Fitness to Practise

The Health of Healthcare Professionals

August 2009
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Summary
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Perceptions of healthcare professionals

Healthcare professionals are held in high regard by the public, and the vast majority say they trust them to tell the truth. However, only around a quarter of the general public consider healthcare professionals to be healthier than the public, and healthcare professionals themselves are inclined to agree with this assessment – all of which suggests they are not thought to be practising what they preach.

Nevertheless, the discussion groups reveal a perception among the general public that healthcare professionals *should* be healthier than the public, since they have more knowledge of these issues. However, they recognise that the nature of many healthcare professionals’ jobs is not conducive to leading a healthy lifestyle – most notably the long working hours and shift patterns often involved. Healthcare professionals, on the other hand, believe understaffing, lack of resources and a heavy – often emotional – workload leads to high stress levels. While this is often thought to have a negative impact on their health, they believe the effects of stress on physical and mental wellbeing are not always appreciated by managers.

Perceptions of the NHS

Public satisfaction with the NHS is high – most people say they are satisfied with their local health services. Nevertheless, they are worried about waiting times and cleanliness, and one in ten is concerned about issues relating to staff such as staff shortages and communication.

However, healthcare professionals themselves are *less* likely to be satisfied with the NHS than the public. Overall, healthcare professionals’ main concerns centre on staff shortages, although doctors are most likely to be concerned about poor management and bureaucracy. Although they consider their jobs to be stressful, many consider their working conditions to be significantly better than working conditions in the NHS as a whole, which may be due to negative media coverage of this issue.
Health and wellbeing initiatives

The general public and healthcare professionals believe health and wellbeing initiatives aimed at NHS staff are important due to the stressful nature of a healthcare professional’s work. It is thought to be of particular importance for those healthcare professionals such as palliative care nurses, whose jobs can be emotionally draining.

However, awareness of many of these initiatives amongst healthcare professionals is fairly low – while many are aware of Occupational Health, few were able to identify other health and wellbeing initiatives. Indeed, many healthcare professionals feel that there is a lack of information available to them regarding health and wellbeing initiatives, and doctors in particular are the most likely to feel uninformed.

This is reflected in levels of satisfaction with the current health and wellbeing services available to health professionals; overall satisfaction is fairly low, however nurses – who are the most informed group – are more likely to view health and wellbeing services more favourably.

Perhaps due to low awareness and satisfaction with health and wellbeing services, many healthcare professionals said they would turn to Occupational Health if a colleague asked for help with an issue relating to their fitness to practise. While this suggests professionals are aware of the channels open to them if confronted with a colleague who may have a problem, in-depth discussions with stakeholders reveals the issue is not so clear cut. Indeed, many stakeholders we spoke to were unclear of where to turn for help.

The health of healthcare professionals

Half of the healthcare professionals we spoke to believe being too busy is a barrier to accessing healthcare services. However, a significant minority believe they face barriers in terms of confidentiality or because of the potential impact seeking help would have on their careers. Furthermore the in-depth interviews reveal that healthcare professionals sometimes feel ‘guilty’ for taking time off sick particularly when this may impact negatively on their colleagues.

Stigma also emerges as an important issue – most healthcare professionals believe they would be stigmatised if they had an addiction problem or a mental illness. While the qualitative work suggests that due to increased knowledge and awareness there is less of a stigma attached to mental health problems now than in the past, it is still perceived to be a significant problem.
Most healthcare professionals do not think they are well-placed to gauge whether they are fit to work, which is reflected in findings from the general public – half don’t think healthcare professionals should diagnose their own health problems. Furthermore, three quarters of healthcare professionals believe it is not acceptable for them to prescribe medicines for their own health problems although doctors are more likely to think this is acceptable. Findings from the general public reflect this – most believe healthcare professionals should not self-prescribe due to the potential for abuse.

In terms of seeking help, the majority of healthcare professionals say they would feel comfortable approaching their line manager with a health problem, and encouragingly, three quarters say they would trust their line manager to keep this confidential. However, almost a quarter say they would be reluctant to approach their line manager, which is perhaps due to a fear of letting people down or of being stigmatised.

**Managing health and wellbeing**

Most line managers say they have discussed issues relating to fitness to work with a member of staff – although pharmacists and nurse managers are more likely than doctors to have done this. However, fewer than half of line managers have received training or support about what to do if concerns are raised about the fitness to work of someone they line manage, although nurse managers are twice as likely as doctors who manage staff to receive this training.

Despite this lack of formal training, most managers say they feel informed about what to do if concerns are raised about the fitness to practise of a member of staff they manage. However, when it comes to systems and schemes for helping staff with fitness to practise issues, managers are less informed. Indeed, the in-depth interviews revealed that expertise in dealing with fitness to practise issues amongst staff such as ill health and addiction was often obtained through ‘on the job’ via informal contact with professional peers.

Occupational health is generally highly regarded, however it is not felt to be well-publicised – a thought echoed by the trade unionists we spoke to. Indeed, there is a sense that you need to be ‘in the know’ in order to use the service. Confidentiality is however, perhaps an area where perceptions could be monitored and challenged – while the vast majority think occupational health is confidential it is notable that one in ten managers believes it is not, a perception that could conceivably make them sometimes think twice about referring staff.
Willingness to report

Most stakeholders think sick healthcare professionals pose a threat to patient safety, and as such most say they would not hesitate to report colleagues they suspected of suffering from ill health. The public have mixed feelings about receiving treatment from healthcare professionals who had previously suffered from an addiction or mental health problem. While the biggest worry for many would be a healthcare professional with a former addiction problem a similar proportion say they would not be comfortable taking health advice from a healthcare professional who leads an unhealthy lifestyle.

While more than half of the public say they would know who to contact if they had concerns about the health of a healthcare professional, the discussion groups suggested a lack of knowledge. Many say they would approach the receptionist or another doctor and others were vague about who they would complain to and how the process would work.

While healthcare professionals acknowledge sensitivities with reporting more senior members of staff, most say they would not hesitate to report a senior member of staff, since issues such as alcohol and drug addiction are considered to be too serious to ignore. Two thirds of healthcare professionals feel informed about the process for reporting concerns about colleagues, but this means that a third say they do not feel informed. As might be expected, line managers are more informed about the reporting process than those they line manage; and most would approach their line manager for help and advice if needed. However, the in-depth interviews with stakeholders revealed a level of uncertainty about procedures for reporting fitness to practise concerns, and much depends on the quality of relationships with colleagues and managers.

Treating ill healthcare professionals

Most healthcare professionals would not feel comfortable being treated by a colleague that they worked closely with, and doctors and pharmacists are most likely to feel uncomfortable about this.

The qualitative findings suggest it can be more difficult for a senior health professional such as a consultant to seek health advice from a more junior colleague. Senior professionals are more inclined to think that they should be able to solve their own health issues and may fear the embarrassment and stigma that is attached to seeking advice from a colleague. As such, they believe specialised health services should be made available for healthcare professionals – support for such a service is particularly high among nurses.
The public, however, engaged in some debate over whether or not specialised health services should be made available for healthcare professionals. On balance, most believe these services should be made available, since they understand it can be difficult for healthcare professionals to use mainstream services due to issues surrounding stigma and embarrassment. They do, however, emphasise that while this service should be tailored toward healthcare professionals it should not be seen to be ‘better’ than the mainstream service.

**Overseeing healthcare professionals**

Almost all the general public and healthcare professionals we spoke to believe regular checks should be made on the professional conduct, skills and knowledge of healthcare professionals. Furthermore, female healthcare professionals are more inclined to be in favour of this than their male counterparts, and nurses are more likely than doctors to advocate this.

