Workforce Wellbeing Survey 2014 - 2016

Project Team

Amra Rao, Jeremy Clarke, Gita Bhutani, Neelam Dosanjh, Esther Cohen-Tovée, Jamie Hacker Hughes and Adrian Neal

A joint Initiative – British Psychological Society, Division of Clinical Psychology & New Savoy Conference

1

What is the Workforce Wellbeing Survey?

- 2009 Staff Wellbeing Tool based on European Social Survey Questionnaire (NEF 2009)

- Survey promoted through professional networks

- Survey focused on feelings about work as well as collecting demographic information

- Participants increased from 852 (in 2014) to 1106 (in 2015) to 1227 (in 2016)

The 2016 Workforce Wellbeing Survey

- 18 questions on wellbeing
  - Including questions around self-reported depression, failure feelings, stress and pressure to work long hours and meet targets.
  - Comparable to 2014 and 2015

- Demographic and professional information
  - Age, gender, sexual orientation, long-term condition
  - Professional role, work setting, specialty, banding, region

- Online survey
  - Snowball sampling
  - November 2016 to February 2017

Results 1: Demographic

- 1227 respondents
  - 80.4% female
  - Most common age range was 45- 54 years (29.7)
  - Most frequently selected ethnic background was White (87.9%)
  - Most participants identified as heterosexual (90.6%)
  - 22% of participants did not wish to disclose their religion.
    - Of those responding, 50% identified as atheist and 41% as Christian
  - 'Do you have a long-standing illness, health problem or disability?'
    - 19.5% responded Yes

Results 2 *Comparisons across the years* Demographics

- No significant differences found in:
  - Gender
  - Sexual Orientation

- Significant differences found in
  - Disability
  - Ethnic Background

- Domains not compared
  - Age
  - Religious Affiliation

Results 3: Professional and work characteristics

- Clinical psychologists formed the largest proportion of respondents (38%)

- 193 respondents (16%) also identified themselves as managers

- Adult primary care mental health/IAPT comprised 50% of the respondents

- Less than 50% of the respondents said they had a secondary specialty.

- 94% of the respondents responded Agenda for Change as their main salary scale
  - The most common Agenda for Change band (AfC) was Band 7 (26.4%)

Results 4: Professional and work characteristics

- The primary employer for most was the NHS (87%)

- Most respondents (45%) worked close to full-time hours (30 to 37.5 hours per week)

- Just under 10% reported paid overtime or bank work

- 25% of the respondents said they did not undertake unpaid overtime or additional unpaid hours

- 55.5% reported working up to an additional 5 hours
  - 16% working 6 to11 hours and 3% working over 11 hours unpaid extra per week

- Most commonly reported area was London (19%) followed by the North West of England (15%) and South East of England (10%)

Results 5: **Professional and work characteristics**

- Significant differences
  - Professional role
  - Work setting
  - Banding
  - Employer

- No significant differences
  - Hours worked
  - Paid overtime
  - Unpaid overtime
    - But unpaid overtime reported by 75% participants compared to 10% reporting paid overtime

Results 6: **Your Wellbeing at Work – How you feel at work**

- 48% indicated that they had felt depressed Some of the time or more frequently over the past week.

- 46% had felt like a failure over the past week Some of the time, Often or all the time.

- 64% had said there was someone at work with whom they could discuss intimate and personal matters. This question is altered from previous years as it specified work rather than not specifying the setting at all.

- 93% found their job interesting Some of the time, Often or All the time.
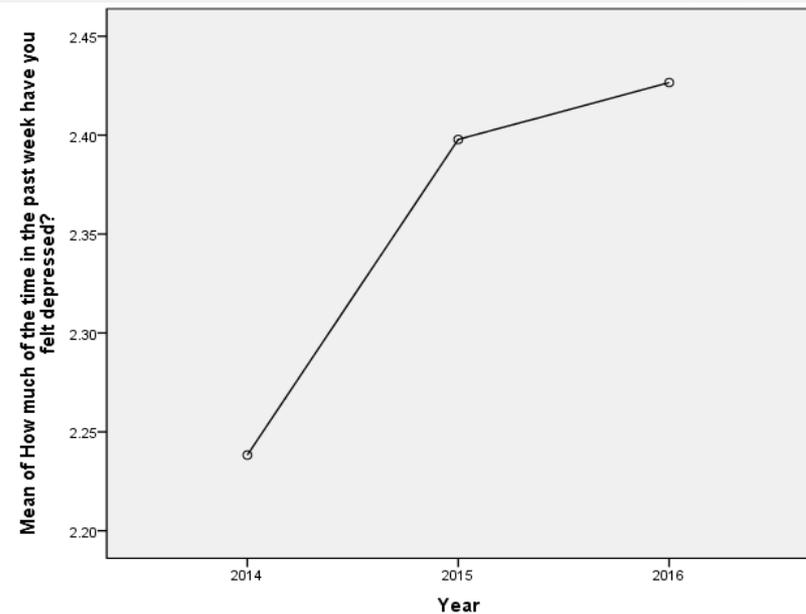
- 92% found their job stressful Some of the time, Often or All the time.

