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Prioritizing people:

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

A BSI whitepaper

Contents

Executive summary

The hospital workforce is in a bad way. Front-line workers are burnt out, demoralised and increasingly angry. Hospitals face high levels of staff vacancies and sickness absence, while unions have threatened industrial action.

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 well-being must become core to an organization's goals, purposes and values. Too often, it is regarded as a burden, the responsibility of the human resources department. Creating a healthy workplace environment comes first, so employees are not exposed to risks to mental or physical health.

Beyond this, hospitals can foster a culture of well-being, which must come from the top and extend throughout the organization.

But many healthcare employees are already suffering the after-effects of sickness, moral distress and exhaustion. Their needs extend beyond standard well-being programmes into remediation.

All this requires investment in research, training, and providing support for those in need. Yet investment in workforce well-being pays off, with savings from reduced absenteeism, turnover and healthcare claims for chronic disease.

Support is available for hospitals willing to invest in workforce well-being. Standards, guidelines, tools and checklists for workplace well-being abound.

> 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.

Introduction

Hospital staff were on the front line during the COVID-19 pandemic, witnessing high levels of sickness and death from a new and unpredictable disease. They worked long hours, often in unfamiliar areas outside of their normal teams.

Staff had to adapt fast to new ways of working. They were exposed to infection or fear of infection for themselves and their families, often without sufficient personal protective equipment. Many have been sick with COVID-19 at least once, and some have seen colleagues and friends die from the disease.

The pressure continues on healthcare services from COVID-19 and now these same frontline workers face backlogs of patients who went untreated during the pandemic's early days, in a system that has little slack. Hospitals are expected to resume services as normal – even though we are far from any level of normality.

Healthcare professionals are quitting, or succumbing to long-term conditions caused by Long COVID, stress and anxiety.

In a powerful intervention in May 2022, US Surgeon General Dr Vivek Murthy wrote that when he met healthcare staff, 'many tell me they feel exhausted, helpless, and heartbroken.' He continued:

> 'We owe health workers far more than our gratitude. We owe them an urgent debt of action.'

What can employers do to support staff, to manage the fall-out from the pandemic and promote a culture of well-being? This paper examines experiences around the world, sets out the challenges and considers some ways forward.

What is well-being in the workforce?

Workplace well-being can have many meanings, from absence of harm to encouragement of healthy habits, to 'the fulfilment of the physical, mental and cognitive needs of a worker related to their work.'

In addition, new mental health at work guidelines from World Health Organization (WHO) and the International Labour Organization (ILO), published in September 2022, state that employers have a responsibility to provide 'work that simultaneously prevents workers from experiencing excessive stress and mental health risks; protects and promotes workers' mental health and well-being; and supports people to fully and effectively participate in the workforce, free from stigma, discrimination or abuse.'

These responsibilities go beyond basic health and safety measures, such as avoidance of injury or work-related illness. Well-being at work implies a psychological contract between employers and staff. Staff expect to work in a safe environment, to be supported in their work and career progression, to be paid fairly and respected. When this contract is not upheld, or trust in it is damaged, well-being can be damaged and staff are at risk of burnout.

> The hospital sector faces a workforce crunch, with high levels of unfilled vacancies. Research from the US links burnout to higher staff turnover. Losing experienced staff to burnout is not something that hospitals can afford.

Improved well-being at work does not just lead to reduced absence, sick pay and turnover. Healthy, engaged employees are an asset to their employers. The reverse can also be true. Sick, burnt-out doctors and nurses are more likely to provide poor quality care and make costly clinical errors.

Even before Covid, many healthcare professionals felt the psychological contract between employer and employee was under strain. Annie Butler, federal secretary of the Australian Nursing and Midwifery Federation (ANMF), says: 'Covid has taken an X-ray of the health system and exposed all the fractures.'

The COVID-19 pandemic thrust well-being into the spotlight. It placed enormous demands on healthcare facilities and prompted a widespread shift to home, while front-line workers required protective equipment to work safely. Stress levels and anxiety soared.

The risk of burnout or associated conditions such as moral distress or injury had never been higher. Unsurprisingly, concern for employee well-being rose at boardroom level.

The danger is that well-being now slips back down the agenda again – just at a point where employees have raised their expectations. In Australia, the US and the UK, nurses are taking industrial action in unusual numbers. In October, the UK's Royal College of Nursing balloted members on strike action for the first time in its history.

The UK's Chartered Institute of Personnel and Development (CIPD) 2021 survey reports a slight decline in members who believe well-being is on senior managers' agendas, compared to 2020. Employers who let well-being slip now could find it harder than ever to recruit and retain staff and may see increased numbers of staff taking long-term sick leave.

> 'As understandable as it is to focus on patient safety, all employees in hospitals – cleaners, nurses, doctors, administrative, everyone – needs an environment where they can flourish. If they're not looked after, how can they look after the patients? For me it's telling that in 2020 the WHO and ILO felt the need to publish guidance to the sector on how to look after their employees' health and safety; hospitals have robust patient safety management systems, but not health and safety management systems for their own workers. The impact of COVID over the last 3 years has added to the toll of an already overstretched system. Burnout and occupational stress are at an all-time high and staff are leaving as a result. Hospitals need to focus on prioritizing their people's physical and mental health – without it, not only will workers health suffer, but so will patients.'
>
> Kate Field, Global Head of Health, Safety and Well-being at BSI.

What are the challenges to well-being in the hospital workforce?

The US National Academies of Medicine (NAM) produced a report in 2019 which set out factors associated with burnout among health workers. These included pressure originating in:

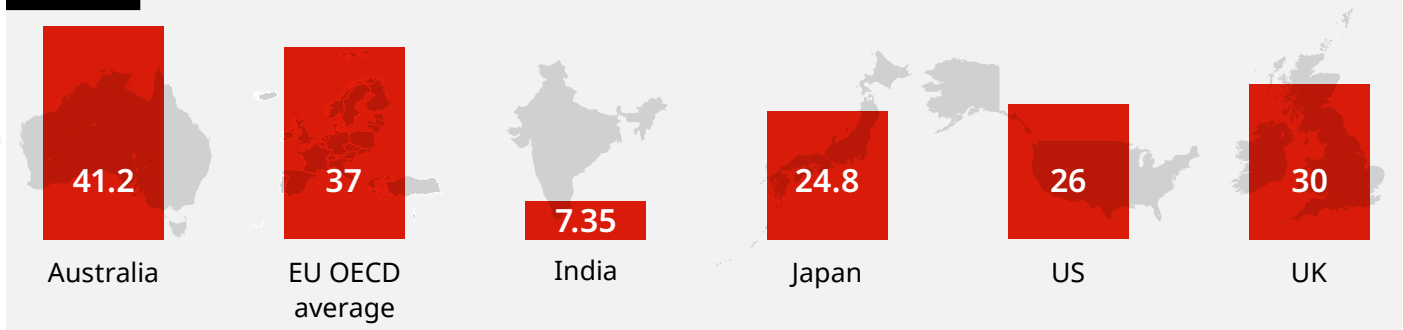
- society and culture (for example, structural racism and health inequalities; mental health stigma)
- health care systems (burdensome administrative paperwork, statutory regulations) and individual organisations (excessive workload, lack of leadership support)
- the immediate workplace (limited flexibility, limited time with patients, harassment, violence and discrimination).

While workplaces can only deal with some of these pressures directly, this shows that workforce well-being is a structural issue that needs a systems approach to address its multi-faceted causes.

Workforce challenges

Numbers of healthcare workers per head of population differ between our countries of focus (see box 1). However, many healthcare systems were understaffed before the pandemic. Ageing populations with multiple chronic conditions inexorably raise demand, even in healthcare systems that are well-resourced.

Box 1: WHO numbers of doctors per 10,000 head of population



Low unemployment in most OECD countries at present makes it hard to fill vacancies. Remuneration varies considerably in the hospital sector, from low waged insecure workers such as porters, cleaners and healthcare assistants, to highly paid and securely tenured clinical consultants and managers. But rising inflation is putting pressure on salaries across the board.

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%)

The US Federal Bureau of Labor Statistics estimated in August 2022 that employment in healthcare was below its February 2020 level by 37,000, or 0.2%.

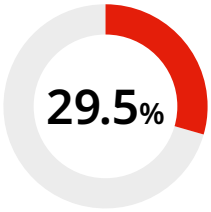
Dr Murthy's advisory notice warns: 'Already, Americans are feeling the impact of staffing shortages across the health system... As the burnout and mental health crisis among health workers worsens, this will affect the public's ability to get routine preventive care, emergency care, and medical procedures.'

What are the challenges to well-being in the hospital workforce?

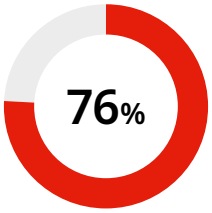
Burnout, moral distress and Long Covid

The International Classification of Diseases defines burnout as: 'a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) **feelings of energy depletion or exhaustion;** 2) **increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and** 3) **reduced professional efficacy.**'

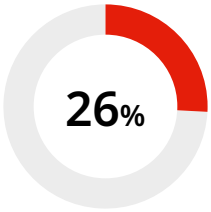
While burnout is not classified as a medical condition, it can quickly lead to mental health conditions such as anxiety disorder and depression.



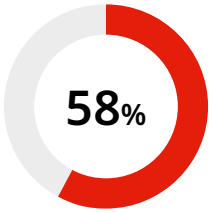
Australia: **29.5% of 320 front line healthcare workers** at a general hospital in Australia had symptoms of burn out in April/ May 2020



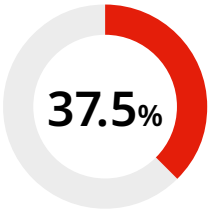
India: **76% of 348 healthcare workers** at a COVID-19 designated hospital in India reported burnout in September 2020



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



UK: **58% of 1194 front-line health and social care workers** in the UK showed symptoms of clinically significant anxiety, depression or PTSD during May to July 2020 and 34% of NHS staff said they felt burnt-out (NHS 2021 Survey).



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

Hospitals are still dealing with high numbers of COVID-19 cases, as well as attempting to 'catch up' on the backlog of care that built up during 2020 – 2021. In the UK, the backlog of people waiting for elective surgery has risen to the highest ever at 6.7 million in June 2022, while problems with the social care sector mean patients cannot be discharged from hospitals, putting more pressure on emergency care. Internationally, rising inflation linked to high energy prices raises costs for healthcare providers. With looming recession and high indebtedness because of pandemic spending, state support for healthcare services – which rose during the pandemic – is likely to fall back.

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

What are the challenges to well-being in the hospital workforce?

In the US, chief well-being officer at Ohio State University College of Nursing and professor of paediatrics and psychiatry at Ohio State University College of Medicine, Bernadette Melnyk, says burnout 'continues to escalate and what we cannot do is say "it's great, we're coming out of the pandemic, this is going to really improve". It's not going to magically improve,' she says. 'When clinicians are burnt out, depressed, in poor health, they make more medical errors. Burnout is really impacting the quality and safety of our healthcare.'

Dr David Oliver, a UK consultant in geriatrics and acute general medicine with 30 years' experience, had to stand down as president elect of the Royal College of Physicians (RCP), after two years of caring for people with Covid – and eventually catching it himself – took its toll. He wrote in a BMJ column: 'If this has happened to me – a veteran, stress tempered NHS doctor, 33 years in the job, with no long term conditions and previously fairly robust – then few of us are likely to be exempt from the strains of the past couple of years.'

He recalls how: 'People were going to work scared for their own health, sometimes losing colleagues who were getting sick or dying. Behind that it's distress from dealing for months on end with a very abnormal work environment, having to wear protective equipment, lots of difficult conversations with people over the phone that you would usually have face to face, watching a lot of people dying, at a time when we didn't have a lot of treatment to offer.' He warns there is now a 'second wave of burnout caused by this huge care backlog'.

Shiho Kodera, an anaesthetist from a hospital in Tokyo who researched physician burn-out during the pandemic, says half of her colleagues left the hospital when it was designated a COVID-19 priority hospital. 'As a doctor, I think it is my mission to help COVID-19 patients, but I feel stressed that I cannot make the most of my career.'

> Dr Kodera says the hospital has since reverted to providing regular care. 'As a physician, I think this is a good trend because it allows us to maintain motivation and satisfaction. However, for nurses and other health care workers, there is concern that their workload has increased, causing new stress,' she admits.

What are the challenges to well-being in the hospital workforce?

Variations of experience and outcomes

Not all hospital staff reacted in the same way. The overall figures mask variation. Some studies found that women and younger staff were more at risk of burnout, while older physicians were less likely to report symptoms of burnout than other staff. A study from one hospital in the UK linked the following variables to the likelihood of burnout, after adjusting for demographic characteristics:

- differing roles
- differences in ability to rest and recover between shifts
- having concerns about personal protective equipment
- lack of control over redeployment and working patterns
- changes in workload

Atul Kulkarni, Editor-in-Chief of the Indian Journal of Critical Care Medicine and President of the Asia Pacific Association of Critical Care Medicine, researched burnout among healthcare workers during the worst of India's pandemic, finding that almost three-quarters had burnout and more than half were suffering from feelings of stigma. However, he says morale now is 'excellent'.

'The incidence (of burnout) during COVID-19 was really high, mostly among junior staff, and those with less experience. It is not a big problem otherwise,' Dr Kulkarni asserts. 'The staff, unless they are in a bad setup, are generally happy. Most people will have teams which feel like families.'

Dr Oliver agrees that younger staff were most stressed and prone to burn-out.

> 'Junior doctors didn't have the experiences or resources and context (of doctors who had been working for decades in the NHS),' he says. 'Junior doctors are very upset at the moment.' He spoke of an 'intergenerational shift' which meant that younger staff 'wanted different things' from life.

What initiatives can support well-being in the hospital sector?

In October 2022, the US National Academy of Medicine outlined a National Plan for Health Workforce Well-being. It lists seven priorities for action, to be taken up by multiple actors, including academic institutions, clinical training bodies, health systems, health workers, health information technology companies and more.

Priorities, goals and values

The priority goals are:

- Create and sustain positive work and learning environments and culture
- Invest in measurement, assessment, strategies and research
- Support mental health and reduce stigma
- Address compliance, regulatory and policy burdens for daily work
- Engage effective technology tools
- Institutionalise well-being as a long-term value
- Recruit and retain a diverse and inclusive health workforce

Workplace well-being programmes are not a new thing, although programmes need to be embedded in a culture that prioritises worker health. Too often, initiatives are short term or put yet more stress on employees. For example, employers may offer resilience training, thus putting the onus on employees to become personally resilient to stress.

The WHO mental health at work guidelines put it plainly: 'a focus on individual stress management is unlikely to be effective on its own; critically, it can wrongly make people feel it is their own fault for experiencing understandable stress in response to difficult work circumstances.' Prevention, through routine management of workload and stress, has to come first.

Well-being starts with meeting people's basic needs – for example, that they have access to drinking water and places to rest and eat. While that seems obvious, Dr Oliver says many junior doctors lack the basics while on night shifts, such as 'decent access to food and drink on call, adequate access to a doctors' mess to have rest in.'

Workplace surveys can find out whether people feel under unreasonable pressure, or forced into working long hours. Yet, once the data is in, managers must take action.

Professor Melnyk oversees a comprehensive well-being programme throughout Ohio State nursing and medical schools. She says: 'You've got to approach this from the leadership, to medical managers, to the grass roots of the organisation, to policy, and do it all the way within a culture that supports people's well-being.'

She warns: 'What I want to emphasise is that if there are deep-seated issues that we know lead to burnout, all the wonderful wellness programmes in the world are not going to help.'

Her team at Ohio State starts with data. Each employee has an annual health screen. The directors of healthcare units receive the anonymised results of those screens, and Melnyk's team works with them on a plan to tackle any areas of concern, using evidence-based responses.

'I can tell them they're doing a really good job of managing blood pressure or eating healthy, but have got real issues with depression or stress.

> Then the wellness team can strategize with them (in order to come up with a plan to tackle that). It's amazing how giving that data to the leaders in that organisation, what a difference it makes.'

The team has 700 well-being champions who volunteer to 'create a culture of wellness deep in their units'. Volunteers receive training and a structure to work within. 'We give them the tools they need to really get wellness into the DNA of that unit. That's a very cost effective strategy.'

What initiatives can support well-being in the hospital sector?

What's needed?

- A strategic vision of an organisation which prioritizes people
- A commitment to culture change from the top of the organisation
- Data to reveal areas of concern that need tackling
- Support from every level of the organisation
- Evidence-based tools and techniques to equip managers and volunteers
- A commitment to reduce unnecessary work and unhealthy practices

These approaches chime with the WHO's recommendations. The mental health at work guidelines recommend a three-pronged strategy:

- **prevent** exposure to psychosocial risks (such as high job demands, low job control and unclear roles) through organizational risk management
- **protect** and **promote** mental health and well-being at work through manager training and individual interventions
- **support** people with mental health conditions to participate in and thrive at work through making reasonable accommodations and return-to-work programmes

The high levels of burnout and moral distress around the world suggest a need for interventions that go beyond standard well-being programmes. It is too late for prevention; remediation is required.

David Oliver praised the work of the Point of Care Foundation, which runs a US innovation, Schwartz Rounds, to help staff process and come to terms with the emotional response to their work.

Schwartz Rounds involve facilitators working with people from the organisation to help them tell stories – which could be on a theme, or around a difficult recent situation – and express how they reacted emotionally. Others in the room share their experiences, to validate and recognise people's emotional responses.

David Jones, head of the staff experience programme at the Foundation, said they had seen jump in interest since COVID-19. Services, previously face to face, ran online during the pandemic.

He said people especially valued meetings where all levels of staff were involved and listened to, from chief executives to maintenance staff. He said that built trust and got away from 'them and us' barriers. However, he acknowledged, the services could not deal with the underlying structural issues that caused overwork and emotional burnout.

'This thing we do does not solve the problems, it does nothing to address the systemic issues that are acting on people. When people share their experience of that overwhelm and that sense of challenge and difficulty, not being able to do a good enough job, there's something about releasing that pressure there that feels necessary, if not sufficient.'

Mr Jones said he had heard a lot of anger in recent months from healthcare professionals. 'It feels like that comes up in almost everything we do. People say, "The government, the system, has betrayed us. We gave everything we have and all that's coming is more asks and the asks are becoming more manipulative" and I have a lot of conversations that go "and I'm done now".'

Professor Melnyk agrees that listening has to be a top priority for employers now.

> 'Our clinicians need to be recognised and appreciated and need to be listened to. It's a grief process now for so many people. Especially those on the front line – there's a lot of trauma that needs to be overcome right now.'

What initiatives can support well-being in the hospital sector?

One NHS Trust which consistently scores highly in employee satisfaction is Northumbria NHS Trust. The trust developed a package of initiatives during COVID-19, some practical, some to ensure good communication, and others intended to help combat loneliness and psychological trauma of the pandemic.

Initiatives included:

- Providing fruit and veg 'grab bags' and opening mini-marts in the early pandemic, so that staff did not have to deal with long queues or empty shelves at supermarkets
- Quiet and relaxing well-being spaces for tired staff to take a break – and now outdoor spaces and walking routes
- Weekly newsletter and video from the trust's chief executive explaining what was happening, and a weekly survey to capture staff concerns
- Well-being phone calls to staff working at home, psychological first aid resources and physiotherapy services for staff
- A psychology and counselling team offering support to all staff and providing safe spaces for peer discussion and reflection
- Financial support for those in difficulty, through a partnership with a local community bank

Cultural shift

There is a strong sense that people expect more of employers since covid, and that employers have to step up to create a culture that shows they value employee well-being.

Ms Suff says that – after the traumatic experience of the pandemic – people 'want to be looked after.'

'People want work life balance, they want to be looked after in an organisation. That's coming up more in the hiring process. Organisations really have to think about their employee value proposition and how they attract and retain talent,' she warns.

Ms Butler agrees that employers 'are going to have to make more of an effort'.

'People want job security and flexibility that meets the employees' needs, not just the employer's needs,' she says.

Do employers understand this shift? Mr Jones believes so. 'There is a general sense of understanding of the seriousness of things. Leaders are seeing that they need (help).'

Professor Melnyk says that the top leadership of an institution needs to appreciate the hard numbers behind investment in well-being.

'A lot of C Suite (boardroom) people still think it's warm and fuzzy. They think appointing a chief wellness officer is enough, but don't give that person any resources to make things better. You've got to make the business case.

> 'Our return on investment for recent years has been for every dollar we invest in wellness, get on average 2 to 3 dollars return. We save my institution millions of dollars every year because of healthcare claims for chronic diseases, absenteeism, presenteeism – those sorts of outcomes.'

Dr Kulkarni says his hospital got it right during the pandemic. 'Most of the measures, i.e. extra time off, camaraderie development, feeling of security, was generated by those at the top of the admin tree, not because the times demanded, but because they genuinely cared and still do. This seems to have worked well in our hospital.'

What initiatives can support well-being in the hospital sector?

Flexible working

Several people identified flexibility as a key demand from healthcare workers at all levels. Flexible working means more than the right to ask to work part-time. The pandemic showed that many people could work from home without a drop in productivity. That demonstrated they could be trusted to work away from their line managers, with no-one clocking them in or out.

This increase in trust could open the door to other types of flexible working – for example, term-time working for parents who need to care for children during school holidays, or the ability to choose night shifts to coordinate with caring responsibilities. But it could also mean job shares, or turning the standard Monday to Friday week into a framework within which people manage their contracted hours.

This asks a lot of employers, particularly in hospitals where a safe level of on-ward staffing has to be maintained. But in an environment where pay may be constrained, flexibility of working may be a way to offer workers benefits they value.

Employee Assistance Schemes are also a key part of the solution. However, these need to offer meaningful help rather than a tick-box exercise. Ms Butler praises the Victoria Nurses and Midwives health programme, which is about to be rolled out nationwide in Australia, a scheme run by nurses and midwives for nurses and midwives.

> ‘It will be a proper case management approach. It’s been running 10 years in Victoria and very successful, assisting people through difficult times and keeping them in the profession,’ she says. ‘This goes beyond your usual phone support programme.’

What needs to happen now?

Research and data

Researchers launched a plethora of research projects to monitor or assess stress, burnout, mental health and well-being of healthcare staff during COVID-19.

However, many were short-term, cross-sectional snapshots. Some focused on just one profession. To understand the health of the whole hospital, we need research that looks holistically at all workers – including those who work for contractors or are employed on insecure contracts.

We also need longitudinal data to monitor the impact of well-being initiatives. It is important that the momentum of these research projects is not lost once the immediate crisis of the pandemic recedes. Longitudinal research is vital to monitor the impact of ongoing mental health problems, care backlog pressures, continued and worsening recruitment and retention. In addition, the looming epidemic of Long Covid will continue to be a challenge to employers for months if not years to come.

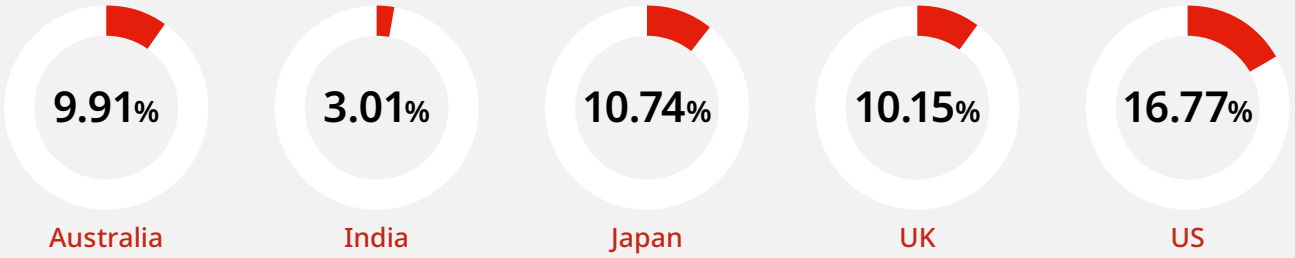
Training and policies

Employers and managers need high quality training and fair but flexible policies to manage sensitive issues such as long-term sickness from Long Covid or burnout. Hospitals often employ managers for their technical expertise, rather than their management skills – and many receive insufficient training and support to do the job. It's important too to recognise that managers have worked hard to look after staff and try to plug the gaps in overstretched rotas. They need time to decompress, rest and recover.

Funding

Tackling deep-seated issues such as understaffing or insufficient social care provision requires long-term investment at scale. Funding increases are promised in some countries, but in others the sharp increases in the costs of government borrowing may curtail the ability to spend.

Proportion of GDP spent on healthcare 2019



What needs to happen now?

Genuine recognition

Hospitals need to demonstrate that their staff matter, and shift the culture to increase trust and prioritise well-being.

Staff at one NHS trust shared on social media photographs of the 'thank you' gesture presented by their employer – a single tea bag in an envelope. The scale of their sacrifice, contrasted with the meagre size of the gift, sparked outrage. Although the trust concerned said it was part of a package which also included a day's leave, it left the impression that the trust did not value its staff.

Ms Butler says employers needed to get the basics right first. "A clap and all that stuff – it doesn't put dinner on the table. It's not real value. Our members are seeking genuine recognition and to be genuinely valued."

Focus on what matters

Workforces are slow to grow, even if training and recruiting new healthcare workers starts now. So it is imperative that hospitals make the most of the staff they have.

In the US, a common gripe is the burdensome administrative work involved with the recently introduced electronic patient record, combined with billing and authorisation requirements from insurers and healthcare providers. The NAM plan calls for urgent action in healthcare systems to cut bureaucracy, so healthcare staff can get back to treating patients. Burdens in the UK include revalidation and target-meeting.

Hospitals need to meet safety standards and to collect data. But they also need to set priorities to ensure that clinicians can spend their time on patient care, and to reduce administrative burden to the minimum.

Professor Melnyk says: 'We have to get rid of the stupid stuff.' Evidence-based medicine shows not just what works, but what doesn't work. It's time to apply that evidence to policy and working practices, too.

Outside perspective

An external perspective can help organisations see what is needed. Perhaps someone who didn't work for the trust might have spotted the potential PR disaster of the 'thank you tea bag'. It can take an outside eye to spot problems with corporate culture that lead to an unhealthy working environment, whether that's senior managers working excessively long hours and not taking holidays, or a failure to listen to feedback from junior staff.

External consultants can help organisations to benchmark their performance, and may offer tools and services which help reset culture. Schwartz Rounds, for example, can humanize senior clinicians and managers for junior staff, and ensure the seniors take time to listen to the emotional impact of work on their more junior colleagues.

> Resources such as the BSI's Prioritizing People Model, which sets out a best-practice framework on workplace well-being, allow organisations to embed long-term change, rather than delivering a set of tick-box initiatives.

What needs to happen now?

The international standard ISO 45003 allows organizations to implement global good practice on managing psychological health and safety within their organization, wherever they are in the world. It provides a benchmark for organisations who want to show they are serious about delivering workplace well-being.

Tool Box

- BSI Prioritizing People resources
- National Academy of Medicine National Plan for Health Workforce Well-being
- The Covid Response Trauma Working Group publishes clinical guidance for supporting hospital staff during COVID-19
- The Kings Fund has a free, three-week online course for leading well for staff health and well-being in the NHS
- World Health Organization guidelines on mental health at work

While some aspects of worker well-being are based on wider systemic issues, there is plenty that individual healthcare employers can do to support their staff. As Mr Jones says about the Schwartz Round initiative: 'Often it feels like that's the best we can do in the face of such systemic pressure.'

Conclusion

The COVID-19 pandemic 'took an x-ray' of the stresses and strains within the hospital workforce, revealing fractures that were already causing problems but had long gone un-addressed.

Hospitals face long-standing staff shortages at all levels. If the sector is to survive, it needs to take good care of its staff and show them they matter.

The crisis in burnout and Long Covid will not be solved by short-term initiatives that rely on staff to 'learn resilience' or one-off 'thank you' gestures from employers. It requires a wholesale cultural shift – one of the hardest things to bring about, especially in organisations with hard-wired hierarchies and long-established cultures.

> The change needs to be embraced at all levels. It must be led by senior management. But it needs to include everyone, so that the most junior member of staff really believes that their well-being is important, not just to them but to their organisation.

Employers need to understand the challenges facing their employees. They need to listen and understand their worries and concerns, as well as embracing their ambitions and ideas.

A century ago, hundreds of thousands of soldiers made their way home from the trenches of the First World War. Many were shell-shocked, or had life-changing injuries. Often, they did not get the support or care they needed to prosper in post-war civilian life, despite vows from their nations to remember them and their sacrifice.

Given the scale of suffering and death that front-line hospital staff witnessed during the early days of the pandemic, it is not unreasonable to draw parallels between their trauma and the experiences of those soldiers. If we expect our healthcare professionals to thrive and rise to the challenges of the post-pandemic world, we will need to do better to ensure they are cared for, protected and prioritized.

Why BSI?

"'BSI's Prioritizing People Model comes with the confidence of partnering with a trusted, international thought leader with more than 100 years' experience in pioneering new approaches for a resilient future.

Innovation is in our DNA. BSI helped initiate the world's most widely used management systems standards, including ISO 9001 (quality management), ISO 14001 (environmental management) and ISO 27001 (information security).

BSI has been at the forefront of developing best practice for health, safety and well-being since the creation of OHSAS 18001, the world-renowned health and safety management system, which was developed by BSI in 1999. More recently, BSI proposed the development of ISO 45001 and has run the international secretariat supporting the project committee that developed the standard.

Working with over 86,000 clients across 193 countries, BSI is a truly international business with skills and experience across a number of sectors including automotive, aerospace, built environment, food, and healthcare. Through its expertise in Standards Development and Knowledge Solutions, Assurance and Consultancy Services, BSI improves business performance to help clients grow sustainably, manage risk and ultimately be more resilient.

Read more about our services and products on our website: bsigroup.com/healthcare

As an accredited certification body, BSI Assurance cannot offer certification to clients where they have also received consultancy from another part of the BSI Group for the same management system. Likewise, we do not offer consultancy to clients when they also seek certification to the same management system.

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