Health Professionals in difficulty – what can be done?

DR. GAIL KINMAN

PROFESSOR OF OCCUPATIONAL HEALTH PSYCHOLOGY

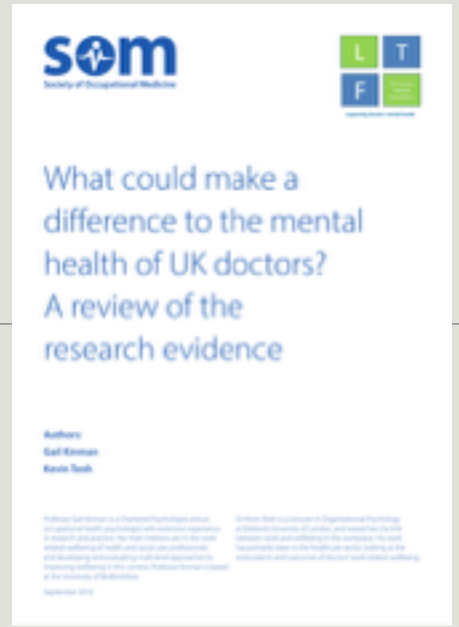
The British Psychological Society

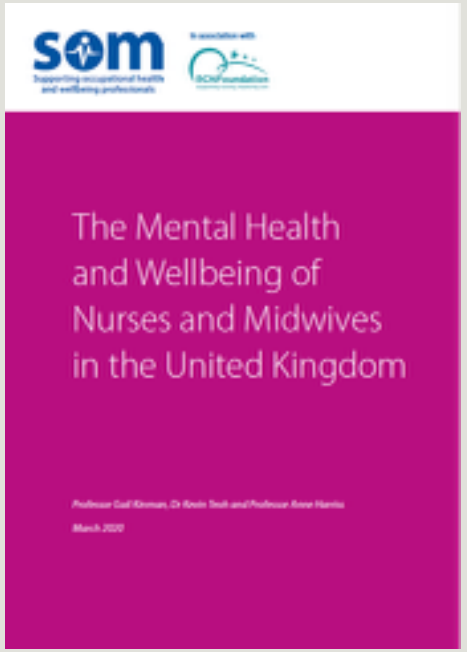
Chartered Psychologist

Birkbeck UNIVERSITY OF LONDON

Summary

- Our reviews of mental health and wellbeing in healthcare professionals and other studies
- The impact of the COVID-19 pandemic
- The need for multi-level interventions
- Recommendations





Kinman and Teoh (2019)
Kinman, Teoh & Harriss (2020)

Mental health in healthcare (pre-pandemic)

Stress

40 % of NHS staff in England reported feeling unwell, due to work-related stress

Other studies find up to 50%

Burnout

Emotional exhaustion is a particular problem

Some more prone GPs = 74%)

Many unaware of symptoms, or mask effects to protect patients

CMDs/PTS/Suicide

GHQ ‘Caseness’: up to 52% (19% in general population)

High risk of PTS

Suicide: 2 - 5 X general population

- Differences between groups
- Higher risks in the UK than in many other countries
- Risk increasing over time (in line with growing demands and reducing financial/staffing resources)

The risk factors: occupational, organisational, individual

Overload/intensity; low control & support; poor management/leadership; rapid change; bullying & victimisation

Inadequate training; lack of resources; low staffing levels

"Emotional labour"; lack of appreciation/respect; **mismatch** with professional values

Existing mental health problems; ineffective coping style; over-commitment/low resilience

Poor self-care reinforced during training; unsupportive culture; stigmatisation of help-seeking

Poor work-life balance (time + strain); long shifts; limited recovery opportunities

- Occupational factors far less damaging than organisational
- Satisfaction with demands, control, support, role lower than other groups in the UK
- Lack of resources and support is a key factor – underpins other difficulties

