

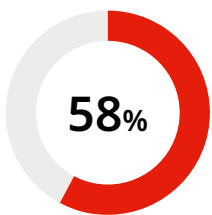


Prioritizing people

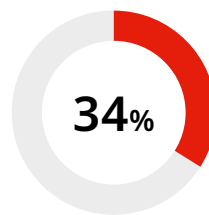
How can hospitals protect the well-being of their workforce after COVID-19?

Executive summary

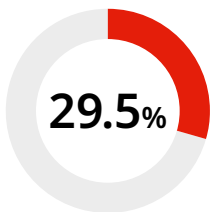
Front-line hospital workers globally are burnt out, demoralised and increasingly angry following the pandemic. Hospitals face high levels of staff vacancies and sickness absence, while unions have threatened industrial action.



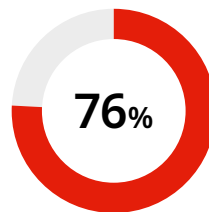
UK: 58% of 1194 front-line health and social care workers showed symptoms of clinically significant anxiety, depression or PTSD during May to July 2020



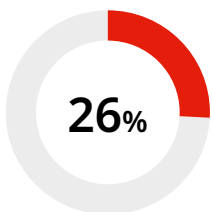
UK: 34% of NHS staff said they felt burnt-out



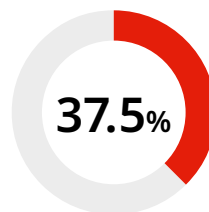
Australia: 29.5% of 320 front line healthcare workers at a general hospital in Australia had symptoms of burn out in April/May 2020



India: 76% of 348 healthcare workers at a COVID-19 designated hospital in India reported burnout in September 2020



Japan: 26% of 672 healthcare workers in a tertiary hospital in Japan showed symptoms of burnout in June/July 2020



US: 37.5% of frontline doctors in the US reported burnout in June/July 2020 and 33.6% in December/January 2021

Genuine efforts to protect and promote the well-being of the workforce have never been more important. But with limited resources, what can managers and executives do?

Workforce shortfalls come about when an increase in demand for healthcare meets an increasing reluctance of people to provide it. The latest figures from NHS Digital show that:

9.7% of NHS posts were vacant in the first quarter of 2022 up from 7.9% the previous quarter

11.8% Rates are higher among nursing and midwifery posts (11.8%) than medical posts (7.3%)

Employees feel overworked and undervalued. High vacancies put existing staff at even higher risk of burnout, mental and physical ill health. This cycle cannot continue and requires a cultural shift.

- Workforce well-being must become core to an organization's goals, purposes and values. Too often, it's regarded as a burden to be outsourced to the human resources department.
- Creating a healthy workplace environment comes first, so employees aren't exposed to risks to mental or physical health. This requires knowledge and data to identify and address risks. In some hospitals, it means going back to basics – making sure people have food, water and a place to rest – and looking at workload, hours, pay and conditions.
- Hospitals can foster a culture of well-being but this must come from the top and extend throughout the organization. Paying lip service to well-being, when people are working under unhealthy conditions, leads to cynicism and burnout.

- Workplace flexibility came up repeatedly in our research. Employees want workforces that accommodate their health, their caring responsibilities and their lives. If increased salaries are impossible, flexible working is a benefit that employees value.

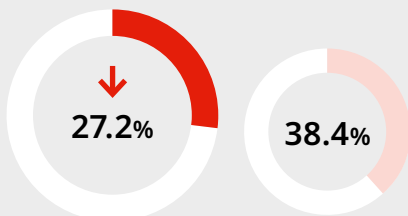
Healthcare employee needs extend beyond standard well-being programmes into remediation.

Support is available for hospitals willing to invest in workforce well-being. Standards, guidelines, tools and checklists for workplace well-being abound, and we include a list of resources that may be helpful in our upcoming paper.

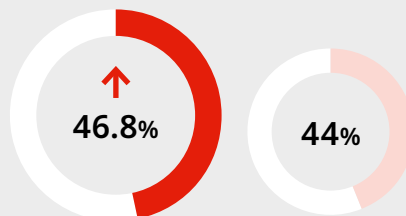
A healthy workforce is essential for a productive and smooth-running hospital. Well-being may require investment – but failing to invest has far higher costs.

To find out more and cover this topic in depth, we will be publishing a paper on: Prioritizing people: How can hospitals protect the well-being of their workforce after COVID-19?

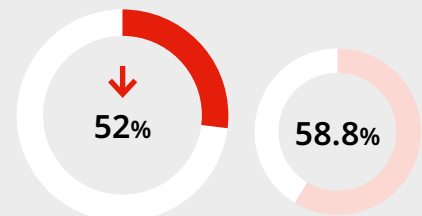
The 2021 NHS Staff Survey paints a bleak picture of the impact of COVID-19 on the UK healthcare workforce:



27.2% said there were enough staff at their organisation for them to do their job properly, down from 38.4% in 2020



46.8% said they had felt unwell because of work-related stress in the past 12 months, up from 44% in 2020



52% of staff said they looked forward to going to work, down from 58.8% in 2020

To be kept updated on when our upcoming paper is launched, click here:

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