

NIHR ARC Wessex



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“Staff health and well-being is more than just the absence of disease. Rather, it puts an emphasis on achieving physical, mental and social contentment”

Organisations that prioritise staff health and well-being perform better:

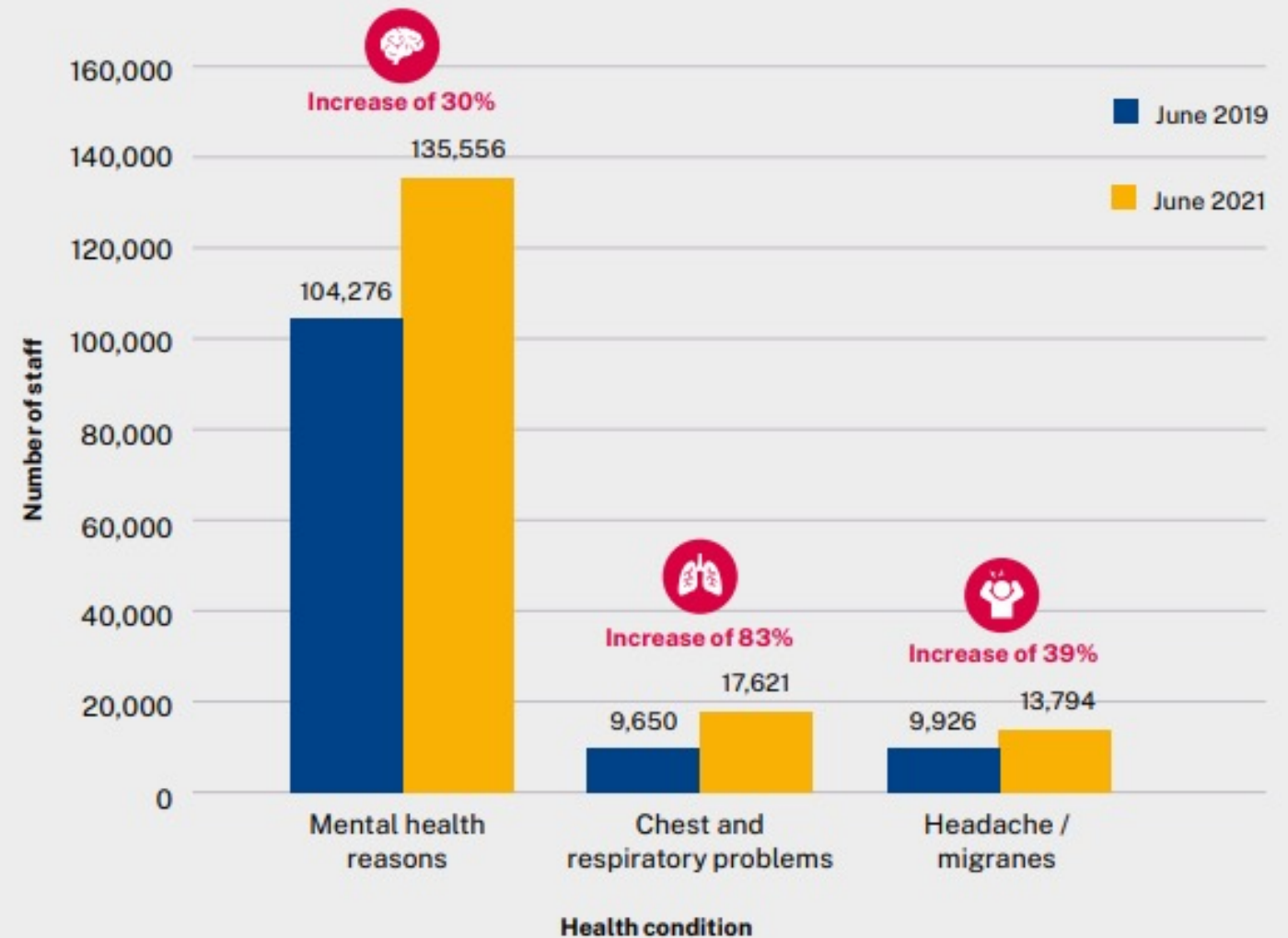
- improved patient satisfaction
- stronger quality scores
- better outcomes
- higher levels of staff retention
- lower rates of sickness absence

*“Reducing stress and improving attendance carries the prize of reducing the **pressure** that highly committed teams experience in maintaining high standards of care.”*

Workforce Wellbeing...?

- Sickness absence estimated cost £2.4bn
- Mental health reasons the most common reason for staff sickness.

