre (HSCIC), NHS staff sickness absence has increased significantly in the last year. In addition to that, there are also hidden costs of mental ill health among staff: "presenteeism" – described as the act of attending work while sick – costs more than twice as much as absenteeism for this and the total cost to the NHS of staff illness relating to mental health is £1.3bn (£1,000 per employee).[2] As acknowledged in the *NHS Five Year Forward View* published earlier in October 2014, increases in NHS staff numbers have not fully reflected changing patterns of demand, and the growing pressures on staff – as indicated by the rise of sickness absence rates – just confirms such a trend.[3] Recruiting more suitably qualified, skilled and experienced staff therefore appears to be the top priority for the new government. All

[1] Workforce and Facilities, Health and Social Care Information Centre (2015, March 25). *NHS Workforce: Summary of staff in the NHS: Results from September 2014 Census.* Available at http://www.hscic.gov.uk/catalogue/PUB16931/nhs-staf-2004-2014-over-rep.pdf.
[2] Centre for Mental Health. (2007, December 13). *Mental health at work: developing the business case*. Available at http://www.centreformentalhealth.org.uk/mental-health-at-work.
[3] NHS England (2014, October 20). *Five Year Forward View.* Available at http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf.

major parties participating in the 2015 general election were in accord on the need for more staff: the Conservative manifesto, in particular, included a pledge to recruit 9,500 more GPs and 6,900 more nurses by 2020.

However, as reported by the NHS Five Year Forward View, in order to attract skilled professionals and to make them more efficient in providing high quality care, the NHS should take care of and support the health and wellbeing of frontline staff. Staff wellbeing, therefore, remains a central concern for the NHS. In the following paragraphs we will investigate further what is meant by "wellbeing" of the workforce. In addition, we will try to understand what the broader implications are of changing staff wellbeing on patient care. Finally, further actions to improve staff wellbeing in the NHS will be suggested.

What is meant by ‘wellbeing’?

The most important and relevant contributions on the idea of wellbeing and workforce wellbeing have perhaps been provided – in chronological order – by the World Health Organisation (1948), the Carol Black Review (2008), and the Boorman NHS Health & Wellbeing Review(2009).

According to the World Health Organisation, health and wellbeing is “*a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*”. This definition is part of the Preamble to the Constitution of the World Health Organisation, as adopted by the International Health Conference on 7 April 1948. Such a description of wellbeing is important, as it highlights the broader definition of the term, as encompassing physical, mental, and social health.[4]

In 2008, Dame Carol Black’s Review identified challenges in improving health, work, and wellbeing and set out recommendations for reform. The review, entitled *Working for a Healthier Tomorrow*, identified the importance of healthy workplaces designed to protect and promote good health, and described the central role that such workplaces play in preventing illness arising in the first place. The review team also commissioned a supplementary report on mental health and work because mental health problems have a greater impact on people’s ability to work than any other group of disorders.[5]

The aforementioned review sought to establish the foundations for a broad consensus around a new vision for health and work in Britain. At the heart of that vision are three principal objectives:

- Prevention of illness and promotion of health and well-being.
- Early intervention for those who develop a health condition.
- Improvement in the health of those out of work.

Finally, the Boorman NHS Health & Wellbeing Review (2009), an independent review commissioned by the Department of Health and led by Dr Steve Boorman, was entirely focused on NHS staff wellbeing. The review found that organisations that prioritised staff health and wellbeing performed better, with improved patient satisfaction, higher quality scores, better outcomes, greater levels of staff retention, and lower rates of sickness absence. Moreover, the review revealed that if the health service was able to reduce its staff absence levels by a third, it could save 3.4 million working days a year - drastically cutting staff costs. The benefits would not be only cost effective for organisations in terms of reduced absence rates and increased productivity, but also enable staff to live a healthier and more fulfilled life which in turn would have a significant impact on their performance at work. Such a reduction

[4] World Health Organisation (1948). *Constitution of the World Health Organization.* Available at http://www.who.int/governance/eb/who_constitution_en.pdf

[5] Black, C. (2008, March 17). *Working for a healthier tomorrow. Dame Carol Black's Review of the health of Britain's working age population.* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

could perhaps be initiated by focusing on the most common causes of absence – and the review found that almost half of all NHS staff absences were accounted for by musculoskeletal disorders such as back pain – some of which are to be considered as 'hidden' mental ill health – and more than a quarter were directly linked to stress, depression and anxiety.[6]

[6] Boorman, S. (2009, November). *NHS Health and Well-being, Final report.* Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf.

Evidence about staff wellbeing

The latest available evidence on staff wellbeing has been provided by the 2014 NHS Staff Survey, the results of which were published in February 2015. The national NHS Staff Survey provides the biggest and most systematic insight into the experiences of people working in the health service in England. The survey has been running since 2003 and covers every NHS organisation providing acute hospital, ambulance, mental health, or community services. The 2014 NHS Staff Survey involved 287 NHS organisations in England and received responses from over 255,000 people – 42 per cent of all those invited, and around a fifth of all eligible NHS staff. In particular, the section of the questionnaire called *Your Health, Well-being and Safety at Work*, is a goldmine of evidence as far as the current state of staff wellbeing is concerned.[7]

Data from this section are encouraging at first sight: the proportion of staff reporting that they have recently attended work in spite of feeling unwell has fallen markedly, from 68% in 2013 to 65% this year (Question 15). But this still means that almost two in three staff members report attending work in the past three months despite not feeling well enough to perform their duties. Of those who had attended work while unwell, 91% stated that they had put themselves under pressure to attend, whilst 30% felt under pressure from their manager and 23% from other colleagues.

Other findings raise concerns. For the second year in a row there has been a small but significant increase in the proportion of staff feeling unwell due to work related stress in the last twelve months (39%, Question 16). Staff were also asked whether their immediate manager takes a positive interest in their health and well-being with only 56% agreeing on this. Only 43% (one point less than 2013) said their organisation takes positive action on health and well-being (Question 14).

Overall, data on staff wellbeing from the 2014 NHS Staff Survey strongly suggest that more measures to alleviate work-related pressures and stress are needed, as well as more attention and positive action by managers and organisations aimed at improving staff health and wellbeing.

Raising concerns about unsafe clinical practice

Some of the most interesting results for 2014 come from a new set of questions on the subject of raising concerns about unsafe clinical practice. Such questions, for the first time included in a national survey, provide a timely overview of how staff feel about whistleblowing.

To begin with, the survey shows that NHS organisations generally do a good job of letting staff know how to raise concerns. The great majority of NHS staff know how to report any concerns they have about unsafe clinical practice (93%, Question 19a). If we exclude those who said they "did not know" more than 90% of staff in every type of trust said they "would know how to

[7] *NHS Staff Survey 2014*, available at http://www.nhsstaffsurveys.com/Page/1010/Home/Staff-Survey-2014/.

report concerns about unsafe clinical practice". In addition, there is little variation on this point: in the acute sector, for example, there were only 13 organisations where fewer than 90% of staff said they knew how to raise concerns.[8]

Two additional questions on the issue of whistleblowing were asked to staff about their feelings about likely consequences if they were to highlight clinical issues: the first asked about whether they would "feel secure" (Question 19b), and the second whether staff were "confident that my organisation would address my concerns" (Question 19c). Nationally, 68% of staff agreed that they would feel secure raising concerns, but only 57% felt confident that those concerns would be addressed. The national figures are even more worrying if data percentages are scaled up: they suggest that more than 100,000 NHS employees would not feel secure raising concerns about unsafe clinical practice.

This figure reflects the conclusions drawn by the *Freedom to Speak Up Review* conducted in February 2015 by Sir Robert Francis. The review found that there a widespread culture of fear remains within many parts of the NHS that deters staff from raising serious and sensitive concerns and which can have negative consequences for those that do raise them. Such a culture leads to a twofold consequence: on one hand, such behaviour puts patients at risk; on the other, it undermines staff mental wellbeing by triggering a state of constant stress and anxiety in healthcare professionals, and adding further concerns in respect of patient safety.[9] These findings make the recommendations provided in the *Five Year Forward View* even more urgent: as stated in the document, in order to improve staff wellbeing and guarantee high quality care, the NHS must provide "*safe, inclusive and non-discriminatory opportunities; and supporting employees to raise concerns, ensuring managers quickly act on them.*"[10]

