



EDITORIALS

Improving workplace health in the NHS

NHS must fix its poor record on staff health, for the sake of patients as well as workers

Azeem Majeed *professor of primary care*¹, Kaveh Asanati *consultant occupational physician and honorary clinical senior lecturer*²

¹Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, UK; ²National Heart and Lung Institute, Faculty of Medicine, Imperial College London, London, UK

As one of the largest organisations in the world, employing around 1.5 million people,¹ and the provider of publicly funded healthcare in the UK, the National Health Service should be a role model in workplace health. It should be providing employers with guidance and good practice that can be replicated elsewhere. However, currently the NHS performs poorly on many measures of staff health. For example, sickness absence rates among NHS staff are higher than the average for both the UK public sector and private sector.²

The health of NHS staff is a key factor in determining how well the NHS provides healthcare to patients.³ Improving workplace health and the support available to staff with health problems—such as enabling them to return to work after absence due to sickness—should be priorities for the NHS.

The importance of good working environments in the NHS was emphasised in a 2019 General Medical Council report.⁴ The report noted that workplace pressures are associated with risks to patient care and the wellbeing of doctors, leading to “burnout” and poor staff retention and exacerbating shortages of medical professionals in the NHS.⁵

A key message from the report was that the support that doctors received in the workplace from other clinical colleagues and managers was an important factor in determining how well they coped with the pressures of working in the NHS. Doctors at low risk of burnout were more likely to report that they were well supported by their colleagues and were also less likely to be absent because of work related stress.

Sickness absence

Common causes of staff absenteeism in the NHS include musculoskeletal problems such as back pain and mental health disorders such as anxiety, stress, and depression.⁶ Additional health problems arise from potentially modifiable causes such as smoking, excessive alcohol intake, poor diets, and lack of exercise. Health promotion programmes to reduce these problems include simple one-off interventions (influenza vaccination for example), signposting and referrals to other services (smoking cessation programmes), and more complex

health interventions such as cognitive behavioural therapy for anxiety and exercise programmes to encourage weight loss.⁷

A healthy working environment can be achieved only by integrating workplace health promotion into an organisation’s management culture and by taking every opportunity to improve staff health and wellbeing, to help minimise both short term and long term sickness absence.

Guidance published in November 2019 by the National Institute for Health and Care Excellence (NICE) provides advice to employers on how they can help people return to work after long term sickness absence, reduce the risk of recurring sickness absence, and help stop people moving from short term to long term sickness absence.⁸

Key recommendations include making health and wellbeing a core priority for senior managers so that organisations foster a caring and supportive culture and a proactive approach to employees’ health and wellbeing; adapting the workplace to allow staff with health problems to continue working; and offering people on sickness absence early intervention and referral to an occupational health or other health service for support.

Employers are advised to monitor rates of sickness absence to identify vulnerable groups, explore the factors leading to ill health, and implement targeted prevention strategies. The guidance also highlights areas of uncertainty about best practice, where further research is needed—for example, research to identify the best way to promote an early return to work for staff on sick leave.⁹

NHS Trusts are large employers and should have the capacity to implement evidence based guidance on good practice published by the GMC, NICE, and others. Smaller NHS employers such as general practices may struggle, however, as they generally have more limited management resources and poorer access to occupational health services. General practices would benefit from additional support, and clinical commissioning groups and primary care networks could provide this for practices in England. Equivalent organisations could be

a source of support for practices in the devolved health systems of Wales, Scotland, and Northern Ireland.

A healthier NHS workforce would bring substantial benefits for NHS patients and better patient outcomes.¹⁰ NHS workplaces should aim to be centres of excellence for workplace health promotion, setting a positive example and providing case studies, guidance, and support to other public sector and private sector organisations.

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