How much of the time in the past week at work have you felt depressed?

- Levels of reported depression have remained the same between 2015 and 2016.

- In 2014, 40% reported feeling depressed Some of the time, Often, All the time

- In 2015, this was 46%

- In 2016, this was 48%

How much of the time in the past week at work have you felt as if you are a failure?

- Higher levels of feelings of failure were found in 2015

- In 2014, 42% had felt like a failure Some of the time, Often or all the time

- In 2015, this was 50%

- In 2016, this was 46%

- …despite significant differences, levels are high and of concern
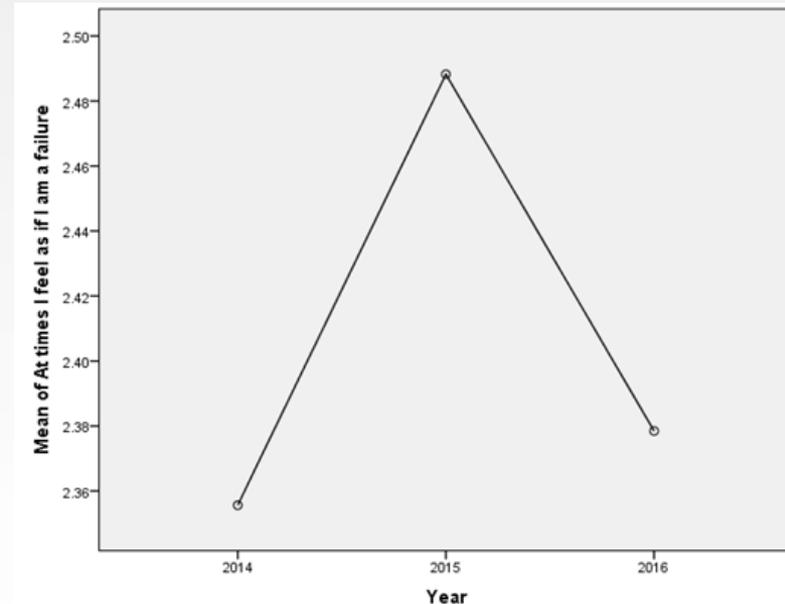
How much of the time in the past week did you find your job stressful?
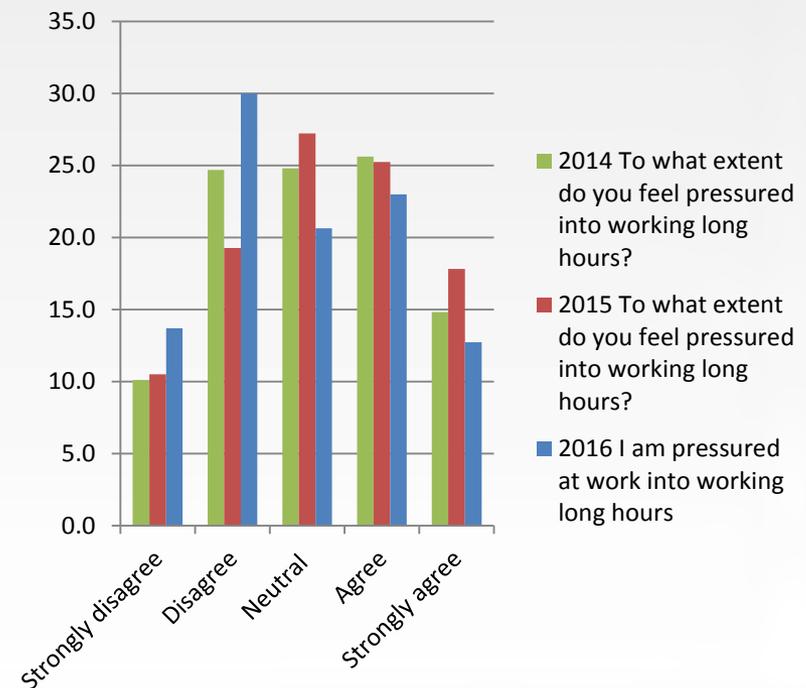
- Higher levels of job stress were found in 2015

- In 2014, 94% had found their job stressful Some of the time, Often or all the time