[8] Graham, C. (2015, February 24). NHS staff survey reveals the huge scale of the 'culture change' challenge. *Health Service Journal*. Available at http://www.hsj.co.uk/comment/nhs%ADstaff%ADsurvey%ADreveals%ADthe%ADhuge%ADscale%ADof%ADthe%ADculture%ADchange%ADchallenge/5082676.article#.VSeUgvnF_PU1/5

[9] Sir Francis, R. (2015, February 11). *Freedom to Speak Up - An independent review into creating an open and honest reporting culture in the NHS.* Report available at https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf

[10] NHS England (2014, October 20). *Five Year Forward View.* Available at http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf, p. 30.

Implications

Is staff health and wellbeing improving? There are certainly some positives to be found in the NHS Staff Survey, but overall the evidence is equivocal – and other findings suggest that staff are feeling the pressure of tight resources and increasing stress. NHS staff wellbeing is and will remain a matter of serious concern in the near future at least for two reasons: firstly, the productivity of the service, and secondly and more importantly, consequences on care quality and patient experience.

Wellbeing & Productivity

Sickness absence can have profound implications for organisational productivity and expenditure. Centre for Mental Health (2007) estimated that across all sectors problems relating to stress, anxiety and depression cost the UK economy approximately £26 billion a year. More than half of this cost was found to relate to reduced productivity at work among people experiencing mental ill health, which is both more commonplace than absence because of mental ill health and also tends to precede it.[11] Another estimate was provided by a report from the British Academy, which used data from 2001/02 indicating that 35% of self-reported health complaints are due to stress, anxiety or depression. This percentage was then applied to the Health and Safety Executive's (HSE) cost of work-related ill-health and accidents in 2001/02 of £20–36 billion a year. This deductive approach resulted in a cost for work-related stress of between £7 and £10 billion for 2001/02, equivalent to 0.7–1.2 % of the country's GDP. [12]

Absenteeism is one of the most obvious costs of mental ill health to employers, and it is now a widespread and accelerating problem in many occupations. This has been acknowledged since the 1980s, when it was recognised that time lost from work due to stress-related illness cost the UK far more than losses due to work stoppages and strikes.[13] Since then, it was widely recognised that short-term absences among nurses were increasingly being blamed on clinical anxiety and depression believed to result from occupational strain.[14]

These data should be sufficient cause for policymakers and NHS organisations to pay special attention to the latest results on absenteeism released by the Health and Social Care Information Centre (HSCIC). This data shows that NHS staff sickness absence has increased by 5.7% in the year to November 2014. The highest staff sickness rates were for ambulance staff and for healthcare assistants and other support staff, respectively at 6.79% and 6.67% and recording an increase of 1.09% and 0.43% since November 2013.[15] It is worth

[11] Centre for Mental Health (2007). *Mental Health at Work: Developing the business case*. Policy Paper 8, p. 3. Available at http://bit.ly/1zSJM0y.
[12] Chandola, T. (2010). *Stress at Work*. Available at http://people.ds.cam.ac.uk/mb65/documents/chandola-2010.pdf.
[13] Arnold, J.; Cooper, C.; Robertson, I. (1998*). Work Psychology. Understanding Human Behaviour in the workplace.* Chapter 17, pp. 427-8. Pearson Education Limited.
[14] *Op. cit.*, pp. 427-428.
[15] Workforce and Facilities, Health and Social Care Information Centre (2015, March 25). *NHS Sickness Absence Rates November 2014 Monthly Tables.* Available at http://www.hscic.gov.uk/catalogue/PUB17180.

remembering that a reduction in sickness absence by 0.1% across the NHS could save £34,941,722 - equivalent to 1,364 full-time staff.[16]

It has been widely demonstrated that the effect of an increase in the average level of employee job satisfaction on productivity is positive.[17] There are various channels through which job satisfaction (or, more generally, well-being) can affect workers' productivity: less tendency to slow down work; more organisational citizenship and less counterproductive organisational behaviour; decreased absenteeism and less frequent quit intentions and actual resignations; lower accident rates and disruptions in the production process.[18] Declining rates of job satisfaction can therefore reflect a rising burden of stress and pressures on the workforce. According to the 2014 NHS Staff Survey, less than a third of NHS staff think there are enough staff for them to do their jobs properly (29%, down from 30% in 2013). It is not surprising, therefore, that results for some key questions on job satisfaction have declined as well: only 56% of staff would recommend their organisation as a place to work (down from 58% in 2013), only two in five (41%) feel that their organisation values their work and, finally, only 33% of staff are satisfied with their level of pay, marking a notable drop from 38% in 2013.

Projections on productivity rates are not available yet, however the *NHS Five Year Forward View* has planned to achieve 2% net efficiency gains each year for the rest of the decade – possibly increasing to 3% over time – in order to help close the forecasted £30 billion gap.[19] Indeed, £22bn of this gap will need to be addressed through efficiency improvements: an ambitious target that will depend on the commitment and input of staff. As many commentators and policy experts have already pointed out, improving productivity on this scale is an unprecedented challenge and will be difficult to deliver[20] - this challenge will be exacerbated if issues related to staff health and wellbeing are not tackled appropriately.

Wellbeing & Patient Care

Staff health and wellbeing is a crucial factor in determining the quality of the care delivered, as well as an important indicator of patient experience. According to several studies, there is a strong relationship between staff wellbeing and patient-reported experience.[21]

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[16] NHS Employers (2015). *Health and Wellbeing*. Available at http://www.nhsemployers.org/wellbeing.
[17] Böckerman, P.; Ilmakunnas, P. (2012). The Job Satisfaction-Productivity Nexus: A Study Using Matched Survey and Register Data. *Industrial & Labor Relations Review.* Volume 65 | Number 2. Available at http://www.petribockerman.fi/bockerman%26ilmakunnas_the_2012.pdf.
[18] Warr, Peter. 1999. Well-being and the workplace. In Daniel Kahneman, Ed Diener, and Norbert Schwartz (Eds.), *Well-Being: The Foundations of Hedonic Psychology*, pp. 392–412. New York: Russell Sage Foundation. Judge, Timothy A., Carl J. Thoresen, Joyce E. Bono, and Gregory K. Patton. 2001. The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*, 127(3): 376-407. Wright, Thomas A., and Russell Cropanzano. 2007. The happy/productive worker thesis revisited. *Research in Personnel and Human Resource Management*, 26: 269–307. Fisher, Cynthia D. 2010. Happiness at work. *International Journal of Management Reviews*, 12(4): 384–412.
[19] NHS England (2014, October 20). *Five Year Forward View,* p. 36. Available at http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf.
[20] Edwards, N.; Ham, C. (2015, April 29). *Parties need a dose of realism over NHS funding promises.* The Guardian. Available at http://www.theguardian.com/society/2015/apr/28/parties-need-dose-of-realism-over-nhs-funding-promises. Triggle, N.; Dreaper, J. (2015, April 16). *NHS finance problem being ignored, says former boss.* BBC News. Available at http://www.bbc.co.uk/news/election-2015-32325490.
[21] Adams, M. et al (2012). "Catching up": The significance of occupational communities for the delivery of high quality home care by community nurses. *Health* 1–17; Boorman, S. (2009). *NHS Health and Wellbeing Review.* London: Department of

The most recent research about the strength or possible impact of associations between staff wellbeing and patient outcomes, including their experiences of the care provided, was led by Jill Maben in 2013.[22] The research team selected eight case studies (four acute and four community) in four trusts in England: an emergency admissions unit, a maternity service, a care of older people ward and a haemato-oncology ward, and two adult community nursing service teams, a community matron service and a rapid response team. The study involved 200 hours of direct care observation, interviews with 55 senior managers, 100 patients and 86 staff, and surveys of 500 patients and 300 staff (nurses, healthcare assistants and medical staff).

On the one hand, patients recollected their own and other patients' experiences and focused on the "relational" aspects of their care. Patients wanted prompt, kind and compassionate care. Their views of the relational care they received informed their judgements of whether the care was generally "good" or "bad", and whether individual staff were "good" or "bad" at their job. Interestingly, some patients commented on the influence of the workplace on staff behaviour towards patients – busy or challenging service areas, a poor built environment, and poorly managed wards were all offered as mitigating factors in reflecting on how staff performed.