In many cases the public are largely willing to give healthcare professionals with former addiction problems or poor mental health a ‘second chance’. However, there is a strong assumption from the general public that these checks are already in place, especially in a case where the health professional had previously suffered from a work related illness.
Introduction

1.1 Aims and objectives

This report contains the findings of a study conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health.

The health and wellbeing of staff is vitally important to the NHS, however, we know there are shortcomings with the current system, and that the NHS experiences a high level of absenteeism among health professionals due to physical or psychological ill health. This is clearly an area of concern, indeed, The Next Stage Review highlights the importance of maintaining a high quality workforce since the health and wellbeing of health professionals is vitally important in delivering patient safety, effective care and providing a high quality patient experience.

Therefore this research aimed to provide the Department of Health with an in-depth understanding of the attitudes of NHS healthcare professionals and the general public towards sickness and reporting in the NHS.

In order to meet this objective we aimed to:

- Identify issues that contribute to a lack of reporting of health issues by healthcare professionals;
- Explore the perceived poor response by employers when staff do report these issues;
- Examine the systems and processes that need to be in place to fill any gaps identified; and
- Identify staff and employers attitudes towards ill health where fitness to practise is an issue.
1.2 Methodology

In order to meet these objectives, we carried out a programme of quantitative and qualitative research. The quantitative research consisted of:

- A telephone survey among a representative sample of 1,075 members of the public in England. Fieldwork took place between 26th and 28th June 2009, and was conducted via the Ipsos MORI telephone omnibus. All interviews were conducted using Computer Assisted Telephone Interviewing (CATI).

- A telephone survey of 600 NHS healthcare professionals in England between 22nd June and 10th July 2009. Respondents consisted of:
  - 200 doctors (100 frontline and 100 managers);
  - 200 nurses (100 frontline and 100 managers); and
  - 200 pharmacists (100 frontline and 100 managers).

These were drawn from a random sample of doctors, nurses and pharmacists in England.

The qualitative research consisted of:

- 26 in-depth telephone interviews with NHS healthcare professionals. These interviews were carried out with a range of doctors, nurses, pharmacists, dentists and physiotherapists;

- 4 in-depth interviews with trade unionists; and

- Six discussion groups with members of the public. Two groups were held in Newcastle, two in Birmingham, one in London and one in Exeter. Full details of the make up of each group are appended.

All qualitative in-depth interviews and discussion groups were moderated by a member of the core project team. The in-depth semi-structured interviews tended to last between 30 – 45 minutes and the discussion groups lasted around 90 minutes each. All discussion groups and in-depth interviews were led by a discussion guide, which was developed and agreed with the Department of Health. Discussion guides are appended to this report.
1.3 Report layout

Following the introduction, this report contains a more detailed commentary of the main findings divided into eight sections as detailed below.

- Perceptions of healthcare professionals;
- Perceptions of NHS;
- Health and well-being initiatives;
- Health of healthcare professionals;
- Managing health and well-being;
- Willingness to report;
- Treating ill healthcare professionals; and
- Overseeing healthcare professionals.

1.4 Presentation and interpretation of the data

Quantitative data

General public survey

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a (weighted) sample of 1,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than 3.1 percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). An indication of appropriate sampling tolerances that may apply to the survey among the general public in this report are given in the table below.
## Statistical reliability of the survey

<table>
<thead>
<tr>
<th>Size of sample on which the survey results are based</th>
<th>Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10% or 90%</td>
</tr>
<tr>
<td>100 Interviews</td>
<td>±</td>
</tr>
<tr>
<td>300 Interviews</td>
<td>5.9</td>
</tr>
<tr>
<td>500 Interviews</td>
<td>3.4</td>
</tr>
<tr>
<td>1,000 interviews</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: Ipsos MORI

Strictly speaking the tolerances shown here apply only to random samples; in practice, good quality quota sampling has been found to be as accurate. Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons between sub-groups.

## Statistical reliability – comparing samples

<table>
<thead>
<tr>
<th>Size of sample on which the survey results are based</th>
<th>Differences required for significance at or near these percentage levels (at the 95% confidence level)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>10% or 90%</td>
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<td>100 and 100</td>
<td>±</td>
</tr>
<tr>
<td>150 and 150</td>
<td>8.4</td>
</tr>
<tr>
<td>200 and 200</td>
<td>6.8</td>
</tr>
<tr>
<td>500 and 500</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>3.7</td>
</tr>
</tbody>
</table>

Source: Ipsos MORI

## Stakeholder survey

The survey of NHS healthcare professionals was not intended to be fully representative of all healthcare professionals throughout the organisation. We focused on the professions the Department was most keen to speak to and interviewed equal numbers of doctors, nurses, and pharmacists. Within each profession we interviewed equal numbers of managers and line managers.
Therefore, although the data cannot be taken as representative of all NHS healthcare professionals, it provides good indicative data on the views of these particular professions, and line managers and non-line managers within them.

**Qualitative data**

It is important to note that qualitative research is designed to be *illustrative* rather than statistically representative and therefore provides insight into why people hold views, rather than conclusions from a robust, valid sample. In addition, it is important to bear in mind that we are dealing with people’s perceptions, rather than facts.

Throughout the report, use is made of verbatim comments from participants. Where this is the case, it is important to remember that the views expressed do not always represent the views of the group as a whole, although in each case the verbatim is representative of, at least, a small number of participants.

**1.5 Publication of data**

Our standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from Ipsos MORI research. This is to protect your reputation and integrity as much as our own. We recognise that it is in no-one’s best interests to have findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.
2. Perceptions of health professionals

2.1 Levels of trust in healthcare professionals

Overall, health professionals are held in high regard by members of the general public. More than nine in ten members of the general public say they would trust pharmacists (95%), doctors (94%) and nurses (94%) to tell the truth. This compares favourably with other professions – most notably politicians (19%), and journalists (26%).

Findings from the discussion groups reflect the high level of trust afforded to healthcare professionals. Healthcare professionals are highly respected and considered to be experts in their field, therefore the public place a high level of trust in them, due to the highly responsible nature of their work.

*I would say they’re [the] expert. They’re like airline pilots, because once you’re on the table you’re in their hands*

Male, age 18-25, Newcastle
If you have an accident on the road, you’re whipped into the hospital, you don’t know who’s going to operate on you so you’ve got to have the trust on who is going to do it

Male, age 18-25, Newcastle

However, healthcare professionals are not thought to be healthier than members of the general public. Only one in four (23%) members of the public believe that healthcare professionals are healthier than the general public. Indeed, healthcare professionals themselves are even less likely to think they are healthier than the general public (17%).

HCPs not thought to be any healthier than general public

To what extent do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Health professionals tend to be healthier than other members of the general public (1,075)- General Public</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health professionals tend to be healthier than other members of the general public (600)- Stakeholders</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>61%</td>
<td></td>
</tr>
</tbody>
</table>

Base: All respondents (1,075 general public) and 600 stakeholders. (June – July 2009)

However, it is notable that doctors are more inclined to consider themselves healthier than the general public than pharmacists or nurses are (27%, 15%, and 11% respectively). Furthermore, male healthcare professionals are more likely than their female counterparts to believe healthcare professionals are healthier than the public. (25% compared to 13%).
2.2 Why aren’t healthcare professionals healthier?

The discussion groups reveal a perception among the general public that healthcare professionals should be healthier than the public at large, since they have a greater knowledge and understanding of health issues and often their job involves promoting a healthy lifestyle.

*My ex girlfriend, she used to, have a weight problem, and the doctor advised her to lose weight, and the doctor was bigger than my girlfriend*

Male 18-25, Newcastle

*If they’re preaching healthy living, then by rights they should be healthier*

Male 25-45, Birmingham

However, the public also recognised that the nature of a health professional’s work is not always conducive to leading a healthy lifestyle. High levels of work-related stress, the unnatural – often long – hours involved in shift work, and a perceived legacy of a heavy drinking culture from medical school were all considered to be possible reasons for unhealthy lifestyles among health professionals.