The wider impact on staff, patients and the health service

Chronic health problems (mental & physical); fatigue

Self medication; poor health behaviours; social withdrawal/irritability; relationship problems

Learned helplessness/ low motivation; change fatigue

Impaired performance via poor decision making/errors/incivility; reduced patient care/ risk of complaints

High turnover, absenteeism & presenteeism; compounds short-staffing and pressure

Mental ill-health costs £1,794 - £2,174 ph
Work stress accounts for 30% of NHS absences, costing £300 - £400 m

Working in a pandemic: unprecedented challenges

- No time to recover from the first phase – already exhausted and depleted
- Burnout is a key concern, but high risk of stress, depression and anxiety
- Post-traumatic stress increased, linked to moral injury
- COVID-related stress; concerns about family safety; financial insecurity
- High sickness absence: up to 20% due to mental health conditions
- Concerns about long-term retention: 20% expressed leaving intentions
- Increased demand for counselling and support; difficulty accessing support
- Patient safety, as well as staff wellbeing is at risk

Greenberg et al. 2020
IPPR/YouGov, 2020
Pearman et al. 2020

mproving wellbeing: a multi-level approach

Evidence-informed interventions needed from public policy to individual

Interventions: what (might) work?

Availability & Access

Stigma

Primary: tackling stress at source

- *Most effective, but far less common* – not always costly or disruptive
- Assess risk; diagnose psychosocial hazards; implement/evaluate interventions
- Co-production; involve staff in shaping interventions; enable job crafting
- Train and support managers to support the wellbeing of staff
- Recognise and address 'hidden' risks: e.g. presenteeism and change fatigue

Secondary: helping people cope more effectively

- *Far more common, but less effective*
- Include psychoeducation, self-compassion, mindfulness, CBT, reflective groups (e.g. Schwartz rounds)
- Use technology for training and support (increase access?)

Tertiary: supporting people back to work

- *Essential, but investment needed*; staff can lack awareness of support
- OH services under-resourced and demand has increased; expertise lacking?
- More communication between OH staff and managers

Example 1: ‘getting rid of stupid stuff’

Aims: to reduce job demands

Method: clinicians nominated policies/practices for de-implantation via email; sorted for: a) immediate action; b) evaluation and action by workgroups

Findings: more than 300 suggestions of ‘unnecessary’ and wasteful tasks (e.g. HER alerts, multiple requirements for documentation and signatures

Process will also increase perceptions of control and engagement

Ashton, 2018
Sinsky et al. 2020

Example 2: ‘Nobody cares alone’

Aims: to improve support and wellbeing

Method: introduce a mechanism for peers to sign up as ‘buddies’ for mutual support ; buddies, chosen, not assigned; a weekly ‘nudge’ sent by email to encourage ‘check-ins’

Piloted with 50 healthcare staff

Findings: reduces emotional isolation; other studies find buddy systems and peer coaching enhance wellbeing and problem-solving

Greenawald, 2020

Recommendations: 1

- Healthcare staff are dedicated, motivated and satisfied with the job itself
- Action needed to address the organisational factors underpinning poor mental health and wellbeing
- Optimum staffing levels are essential
- Managers need the time and training to support the wellbeing of their staff (while protecting their own health)

Recommendations: 2

- "Fix the workplace rather than the worker": multi-level initiatives are vital
- Regular audits needed to assess what works, for whom, in what context
- Stigma and access are challenging – how can they be addressed?
- Be aware of the hidden costs: e.g. presenteeism and change fatigue
- Major knowledge gaps: what are the experiences of BAME workers, other frontline workers; low paid and contract staff; primary care staff?

Questions

Thanks to:

Dr. Kevin Teoh
Professor Anne Harriss
Nick Pahl
Louise Tebboth Foundation
Royal College of Nursing Foundation

Email: g.kinman@bbk.ac.uk
Twitter: ProfGailK
Webpage: http://www.bbk.ac.uk/orgpsych/staff/gail-kinman/view