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Reducing Risks in Healthcare by Prioritising Workforce Well-being

Abstract

Considering risks to healthcare covers a wide variety of topics. This cover's an extensive area such as sustainability, including funding; planning, long-term policy development; and trends, including the emergence of publicly funded versus private healthcare or a hybrid offering. Other topics include workforce planning, involving the consideration of self-sufficiency versus importing; examination of delivery modes of hospitals versus community; and final consideration of balancing affordability with expectation and need. As part of a consideration of risk is an anticipation of what dangers may arise. This can be borne out of existing knowledge of known threats, which remain ongoing, trends and predicted risk patterns, and unexpected risks.

Key words

Patient safety; Workforce Wellbeing; NHS Long term workforce plan

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Workforce Challenges

Healthcare is a risky business with high levels of stress and often adverse outcomes for patients, staff and a considerable liability for organisations, when things go wrong. The new understanding of the vicarious liability of the NHS for mistakes made in its service, the development of clinical governance, and the creation of bodies such as the Commission for Health Audit and Inspection and the National Patient Safety Agency are promising interventions, demonstrating that the UK is turning to the right direction.[1] When assessing risks in healthcare, a broad range of topics encompass sustainability, funding, long-term policy development, and emerging trends such as publicly funded and private healthcare debates.

Workforce planning is crucial, which involves exploring different delivery models for healthcare, such as hospital versus community-based care or prioritising prevention and health promotion versus spiralling investment in specialised treatments. The sustainability of healthcare delivery systems is challenged by ageing populations, complex systems, increasing rates of chronic disease, increasing costs associated with new medical technologies and growing expectations by healthcare consumers. [2]

A significant risk arises from the challenges faced by the workforce and how this has a profound impact on workforce planning and, therefore, delivery of excellence in patient care. Despite substantial workforce planning efforts, the effectiveness of this planning could have been better, resulting in persistent vacancies, poor morale, and now industrial action. Responses to workforce shortfalls have included a reliance on foreign and temporary staff and changes in skill mix, which are often reactionary and adversely impact team cohesion and the work environment.[3] Impending stressors for the UK health and care workforce include growing multimorbidity and an increasing shortfall in the supply of unpaid carers. A further consideration is the relative decline in the attractiveness of the National Health Service (NHS) as an employer internationally.[3] Currently, the NHS leadership are vexed by the hurdles of recruitment and retention of the medical workforce, often

determined by the decline in employee well-being and support, and how safe systems at local levels can improve patient safety and reduce risk to patients and the workforce.

A report by the UK General Medical Council (GMC), "*The state of medical education and practice in the UK, Workplace experiences, 2023*"[4] and the NHS England "*NHS Long Term Workforce Plan*"[5] published in June 2023, attempts to provide a way out of this dilemma. The NHS plan notes over 112,000 vacancies across the NHS and is forecast to leave a shortfall of 260,000 and 360,000 staff by 2036/37. The UK health organisations, including the regulator, are known to prioritise the protection of patients, often at the risk of compromising the health and well-being of staff. Barriers to successfully initiating and implementing health and wellbeing services in the NHS range from front-line logistical issues with implementation to high-level strategic and financial constraints.[6] However, patient care and a supportive work environment are interdependent and essential for patient safety.[7] The GMC report highlights that urgent action is needed to break a 'vicious cycle' of unmanageable workloads, dissatisfaction, and burnout that is causing UK doctors to take steps to quit.

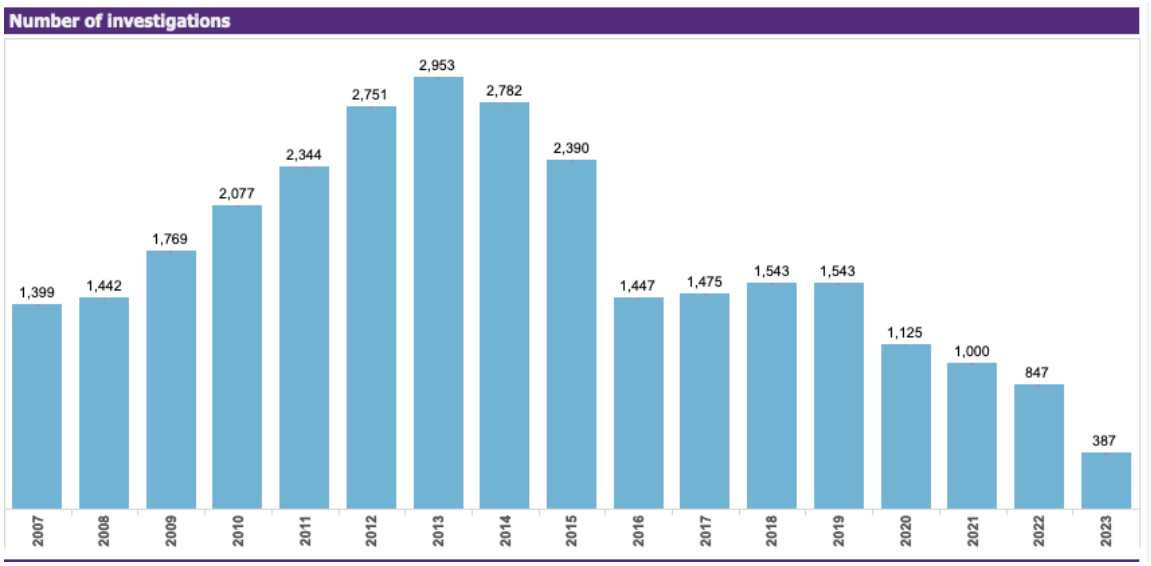
The NHS Long Term Workforce Plan has recognised three areas of action:

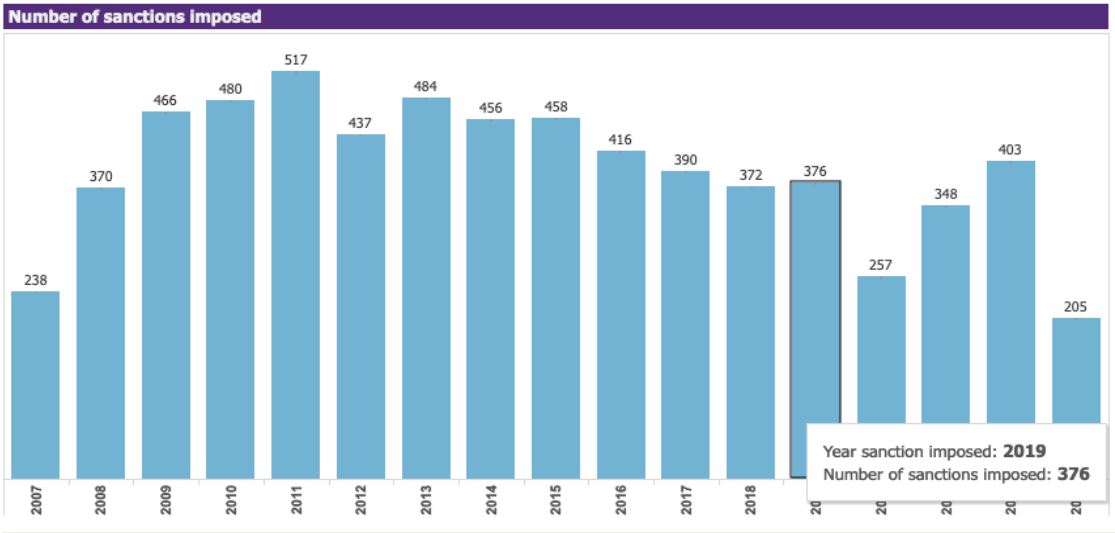
- Train: significantly increasing education and training to record levels and new roles designed to better meet patients' changing needs and support the ongoing transformation of care.
- Retain: ensuring that organisations retain more of our staff within the health service by better-supporting people throughout their careers, boosting the flexibility offered to work in ways that suit them and work for patients, and improving the culture and leadership across NHS organisations.
- Reform: improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.[5]

Analysis of the intentions of the workforce found that 18% of doctors are likely to leave the UK profession permanently. The NHS Plan notes that in 2022 when people have chosen to leave an NHS trust, some of the most common reasons were pay and reward, work-life balance, progression and continuing professional development, and health and wellbeing.[8] So, what are the risks facing our doctors, and how can we help them?

Complaints to the Regulator

It is widely accepted that an investigation by the regulator into a doctor's fitness to practice can be an extremely stressful experience. Investigation can impact their professional career, personal life, and mental well-being. In 2022, 7,367 complaints were made to the UK medical regulator, the GMC. The main types of allegations that the GMC has investigated are Knowledge, skills, and performance, Maintaining trust, Communication, partnership, teamwork and Safety and quality. This shows the most common areas of complaint against doctors in the UK. Therefore, there should be some consideration of the types of complaints facing doctors and how more support in the workplace can help to alleviate patient/colleague dissatisfaction and lead to earlier resolution of these concerns before they reach the regulator.





On the other hand, the GMC reported that doctors named the following common risks they faced in 2022:

- 77% reported working beyond their rostered hours
- 68% having difficulty taking breaks each week
- 42% reported being unable to cope with their workload every week
- 25% of doctors were categorised as being at high risk of burnout
- 44% of doctors said they found it difficult to provide adequate patient care at least once a week.[4]

It is unsurprising that there is a direct link between the concerns doctors have reported and the types of complaints made against doctors. In an environment of working additional hours; being unable to take breaks; having unmanageable workload; and burning out, a doctor may not be able to prioritise training and time for learning and growth in knowledge. However, as knowledge forms one of the highest complaints at the GMC, steps need to be taken to ensure that learning opportunity is available and that this time is protected, as well as keeping skills updated and developing as science and medical technology evolve. Also, for doctors returning to work after a period of absence, there must be a supported return to work and an appraisal and update of skills. Again, it is unlikely that the doctors will be able to gain a full opportunity to do this in the existing culture.