- In 2015, this was 96%

- In 2016, this was 92%

- ...despite significant differences, these remain high
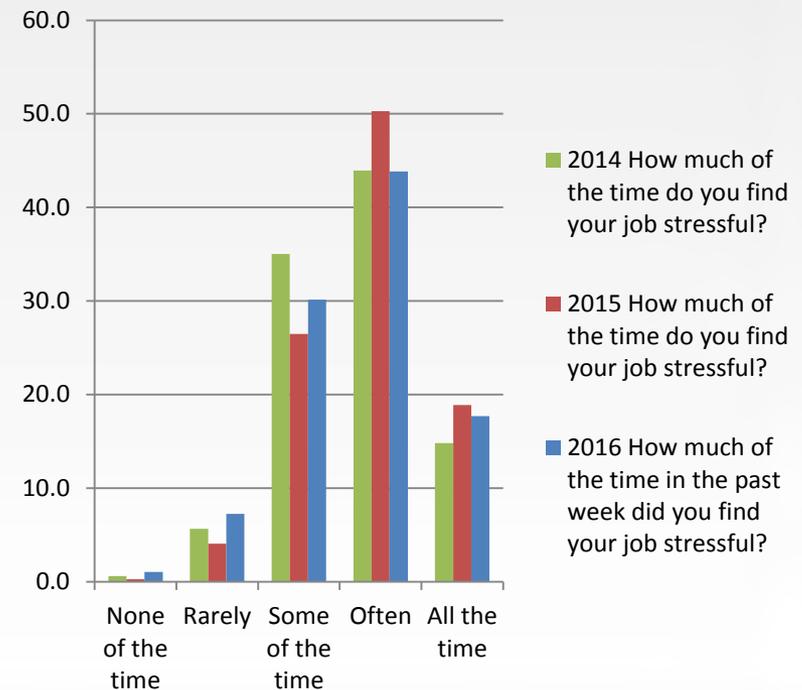
I am pressured at work into working long hours

- Higher levels of being pressured to work long hours were found in 2014 and 2016

- In 2014, 65% said they were pressurised to work long hours Some of the time, Often or all the time

- In 2015, this was 70%

- In 2016, this was 56%

- ...despite significant differences, these figures suggest more than half are feeling this pressure

Legend:
- 2014 To what extent do you feel pressured into working long hours?
- 2015 To what extent do you feel pressured into working long hours?
- 2016 I am pressured at work into working long hours

# I am pressured at work into meeting performance targets

- Higher levels of being pressured to meet targets were found in 2014 and 2016

- In 2014, 90% said they were pressurised to meet targets Some of the time, Often or all the time

- In 2015, this was 92%

- In 2016, this was 84%

- …despite significant differences, these figures suggest over 80% are feeling this pressure
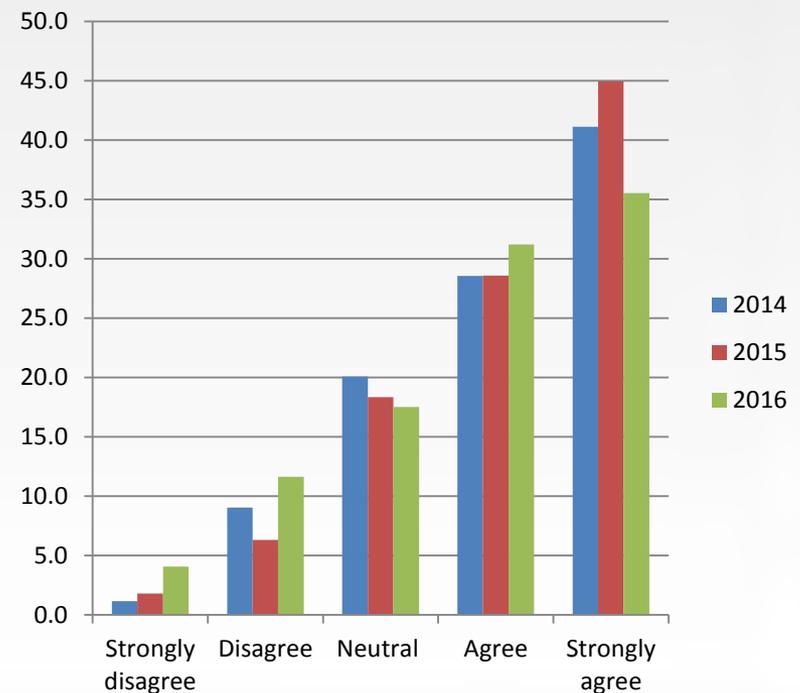
# How much of the time in the past week did you find your job interesting?