**Shift work** was not seen to be beneficial to leading a healthy lifestyle, due to the unsociable hours it entails. Furthermore the public recognise it can be more difficult to take part in regular exercise and to eat healthily when working on a shift pattern.

*Long hours, not getting the breaks you want, grabbing food on the go*

Male, age 25-45, London

Some participants – in particular the older people we spoke to - were concerned about the **drinking culture** among young healthcare professionals, and suggested this culture was wide-spread in medical schools. However they recognised that a heavy drinking culture among young people was not exclusive to those training to be healthcare professionals.

*A friend’s daughter is training to be a GP and she drinks like a fish*

Male, age 65+, London

Participants engaged in some debate surrounding the levels of **stress** different healthcare professionals face. Overall, surgeons and nurses were perceived to suffer more work-related stress than other healthcare professionals such as pharmacists. However some participants
did argue that health professionals, such as surgeons and doctors, were well paid for the jobs that they do and therefore should be able to deal with a certain amount of stress.

So he [surgeon] has more disposable income, and generally in life, more disposable income means you’re less stressful

Male age 18-25, Newcastle

He gets a prescription off the top man, and he fills the prescription. Where’s the stress in that

Male, age 18-25, Newcastle

Some pharmacists we spoke to agreed that other healthcare professionals face greater levels of work-related stress. In particular, those jobs with greater caring responsibilities and emotional impact were seen to be the most stressful.

Jobs with emotional and caring responsibilities have greater potential for mental health impact

Pharmacist

2.3 Stress in the workplace

Healthcare professionals themselves consider their main work-related pressures to be targets (including financial targets), heavy workloads, lack of staffing resources, bureaucracy, and the emotional nature of their work. These factors were all considered to contribute to high stress levels, with the potential to impact on their physical and mental health and wellbeing.

If the NHS was better staffed half the problems wouldn’t even happen

Female, age 25-45, London

We work so hard really, I haven’t had a lunch break in I don’t know how long, and I get to work and I start and I don’t finish until I finish work and it’s a long, it’s a quick day because I’m busy but it’s also a wearing day, so I get home and I’m worn out. Is that good for your health long term?

Pharmacist
A good example would be pressure put on us as surgeons, particularly to comply with lots of targets. A good example of a junior surgeon would be the target that was introduced for the four hour waiting list in casualty departments. The idea behind it was a good one so that people didn’t wait ages and ages in casualty, but what’s happening is a lot of the senior clinical staff who work in casualty are now more involved in ringing and chasing targets than actually doing clinical work with their patients.

Surgeon

Furthermore, some healthcare professionals felt the sheer number of patients needing to be treated tended to lead to long working hours, difficult targets and ultimately more stressful working conditions. There was some hope that the European Working Time Directive would ease the pressure on some health professionals by reducing their hours to forty eight a week. However many were concerned that this may have a negative impact on their working lives. They doubted their workload would reduce and as a result felt this could actually lead to more stressful working conditions, since they would be under pressure to treat the same number of patients in a shorter space of time.

_We need to go down to a 48 hours a week, but the workload doesn’t change_

Doctor

The emotional nature of a health professional’s work was also perceived to contribute to poor health – many healthcare professionals felt their job was emotionally exhausting. Furthermore, some felt patient expectations should be managed better in order to reduce the strain felt by front line staff.

_It’s stressful emotionally and exhausting emotionally_

Cancer Nurse

_Patients come in sometimes who are just downright offensive_

Doctor

Unanimously, stress in the workplace was considered to be the most significant factor contributing to the physical and mental health problems among healthcare professionals. However, neither stakeholders nor members of the public felt the effect of stress is an issue that is taken seriously enough. In part this is felt to be due to a lack of understanding of how to recognise stress and the effect it can have on physical health, furthermore, others feel
stress tends to be taken less seriously since, unlike a physical health problem, it cannot be seen and so is therefore easier to ignore.

*I'm not sure that people understand enough about stress... I think mental health is sometimes unrecognised*

Dentist

*It's a thin line between stress and depression. You might be clinically depressed, but you just think it's stress because it is part of the job*

Female, age 25-45, London

*I've certainly recognised that I've had a lot more staff off with varying levels of stress related illness in the last couple of years*

Physiotherapist

However, despite the perceived high levels of stress inherent with being a healthcare professional, many of the professionals we spoke to were keen to emphasise that the NHS can be a very rewarding and productive environment to work in.

*It's a fantastic place to work. It is a very stressful thing, but actually our healthcare workers, they thrive on that, to a degree*

Nurse Consultant

*That's the environment we work in and some health service staff thrive on that and I thrive on being in A and E and thrombolising patients who've had a stroke. It's a huge adrenaline rush and it's hugely satisfying work because you see enormous difference to patients*

Doctor

2.4 Service usage

As the following chart shows, almost all general public respondents say they have used at least one NHS service in the last year, such as visiting a GP, asking a pharmacist for advice, or attending an NHS Hospital.
Perceptions of the NHS

Which of the following NHS health services, if any, have you personally used in the last year?

<table>
<thead>
<tr>
<th>Service</th>
<th>Used</th>
<th>Not used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited a GP</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Asked a pharmacist for help or advice</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>Attended an NHS hospital as an outpatient</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Visited an accident and emergency department</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Been an inpatient at an NHS hospital</td>
<td>19%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Base: All respondents (1,075); June 26th – 28th 2009

Furthermore, satisfaction with the service provided by the NHS is high. More than nine in ten (92%) are satisfied with their pharmacist, more than eight in ten (86%) are satisfied with their local GP surgery and nearly eight in ten (78%) are satisfied with their nearest NHS hospital. However, satisfaction with GP surgeries and local hospitals is significantly lower among young people. Just over a half of people aged 18-24 say they are satisfied with their GP surgery or nearest hospital (51% and 53% respectively). These findings reflect previous Ipsos MORI research which also suggests that younger people are less likely to be satisfied with the NHS and other public services.
High levels of satisfaction

How satisfied or dissatisfied are you with the following services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Very satisfied</th>
<th>Fairly satisfied</th>
<th>Neither / nor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pharmacist you use most frequently</td>
<td>63%</td>
<td>29%</td>
<td>5%</td>
</tr>
<tr>
<td>Your GP surgery</td>
<td>57%</td>
<td>29%</td>
<td>6%</td>
</tr>
<tr>
<td>Your nearest NHS hospital</td>
<td>37%</td>
<td>41%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Base: All respondents (1,075); June 26th – 28th 2009 – GENERAL PUBLIC

Source: Ipsos MORI

Healthcare professionals themselves are less likely to be satisfied with the running of the National Health Service than the public. Indeed, fewer than six in ten say they are satisfied with the running of the NHS, (57%) compared to more than seven in ten (73%) of the general public.¹

It is notable however, that nurses (62%) and pharmacists (58%) are more likely to be satisfied with the running of the NHS than doctors (51%), which is perhaps a reflection of the extra pressures doctors face in their working environment.

¹ NHS Tracker (DH), December 2008
2.5 The general public’s concerns about the NHS

Waiting times are the most prevalent top of mind NHS-related concern among the public, with more than one in five (22%) saying they are worried about this. However, it is notable that one in ten respondents spontaneously cite issues relating to staff including; staff shortages (7%), overworked / stressed staff (2%) and lack of staff communication (2%). Furthermore, the issue of staff shortages emerges as more of a concern among respondents who are in the middle age bands (aged 35 – 54) and higher social grades (10% each).