Staff themselves spoke of high job demand and low control over their work, leading to emotional exhaustion, stress and burnout for some. Some also referred to bullying and an unsupportive work environment, which resulted in poor wellbeing at work.[23] Other staff felt well supported by colleagues and managers and suggested this alleviated some of the pressures exerted by the challenges of day-to-day patient care. In conclusion, seven staff variables were identified as to be directly linked to good patient-reported experience:

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

Health; Cornwell J., Foote C. (2010). *Improving Patients' Experiences. An Analysis of the Evidence to Inform Future Policy Development.* London: The King's Fund; Maben, J. et al (2012a). Poppets and parcels: the links between staff experience of work and acutely ill older people's experience of hospital care. *International Journal of Older People Nursing: Special Issue: Acute Care;* 7: 2, 83-94; Maben, J. et al (2012b). *Patients' Experiences of Care and the Influence of Staff Motivation, Affect and Wellbeing. Final Report.* Southampton: NIHR Service Delivery and Organisation Programme; Sizmur, S. (2013, July 30). *The relationship between cancer patient experience and staff survey results. A Report for Macmillan Cancer Support.* Oxford: Picker Institute Europe. Raleigh, Veena S., et al. (2009, October). Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England. *Quality and Safety in Health Care*; 18 (5): 347-354.

[22] National Nursing Research Unit, King's College London. (2013, July 10). Does NHS staff wellbeing affect patients' experience of care?, *Nursing Times*, Vol 109, No 27.

[23] Waddell, G. and Burton, A. (2006) *Is work good for your health and wellbeing?* Norwich: The Stationery Office.

- Good organisational climate.

It was suggested then that the quality of individual employees' wellbeing is an antecedent rather than a consequence of patient care. That is, if staff wellbeing at work is good, it is likely that staff will perform better in their jobs, rather than the other way around. Equally important for staff wellbeing and high quality patient care delivery is the local organisational culture. In fact, ward and team leaders have a critical role in setting expectations of values, behaviours and attitudes to support the delivery of patient centred care.

Seeking systematically to enhance staff wellbeing, therefore, is not only important in its own right but can also improve the quality of patient experience. However, the findings collected from the NHS Staff Survey show that less than two thirds of staff would be happy with the standard of care provided by their organisation if a friend or relative needed treatment there (down from 65% in 2013, but still an improvement from the 63% recorded in 2012). As this measure is strongly related to patient experiences of care, so this fall is a cause for concern.

Improving staff wellbeing

There is a relationship between staff experience in the NHS and the quality of care and patient experience. This is why, in order to deliver world class care, the NHS and the whole health service needs to ensure its staff are well looked after. Investing in and supporting individual staff wellbeing at work should therefore be seen as a high priority for policy-makers and senior managers. In particular, investments and wellbeing programmes should improve both the local work culture and the wider organisation's performance. This requires action on three levels: first, to promote positive health and wellbeing and prevent work-related ill health. Second, to acknowledge that health problems are an ordinary part of life and respond positively and helpfully when staff become unwell. Finally, to support people who need time off to get back to work successfully – avoiding lengthy sickness absence and turnover.

First and foremost, strategic approaches to improving staff wellbeing locally and nationally are needed, as it is likely to have a positive impact upon patient care experience. Prerequisites for this strategy to be effective and successful are:

- **Good organisational team leadership**: setting an example from the top is really important to create a culture where wellbeing is taken seriously. Therefore, team leaders have a critical role in setting values, behaviours and attitudes to support the delivery of patient-centred care. Effective line management, supportive local leadership and supervision are essential to manage mental health at work.
- **Supportive teams**: attention needs to be given to the nature and quality of the team environment. In particular, attention should be focused on three crucial aspects:
    - the extent to which staff feel involved in decisions about the way the team works and their working environment;
    - how much control staff members have over their working patterns;
    - staff ability to manage demand.
- **Monitoring staff absence and presenteeism**: high sickness absence may be indicative of a poor local work climate and organisational and wider contextual issues. Sickness absence levels should be seen as a barometer of wellbeing issues that affect patient care quality. In addition to that, it is likely to mask higher levels of presenteeism, which is harder to measure but can be identified through staff surveys.
- **Resourcing Occupational Health Departments** to work together with organisational development (OD) departments to view staff experience, such as staff absence, as an organisational rather than an individual issue. Thus rather than tackling high sickness levels in a reactive and punitive way – an approach that can increase rates of presenteeism which can be just as costly as absenteeism, if not more – staff wellbeing is proactively managed and supported to ensure care quality.
- **Tracking staff experience**: the NHS Staff Survey and the staff Friends and Family Test (FFT) give NHS organisations the opportunity to keep a finger on the pulse of staff experience and enable regular assessment of staff wellbeing. Close attention to these

