1 Department of Primary Care and Public Health, Imperial College London, London, UK

2 National Institute for Health Research Applied Research Collaboration Northwest London, Imperial College London, London, UK

3 Southmead Hospital, Bristol, UK

4 Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK

Correspondence to: L Shemtob
lara.shemtob@nhs.net

PRACTICE POINTER:

Supporting healthcare workers with work related stress

Lara Shemtob,[1,2] Larissa Good,[3] Mark Ferris,[4], Kaveh Asanati,[1,2] Azeem Majeed[1,2]

What you need to know

- Work related stress is an important problem in the NHS workforce. Addressing the underlying cause, which may relate to factors such as workplace demand, relationships, and support is necessary for sustained recovery and full engagement with work

- Healthcare workers may experience guilt or shame due to stigma, preventing them from seeking help if they experience work related mental illness.

- Time off work and workplace changes to control the triggers may be necessary to allow recovery and sustainable return to work

- Healthcare workers experiencing work related stress can seek support from colleagues, their own GP, occupational health, and specialised services for healthcare workers such as local mental health and wellbeing hubs and NHS Practitioner Health

A registrar notices that a foundation year two doctor on her team has become withdrawn. He is cynical and hostile in conversation but seems to need more support in basic tasks, frequently asking her to double check his prescribing. Work has been chaotic for everyone, and she is beginning to find his slow pace frustrating.

Two months later, he presents to his GP with sleep disturbance, dreading work, and feeling constantly on edge. He has been this way for weeks but felt afraid to ask for help. He thinks he needs time off work but is worried about letting his team down. He felt exhausted after four months of rota gaps when he couldn't get enough time off. Demands seem insatiable with a constantly bleeping pager, strained relationships with seniors, and a feeling that he has no control over his workload.

We can all support colleagues with work related mental illness—whether as a colleague, manager, or simply as their GP. Observational studies globally suggest that around 30-50% of the healthcare workforce have experienced work related stress or burnout in the past three years.[1 -5] Mental illness accounts for about 25% of days lost as sickness absence by the NHS workforce; over 40% of staff reported feeling unwell as a result of work related stress in the 2020 NHS staff survey.[3 6] Workforce stress exacerbates challenges with staff retention and performance, affecting teams, services, and entire health systems.[7] This article outlines the role that GPs and other support services, employers, and colleagues can play in supporting a healthcare worker with work related stress. Collaboration across these roles is essential in successfully addressing work related stress.

Identifying causes

Identifying a clear diagnosis is not essential in the first instance, either for a GP in a consultation or a manager or colleague providing support. What is more important is listening, providing validation, considering and managing risk, signposting to further support, and ensuring the healthcare worker has follow-up. Healthcare workers may experience a spectrum of work related ill health including stress, moral injury, burnout, and specific mental illnesses such as post-traumatic stress disorder (PTSD), anxiety, or depression. These all overlap, but inquiring about the nature and duration of symptoms, the effect on functioning, and specific workplace triggers helps to differentiate between them. Box 1 lists some of the symptoms and signs that we commonly see in different forms of work related ill health.

Box 1: Signs and symptoms of work related ill health

Work related stress

- Stressed or aggrieved about work
- Reduced motivation or confidence
- Withdrawn, tearful, sensitive, agitated, or aggressive

Burnout

- Physical and mental exhaustion
- Cynicism towards work
- Reduced perception of accomplishments at work

Post-traumatic stress disorder

- Flashbacks
- Avoidance
- Hyperarousal

Moral injury

- Guilt, shame, anger
- Self criticism, feelings of worthlessness

Burnout results from unmanaged chronic workplace stress.[8] Workers with public-facing roles undertake emotional labour, regulating their feelings to meet the emotional requirements of their job, a risk factor for burnout. Healthcare workers are exposed to traumatic situations at work, including caring for very unwell patients with inadequate resources.[9] In addition to burnout, this can trigger PTSD.

Moral distress occurs after violation of an individual's moral code and, when long term effects on mental state and functioning ensue, is termed moral injury.[10] For healthcare workers, this can be due to resource constraints limiting their ability to deliver the quality of care they expect to provide. In a 2021 survey by the British Medical Association (BMA), 51% of just under

2000 doctors said moral injury resonated with their experiences at work.[11] The most commonly reported contributing reasons were staff shortages and mental fatigue.