During discussion groups with the public we explored these issues further. Here we found the public recognise that health professionals are working in a highly pressured environment and that they work very long hours.

*I would say it’s 100 mile an hour for them, a lot of pressure on, and they can be wrong, they do work too many hours*

Female, age 18-25, Newcastle
2.6 Stakeholders’ concerns about the NHS

Healthcare professionals’ views differ here from the general public. They believe staff shortages and budget cuts are the most pressing issues (25% and 19% respectively). Indeed, nurses are particularly concerned about staff shortages, with more than one in three (35%) feeling this as a problem. This high level of concern was reflected in the qualitative findings - the following verbatim comment suggests this is getting worse:

*Some of the cuts that there have been in perhaps admin staff, support staff and some of the nursing staff. That does have a knock on effect because, I work in an advisory role and I find I’m doing more of other roles to help out … that does have a knock on effect, I think that’s a pressure that’s throughout the NHS*

Cancer nurse

Closer examination of this question goes some way to explaining the higher level of dissatisfaction with the NHS amongst doctors than nurses or pharmacists, since several concerns emerge as much more prevalent among doctors. For example more than one in ten (12%) doctors cites poor quality management as a key concern, compared to only 3% of nurses and 5% of pharmacists. Furthermore, nearly one in ten (8%) doctors say their job involves too much administration compared to only 4% of nurses and pharmacists.
25%
19%
11%
11%
10%
10%
7%
6%
5%
5%

Staff shortages
Funding/budget cuts
Too much focus on targets/budgets
The quality of care
Waiting times
Overworked/stressed staff
Poor quality management
Access to care e.g. opening hours
Too much change
Too much admin/paperwork

Top ten mentions

Which issues concern you the most about the services provided by the National Health Service?

Source: Ipsos MORI

2.7 Perceptions of working conditions

Most healthcare professionals consider their own working conditions to be significantly better than working conditions in the NHS as a whole. Indeed, nearly three quarters (74%) say they are satisfied with their own working conditions, compared with fewer than six in ten (57%) who say they are satisfied with the working conditions within the NHS as a whole. This is perhaps a reflection of the often negative press coverage of the NHS, which was alluded to in our discussion groups with the general public.

The media are diminishing respect; they try to apportion blame onto anything now

Male, age 18-25, Newcastle
Most HCPs think their working conditions are better than others

Overall, how satisfied or dissatisfied are you with……

- % Very satisfied
- % Very dissatisfied
- % Neither / nor

Your own working conditions

- 9% Very satisfied
- 13% Very dissatisfied
- 24% Neither / nor
- 50% Fairly satisfied

General NHS working conditions

- 21% Very satisfied
- 4% Very dissatisfied
- 15% Neither / nor
- 51% Fairly satisfied

Base: All stakeholders (600); 22 June – 10 July 2009

Source: Ipsos MORI

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3. Health and wellbeing initiatives

3.1 Awareness of health and wellbeing initiatives

The stakeholder survey shows low levels of awareness of wellbeing initiatives among healthcare professionals. While almost a quarter (23%) say they are aware of the work of the Occupational Health Service, few are able to identify other health and wellbeing initiatives. Indeed, nearly half of respondents (47%), either say they do not know of any wellbeing initiatives, or did not answer the question. Although base sizes are small, as might be expected, findings indicate that healthcare professionals working in a Mental Health Trust were more likely to be aware of counselling services available to them (27%).

While general awareness of wellbeing initiatives is low across all of the professions, it is worth noting that nurses (12%) are more likely than doctors (7%) to be aware of counselling services available to them.
As the following chart shows, more than six in ten healthcare professionals (61%) say they do not feel well informed about the healthcare and wellbeing services available to them. Doctors (65%) and pharmacists (67%) are more likely than nurses (51%) to say they feel uninformed. Furthermore, nurses at management level are more likely than nurses who do not have management responsibilities to say they feel well informed about health and wellbeing services available to them (53% compared to 43% respectively). These findings suggest information on health and wellbeing initiatives is not always cascaded effectively in the nursing profession.

**Most HCPs do not feel informed about health and wellbeing initiatives**

*How well informed do you feel about the healthcare and wellbeing services available to health professionals?*

<table>
<thead>
<tr>
<th>Not at all informed</th>
<th>Very well informed</th>
<th>Fairly well informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>6%</td>
<td>33%</td>
</tr>
<tr>
<td>44%</td>
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</tbody>
</table>

Of the stakeholders we spoke to who had used a health and wellbeing service, nearly six in ten (58%), had used a local wellbeing initiative *within* their organisation. Those who are at management level who are doctors (56% to 40%), nurses (64% to 58%) or pharmacists (63% to 60%) are more likely to have used a local wellbeing initiative than professionals not at management level. This further emphasises the point that information may not always be cascaded down to more junior staff.
Health and well-being initiatives

Which healthcare and wellbeing services have you used?

Top Six Results

- Local initiative within your organisation: 58%
- Confidential counselling through your organisation: 12%
- Physiotherapy: 5%
- GP: 4%
- Childcare provision: 3%
- Clinical supervision: 2%

Base: All those who have used healthcare and wellbeing services (153); 22nd June – 10th July 2009
Source: Ipsos MORI

The fairly low levels of awareness and low usage of health and wellbeing initiatives is reflected in stakeholders’ satisfaction with health and wellbeing initiatives available to them. Fewer than four in ten (38%), say they are satisfied with services available to them personally and just over a third (34%), are satisfied with services available to healthcare professionals in general. Nurses are more inclined to be satisfied with wellbeing initiatives both in general (46% satisfied) and personally (49% satisfied). This is in contrast to doctors, of whom only a third (33%) are satisfied with the wellbeing initiatives available to them personally, and less than a third (29%) are satisfied with wellbeing services in general.

While base-sizes are small, findings suggest that those who work with fewer colleagues on a day-to-day basis are more inclined to be satisfied with the health and wellbeing initiatives available to them. Thirty-eight percent of those who work with between one and five colleagues are satisfied with this compared to just 30% who work with more than 10 colleagues.
Despite low satisfaction with wellbeing services and generally low levels of awareness of what is available; reflecting relatively high levels of knowledge of the Occupational Health Service, more than half (56%) of health professionals in the stakeholder survey say they would recommend a colleague approach the Occupational Health Service if they had a health or addiction problem. This compares to just a third (35%) who would recommend their colleague approach their own GP and just one in five (21%) who would recommend they talk to their line manager.

Those at management level, especially in the nursing profession, are more likely to recommend Occupational Health to a colleague than others. More than half of management level doctors (51%), two thirds of pharmacists (66%), and nearly four in five management level nurses (78%) would recommend the Occupational Health Service.
### Top Ten Results

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Health Service</td>
<td>56%</td>
</tr>
<tr>
<td>Their GP</td>
<td>35%</td>
</tr>
<tr>
<td>Their line manager</td>
<td>21%</td>
</tr>
<tr>
<td>Confidential counselling within your organisation</td>
<td>5%</td>
</tr>
<tr>
<td>Human Resources</td>
<td>3%</td>
</tr>
<tr>
<td>Colleague/Senior Colleague</td>
<td>3%</td>
</tr>
<tr>
<td>Local initiative within organisation</td>
<td>3%</td>
</tr>
<tr>
<td>Pharmacists support</td>
<td>2%</td>
</tr>
<tr>
<td>BMA Doctors for Doctors Service</td>
<td>2%</td>
</tr>
<tr>
<td>The BMA Counselling Service</td>
<td>2%</td>
</tr>
</tbody>
</table>

If a colleague came to you for advice on who to speak to about a health problem and/or addiction they had who, if anyone, would you recommend they approach?