and other measures should be part of any improvement or maintenance strategy focusing on staff wellbeing.

Examples of good governance include sickness absence rates being highlighted at board level, and measures taken through organisational development departments to manage them, and the appointment of a board executive champion for staff health and wellbeing to ensure staff wellbeing gains greater prominence.[24]

Sharing and promoting best practices and implementing wellbeing programmes focused on staff at national level should be the next step. For example, when, 12 years ago, the South Tees Hospitals Trust staff experienced bullying and demoralisation – recording sickness levels around 30% – the management decided to adopt a whole new approach, articulated in six principles:

- Understand the issue from the position of each and every core team member.
- Use the personal narratives and stories of staff as valid qualitative data, collecting them into a narrative of "what is it like to be in this team at this time".
- Focus on how the team treats itself, and how the organisation responds to the team, developing honest conversations at all levels.
- Use both qualitative and quantitative data.
- Provide board-level leadership in a well-defined process of support and accountability.
- Seek to make things better, not find out who is to blame.

Hence, hearing the narrative and stories of staff was central to the South Tees approach. In addition to that, the organisational development department introduced a programme of personal and group resilience learning. Resilience is critical in helping prevent teams from falling into difficulty. As a result, the programme helped staff to understand more about resilience, while providing resilience master classes and one-to-one support. Concurrently, the management run a programme in mindfulness, a meditative practice shown to improve wellbeing. This comprehensive strategy triggered a cultural change within the organisation that helped to overcome problematic issues and allowed staff to get back to work effectively as a team and be healthy.[25]

Making practice like this the backbone of a national strategy aimed at tackling staff stress and improving wellbeing would be highly beneficial. At individual level, the promotion of employee assistance programmes would also be helpful, as well. As defined by Berridge and Cooper (1993), an EAP is defined as: "*a programmatic intervention at the workplace, usually at the level of the individual employee, using behavioural science knowledge and methods for the control of certain work related problems that adversely affect job performance, with the objective of enabling the individual to return to making her or his full contribution and to*

[24] National Nursing Research Unit, King's College London. (2013, July 10). Does NHS staff wellbeing affect patients' experience of care? *Nursing Times*, Vol 109, No 27.
[25] Craig, M. (2015). Team building 3: Providing support to teams in difficulty. *Nursing Times*; 111:16, 21-23.

attaining full functioning in personal life."[26] EAPs – as they are tailored programmes by definition – could take many forms and involve: the provision of on-site fitness facilities, dietary control, cardiovascular fitness programmes, relaxation classes, stress and health education, and psychological therapies.

However, the evidence of their benefits is somewhat limited: in fact, even if most employees are healthy, positive and productive most of the time, there will always be individual life events or vulnerabilities that can cause severe and long lasting distress. In many cases, staff will avoid disclosing distress for fear of being regarded as weak or a risk to their colleagues and patients. Therefore, creating an environment in which people feel able to seek help quickly is a vital element of any strategy to promote wellbeing in the NHS workforce. Employers can begin by acknowledging that depression and anxiety are common conditions and by encouraging staff to seek help when they become unwell. Thus, line managers are crucial. Yet the majority of them in the United Kingdom lack confidence and don't know what to do (Employers' Forum on Disability, 2008). Workplace training is one means for line managers to build the capability to respond to mental health conditions in a wise and positive fashion. An evaluation of Centre for Mental Health's workplace training, for example, found that participants became more confident about identifying and supporting employees with depression and anxiety, both immediately after the training and, more importantly, eight months later. They were more willing to talk to a person with depression; some two-fifths had already made use of the training in a real life situation within eight months.[27]