Is the mental ill health work related?

If work is implicated as a cause of stress or burnout, explore which aspects of work are responsible. Box 2 lists some of these factors, which will differ depending on job roles. Non-work factors, such as financial pressure or stressors in family life are also important to explore.

Box 2: Factors in assessing occupational contribution to stress in healthcare workers

- What are their working hours and shift pattern?
- Do they work overtime?
- What is the breakdown of component tasks in their working day (such as ward round, clinic, on calls)?
- How does each aspect of their role map to stress and their health and function?
- Is there any requirement to work above their clinical competency?
- Does their mental state improve away from work?
- Do they feel supported by colleagues and seniors?
- Has mental ill health or stress been an issue in the wider team?

Considering time off work and the fit note

When occupational factors are implicated in the cause of ill health, time off is unlikely to be a long term solution, but it can be an important part of recovery. Healthcare workers can face barriers to taking time off, including pressure from managers, colleagues, and themselves, putting patients' needs before their own. Around half of NHS staff report presenteeism,[3] attending work despite not being well enough to perform their duties. Raising the issue of time off work is important: many healthcare workers presenting to their GP with work related stress may be reluctant to bring it up or feel a sense of guilt or failure. Stigma is a well documented barrier to those living with mental illness seeking help.[12 13]

A decision to recommend sickness absence should be based on whether the healthcare worker's mental health may affect patient care or colleagues and whether time away from work may facilitate recovery. Many symptoms of work related ill health, including impaired concentration and fatigue, can interfere with professional standards of conduct and safety. Willingness to seek help, demonstrating insight, cooperation, and communication may be all that is required from a healthcare worker living through a period of ill health.[14]

Adjustments to hours and duties can help keep individuals working through a period of ill health. The longer somebody is off work through ill health, the less likely they are to return.[15] Short review periods for reassessment of functioning, plus frequent but not excessive contact with managers, may help avoid long term sickness absence.

The UK Health and Safety Executive (HSE) has published management standards which provide a framework of factors that contribute to work-related stress (box 3).[16] Sharing these with healthcare workers as risk factors that they can map to their workplace can clarify occupational triggers and facilitate a discussion on addressing them, progressing towards recovery and return to work.

Box 3: HSE management standards[16]

- *Demands*—Is workload realistic compared with the resources and time to do it?
- *Control*—Does the individual have autonomy in how they work?
- *Support*—Are the organisation/managers/peers supportive to the individual worker?
- *Relationships*—Is conflict, inappropriate behaviour, or confrontation common?
- *Role*—Are employees and the organisation clear about what each role involves?
- *Change*—Is organisational change managed and communicated well?

Longstanding workplace stressors are often not acknowledged between a healthcare worker and their manager until functioning deteriorates to the extent that time off is necessary. Fit notes contain a free-text box, which can be used by GPs to communicate with managers about occupational causes and advise early referral to occupational health, where more resources are available to assess work related illness.

The role of occupational health

Occupational health interfaces between employers and employees on issues that affect work and health, usually accessed via referral from a line manager or self referral. The aim is to assess the factors limiting return to work and collaborate to overcome them. For a healthcare worker with work related mental illness, occupational health can advise adjustments to a working schedule that protect against triggers, such as coming off an on-call rota, pausing night shifts, or moving into a supernumerary position. Where there are high levels of work related mental illness within teams, occupational health can work with managers to assess risk and make wider changes. Occupational health has the resources to work with the healthcare worker to achieve this, and has an understanding of the workplace context, sickness absence policies, and ability to liaise with managers—all beyond the scope of a general practitioner's role.

Seeking treatment

As well as dealing with workplace triggers, a healthcare worker with work related mental illness may need to seek treatment such as talking therapy and medication, depending on factors such as presentation, availability of services, and personal preference (box 4). The latest NHS people plan prioritised "looking after our people,"[17] leading to more initiatives to improve staff health and wellbeing and provide support for staff with mental ill health. Some of these services can be accessed through work or self referral rather than via general practitioners. Local staff mental health and wellbeing hubs provide a clinical assessment service and referral to other local services, and to NHS Practitioner Health for healthcare workers with needs that cannot be met locally.