The discussion groups with the general public and interviews with healthcare professionals explored these issues in more detail and reflect these findings. There was a clear understanding from both the general public and stakeholders, that an efficient health and wellbeing service for healthcare practitioners is important. Due to the emotional nature of many health professionals’ work an effective support system or counselling service that health professionals could go to when necessary was viewed as essential to their long term wellbeing.

*It's such a hard job, not being able to switch off. I'd like to hope that they'd be able to have a support network where they could go and talk things through*

Female, age 25-45, London

*There is a counselling service at the hospital which anybody can access and it is confidential, which is a useful service really and I think that's important*

Pharmacist
However, many of the healthcare professionals we spoke to said they would be unsure of who to contact if they felt a colleague had a health or addiction problem and could not name many or any wellbeing initiatives set up to help professionals who find themselves in difficulty. Indeed, some say they have little or no understanding of their organisation’s policies and procedures on this issue.

*It's about health trainers. It's about health promotion units. It's about the public health department. And yet we don’t think about, it's about physiotherapy, it's about counselling services. It's a, it should be a multidisciplinary approach maybe co-ordinated and led by maybe a public health facility with occupational health being part of it. But at the moment there doesn't seem to be any joined up thinking about who should be delivering the full gambit*

Trade Unionist

*It's a very common question in interviews, as a doctor trying to get a job: what would you do if you suspect your boss comes to work and he's drunk? There's a clear understanding that you must do something, but I don’t think I've ever seen anything specific written down that the contact point is this*

Doctor

Many health professionals we spoke to emphasised the importance that services remained confidential. It is clear that stigma – particularly with regard to mental health issues and addiction problems is a real cause for concern, and if wellbeing and advice services are not perceived to be confidential this would pose a real barrier to the success of the scheme.

*I think it's possibly stigma and confidentiality. I think those would be two things. And certainly in our area, it's quite a close knit community, and I think they would be concerned about other people knowing about it. So confidentiality would be an issue*

Orthodontist

*I mean there are stigmas associated with certain illnesses and people may not report mental health problems for fear of losing their job*

Trade Unionist

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4. The Health of Health Professionals

4.1 Barriers to accessing healthcare

Stakeholders were asked what barriers, if any, healthcare professionals face when trying to access healthcare. By far the most common barrier identified is a lack of time or being too busy, mentioned by half (50%) of respondents.

![Half think HCPs are too busy to access healthcare](chart.png)

Pharmacists and doctors are more likely to mention a ‘lack of time/too busy’ than nurses (58% and 52% respectively vs. 40% of nurses) – although this is the most common reason among nurses too.

The next most commonly mentioned barrier is fears about confidentiality (11%). This is a particular concern to doctors (19% compared to 5% of pharmacists and 9% of nurses), and those working in General Practices (31%). Our findings from the in-depth interviews echo these findings:
It's quite a close knit community here, and I think they would be concerned about other people knowing about it. So confidentiality would be an issue

Orthodontist

Doctors are also significantly more likely to name fears about the impact on jobs/career (17% versus 10% overall). This fear also emerged from in-depth interviews, where participants voiced concerns over admitting health problems at work, particularly if they are stress-related.

People are worried about losing their jobs, people are under so much pressure to meet their patient targets, admitting you have a health problem can be considered as a weakness, especially if the illness is stress as everyone in the health service is working under stress

Dentist

The public also perceive there to be a sense of stigma attached to healthcare professionals taking time off sick for stress-related conditions.

There's all that sort of guilty feeling about how your colleague would regard you

Female, London, ABC1, age 25-45

Furthermore, some healthcare professionals said they may feel embarrassed about seeing a peer for a health concern – this emerged particularly strongly among the doctors and surgeons we spoke to:

I think there's almost a sort of embarrassment thing, it's sort of physician heal thyself thing almost, so seeking help for what potentially may be an embarrassing problem, or an addictive problem, or a stress problem, certainly in the hospital specialities, the culture is that you just sort of feel free to cope and carry on

Surgeon

However, it is notable that around one in ten respondents to the survey said they felt healthcare professionals face no barriers or at least no more than those faced by the public in accessing healthcare services (6% and 3% respectively).
4.2 Fear of stigma

The majority of stakeholders said they would fear being stigmatised or labelled if their colleagues knew they were suffering from either an addiction (73%) or mental ill health (63%). However, they perceive there to be much less stigma attached to physical illnesses - only a quarter (25%) would fear being stigmatised if they suffered from physical ill health.

For addiction and mental ill health, doctors (81% and 73% respectively) and to a lesser extent pharmacists (75% and 65% respectively) are significantly more likely to fear being stigmatised or labelled than nurses (64% and 51% respectively). Indeed, the difference between doctors and nurses is even greater when looking at findings of those with line management responsibilities. For example, 84% of doctor-managers would fear being stigmatised or labelled if they were suffering from an addiction compared to 59% of nurse-managers, and for mental ill health the difference is 74% compared to 51% respectively. The survey also revealed that younger stakeholders tended to be most fearful of being stigmatised or labelled (81% of those aged 18-34 would be worried about this if they had an addiction, compared to 70% of those aged 35-44).
Similar concerns concerning stigma emerged strongly from the stakeholder in-depth interviews:

_In our own peer group, it’s a loss of face that you can’t hack it. The feeling is, oh well, I’m pretty inadequate because I can’t cope with it whereas others they don’t realise that probably everyone’s going through the same sort of scenario to a greater or lesser degree_

Dentist

However findings from the in-depth interviews also suggested that while stigma is still attached to mental health problems in the health service, some felt awareness of mental health problems and attitudes towards this are improving.

_I don’t think depression is stigmatised as much as it was before, or they’ve got a problem with their nerves or whatever, as they would have said before. It’s probably because it’s recognised as an illness now_

Orthodontist

Given that most healthcare professionals (63%) fear that they would be stigmatised if their colleagues were aware they were experiencing mental ill health, it is not surprising that only one quarter (24%) think that their career would not be damaged if they were to reveal that they suffered from mental ill health. Indeed, the majority (61%) clearly think it would damage their career, with doctors (69%) particularly likely to think this would be the case.

### 4.3 Self-diagnosis

More than half (53%) of healthcare professionals do not think they are best placed to gauge whether they themselves are fit to work. However, nurses are significantly more likely to think they are best placed to make this judgement (48% agree) than doctors (21%).
To what extent do you agree with the statement “healthcare professionals are best placed to gauge whether they themselves are fit for work”?

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
<th>Neither/nor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>26%</td>
<td>35%</td>
<td>17%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Base: All stakeholders (600); 22 June – 10 July 2009

Source: Ipsos MORI

Age and experience also appear to have an impact on opinion, with 44% of those aged 18-34 feeling they are best placed to judge if they are fit to work compared to just a third (34%) of those aged 35-44. Furthermore, those who have worked in healthcare for a shorter length of time are more likely to think they are well-placed to gauge if they are fit to work (45% of those who have worked in healthcare for between one and 10 years vs. 33% of those who have worked from 11 to 20 years).

There is a similar balance of opinion among the general public, with around half (48%) of the general public thinking it is not acceptable for healthcare professionals to diagnose their own health problems. Those aged 35-44 are considerably more likely than those aged 65 and over to think this (51% vs. 41%).

**4.4 Self medication**

Three quarters (74%) of stakeholders believe it is not acceptable for healthcare professionals to prescribe medicines for their own health problems. Once again, there are significant differences between the professions. Doctors are most likely to disagree with this (33%) compared to 13% of Pharmacists and 12% of Nurses. Experience also appears to have an
effect on opinion – a quarter of (23%) of those who have worked in healthcare for one to 10 years think they should be able to self-prescribe compared to just 15% of those who have worked in healthcare for 21 years or more.