Finally, any strategy intended to improve staff health and wellbeing in the healthcare sector should prioritise "culture change" around whistleblowing in order to foster a culture of safety and learning in which all staff feel safe to raise concerns. Such change should involve staff at all organisational and management levels, and raising constructive concerns should be celebrated and promoted by senior staff. This kind of contribution should be treated as part of the everyday business of providing care and managing services: moreover, such a practice needs to be legally and formally acknowledged within the NHS constitution and considered as a normal piece of quality assurance and organisational development. Importantly, there can be no tolerance for those who persecute or mistreat whistleblowers. Only by demonstrating fairness and setting it as a general rule within the service can we expect staff to feel safe drawing attention to clinical and safety issues. The benefit of this kind of cultural change would be twofold: not only should staff feel safer in blowing the whistle when they need to, but more problems should be resolved earlier without ever reaching that point.

[26] Arnold, J.; Cooper, C.; Robertson, I. (1998*). Op. cit.,* p. 447.
[27] Lockett, H. & Grove, B. (2010). Responding to mental distress at work. *Occupational Health [at Work]*, 7, 3 (20-23). Lockett, H. & Grove, B. (2010). Responding to mental distress at work. *Occupational Health [at Work]*, 7, 2 (24-27).

Conclusion

The need for NHS workforce to be supported by health and wellbeing plans is well documented. NHS Employers estimates that 30% of NHS sick leave is caused by stress, costing up to £400 million a year in lost productivity.[28]

To pursue improvements in staff health and wellbeing, support through training and development will be required. First of all, healthcare professionals need to have easy access to confidential, expert information and support. Examples do exist, including the Blue Light Infoline, recently launched by specialist charity Mind[29] to provide specialist support to police, ambulance, fire and search and rescue teams in England and the NHS Practitioners Health Programme's confidential helpline for doctors and dentists.[30] Secondly, staff training programmes should include approaches and strategies for helping to improve health and wellbeing of patients and staff, such as motivational interviewing and initiating conversations around often sensitive subjects such as healthy eating, physical activity and healthy lifestyles. Line manager training in supporting staff with depression and anxiety is particularly important to enhance capacity in organisations to manage staff health quickly and where possible without recourse to more expensive later interventions. Last but not least, leaders at all levels should be role modelling positive leadership behaviours and enabling a culture of wellbeing management which can cascade throughout the organisation setting high but realistic expectations of staff. This approach will help influence an organisational culture which firmly puts the health and wellbeing of the workforce as a high priority where staff can achieve a healthy work-life balance.[31]

However, this comprehensive set of actions would only be possible if constant monitoring of staff experience and sickness will remain a top priority in the NHS policy agenda. As stated by Dr McCulloch – Chief Executive at Picker Institute Europe: "*For the service to deliver world class care to its users, it first needs to ensure its staff are well looked after. We call on the leaders of all NHS organisations to review their own staff survey results in detail and work with staff to identify and enact action plans to improve people's experiences*."[32]

[28] Powell-Smith, A. (2015, May 11). *The challenge of engaging staff on mental health issues in the health sector*. Forster Communications. Available at: http://www.forster.co.uk/2015/05/11/amanda-powell-smith-on-the-challenge-of-engaging-staff-on-mental-health-issues-in-the-health-sector/.
[29] Blue Light Infoline, Mind: http://www.mind.org.uk/news-campaigns/campaigns/bluelight/blue-light-infoline/?ctaId=/news-campaigns/campaigns/bluelight/slices/blue-light-infoline.
[30] http://php.nhs.uk/.
[31] Tarrant, M. (2013, February 6). *Workforce Health & Wellbeing Strategy 2013-2017*. Solent NHS Trust. Available at: http://www.solent.nhs.uk/_store/documents/e&d_workforcewellbeingstrategy.pdf.
[32] Picker Institute Europe (2015, February 24). *Picker Institute Europe responds to the NHS Staff Survey 2014.* Available at: http://www.pickereurope.org/news/picker-institute-europe-responds-nhs-staff-survey-2014/.

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