Box 4: Resources for further support available to healthcare workers in the UK

- NHS England staff mental health and wellbeing hubs
  - 40 sites across England, accessed through self referral or referral from colleagues
  - Rapid clinical assessment for health and social care staff
  - After assessment, they can refer on to local services for further support
- NHS Practitioner Health

- Doctors and senior staff can self refer
- Other healthcare workers in England referred by local hubs
- Assessment and treatment of mental illness and addiction, specialising in the needs of healthcare workers, particularly when confidentiality is a barrier to accessing help
- Regulated professionals working in health and social care in Scotland have access to the Workforce Specialist Service delivered by NHS Practitioner Health

- Canopi
  - Free confidential service for NHS and social care staff in Wales with access to different levels of support including talking therapies accessible via self referral

- Employee assistance programmes
  - Available at many hospital trusts through self or manager referral
  - Counselling and mental health support as well as legal and financial advice

- Helplines available to healthcare staff working across the UK
  - Samaritans confidential staff support line: 0800 069 6222
  - FRONTLINE text support service: 85258
  - Hospice UK bereavement support line relating to loss experienced through work: 0300 303 4434
  - BMA counselling and peer support for doctors, medical students, and their partners and dependents (not conditional on BMA membership): 0330 123 1245
  - Additional NHS helplines for staff working in Scotland

- Intensive Care Society wellbeing resources
  - Short summary pages on self care and wellbeing

Supporting colleagues and self care

Maintaining good relationships with colleagues, even if they become less communicative, can help to identify when they are struggling and support them in seeking help. This may help to address issues earlier and avoid longer term sickness. Often if one individual is experiencing work related stress, the whole team will be exposed to similar triggers, making supporting colleagues even more challenging as we try to manage our own stress, worry about the impact of sickness absence on the team workload, and try to find the time and headspace needed to provide this support. Where there are systemic factors leading to high levels of stress within the team, consider which tools and strategies may help to bring about system change (box 5).

Box 5: Challenging workplace culture that contributes to work related stress

System factors such as demand that outweighs resource, inadequate support, and strained relationships within a team are known to contribute to work related stress. Challenging these is difficult but can help bring about change.

- Acknowledge workplace factors implicated in stress
- Challenge behaviours that cause stress in others
- Challenge systems and cultures that contribute to stress
- Make use of processes such as exception reporting, incident reporting, "guardians of safe working," and "freedom to speak up guardians"

Managers may need support in dealing with work related stress in their team and need to have a sound understanding of occupational

stress and be empowered to find solutions. If sickness absence is not covered appropriately, it is likely to increase work related stress in the rest of the team. Addressing stress and its risk factors as a long term strategy will help staff retention and productivity, and ultimately have financial as well as human benefits.[7]

As well as knowing how to support each other, we need the tools to recognise work related mental ill health in ourselves. Understanding our own triggers, stress responses, and the degree and duration of stress that are difficult to manage and interfere with function can help us to know when to seek help.

Organisational factors

The scale of work related mental ill health within the NHS indicates systems factors in operation beyond the control of any individual clinician, leader, or team. While leadership can set the tone for supportive workplace culture and can go some way to addressing many of the HSE management standards, demand that far outweighs resources will be a pervasive and escalating stressor in the NHS. Healthcare leaders have a duty to be transparent and assertive about the organisational shortfalls of the NHS and the effect this has on staff and patients, encourage affected staff to come forward for support, and protect these staff from discrimination. Feedback is emphasised as a way to integrate learning and improvement activity into any changes implemented to enhance professional wellbeing and patient care.[18] Training is available for those interested in leading local change (box 6).

Box 6: Further training

- *REACT Training*—90 minute training enabling leaders to identify and support colleagues who may be struggling with mental illness and start the journey to seek further help where necessary (availability varies locally)
- *TRiM Training*—Peer support training for those working in environments with potential exposure to trauma, enabling trained individuals to recognise distress in colleagues and signpost to further support where required (availability varies locally)
- *Primary care coaching and support*—Accessible through self referral to all individuals working in primary care. Register for sessions based around self care with additional support around careers and leadership
- *Stress First Aid for Healthcare Professionals*—Online course developed by the American Medical Association on recognising work related stress, administering brief interventions, and understanding the role of peer support at an organisational level

Education into practice

- How do you reflect on signs of stress in yourself and your colleagues and recognise when stress affects functioning?
- What aspects of your team, their roles, and the workplace environment could be improved to reduce stress?