In a similar vein, a clear majority (63%) of the general public believe it is not acceptable for healthcare professionals to self-prescribe. Some younger age groups are particularly likely to believe this, for example 66% of people aged 25-34 and 73% aged 35-44 compared with just 50% aged 65 and over. People in higher social grades are also particularly likely to agree (55% in social grades DE vs. 71% in social grades AB).

**HCPs should not self-prescribe**

*To what extent do you agree or disagree with the following statements?*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is <strong>not</strong> acceptable for HCPs to prescribe medicines for their own health problems (600 Stakeholders)</td>
<td>75%</td>
<td>19%</td>
</tr>
<tr>
<td>It is <strong>not</strong> acceptable for HCPs to prescribe medication to themselves (1,075 General Public)</td>
<td>63%</td>
<td>25%</td>
</tr>
<tr>
<td>It is <strong>not</strong> acceptable for HCPs to diagnose their own health problems (1,075 General Public)</td>
<td>48%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Base: All respondents: 1,075 general public and 600 stakeholders. (Fieldwork dates: June – July 2009)

Participants in the general public discussion groups raised concerns about the possibility of healthcare professionals self-medicating. These concerns were tied up in perceptions of healthcare professionals’ access to prescription drugs and the potential scope for abuse.

*You find that as well, on wards, there's a drug trolley which in most wards is left unlocked so if you're doing drug rounds it's got everything on from anti-inflammatories to paracetamols. You could easily help yourself*

Female, London, ABC1, age 25-45
Although some believe that whether or not this is deemed acceptable could depend on what was being prescribed:

*It depends what he’s prescribing, doesn’t it? If it was methadone I suppose I’d be a bit worried*

Male, Birmingham, C2DE, age 25-45

Furthermore, some thought doctors could prescribe for themselves – perhaps even over-prescribe – and still be ‘in control’:

*House, on the TV programme he was popping pills left, right and centre and was diagnosing everybody*

Male, Birmingham, C2DE, age 25-45

### 4.5 Approaching line managers

Encouragingly, three quarters (75%) of healthcare professionals say they would trust their line manager to treat anything they tell them with confidentiality. However, nurses (82%) and Pharmacists (77%) are significantly more likely to place trust in their line managers than doctors (66%). In fact, only 39% of those working in general practices (98% of whom are doctors in the survey) say they would trust their line manager in this respect.

Overall, the majority of stakeholders would feel comfortable approaching their line manager with a health problem. However, as seen elsewhere in the report, there is a clear hierarchy of concern in which addiction causes the most concern among stakeholders and the general public, followed by mental ill health, and then physical ill health. This pattern is evident again with 31% of stakeholders saying they would not feel comfortable approaching their line manager to seek help with an addiction compared to 22% for help with a mental illness and 12% for help with a physical illness.
HCPs have high levels of trust in their line managers

To what extent do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>16%</td>
</tr>
<tr>
<td>31%</td>
<td>56%</td>
</tr>
<tr>
<td>22%</td>
<td>72%</td>
</tr>
<tr>
<td>12%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Base: All stakeholders (600); 22 June – 10 July 2009

Source: Ipsos MORI

Nurses are less likely than doctors or pharmacists to feel uncomfortable approaching their line manager about these problems (25% of Nurses compared to 36% of pharmacists). Doctors are the most likely to feel uncomfortable discussing both mental illness (27% compared to 16% of nurses) and physical illness (17% compared to 7% of nurses).

So what could be influencing such sizeable minorities to be reluctant to approach their line managers? Some clues emerged from the qualitative research with stakeholders. In particular there may be a fear of letting colleagues down – a variation on the theme of stigma:

I don’t know what could cause people not to tell their managers that they’re sick, maybe there are pressures when people are sick that they come back to work, maybe getting the cold shoulder from people

Dentist

For one line manager, the prospect of staff not reporting ill health and accidents causes great concern:
If I felt that someone hadn’t reported something to me, I would not be happy about it because in a previous job I was in, someone got a little cut on their finger, didn’t report it and then ended up losing their finger with gangrene

Pharmacist

4.6 Discussing health with line managers

Most stakeholders (61%) say they have not discussed with their line manager health factors affecting their fitness to work. However, this varies significantly between the professions. More than half of nurses (55%) have discussed these matters with their line manager compared to just 21% of doctors and 40% of pharmacists. Part of the reason for this disparity is likely to be that the nurses interviewed tend to have worked in healthcare for longer than many of the doctors and pharmacists interviewed; however the other two professions have a similar balance of experience so clearly there are other factors involved.

Health and well-being initiatives

Q19. Have you ever discussed with your line manager health factors affecting your fitness to work?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>38%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Base: Stakeholders (600); 22nd June – 10th July 2009

Source: Ipsos MORI

Of those who have never discussed with their line manager health factors affecting their fitness to work, for most, this has been unnecessary since the issue has not arisen (92%). This falls to 86% among doctors. However other reasons doctors give include that they don’t
have a line manager (5%), that they would not feel comfortable talking to them about this (3%) and that it is none of their line managers' business (3%). Indeed, one fifth (19%) of those working in General Practices (of which this is mostly doctors) say that they do not have a line manager (compared to just 2% overall).
5. Managing Health and Wellbeing

5.1 Managing fitness to practise issues

According to the results of the stakeholder survey, line managers have often discussed issues affecting their fitness to practise with their staff. For the vast majority of those who have not, this is because ‘the issue has never arisen’.

Seven in ten (71%) line managers have discussed with one of the staff they line manage health factors affecting their fitness to work.

Pharmacists and nurses are most likely to have done so (78% and 75% respectively, compared with 59% of doctors). Managers with more staff are also more likely to have done so (86% who manage more than 10 staff compared with 54% who manage from one to five).
Of the three in ten (29%) managers who have never discussed such an issue with a member of staff, the vast majority (90%) say this is because the issue has never arisen. Please treat the findings in the slide below with caution as the base size is small.

**Managing health and well-being**

Q. You say you have never discussed with one of the staff that you line manage health factors affecting their fitness to work. Why do you say that?

- The issue has never arisen 90%
- It’s not my responsibility 6%
- I would not feel comfortable talking to them about this 1%
- Other 6%
- No answer 1%

Source: Ipsos MORI

Fewer than half (46%) of line managers overall say they have received training or support about what to do if concerns are raised about the fitness to work of someone they line manage. This varies between professions however. Three in five (61%) nurse managers say they have received training, compared with 46% of pharmacists and only 30% of doctors. Managers who line manage more than 10 staff are also significantly more likely than those who manage one to five staff to have received training or support (57% vs. 29%). This finding is reflected by a trade unionist, who believes more training is needed:

*How to manage sickness - what do you say to people? How do you have a difficult conversation?*

Trade unionist
Despite this lack of formal training, most managers (77%) feel informed about what to do if concerns are raised about the fitness to practise of a member of staff they manage. Nurses are most informed (88%), followed by pharmacists (72%) and doctors (70%).

However when it comes to systems and schemes for helping staff with fitness to practise issues, managers are less informed. Two thirds (64%) feel informed about ‘systems for you to access if you have a member of staff with a health problem in the workplace’, and only a third (33%) feel informed about ‘the vocational rehabilitation schemes available to staff who might be unfit to practise’.