Number of FTE days lost due to type of sickness for nurses and health visitors in the NHS in England ^v



Burnout in the NHS

- *“Workforce burnout was described by many as the **highest in the history of the NHS and care systems**”*
- *“92% of trusts told NHS Providers they had concerns about staff wellbeing, stress and burnout following the pandemic”*
- *NHS nurses had one of highest levels of burnout in Europe (RN4Cast, 2010)*



House of Commons
Health and Social Care
Committee

Workforce burnout and resilience in the NHS and social care

Second Report of Session 2021–22

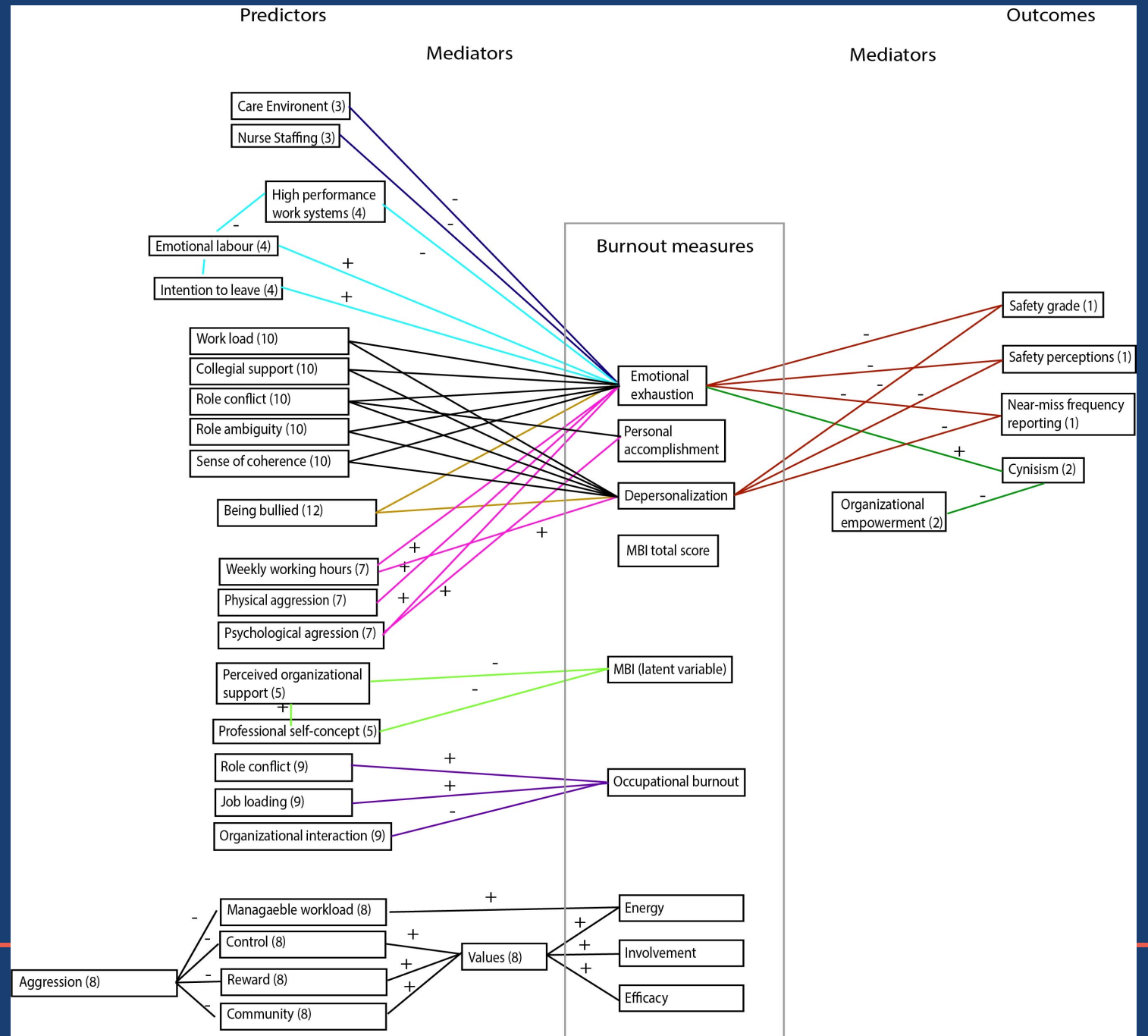
*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 18 May 2021*

What causes burnout in nursing?

Dall’Ora, C., Ball, J., Reinius, M. and Griffiths, P., 2020. “Burnout in Nursing: A Theoretical Review.” Human Resources for Health.

91 studies





Preventing burnout - interventions

Systematic review - 25 studies:

- *interventions focusing on employees as individuals (17 studies)*
 - *organisation-wide interventions (2 studies)*
 - *included both (6 studies)*
-
- Individual interventions >> short term relief from burnout (<6 months)
 - Organisational /combination intervention >> longer term (12 mths+).

| | | | |
|---|---|--------------------------------------|--|
| Good role models motivated & receptive colleagues | Adequate staff & good skill mix. | Ideas welcomed & change encouraged | Support for staff mentorship & preceptorship |
| Philosophy of care supports compassionate care | Staff performance is well-managed | Staff feel heard; their voice counts | Staff feel valued & receive feedback |
| Excellent team leadership | Support to co-workers: 'family at work' | Low demand and high control | Opportunity to 'process' work challenges with colleagues |

Maben J. (2014) Care, compassion and ideals: Patient and health care providers' experiences. Chapter in Sue Shea, Robin Wynyard, Christos Lionis (eds): 'Providing Compassionate Health Care: Challenges in Policy and Practice'. Routledge.

Proposed intervention: Magnet[®] hospital intervention



Transformational
Leadership



Structural
Empowerment



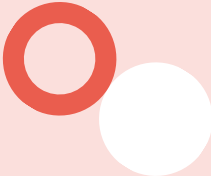
Exemplary
Professional
Practice



New
Knowledge



Empirical
Quality Results



Conclusion