All this impacts a doctor's performance. Without the opportunity of building and enhancing knowledge, and refinement and development of skills, coupled with unmanageable workloads and burnout, this is not conducive to a doctor being given the opportunity to perform to the standard required and the best of their ability, which creates an unsafe working environment for the delivery of safe patient care. This is evidenced by the data showing that doctors have reported difficulties delivering good patient care.

Staff Sickness

It is common knowledge that sickness or unplanned absences harm organisational performance and safety, particularly in high-performance, high-risk organisations such as health services. In January 2023, it was reported that 5.3% of the 1.3 million NHS workforce was off sick. Anxiety, stress, depression and other psychiatric illnesses were the most commonly reported reason for sickness, accounting for over 520,470 full-time equivalent days lost and 23.3% of all sickness absences in January 2023.[9] The GMC reported that 70% of doctors and 82% of GPs always or often felt worn out at the end of the day; and that in 2022, 22% of doctors took a leave of absence due to stress in the last year.[4]

These are not insignificant numbers, and the impact on the delivery of patient care is notable. The data clearly shows that psychiatric illness significantly contributes to sickness absence levels reported. These figures are high when doctors are raising concerns about unmanageable workloads and burnout, which places employers responsible for reducing work's contribution to a doctor's mental well-being.

Disability

In the GMC report, doctors with a disability had a less positive experience across multiple measures.[10–12] This is likely to prevent these doctors from making the full contribution to healthcare service delivery of which they are capable, despite their workplace challenges being potentially remediable. Only 44% of disabled doctors were satisfied with their work, and 47% of disabled doctors were categorised as struggling with their workload, compared with 37% of non-disabled doctors. In a struggling workforce, it is almost inconceivable that the full potential of doctors with disabilities is not being utilised as support has not been put in place to help this group work and maximise their potential. Again, this has a further detrimental impact on the delivery of patient care.

Impact on Patient Care

There are concerns that doctors themselves have about their work, and the data shows the impact of ill health, lack of support for those with health issues and disabilities, how valuable skills and experience are being lost, and reducing the number of doctors available to deliver patient care. It is not unreasonable to consider that it is dangerous for a patient to be treated by doctors who are tired, overworked, stressed, anxious, and feeling unsupported, unhappy, and dissatisfied in their workplace. In the GMC report, more than six out of ten doctors (62%) felt confident raising concerns about patient care, yet almost one out of five did not (18%). A substantial minority of doctors may feel they cannot provide adequate patient care and are hesitant about voicing concerns.[4] Not only is it clear that there are issues at ground level affecting the delivery of care to patients, but a significant proportion of doctors do not feel that they can do anything about this, which poses an additional risk to patients. There must be an opportunity for doctors to raise their concerns in a safe space and to be followed up and addressed.

What can we do

Industrial action is a clear example of doctors' frustration. If nothing is done now, the healthcare workforce cannot be sustained, meaning delivering patient care to the required standards will not be possible. The GMC suggested the following short-term recommendations:

- Ensure doctors feel valued by their employers and have a strong sense of belonging
- Enable effective and supportive team working to improve belonging

- Evolving and developing what it means to be a leader
- Develop flexible rota design
- Providing workplace rest and refreshment facilities

The NHS Plan have planned to focus on:

- Rolling out the interventions that have proven to be successful already. For example, ensuring staff can work flexibly, access health and wellbeing support, and work in a well-led team.
- Support the health and wellbeing of the NHS workforce and, working with local leaders, ensure integrated occupational health and wellbeing services are in place for all staff.
- Support NHS staff to use the extended childcare support to working parents over the next three years to help staff stay in work.
- Every staff member should be allowed to have regular conversations to discuss their well-being and what will keep them at work, including pension flexibilities, flexible working options, and health and well-being.

These recommendations are familiar, and the foundations are set. It is taking ownership to action these recommendations to put them in place and keep them in place that is needed.

Summary

Common symptoms frequently reported by doctors and the GMC include burnout, work-related stress, anxiety, and depression, resulting in sickness absence and disability discrimination. Dissatisfaction with work, fear of voicing concerns, compromised patient safety or care, and complaints regarding performance further contribute to this detrimental cycle. As a result, UK doctors are increasingly compelled to consider leaving their profession. The leading causes of this situation include excessive work hours, difficulty taking breaks, overwhelming workloads, failure to implement reasonable adjustments, and the absence of a supportive culture that encourages open communication.
It is clear to see the commonalities between the recommendations from the GMC report and the NHSE report. Whilst the NHS has identified areas of recommendation, the GMC has provided practical solutions that can be implemented immediately. There is a strong focus on flexible working and how this can support staff and create more opportunities for engagement with work and retention. We would encourage all to start those conversations about flexible working; identifying areas where they need more support for their well-being; speaking up about rota design, rest breaks, and workload; and reaching out for help. The best way to look after patients is for doctors to look after themselves first. Now is the time for proactive measures to be initiated from within. By taking the first small step to improve a doctor's working day, their well-being will be enhanced, and their entire team will benefit, leading to an overall improvement in patient care. This collective effort will help mitigate the identified risks and bring about positive changes in healthcare delivery.

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