How patients were involved in this article

One of our author team has overcome a period of work related stress during clinical training and highlighted the invaluable role of peer and manager recognition and support and the system-wide consequences of work related stress.

How this article was created

Preparation of this manuscript included a PubMed search on the prevalence and presentation of work related mental illness in healthcare workers and targeted review of publications from stakeholders in NHS

staff occupational health including NHS England, BMA, HSE, and the GMC. Guidance on work related stress and available resources were reviewed, along with data on the healthcare workforce in England collected through the NHS Staff Survey and the authors' personal and professional experiences.

1 Khasne RW, Dhakulkar BS, Mahajan HC, Kulkarni AP. Burnout among healthcare workers during COVID-19 pandemic in India: Results of a questionnaire-based survey. *Indian J Crit Care Med* 2020;24:-71. doi: 10.5005/jp-journals-10071-23518 pmid: 33024372

2 De Hert S. Burnout in healthcare workers: Prevalence, impact and preventative strategies. *Local Reg Anesth* 2020;13:-83. doi: 10.2147/LRA.S240564 pmid: 33149664

3 NHS Staff Survey. National results: Providing essential information about staff experience across the NHS in England. 2022. https://www.nhsstaffsurveys.com/results/national-results/.

4 Girma B, Nigussie J, Molla A, Mareg M. Occupational stress and associated factors among health care professionals in Ethiopia: a systematic review and meta-analysis. *BMC Public Health* 2021;21:. doi: 10.1186/s12889-021-10579-1 pmid: 33740920

5 Prasad K, McLoughlin C, Stillman M, etal. Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine* 2021;35:100879. doi: 10.1016/j.eclinm.2021.100879 pmid: 34041456

6 NHS Digital. NHS sickness absence rates. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates.

7 Respected Valued Retained. Working together to improve retention in anaesthesia.2021 https://rcoa.ac.uk/sites/default/files/documents/2021-09/Respected_valued_retained2021_0.pdf.

8 Briner PRB, Ma DSP, Owens DS. *The nature, causes and consequences of harm in emotionally-demanding occupations.* Health and Safety Executive, 2008.

9 Greenberg N, Weston D, Hall C, Caulfield T, Williamson V, Fong K. Mental health of staff working in intensive care during Covid-19. *Occup Med (Lond)* 2021;71:-7. doi: 10.1093/occmed/kqaa220 pmid: 33434920

10 Williamson V, Stevelink SAM, Greenberg N. Occupational moral injury and mental health: systematic review and meta-analysis. *Br J Psychiatry* 2018;212:-46. doi: 10.1192/bjp.2018.55 pmid: 29786495

11 Moral distress and moral injury. Recognising and tackling it for UK doctors. 2021. https://www.bma.org.uk/media/4209/bma-moral-distress-injury-survey-report-june-2021.pdf.

12 Ross CA, Goldner EM. Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: a review of the literature. *J Psychiatr Ment Health Nurs* 2009;16:-67. doi: 10.1111/j.1365-2850.2009.01399.x pmid: 19594679

13 Taylor NW, Porter C, Rivera-Rodriguez M, Miller ISK, Desmarais N. Mental health disclosure questions on medical licensure applications: implications for medical students, residents, and physicians. *Acad Med* 2022;97:-22. doi: 10.1097/ACM.0000000000004682 pmid: 35353717

14 General Medical Council. GMC thresholds. 2021. https://www.gmc-uk.org/-/media/documents/dc4528-guidance-gmc-thresholds_pdf-48163325.pdf.

15 Black CM, Frost D. Health at work: an independent review of sickness absence. 2011. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf.

16 Health and Safety Executive. What are the management standards? - Stress at work. https://www.hse.gov.uk/stress/standards/index.htm.

17 NHS England. Support available for our NHS people. https://www.england.nhs.uk/supporting-our-nhs-people/support-now/.

18 National Academies of Sciences, Engineering, and Medicine. A framework for a systems approach to clinician burnout and professional well-being. In: *Taking action against clinician burnout: a systems approach to professional well-being.* 2019. https://nap.nationalacademies.org/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional.