**SH7012 Workplace Health Portfolio**

**1. Selected Workplace Health & Well being Theme: Workplace Stress Management**

**Rationale and Definition**

Workplace stress is an increasingly critical and persistent issue within healthcare environments, particularly within the National Health Service (NHS) in the United Kingdom. The high-pressure nature of clinical settings, combined with systemic challenges, makes healthcare professionals especially vulnerable to stress. Research has consistently linked work-related stress in healthcare roles to a range of negative outcomes, including a decline in the quality of patient care, increased staff turnover, professional burnout, frequent absenteeism, and the development of long-term psychological conditions such as anxiety and depression (Kinman & Teoh, 2021). According to recent statistics published by the Health and Safety Executive (HSE, 2023), an alarming 49% of all work-related ill health cases in the UK and 54% of lost working days in 2022/23 were attributed to work-related stress, depression, or anxiety. These figures underline the severity of the problem and reflect a growing public health concern, especially in high-stakes environments such as hospitals, where staff are routinely exposed to emotionally and physically demanding situations.

The HSE defines stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them at work." In the hospital context, this stress can stem from a variety of contributing factors. These include the pressures of shift work, consistently high patient volumes, exposure to traumatic incidents, prolonged working hours, insufficient staffing levels, limited access to essential resources, and a lack of effective managerial or peer support (West et al., 2020). Each of these factors can accumulate, leading to significant strain on healthcare workers’ mental and physical wellbeing. When left unaddressed, stress not only impairs the health and performance of individuals but can also compromise team dynamics, reduce morale, and ultimately lead to substandard care delivery.

For this analysis, the focus will be on St George's University Hospitals NHS Foundation Trust, a prominent teaching hospital based in London, UK. This institution serves a diverse and often complex patient population and employs over 9,000 staff members across various disciplines. Due to its size, teaching responsibilities, and broad service provision, it presents an ideal case study for examining how workplace stress manifests in practice and how it is currently being managed within a real-world healthcare setting.

It is important to understand that workplace stress affects not only individual staff members but also the broader operational efficiency, culture, and reputation of healthcare organization. Elevated stress levels among personnel are closely associated with increased rates of absenteeism, as well as presenteeism—where staff attend work despite being unwell or mentally unfit, which can further impair productivity and pose risks to patient safety. Furthermore, these factors can lead to reduced patient satisfaction, clinical errors, and a general decline in the quality of care (Boorman, 2009). The urgency of addressing workplace stress has grown significantly in the wake of the COVID-19 pandemic, which intensified existing pressures and exposed critical weaknesses in workforce support systems. Both clinical and non-clinical staff experienced heightened workloads, limited recovery time, and emotional exhaustion, which have had lasting implications on staff retention and mental health.

In light of these challenges, stress management within the NHS must not be treated as a reactive or isolated issue. Instead, it should be embedded as a strategic, organization-wide priority aimed at fostering workforce sustainability, organizational resilience, and high-quality patient care. A comprehensive understanding of the root causes of stress, along with a critical evaluation of existing coping strategies and institutional responses, is essential. Only through such a holistic and proactive approach can effective, evidence-based interventions be developed and integrated into everyday practice to support staff well being and improve overall healthcare outcomes.

**2. Current Approach & Management of Stress at St George's NHS Trust**

**Current Strategies**

St George's University Hospitals NHS Foundation Trust has adopted a comprehensive and multifaceted approach to addressing workplace stress, recognising that both individual and organisational-level interventions are essential to safeguarding staff wellbeing. The Trust’s strategy reflects a proactive stance toward mental health, aiming to build psychological resilience, reduce stress-related harm, and foster a more supportive work environment across all departments. The initiatives currently in place include a mixture of preventative and responsive measures, aimed at promoting overall wellbeing, enhancing work-life balance, and improving access to mental health support services:

**Employee Assistance Programme (EAP):** The Trust offers confidential counselling and support through its EAP, providing staff with access to professional help for personal or work-related issues. This service is available 24/7 and includes support for emotional well being, financial advice, and legal concerns.

**Occupational Health Services:** Dedicated occupational health teams provide assessments, guidance, and interventions to support staff experiencing work-related stress, physical health concerns, or psychological distress. These services aim to ensure that employees are both mentally and physically fit to carry out their roles effectively.

**Well being Champions Network :** The Trust has developed a network of Well being Champions—staff volunteers trained to promote mental well being, raise awareness of available resources, and serve as approachable contacts for colleagues in need of guidance or emotional support.

**Mindfulness and Resilience Training:** To encourage proactive mental health maintenance, the Trust runs training sessions focused on mindfulness, emotional regulation, and resilience-building. These workshops equip staff with coping techniques to better manage stress in high-pressure clinical environments.

**Flexible Working Arrangements:** Acknowledging the importance of work-life balance, the Trust offers flexible working policies where possible. These include job sharing, remote working options for non-clinical roles, and part-time contracts, helping to accommodate individual needs and reduce stress from rigid scheduling.

**Mental Health First Aiders:** Trained Mental Health First Aiders are available across departments to provide immediate peer-level support. These individuals are equipped to recognise signs of mental health distress, offer initial help, and signpost colleagues to appropriate professional services.

**Annual Health and Wellbeing Calendar:** The Trust organises a year-round calendar of wellbeing events and campaigns, including Mental Health Awareness Week, stress management workshops, physical activity challenges, and healthy lifestyle initiatives. This structured approach ensures ongoing engagement with health promotion throughout the year.

**Strengths:**

One of the key strengths of St George's approach is its clear strategic commitment to supporting mental well being at all levels of the organization. Mental health and stress management have been integrated into broader human resources (HR) practices, showing an understanding that well being is not a standalone issue, but one that impacts recruitment, retention, productivity, and patient outcomes. Another notable strength is the use of peer support networks, such as the Well being Champions and Mental Health First Aides, which help to normalize conversations around stress and reduce feelings of isolation among staff. Additionally, the wide range of available resources allows for some degree of flexibility and choice, enabling staff to engage with support in ways that suit their individual preferences.

**Weaknesses:**

Despite these strengths, several challenges and limitations remain. A primary concern is the under utilization of support services—many staff are either unaware of the resources available to them or do not feel comfortable accessing them, particularly in clinical roles where time constraints and workload pressures are high. Stigma around mental health remains a persistent barrier, with some employees fearing judgment, career repercussions, or being perceived as weak if they seek help. There is also a lack of tailored interventions, with existing programme often delivered in a generic format that may not account for the specific needs of high-risk groups, such as emergency department staff or junior doctors. Furthermore, there is inequality in implementation across departments; while some teams benefit from strong managerial support and high uptake of well being initiatives, others report limited visibility or inconsistent access to services, undermining the overall effectiveness of the Trust’s strategy.

**Relevant Legislation and Policies:**

The Trust’s approach to managing workplace stress is aligned with several key pieces of UK legislation and national NHS policy frameworks:

**Health and Safety at Work Act (1974):** This foundational legislation places a legal duty on employers to protect the health, safety, and welfare of employees, which includes managing workplace stress as a recognised occupational hazard.

**Management of Health and Safety at Work Regulations (1999):** These regulations require employers to assess and mitigate risks to employees’ health, including psychosocial risks such as stress, through systematic risk assessments and appropriate control measures.

**Equality Act (2010):** This Act protects individuals from discrimination on various grounds, including disability, which encompasses mental health conditions. It requires reasonable adjustments in the workplace for employees experiencing stress-related disorders.

**NHS People Plan (2020/21):** This strategic document sets out priorities for supporting NHS staff wellbeing, with a focus on compassionate leadership, flexible working, and access to mental health support, all of which are reflected in the Trust’s local strategy.

**NHS Health and Wellbeing Framework (2018):** This framework provides guidance for NHS organisations on creating supportive environments and developing a culture of wellbeing, encouraging a systems-level approach to staff health that goes beyond reactive support.

**3. How Could the Identified Problems or Weaknesses Within the Current Approach Be Improved?**

Despite the range of supportive initiatives currently in place at St George's University Hospitals NHS Foundation Trust, several key weaknesses undermine their effectiveness, including under utilization of services, persistent mental health stigma, lack of tailored interventions, and inconsistent implementation across departments. Addressing these shortcomings requires targeted, evidence-based enhancements to both strategy and delivery mechanisms. The following proposed improvements are designed to strengthen the Trust’s approach to workplace stress management and promote a more equitable, inclusive, and sustainable culture of well being.

**Improvement 1: Department-Specific Stress Risk Assessments**

**Plan:**  
While the Trust currently offers a range of general wellbeing services, a more targeted approach is needed in high-risk areas. Tailored stress risk assessments should be conducted in departments known for their intense workloads and emotional demands—such as the Emergency Department, Intensive Care Unit (ICU), and Maternity Services. The Management Standards Indicator Tool (MSIT) developed by the HSE is an evidence-based diagnostic tool that can be used to gather data on stressors within specific teams. The results should be reviewed collaboratively by departmental leads, HR, and occupational health teams to inform bespoke local action plans.

**Evidence:**  
Michie and Williams (2003) highlighted that stress interventions are most effective when they are adapted to the specific demands and culture of a particular work setting. Generalized interventions may overlook the unique stressors present in high-pressure hospital environments.

**Implementation:**  
A cross-functional working group should be established, including representatives from HR, occupational health, and front line clinical staff. This team would be responsible for administering the assessments, organizing feedback sessions, and facilitating co-designed interventions with department managers. Interventions may include job redesign to reduce cognitive load, task redistribution to manage workload peaks, implementation of rest spaces, and creation of localized peer support groups. Regular follow-up assessments will be needed to measure impact and adjust strategies accordingly.

**Improvement 2: Launch a Trust-Wide Anti-Stigma Campaign**

**Plan:**  
To address the entrenched stigma surrounding mental health at work, the Trust should implement a comprehensive, Trust-wide anti-stigma campaign. This campaign should include a variety of media—such as posters, intranet blogs, personal narratives, and video testimonials from staff across all levels, including senior leadership. Key messages should reinforce that seeking help is a strength, not a weakness, and that mental well being is a core part of overall health. The campaign should align with national efforts such as the Time to Change initiative and utilize messaging proven to improve help-seeking behaviors.

**Evidence:**  
Clement et al. (2015) found that anti-stigma interventions can significantly improve mental health literacy and increase willingness to access support services. Personal stories and leadership buy-in are particularly effective in reducing perceived judgment and fear of disclosure.

**Implementation:**  
A steering group composed of communications staff, mental health advocates, and front line champions should oversee the campaign’s design and delivery. Activities should be rolled out over a 12-month period and evaluated through pre and post-campaign surveys assessing changes in attitudes, knowledge, and reported help-seeking behaviour. The campaign should also feature interactive elements such as stigma-reduction workshops, informal discussions led by mental health champions, and recognition events for departments that actively promote psychological safety.

**Improvement 3: Integrate Proactive Wellbeing Check-ins**

**Plan:**  
To normalize mental health conversations and identify issues early, the Trust should introduce mandatory, biannual one-to-one well being check-ins for all staff members. These sessions would be embedded within routine appraisal processes or personal development meetings. The objective is to create a safe and structured space for staff to discuss workload, emotional strain, and potential sources of stress without fear of judgment or reprisal.

**Evidence:**  
Noblet and LaMontagne (2006) demonstrated that proactive, manager-led conversations about well being significantly reduce long-term stress outcomes and support early intervention. These conversations can help shift organizational culture toward openness and psychological safety.

**Implementation:**  
Line managers will be trained using a recognized framework such as Mental Health First Aid (MHFA) or similar evidence-based communication tools. Managers should be equipped to listen actively, respond empathetically, and signpost appropriately. While the check-ins should be recorded to demonstrate compliance, any sensitive information should remain confidential. Aggregate and anonymize data can be analyzed by HR to identify emerging stress trends and inform organizational responses.

**Improvement 4: Embed Mental Health Leadership Training**

**Plan:**  
Given the important role of leadership in shaping workplace culture, a dedicated well being leadership programme should be introduced for all managers and supervisors. This training would focus on key competencies such as psychological safety, emotional intelligence, trauma-informed supervision, and inclusive leadership. By embedding these principles into everyday management, leaders will be better equipped to support staff well being and create environments where stress is recognized and addressed constructively.

**Evidence:**  
Skakon et al. (2010) found that the behaviour and emotional competence of leaders significantly influence employee stress levels. Leaders who demonstrate empathy and openness can reduce team burnout and improve job satisfaction.

**Implementation:**  
The programme should be incorporated into Continuing Professional Development (CPD) pathways and mandatory management induction. It should include both theoretical and practical components—such as role-play, case studies, and reflective learning. Evaluation metrics could include improvements in staff satisfaction scores, reduction in stress-related absences, and qualitative feedback from team members. Managers who complete the programme could be recognized through internal accreditation, helping to embed a culture of continuous improvement in mental health leadership.

These four interconnected improvements offer a structured response to the weaknesses identified in the current strategy. By prioritizing tailored interventions, challenging stigma, promoting early intervention, and strengthening leadership capacity, St George’s can move toward a more resilient, inclusive, and supportive organization culture—ultimately improving outcomes for both staff and patients.

1. **How could the suggested improvements be evaluated within the next 6 months?**

To ensure that the proposed improvements have a tangible and measurable impact, a structured evaluation framework should be implemented. This framework should include both qualitative and quantitative methods, with clear performance indicators and data collection strategies aligned to each intervention. The aim is to determine whether the changes are effective, scalable, and sustainable within the context of St George’s University Hospitals NHS Foundation Trust. The following section outlines how each proposed improvement will be monitored and evaluated over the next six months.

**Evaluation Plan for Improvement 1**

**Tools:** Stress risk audits, staff satisfaction surveys, qualitative focus groups.

**Data Points:** Baseline and post-intervention comparisons on perceived stress levels and absenteeism.

**Metrics:** Minimum 15% reduction in self-reported stress; 10% reduction in sick days in pilot departments.

**Evaluation Plan for Improvement 2**

**Tools:** Mental health stigma index (pre and post-intervention), EAP usage stats.

**Data Points:** Trust-wide staff survey with at least 60% response rate.

**Metrics:** 20% increase in mental health openness; 30% rise in self-referrals to counselling services.

**Evaluation Plan for Improvement 3**

**Tools:** Tracking number of completed well being check-ins, qualitative feedback.

**Data Points:** Biannual review data submitted by line managers.

**Metrics:** 70% compliance with well being check-ins; increased early signposting to OH and EAP.

**Evaluation Plan for Improvement 4**

**Tools:** Post-training evaluations, 360° feedback, staff engagement scores.

**Data Points:** Line manager reviews, departmental KPIs, turnover rates.

**Metrics:** 80% positive feedback from staff; measurable reductions in staff turnover in pilot departments.

**Conclusion**

Workplace stress remains a pressing concern in the NHS, especially in large, high-demand institutions such as St George’s University Hospitals NHS Foundation Trust. Although the Trust has made commendable efforts in establishing a well being infrastructure, its impact is limited by under utilization, stigma, and a lack of tailored interventions.

This portfolio has outlined a comprehensive strategy to address these gaps. From implementing department-specific assessments and launching an anti-stigma campaign to embedding proactive well being check-ins and developing leadership training, the proposed solutions aim to transition from a reactive to a proactive culture of staff well being. The success of these initiatives will depend on rigorous implementation, regular evaluation, and continuous improvement based on feedback.

Ultimately, embedding a culture of mental wellness is not just a moral imperative but a strategic necessity for retaining a resilient, compassionate, and high-performing workforce in today’s NHS.

Here is your reference list properly formatted in Harvard style (or a general academic-friendly style), maintaining the original sources and order, with consistent punctuation, italics, and structure:

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