Even regarding what do to if concerns are raised about the fitness to practise of a member of staff, a sizeable minority (23%) do not feel well informed, particularly doctors and pharmacists (30% and 28% respectively not informed). Overall, there is much room to improve staff knowledge.
Lack of formal training and support in dealing with fitness to practise issues emerged from in-depth interviews with healthcare professionals. They often said that expertise in dealing with fitness to practise issues amongst staff such as ill health and addiction was built up through ‘on the job’ experience. Where the scenario took place in a hospital or other large institution, the staff member in question may be referred to Occupational Health:

“If I felt that this was the tip of an iceberg and that there was a significant problem underneath, I would refer them to Occupational Health and I would also take advice from HR”

Physiotherapist

In the case of smaller, independent practitioners, with no such help to fall back on, it seemed to be down to a mixture of experience, ‘common sense’ and informal contact with professional peers. For example, for one orthodontist, informal conversations with peers would be their preferred method of working out what to do in such a situation:

“I would probably phone up a colleague and relate a scenario and see what they have done, if they’ve come across a similar problem”

Orthodontist

For a single practitioner or someone working in a small organisation with few staff, trying to make use of an Occupational Health service that may be based elsewhere could be impractical:

“If I was a single practitioner and the appointments that I was offered were in the middle of the day at 10 o’clock or 2 o’clock or something, that would be so difficult because I’d have to attempt to finish patients on time. I’ve got nobody else to come and help and take over and the clinic’s got to always run as planned. I’d have to rush up to the hospital to see Occupational Health then run back down to carry on with patients. That in itself could be a bit of a mission and therefore I might think well I can’t be bothered with this, I don’t think I’ll bother going to Occupational Health”

Dentist
5.2 Occupational Health

Occupational Health services in hospitals are not without their critics, particularly amongst healthcare professionals interviewed in depth. Whilst the service is seen as good, it is not felt to be well-publicised. There is a sense that you need to be ‘in the know’ to take advantage of it – a finding reflected in the interviews with trade unionists. However a clear picture emerges from both the quantitative and qualitative work that, overall, Occupational Health services are trusted and relied upon by managers.

In the stakeholder survey, almost all managers disagree with the statements ‘I do not know how to access occupational health at my workplace’ and ‘Occupational health is for managers only’ (95% and 97% disagree respectively).

Confidentiality is however perhaps an area where perceptions could be monitored and challenged - one in ten managers agrees with the statement that ‘Occupational health is not confidential’, a perception that could conceivably make them sometimes think twice about referring staff.

**HCPs have high levels of trust in occupational health**

*To what extent do you agree or disagree with the following statements about occupational health in your workplace?*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational health is not confidential</td>
<td>9%</td>
<td>84%</td>
</tr>
<tr>
<td>I do not know how to access occupational health at my workplace</td>
<td>4%</td>
<td>95%</td>
</tr>
<tr>
<td>Occupational health is for managers only</td>
<td>1%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Source: Ipsos MORI

Base: All managers (300); 22 June – 10 July 2009

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Looking at the qualitative stakeholder interviews, line managers in hospitals tend to rely a lot on their Occupational Health services, particularly in situations where fitness to practise is seriously called into question.

*I would speak to Occupational Health anonymously. I think that's absolutely got to be addressed straight away [alcohol problem], an immediate crisis situation that's got to be acted upon*

Cancer nurse

However, Occupational Health services, while valued, are often seen as not being widely known about:

*I don't think people know where occupational health is, a lot may well boil down to pastoral relationships with supervisors or line managers*

Pharmacist

They could perhaps be more proactive:

*Occupational Health have never approached us and said, we're here, these are the services that we provide*

Dentist

And also better resourced:

*I think occupational health services are slightly isolated I think and perhaps need to have a higher profile, perhaps just a bit more support given to them in terms of what they can offer NHS staff*

Pharmacist

Indeed, even if the Occupational Health service is highly regarded it can be seen as oversubscribed and under-resourced:

*I think a lot depends on the quality of the occupational health service and in some cases they can be very good, they can provide a lot of counselling support and what have you, and certainly when I've referred staff to services that can be offered they've found some benefit from it. But quite often these occupational health departments are quite small and one or two sicknesses in their own department causes major problems for this organisation in terms of if you want to refer anybody to them*

Pharmacist
However it is also worth mentioning that from the point of view of some managers, the Occupational Health service may be too good, tending to ‘bend over backwards’ for the member of staff – who may in some cases abuse the system - and subsequently making life difficult for the manager, who must arrange resources and cover:

*There have been various members of staff with stress related problems that have an awful lot of time off work and occupational health seems to bend on the side of the member of staff, so I think from the member of staff’s point of view it is very good. But from a management point of view it becomes problematic because you get people actually taking sickies when there’s no proof that they’re sick*

Pharmacy quality assurance manager

Overall, though, the message seems to be that while Occupational Health is a vital service, more needs to be done to ensure it is properly resourced and equally accessible to all staff. At the moment there is a sense that it is not widely known about. Some managers with the right contacts may know about what it can offer, and hence be in a position to refer staff who need it, but some may not. So it is perhaps a matter of good fortune whether or not a member of staff is referred. Occupational Health needs to be more widely publicised:

*I don’t know if managers are aware what they need to do and I don’t think a lot of staff are aware of what they need to do and I think maybe there needs to be more human resource days, more occupational health days, for staff to attend to make them aware of that help is there and people shouldn’t have all this stress bottled up in their heads*

Pharmacist

Furthermore trade unionists believe that earlier intervention is essential:

*We need to get much earlier referral and equity of referral... because we know that earlier intervention can support people back to work sooner*

Trade unionist
5.3 Who runs the Occupational Health service?

Most line managers (68%) say their Occupational Health service is run in-house. A further 15% say their services are contracted out. Nurses are the most likely to say their service is run in-house (75%), doctors the least likely (59%).
6. Willingness to Report

6.1 Healthcare Professionals, illness and patient safety

The healthcare professionals surveyed are fairly unequivocal about the potential threat to patient safety posed by sick healthcare professionals: 93% agree they could pose a threat, with two thirds (65%) agreeing strongly.

Almost all HCPs think sick HCPs pose a threat to patient safety

A sick HP could pose a threat to patient safety

Healthcare professionals in the North of England are also more likely than those in other areas to think this is the case (97% vs. 96% in the Midlands and 89% in the South). Pharmacists are the most likely professionals to agree (97% vs. 92% of nurses and 91% of doctors). The reasons for this became clear in the stakeholder in-depth interviews; healthcare professionals fully recognise the level of responsibility their job entails and are aware of the serious potential consequences of making an error.

You can't allow yourself to be distracted because we do need to focus on what we're doing because we are supplying medication to patients

Pharmacist
You really have to be on the ball and because you’re making up pharmaceuticals, if you go wrong you end up killing patients basically

Pharmacy quality control manager

Amongst the general public there are mixed feelings about receiving treatment from healthcare professionals who had previously suffered from an addiction or mental health problem. Similarly, a sizeable proportion would not be happy receiving health advice from a healthcare professional who appeared to have an unhealthy lifestyle: it would seem that the public like healthcare professionals to ‘practice what they preach’. Physical conditions are of much less concern – nearly two thirds (63%) would not feel uncomfortable receiving treatment from someone who previously suffered from a persistent physical health problem.

### General public have mixed views on levels of concern

To what extent do you agree or disagree with the following statements about NHS professionals?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would not be comfortable receiving treatment or advice from a health professional who had previously suffered from mental ill health e.g. stress</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>I would not be comfortable receiving treatment or advice from a health professional who had previously had an addiction problem e.g. for drink or drugs</td>
<td>46%</td>
<td>34%</td>
</tr>
<tr>
<td>I would not be comfortable receiving treatment or advice from a health professional who had previously suffered from persistent physical ill health such as bad back</td>
<td>18%</td>
<td>63%</td>
</tr>
<tr>
<td>I would accept health advice from a health professional who appeared to have an unhealthy lifestyle e.g. smoked / was obese</td>
<td>44%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Base: All respondents (1,075); June 26th – 28th 2009. GENERAL PUBLIC

Source: Ipsos MORI

Regarding previous health problems such as addiction issues, mental ill health or persistent physical ill health, the following subgroups are less likely to be comfortable in these situations:

- **People in the lower social grades:** nearly half (47%) of respondents in social grades DE would not be comfortable receiving treatment or advice from a health
professional who had previously had an addiction problem, compared with 39% in social grades AB. The same pattern emerges regarding persistent physical ill health and mental ill health.