- There was a decline in the numbers reporting that they found their job interesting

- In 2014, 96% found their job interesting Some of the time, Often or all the time

- In 2015, this was 96%

- In 2016, this was 94%

- ...despite significant differences, these figures suggest that the majority do find their job interesting
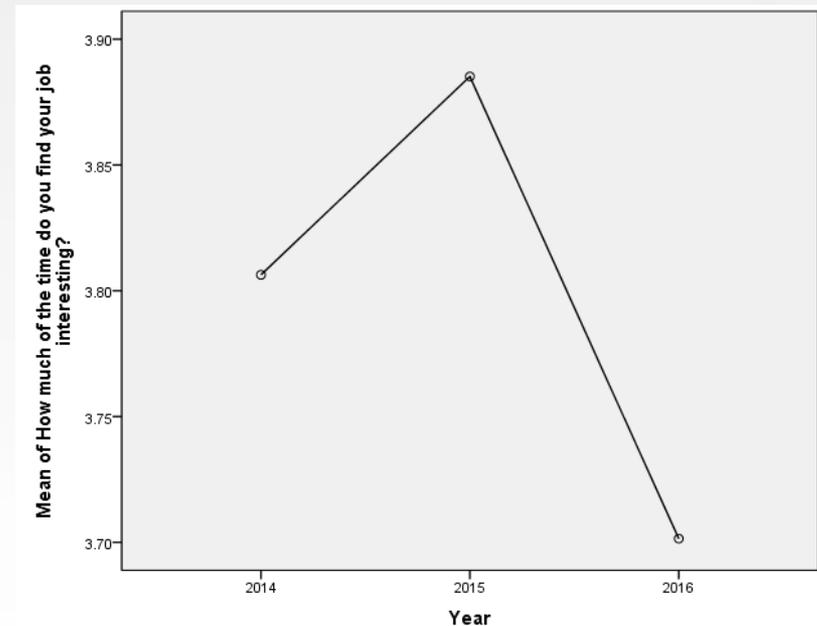
People at work treat me with respect

- There was an increase in the numbers reporting that people at work treated them with respect

- In 2014, 72% agreed or strongly agreed that people treated them with respect

- In 2015, this was 70%

- In 2016, this was 76%

- But for those disagreeing or strongly disagreeing, this was 3.4% in 2014, 4.1% in 2015 and 7.7% in 2016
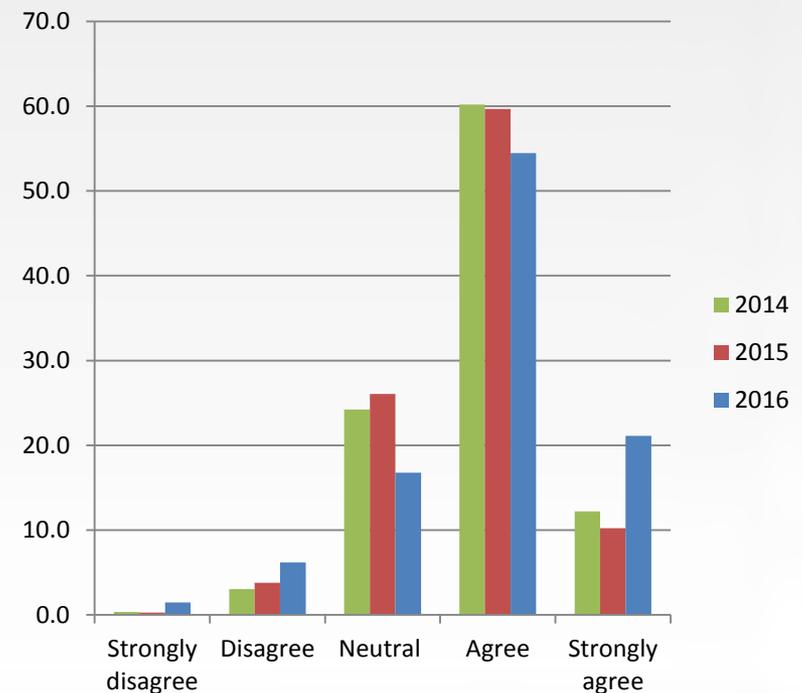
Results 7: Conditions at work

- 76% agreed or strongly agreed that they had the opportunity to use their abilities at work.

- 44.7% agreed or strongly agreed that they were involved in decisions that affected them in their own area of work but 32% disagreed or strongly disagreed.

- 40% agreed or strongly that they had sufficient opportunities to question managers about change at work but 40% disagreed or strongly disagreed.

- 53% agreed or strongly that they have enough time for their clinical supervision with 28% disagreeing or strongly disagreeing.

- 38% agreed or strongly that they enough opportunity for professional development with 44% disagreeing or strongly disagreeing.

Results 8: **Experience of bullying or discrimination at work**

- 18.5% felt they had been subject to harassment at work through bullying Some of the time, Often or All the time with 60% saying none of the time.

- 34% felt colleagues at work have been subjected to harassment through bullying Some of the time, Often or All the time with 37% saying none of the time.

- 3.5% said they had been accused of bullying and/or harassment.

In the last 12 months have you personally experienced discrimination at work from any of the following?

- Patients / service users, their relatives or other members of the public

  - 10% responded Yes

- Manager / team leader or other colleagues
  - 18% responded Yes
  - Main reasons reported were Age, Ethnic Background and Gender

- Narrative also described feeling discriminated against due to Management behaviour and professional background

Feeling subjected to bullying and harassment

- Changes found over the three years

- Higher scores for personal harassment in 2015 compared with 2014 and 2016

- Lower scores for observing this in 2015 compared with 2014 and 2016

- But for personal harassment, 17% or more reported this Some of the time, Often or All the time

- For observed this was 30 – 34% across all years

- This suggests that people are experiencing this directly or indirectly at high levels

Results: SWEMWBS

- Short Warwick Edinburgh Mental Wellbeing Scale

- 7 item, 5 point response scale

- Population measure focusing more on psychological and eudaimonic wellbeing rather than hedonic

- The mean score on the SWEMBS was 21.44 (SD=3.37).

- This was compared with the population norms for England in 2011 (mean = 23.61, SD=3.90)

- A significant difference was found (t-test, t=18.33, df=8421, p<0.005)

Findings of the Workforce Wellbeing Survey

- Respondents predominantly from NHS and half of these from IAPT (2015, 2016)

- Predominantly female respondents (2015, 2016)

- Over 75% of the sample were clinical psychologists, cognitive behaviour therapists, counsellors or psychological wellbeing practitioners (2016)

- 50% working in IAPT (2016)

Findings of the Workforce Wellbeing Survey

- Reports of respondents feeling depressed (Some of the time, Often, All the time) have increased from 40% (2014) to 46% (2015) to 48% (2016)

- Feeling as if you are a failure has also increased from 42% (2014) to 49.5% (2015) and 46% in 2016

- Stress levels have also remained similar with over 90% reporting job stress Some of the time or more frequently) across all three years

- 17-18% reported bullying by their manager or colleagues (2015,2016)*

  *not asked in 2014

- Over 30% reported observing bullying of colleagues (2014, 2015, 2016)

- Improvements found in reporting sufficient time for clinical supervision with an increase from 62% to 72% (2014 to 2016)

Overall findings

- Frequency data suggest that there continue to be high levels of reported depression, feelings of failure and feeling pressured to meet performance targets, spend too much time on administration.

- In relation to bullying and harassment, 18% had experienced discrimination at work from managers, team leader or other colleagues. This remains the same from 2015 with the same top three reasons – age, ethnic background and gender.

- The respondents are in the bottom 61 – 80% based on their average scores on the SWEMWBS suggesting lower wellbeing in this group

Qualitative Findings

- These findings cannot be used to compare previous 2 years because some of the questions were different in the overall survey.

- There were 4 questions for comments as opposed to one in previous 2 years it is not possible to compare like with like.

- Of the 1227 - 1027 respondents commented

- This year 84% of respondents commented across 4 questions with a total of 103, 804 words. 96.7 % made negative comments with 3.3 (N= 60 respondents) making positive comments.

- Questions 35 and 36 require further coding to get accuracy

Qualitative Findings

- 4 questions :

- 2 questions asked (questions 9 and 37)
  'Please use this section for any additional comments or information about your wellbeing you would like to share, either anonymously or otherwise'.

- Question 35: 'Any key issues or factors that you think may be negatively impacting on staff wellbeing?'

- Question 36: 'Any key changes or initiatives that you think would help improve staff wellbeing?'

Comparisons across 3 years

Category	2014	2015	2016-7
No. of Respondents per year	851	1348	1227
No of respondents who commented per year	252	644	1027[1]
Comment rate	29.6%	48.8%	83.7%
Average number of coded comments per person	1.3	2.2	
Total number of words in qualitative comments	12289	69056	103804[2]
Average number of words per person who commented	48.8	107.2	101.1

Analysis and Combined categories to code

- We used 2015 combined categories and used Nvivo and Excel to code and pick up themes

- Each comment was manually placed within each combined category with the creation of new categories.

- Calculations:

- ❖ % of total comments calculated with a denominator of comments (total comments for each question).

- ❖ % of commenting participants calculated with a denominator of 1227 (total number of people completing the 2016 survey).

Questions 9,35 and 37

- *3.3% comments were positive*
  - *Good supervision, CPD, emotional wellbeing, feeling respected*

- *Remaining 96.7%% comments were negative*

- *Top Categories across 3 questions:*

- Targets (wait times, recovery rates, pressure from targets)
  - Stress, burnout, low mood , tiredness, low morale
  - Lack of CPD, Lack of Supervision, no support, lack of career progression, poor management, lack of peer support
  - Complexity, quality, time for patients, therapy dose, welfare changes
  - Increased unpaid workload & hours, lack of time for admin
  - Work life balance (Work impacting personal life & vice versa)
  - Negative (depression, isolation, low self-confidence)

11 New categories in 2016

- Constant change

- Positive emotional wellbeing

- Negative emotional wellbeing

- Severe mental health

- Reducing hours, intentions to leave

- Uncertainty of role and procurement

11 New categories in 2016

- Current political issues

- Whistleblowing under bullying and harassment

- Outlook on life – Optimism and Pessimism

- Work impact on physical health

- Need for NHS psychological support for staff

Qualitative Findings Qn 35: Any key issues or factors that you think may be negatively impacting on staff wellbeing?

TOP 5 FACTORS IMPACTING WELLBEING
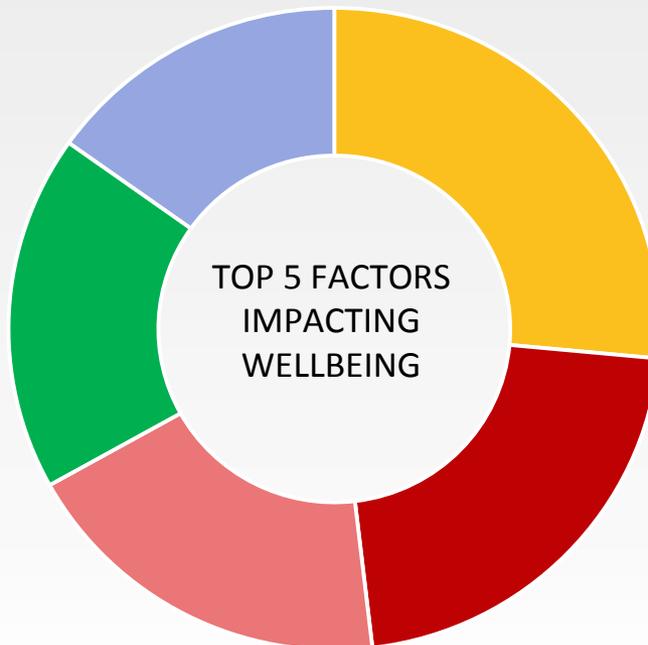
- Targets (wait times, recovery rates, pressure from targets)

- Negative (Lack of CPD, Lack of Supervision, no support, lack of career progression, poor management, lack of peer support)

- Stress, burnout, mood tiredness, low morale

- Limited resources (cuts, fewer clinical posts, down banding)

- Complexity, quality, time for patients, therapy dose, benefit changes

Qualitative Findings : Any key issues or factors that you think may be negatively impacting on staff wellbeing?

- *"Working full time in a target driven, outcome focused IAPT environment is exhausting. Leaves me often feeling overwhelmed and unable to manage other people's distress. Often feel like I cannot see the wood for the trees. Job is monotonous and lacks sense of achievement. Expected to have 100 contacts in diary every 4 weeks."*

- *"I believe my wellbeing has been significantly affected by the pressure to hit unrealistic targets. The superficial way staff welfare has been managed in the service I work for has led to me feeling I am just another number that can easily be replaced if I do not meet service expectations."*

- *"I really try not to let this affect my work however I know that when I am over loaded with work and stressed I cannot do the best for the patients I am trying to support. I have been thinking seriously about changing my employment as a result of the target madness which feels persecutory."*

Qualitative Findings : Positive comments.

*3.3% of all comments were **positive***

- Of 1840 comments across 3 questions **60 comments** referred to factors at work that had a positive impact on wellbeing. Close to half of all positive comments related to having **effective supervision**, **good CPD opportunities**, **efficient management and good peer support.**

- About **a q**uarter of positive responses related to being **resilien**t and having the ability to nurture their emotional wellbeing in the workplace as well as in their personal lives.

Qualitative Findings : Positive comments.

- *"I am happy with my work. My role is clearly defined. My colleagues are wonderful people and I have excellent supervision and immediate line management. I love my team."*

- *"My colleagues and peers are incredibly wise, professional and caring. They inspire me."*

- *"My general well-being is very good. I only work part-time in the NHS, as an associate of an organisation commissioned to provide services. When I think of my well-being in this setting it is not nearly so highly rated. As a psychotherapist I know how to monitor and maintain my resilience and well-being to be able to cope well in demanding environments"*

- *"I am passionate about my profession and particular work role within this, have good relationships with team members that I like, and we are fortunate to have a manager that is realistic, clear and compassionate. These help me to feel good at work most of the time"*

Qualitative Findings :Qn 36 **Any key changes or initiatives that you think would help improve staff wellbeing?**

Key initiatives/ changes to improve wellbeing

CHANGE IDEAS
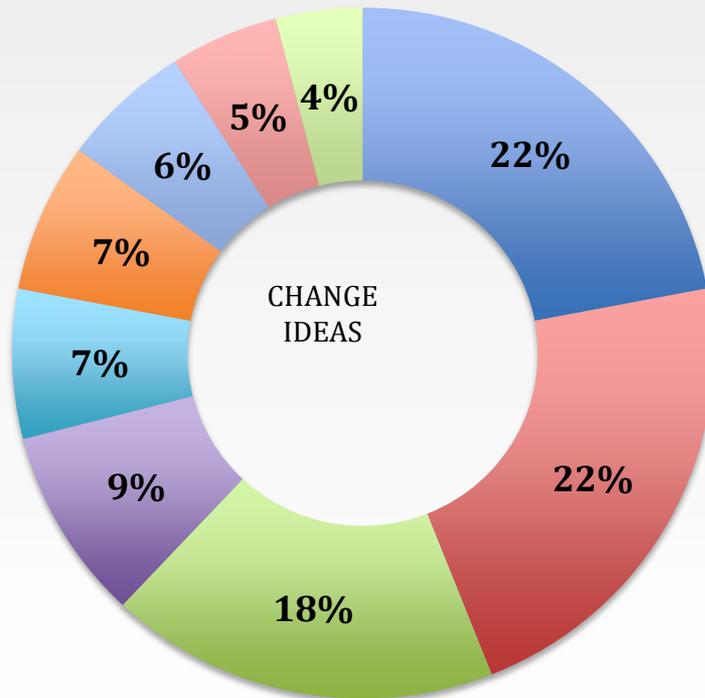
- 22% Supportive Structures
- 22% Compassionate Work Cuture
- 18% Commissioning & Service Standards
- 9% Other
- 7% Organisational Interevntions
- 7% Resources
- 6% Leadership & Management
- 5% Professional Bodies Role
- 4% Career progression & appropriate bands

What would improve staff wellbeing?

- **Supportive & Facilitative Structures   22%** Individualised, management and peer support, case weight sensitive & skill development based job planning

- *"Protected time and funding for CPD. It is being eroded at an alarming rate"*

- **Compassionate work culture – 22%**

- Value based, really listens & offers recognition, Investment in Team Building, Reflective Practice, Culture of openness & compassion, less competition,

- 'Need compassion focused approaches. Investment in additional resources including 'safe environments') to conduct therapeutic work as well as staff members to do the work. Provision of support - business support, admin, support workers, been seen as humans'.

What would improve staff wellbeing?

- **Commissioning & Service Standards 18%**

- Commissioning standards (7%): Need to be needs led; to be connected with ground reality to ensure services deliver safely; beware of manipulation of target figures

- ❖ 'Stop downgrading contracts and removing senior qualified staff who are better equipped to lead services through difficult times.'

- ❖ 'legal limits on size of caseloads and better funding for social care so we can move people through the system better'.

Comparison : 3 Year Trend

Comment Codes	% of commenting participants			% of total comments across all 3 years (n = 1923)
	2014	2015	2016	
Targets (wait times, recovery rates, pressure from targets)	32.1%	41.0%	24.1%	31%
Negative (Lack of CPD, Lack of Supervision, no support, lack of career progression, poor management, lack of peer support)	15.1%	7.9%	19.8%	15.2%
Stress, burnout, mood tiredness, low morale	29.3%	37.8%	17.1%	26%
Complexity, quality, time for patients, therapy dose, benefit changes	9.9%	5.3%	13.8%	10.4%
Increased unpaid workload & hours, lack of time	8.3%	16.0%	8%	10.7%

Qualitative Findings 7 : 3 Year Trend
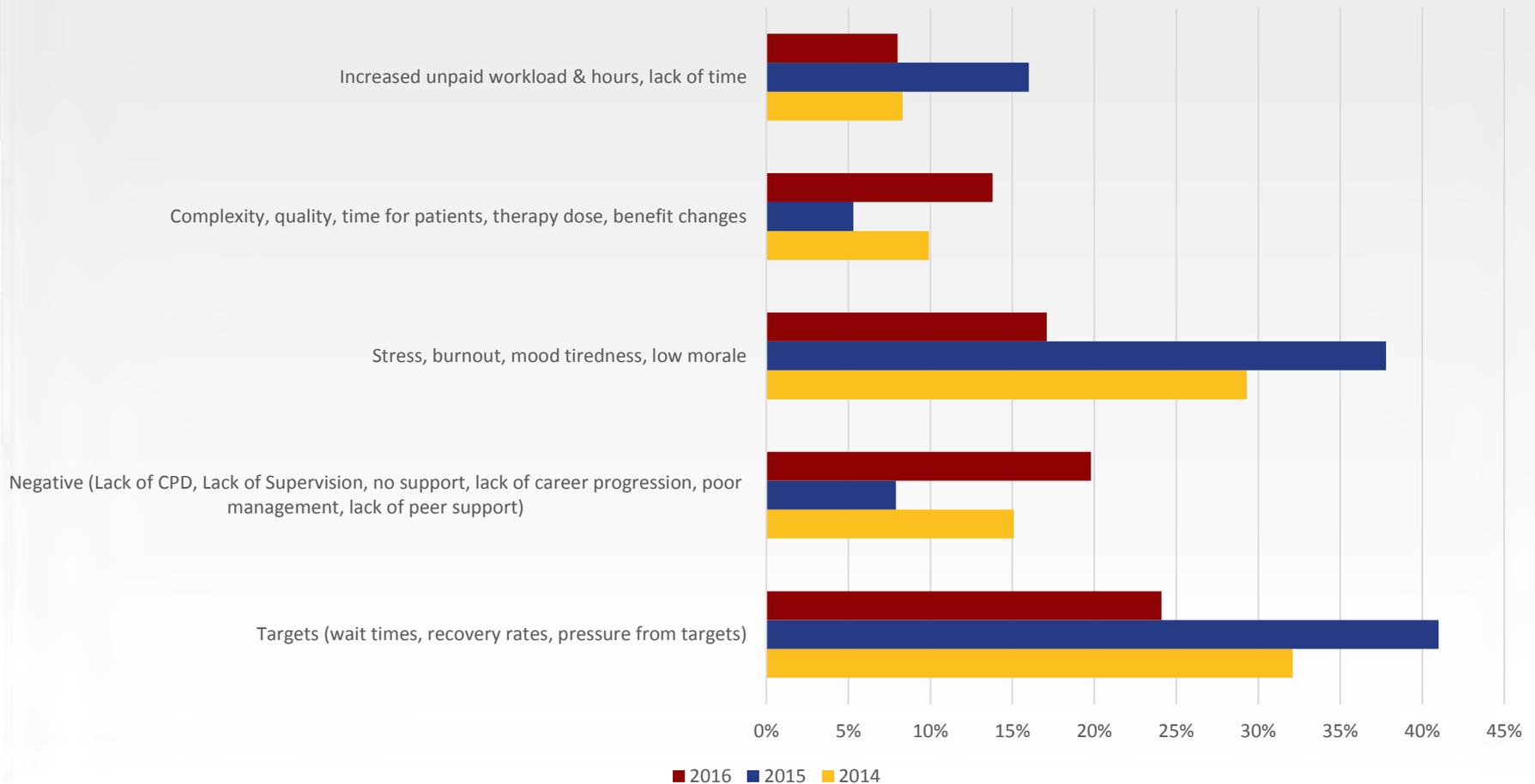
Comparisons – 3 year

❑ In 2014 we had 252 (third) respondents commenting and they rated these categories similarly.

❑ 2015 had 644 (half) comment and most of these weighted targets, stress and burnout as most impacting wellbeing.

❑ The fact that more people commented in 2016 meant that they had more to say about a range of negative factors impacting wellbeing.

❑ Summary – it is helpful to provide a voice but the challenge is the action needed to look after their wellbeing. Our workforce can only provide quality if they are related with and are valued and seen as influential to bring change.

Methodological Issues

- Self-selected snowball sampling method
  - Not comprehensive or weighted

- Questions have changed over the years
  - Psychometric properties not assessed
  - Reflective of areas of concern

- Data quality has improved
  - Better online design

- Qualitative data
  - Very rich responses

- Next steps
  - Project to develop a psychometrically robust tool underway

Conclusions

- Despite the methodological limitations, surveys have consistently demonstrated levels of distress in the psychological workforce

- This is consistent with findings from surveys of NHS staff generally or other staff groups

- The qualitative findings demonstrate the pressures staff feel

- How can we expect our workforce to continue to provide high quality psychological interventions ?

Collaborative Learning Network – come join

What we offer:

➢ The survey tool and support with data
➢ Support for developing your wellbeing and strategy
➢ Network links and community of learning for you to develop what works for you

What we are asking:

➢ Self care and compassion for others
➢ Engage, listen and support
➢ Promote staff wellbeing
➢ Share your learning and good practice
➢ Join a networking influence

Thank You

- Gita Bhutani : gita.bhutani@lancashirecare.nhs.uk

- Neelam Dosanjh: ndosanjh5@gmail.com

- Amra Rao: psychologicalhorizons@gmail.com

- Jeremy Clarke : therapy@practice.demon.co.uk

- Jamie Hacker-Hughes: vicepresident@bps.org.uk

- Adrian Neal: Adrian.Neal@wales.nhs.uk

- Esther Cohen-Tovée: Esther.Cohen-Tovee@ntw.nhs.uk