



# Wellbeing in the workplace

**A guide for Managers in Partnership  
representatives and members**

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# About this guide

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MiP has produced a series of guides for MiP members. They are intended for MiP members as managers, representatives, and individuals.

The guides are being produced as a series to make the connections between them and allow space for each to be sufficiently explored.

The guides are intended as an introduction to each topic including an overview of key concepts. They will provide signposts to frameworks, resources, and sources of information and advice.

As well as being of practical use in the workplace, it is hoped they will stimulate conversations – both informal and structured – about the issues involved.

# What is wellbeing?

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Wellbeing is defined as the state of being comfortable, healthy, and happy. It can also be described as how we feel about ourselves and our lives.

Wellbeing is not just the absence of disease or illness. It is a complex combination of a person's physical, mental, emotional and social health factors. However, its absence can have a significant impact.

In the wake of the COVID-19 pandemic, 72% of UK employees responding to a survey by the Chartered Management Institute named wellbeing at work as their top priority.

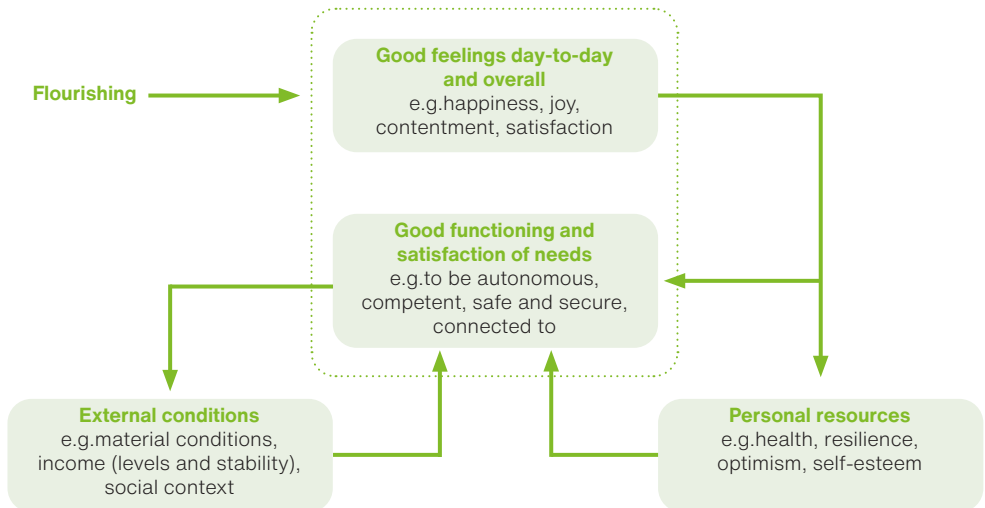
*Mental wellbeing doesn't have one set meaning. We might use it to talk about how we feel, how well we're coping with daily life or what feels possible at the moment.*

*Good mental wellbeing doesn't mean you're always happy or unaffected by your experiences. But poor mental wellbeing can make it more difficult to cope with daily life. **Mind***

*Wellbeing encompasses the environmental factors that affect us, and the experiences we have throughout our lives. These can fall into traditional policy areas of economy, health, education and so on. But wellbeing also crucially recognises the aspects of our lives that we determine ourselves: through our own capabilities as individuals; how we feel about ourselves; the quality of relationships that we have with other people; and our sense of purpose.* **What Works Centre for Wellbeing**

This dynamic nature of wellbeing is the basis of New Economic Foundation's model of wellbeing. This was developed as part of work with the UK Government Office of Science's Foresight Programme.

The model describes how someone's external conditions interact with their personal resources to allow them to function well and experience positive emotions.



## New Economic Foundation

# Wellbeing at work

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Just as wellbeing at large is not one thing, wellbeing in the workplace is multi-faceted. The CIPD has identified seven inter-related 'domains' of employee wellbeing.



**CIPD: Domains of wellbeing**

Each of these domains is then broken down into a set of sub domains, revealing the complex web of overlapping factors at play. These are both individual and organisational.

- **Health** – physical health, physical safety, mental health
- **Good work** – working environment, good line management, work demands, autonomy, change management, pay and reward.
- **Values/Principles** – leadership, ethical standards, inclusion, and diversity
- **Collective/Social** - employee voice, positive relationships
- **Personal growth** - career development, emotional, lifelong learning, creativity
- **Good lifestyle choices** – physical activity, healthy eating
- **Financial wellbeing** – fair pay and benefit policies, retirement planning, employee financial support

A further model, developed by West et al (2020), focuses on three core sets of needs which contribute to people’s wellbeing and motivation at work.

- **Autonomy** – the need to have control over one’s work life, and to be able to act consistently with one’s values
- **Belonging** – the need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported
- **Contribution** – the need to experience effectiveness in work and deliver valued outcomes

The model goes on to describe eight key areas where action is needed to ensure that these three core needs are met.

### **Autonomy**

- Authority, empowerment and influence
- Justice and fairness
- Work conditions and working schedules

### **Belonging**

- Teamworking
- Culture and leadership

### **Contribution**

- Workload
  - Management and supervision
  - Education, learning and development
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# The role of compassionate and relational leadership

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The NHS long-term plan in England highlights that compassion and inclusive leadership are essential to enabling staff to perform at their best. West (2021) argues that meeting people's core needs at work is important in supporting their wellbeing and motivation. Compassionate leaders should therefore constantly strive to understand and meet the core needs of the people they work with.

West and Bailey (2021) warn against the effects of top-down leadership on staff health and address five myths about the value of compassionate leadership, that it will mean:

- loss of commitment to purpose and high-quality performance
- tough performance management and conversations won't be allowed or will be labelled as bullying
- always taking the easy, consensus way forward rather than putting patients and communities first
- not being able to challenge the status quo and make the radical changes our patients and communities need
- teamwork and system working will be controlled by whoever has the most power and is most ruthless.

On the contrary they argue that compassionate leadership means creating the conditions – through consistently listening, understanding, empathising and helping – to enable tough performance management and tough conversations when needed.



*Where leaders model a commitment to high-quality and compassionate care, this impacts everything from clinical effectiveness and patient safety to staff health, wellbeing, and engagement. **The King's Fund***

Girling (2021) draws a distinction between relational and transactional interactions in the workplace. He describes relationships as the 'scaffolding' of good wellbeing and underlines the importance of the way managers approach them as both leaders and followers.

## **Mental health and wellbeing at work – facts and costs**

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While mental wellbeing encompasses both physical and mental health, understanding the nature and scale of mental ill health in the workplace is critical to improving wellbeing at work.

In 2017, commissioned by the UK government, Paul Farmer and Dennis Stevenson conducted an independent review of mental health and employers. Their report, *Thriving at work*, concluded that the UK faced a significant mental health challenge at work.

- That there were more people at work with mental health conditions than ever before
- That 300,000 people with a long-term mental health problem lose their jobs each year – and at a much higher rate than physical health conditions
- That around 15% of people at work have symptoms of an existing mental health condition

As well as highlighting the human cost of mental ill health at work, the report set out in stark terms the economic costs.

- An annual cost to employers of between £33 billion and £42 billion – with over half of the total coming from presenteeism

- A cost to Government of between £24 billion and £27 billion
- A cost to the economy as a whole of between £74 billion and £99 billion

## NHS staff wellbeing before and after the COVID-19 pandemic

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Before the pandemic, the Farmer/Stevenson review highlighted analysis by Deloitte that the cost of mental ill health in the health sector potentially equated to around £2000 per employee per year, higher than any other part of the public sector.

Analysis carried out for the Nuffield Trust by Nigel Edwards and Andy Cowper (2022) explored the extent of the problem post pandemic. It highlighted that the NHS staff survey provides evidence of a worrying long-term trend in staff wellbeing and positivity.

The proportion of staff reporting that they had felt unwell due to stress in the previous 12 months had risen steadily from 38% in 2017 to 47% in 2021. The 2021 survey also showed falls in the proportion of staff who said they looked forward to going to work and felt enthusiastic about their job.

Edward's and Cowper's analysis cited three further sources of evidence:

- A large-scale survey of the impact of the pandemic on the short and long-term health and wellbeing of all staff which found high rates of probably PTSD (36%), probably common mental health problems (51%) and alcohol misuse (18%).

- Longitudinal analysis of 2,773 workers across the NHS from more than a quarter of UK trusts (conducted in spring 2020) which found that 21% of health and care workers reported high levels of depression, compared with 5% before the pandemic.
- Nuffield Trust analysis of NHS staff survey data collected after the first wave of the pandemic which found that half (50%) of all staff working with COVID-19 patients experienced work related stress compared to 41% in non-COVID-19 settings.

*COVID-19 has shone a spotlight on concerns that were already recognised. Stress and burnout have always been a problem for medical and nursing staff. COVID-19 has intensified a series of pre-existing problems, while also creating new ones. In doing so, it has highlighted the importance of practices and approaches that staff require for their health and wellbeing regardless of whether or not there is a pandemic.*

**Edwards and Cowper**

# Wellbeing in the NHS workforce – the case for action

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The case for prioritising and investing in workforce wellbeing in the NHS has been well documented over the last two decades. A series of reviews and reports have made arguments and recommendations for action and change.

In 2009 final report of the independent *NHS Health & Well-being Review* led by Dr Steven Boorman was published. The report set out the case for change and provided a comprehensive set of recommendations for improvement in provision of health and wellbeing across the NHS.

In 2015, a report by the Royal College of Physicians (RCP), entitled *Work and wellbeing in the NHS: why staff health matters to patient care*, made the case for the health, wellbeing, and engagement of the NHS workforce to be prioritised.

The reported highlighted the fact that the NHS as a whole performs relatively poorly across many measures of staff health and wellbeing, with sickness absence rates that are 27% higher than the UK public sector average, and 46% higher than the average for all sectors.

It argued that this was in the best interests of patients and NHS organisations for a range of reasons:

- **improved patient safety**, including reduced MRSA infection rates and lower mortality
- **improved patient experience of care**, including higher levels of patient satisfaction

- **reduced costs**, including lower rates of sickness absence, reduced use of agency staff, improved productivity, and higher rates of staff retention
- **professional and personal benefits for NHS staff** including improved morale, job satisfaction and wellbeing

In 2019, Health Education England published the report of the *NHS Staff and Learners Wellbeing Commission* led by Sir Keith Pearson. The report reiterated the importance of promoting and supporting the wellbeing of NHS staff and people learning in NHS settings. It explored what was being done, where there was evidence of excellence and where the NHS could aspire to excellence.

Writing in the *Health Service Journal* in 2019, Paul Farmer underlined the need for a clear understanding of what progress was being made on implementing recommendations from the *Thriving at Work* and Pearson reviews.

Farmer argued that mental wellbeing in the workplace has to be implemented from the top down, with leaders making it a priority and NHS managers who are mentally well enough to create the right environment.

He drew particular attention to the crucial role of managers because of the extra barriers for healthcare staff when disclosing mental health problems, such as fears about being deemed unfit to practice or feeling like they have to be immune to ill health.

*The importance of the mental wellbeing of NHS staff can't be overstated. It is what can make the difference between someone receiving good or poor quality care and impacts chances of recovery.* **Farmer**

## What do we know about current practice?

The CIPD publishes an annual health and wellbeing at work survey which examines the practices that organisations have put in place to support people's health at work.

It provides people professionals and employers with benchmarking data on important areas such as absence management, wellbeing benefits provision and mental health.

Key findings from the 23rd survey, published in 2023, include:

- Just over half of organisations take a strategic approach to employee wellbeing
- Just over two-fifths continue to take measures to support employee mental health and wellbeing in the wake of COVID-19
- Over half of organisations have a stand alone wellbeing strategy
- More organisations are taking steps to tackle 'presenteeism'
- Line managers play a pivotal role but often lack the skills required
- COVID-19 continues to impact sickness absence - its the fourth main cause of short-term absence and 50% report their organisation has employees who have experienced or are experiencing long COVID in the last 12 months'. Most organisations are taking additional measures to support employee health and wellbeing in response to COVID-19
- Mental health remains the most common focus of wellbeing activity. More organisations are using a range of approaches to support this including an employee assistance programme, mental health first aid training, wellbeing champions, access to counselling services and the promotion of flexible working options
- Around three quarters of respondents (76%) report some stress related absence with heavy workloads and management style most commonly to blame

- Over three quarters (78%) of organisations are taking steps to identify and reduce stress. Two thirds (66%) attempt to identify the causes through staff surveys or focus groups.

## **Three strategic approaches**

### **The Royal College of Physicians**

In their 2015 report, the Royal College of Physicians recommended seven priority areas for action for NHS trusts, health boards and commissioners:

- Prioritise staff engagement and wellbeing
- Implement NICE guidance on public health interventions for the workplace
- Champion proactive occupational health
- Take mental wellbeing seriously
- Value the role of supervisors and line managers
- Act on inequality
- Enable staff to influence

### **The Farmer/Stevenson review**

The Farmer/Stevenson review recommended a set of 'core' mental health standards that all employers should adopt:

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling
- Provide your employees with good working conditions

- Promote effective people management
- Routinely monitor employee mental health and wellbeing

It recommended a set of 'enhanced' standards for large and public sector employers:

- Increase transparency and accountability through internal and external reporting
- Demonstrate accountability by nominating a health and wellbeing lead at Board or Senior Leadership level
- Improve the disclosure process to encourage openness during recruitment and throughout
- Ensure provision of tailored in-house mental health support and signposting to clinical help

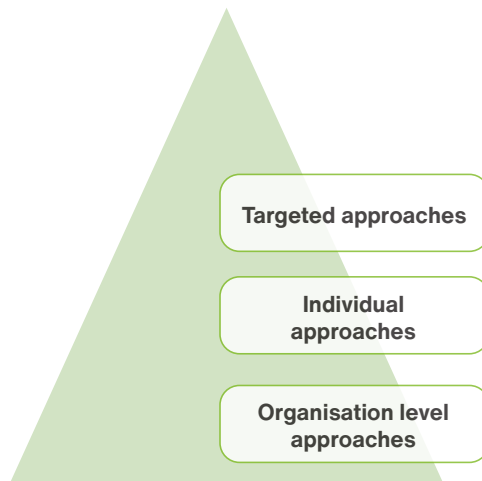
The review also acknowledged that workforces are diverse and that it is vital that employers tailor standards to fit their organisational cultures. It advocates that all employers should provide support to enable employees to thrive, with more targeted and tailored support for those who need it – including those who are struggling, ill or off work.



## The National Institute for Clinical Excellence

NICE offers detailed guidance on how employers can take a strategic approach to improving mental wellbeing in the workplace:

- Adopt a tiered approach to mental wellbeing in the workplace – organisational, individual, and targeted
- Adopt a proactive and strategic approach
- Embed mental wellbeing in business strategy
- Conduct stress risk assessments
- Ensure support systems for employees are in place
- Monitor and evaluate support provided
- Use validated measures of wellbeing



**National Institute for Clinical Excellence**

# Measuring wellbeing and wellbeing interventions

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Investors in People argue that three key factors should be born in mind when measuring workforce wellbeing:

- Avoid mindlessly chasing numbers and KPIs
- Determine goals and objectives before metrics
- Remember that organisational performance and wellbeing are tightly linked

With that in mind they advocate six key measurement areas:

- **Employee satisfaction:** do employees enjoy their role?
- **Employee retention:** will employees stay with you long-term?
- **Employee motivation:** are employees determined to achieve their goals?
- **Management satisfaction:** do employees enjoy working with your management team?
- **Peer satisfaction:** do your employees get on with each other?
- **Work environment:** do your employees enjoy their working environment?

You can find out more here: <https://www.investorsinpeople.com/knowledge/how-to-measure-wellbeing-at-work/>

In 2020 NHS Employers commissioned the Institute of Employment Studies to undertake a rapid evidence review of the evidence base of health and wellbeing interventions used in healthcare and their

implications for wellbeing outcomes. The key findings were that:

- There is no single one-size-fits-all solution for workforce wellbeing.
- The quality and extent of the evidence base is variable and needs more attention.
- A whole-system approach to wellbeing should be considered alongside interventions.

You can find out more here: <https://www.nhsemployers.org/articles/evidence-based-approaches-workforce-wellbeing>

## What role can MiP play?

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- MiP is in a unique position to promote wellbeing among the NHS workforces. As a union which represents managers it has an ear to both the top and bottom of the organisation.
- MiP can play a role through both collective action and individual advocacy and representation:
  - > Promoting understanding and awareness of wellbeing among the workforce
  - > Working with senior leaders across the NHS to ensure wellbeing strategies are adopted
  - > Ensuring that wellbeing strategies offer targeted support to managers themselves
  - > Ensuring that wellbeing strategies address the needs of a diverse workforce including those with protected characteristics
  - > Promoting compassionate and inclusive leadership at all levels of the organisation
  - > Ensuring employers put in place effective measurement of workforce wellbeing and monitoring and evaluation of wellbeing interventions
  - > Ensuring that employers establish robust, adequately resourced, employee support mechanisms
  - > Supporting individual members experiencing stress and mental health problems at work

# Wellbeing information and resources in the NHS

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## England

The NHS People Plan and the NHS People Promise outline a number of key programmes that are in place to assist organisations to develop culture of wellbeing, in which their workforce feel supported and well at work.

<https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/>

## Scotland

NHS Education for Scotland promotes staff wellbeing and its website hosts resources to support staff wellbeing and encourage self-care for use by individuals or within peer groups to support each other.

<https://www.nes.scot.nhs.uk/news/staff-wellbeing-resources/>

## Wales

NHS Wales has a *Staff Health and Wellbeing Charter* and has a suite of resources and guidance on the Health Education and Improvement Wales website.

<https://heiw.nhs.wales/news/wellbeing-resources-released-for-nhs-wales-staff/>

## Northern Ireland

The Department of Health and Social Care has published a guide to emotional and wellbeing resources on its website.

<https://online.hscni.net/useful-guide-mental-emotional-wellbeing-resources/>

## External information and resources

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### TUC

Work and wellbeing: A trade union resource

<https://www.tuc.org.uk/resource/work-and-wellbeing>

### NHS Employers

Supporting the wellbeing needs of NHS staff

<https://www.nhsemployers.org/articles/supporting-wellbeing-needs-nhs-staff>

Health and wellbeing champions

<https://www.nhsemployers.org/articles/health-and-wellbeing-champions>

## **Chartered Institute of Personnel and Development/ Mind**

Supporting Mental Health at Work: Guide for people managers

<https://www.cipd.co.uk/knowledge/culture/well-being/mental-health-support-report#gref>

## **Chartered Management Institute**

Wellbeing hub

<https://www.managers.org.uk/campaigns/mental-health-and-wellbeing/>

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# What can MiP members do?

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Whatever capacity you are acting in – as a representative or as a manager or colleague, MiP members can be **wellbeing ambassadors** in the workplace every day.

As a manager or colleague, you can be an ambassador by:

- being familiar with your local policies on health and wellbeing so you can support your team appropriately
- encouraging simple actions among your colleagues such as moving away from the desk for short periods, having lunch, going for a walk in a break
- checking in with your team at one to ones and being alert to any changes in behaviour or work performance
- dispelling fears about raising issues by being open about the importance of wellbeing
- organising and contributing to training and development sessions
- thinking about your own stress levels, workload, hours, and work life balance – how do they impact on you and your team

As a representative you can be an ambassador by:

- negotiating and reviewing policies that include or impact on wellbeing
- highlighting health and safety issues such as persistent long hours and no breaks
- encouraging your employer to use sickness absence data to improve workplace practices - looking at patterns and trends and look for solutions



- encouraging employers to make wellbeing a visible and active issue
  - encouraging your employer to use annual health events such as walk to work week (April) or Men's Health week (June) to raise awareness - being creative now many are hybrid working
  - engaging with campaigns and training opportunities run by the union or your employer
  - ensuring there is confidential access to information on issues that affect wellbeing such as debt counselling or alcohol or drug abuse
  - using the information and resources signposted in this guide
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