- **Older people**: Half (49%) of people aged 65 and over would not be comfortable with receiving treatment or advice from a health professional who had previously suffered from mental ill health such as stress, compared with 36% of those aged 25-34.

- **Men**: Whilst men’s and women’s opinions are generally similar on these issues, men are more likely than women to say they would not be comfortable receiving treatment or advice from a health professional who had previously suffered from mental ill health such as stress (44% vs. 34%).

Regarding accepting health advice from a health professional who appeared to have an unhealthy lifestyle, **men** seem to be less concerned: 48% would accept health advice, compared with just 40% of women.

Findings from the discussion groups with the general public bore out the concerns expressed in the general public telephone survey regarding health professionals with a previous fitness to practise issue. People were generally keen to ‘give them a break’ but were cautious. For example participants in the Newcastle group had the following debate about a GP recovering from an alcohol problem:

*They're always an alcoholic whether they've stopped drinking or not. I would not trust that GP with my granddaughter or my grandson. It's as simple as that*  
**Female**

*You’re not giving the alcoholic or the recovering alcoholic a chance*  
**Male**

*Give him a chance but not when he’s recovering*  
**Male**

*There’s no such thing as recovered*  
**Female**
Furthermore, many were particularly suspicious of recovering drug addicts:

*Who’s to say he’s clear of it? Previously doesn’t mean that he doesn’t do it on the sly*

Male, Newcastle, C2DE, age 45+

*In the back of your mind, you’d be thinking are they doing anything wrong. Are they really all right?*

Female, Birmingham, C2DE, age 25-45

Could they be trusted in an environment with temptations?

*It’s a bit like an alcoholic working in a pub, isn’t it? Because they’ve got drugs around them all the time*

Female, Birmingham, C2DE, age 25-45

Some people in higher social grades tended to be more forgiving. As long as the quality of care was good, many said they would be happy to give the healthcare professional a chance:

*I think it would depend on how good you thought the doctor was. If you thought the doctor was good I think you could live with that, but if you thought, well he’s pretty mediocre, and you heard about it, you’d sort of take notice*

Male, Birmingham, ABC1, age 45+

*If it was a caring person, really looked into your problems and found the solutions to them, fine, I haven’t got a problem with it*

Male, Birmingham, ABC1, age 45+

*I’m not worried about them being an alcoholic. I’m only worried about them being under the influence of the alcohol when they are working as a doctor and treating me because it means that obviously their judgement could be impaired. But you know, everybody has a drink in the evening, and then you go to work the next day. That doesn’t affect your judgement or anything like that. So I think them being an alcoholic, we should not be worried about that*

Female, London, ABC1, age 25-45
However, these relatively low levels of concern are based on the assumption among many participants – especially older people – that healthcare professionals in remission from drug, alcohol and mental health problems would be subject to supervision and or monitoring:

You’d presume that he was being supervised by somebody monitoring him anyway

Female, Birmingham, ABC1, age 45 +

6.2 Healthcare professionals’ views on reporting colleagues

Most stakeholders say they would not hesitate to report colleagues they suspected of suffering from an addiction, mental health or (to a slightly lesser extent) physical health problem. A significant minority (25%) would, however, not feel comfortable reporting concerns about a senior colleague’s fitness to work.

To what extent do you agree or disagree with the following statement?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I had a reason to suspect that a health professional was suffering from an addiction problem, I would report my concerns</td>
<td>95%</td>
<td>2%</td>
</tr>
<tr>
<td>If I had a reason to suspect that a health professional was suffering from a mental health problem, I would report my concerns</td>
<td>92%</td>
<td>4%</td>
</tr>
<tr>
<td>If I had a reason to suspect that a health professional was suffering from a physical health problem, I would report my concerns</td>
<td>82%</td>
<td>8%</td>
</tr>
<tr>
<td>I would not feel comfortable reporting any concerns I had about a senior colleague’s fitness to work</td>
<td>25%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Source: Ipsos MORI
Regarding **reporting concerns about a senior colleague**, line managers are less concerned about this than those who do not have line management responsibilities (19% vs. 31% would not feel comfortable). Furthermore, those who manage more than 10 staff are particularly unconcerned (12% would not feel comfortable vs. 23% who manage from one to five staff), perhaps as they tend to be in more senior positions.

The longer people have worked in healthcare, the less uncomfortable they are about reporting concerns about a senior colleague. Indeed, one third (32%) who have worked in healthcare from one to 10 years would not feel comfortable, compared with 23% who have worked for 11 to 20 years and 22% who have worked for 21 years or more.

Looking at the other statements, line managers and those managing over 10 people tend to be more likely to report their concerns. For example 95% of those managing more than 10 staff would report concerns regarding a colleague with a possible mental health problem, compared with 86% who manage one to five members of staff.

These findings were reflected in the qualitative stakeholder interviews. Generally, people would not hesitate to report a senior member of staff. Issues such as alcohol and drug addictions are seen as too serious to ignore:

> *If he needs treatment, it doesn't matter if he’s junior or senior*  
> Hospital doctor

Although how well the senior person is known to the member of staff is also a factor:

> *If it was my own line manager I would ask him, because I know him quite well and I have a good relationship with him. If it wasn’t then I would go and speak to his line manager about my concerns, and escalate it up that way*  
> Pharmacist

So regardless of the seniority of the person with the problem, the stakeholders we spoke to said they would look for a way to report them. But how **well informed** do healthcare professionals feel about the process for reporting concerns about colleagues? Whilst two thirds (66%) say they feel informed, that still leaves a substantial minority, 34%, who do not.
Findings suggest that pharmacists are the least well informed profession: 48% feel not very or not at all informed compared with 20% of nurses and 35% of doctors.

Not surprisingly, line managers are better informed than non-line managers (73% vs. 59% very/fairly well informed), and those managing more than 10 staff are better informed than those managing between one and five members of staff (80% vs. 61%).

Looking at where health professionals would go to report concerns about a colleague’s fitness to practise, most said they would go to a line manager – either their own or the colleague they are concerned about.
Line manager is first port of call

If you had reason to feel concerned about a health professional's fitness to practice, whom, if anyone, would you approach?

- My line manager: 56%
- Their line manager: 26%
- The person I had concerns about: 17%
- Occupational Health: 10%
- Trade Union/Professional body: 8%
- A Colleague at my level of seniority: 7%
- Human Resources: 6%
- Board of Directors: 6%
- Medical director/Executive: 3%
- Other: 2%

Base: All stakeholders (600); June 26th – 28th 2009
Source: Ipsos MORI

Doctors are more likely than others to approach the person they had concerns about (24% vs. 10% on average), a Trade Union or professional body (14% vs. 8%), a colleague at their level of seniority (14% vs. 7%), or the board of directors (15% vs. 6%).

Nurses and pharmacists (65% and 69% respectively) are much more likely than doctors (36%) to approach their line manager. Nurses are less likely to approach the colleague’s line manager than average (20% vs. 26%); pharmacists more likely than average (32% vs. 26%).

Nurses are more likely than doctors and pharmacists to approach Occupational Health (18% vs. 5% and 7% respectively). Line managers, not surprisingly, are also more likely to do so than non-line managers (13% vs. 6%). They are also more likely to approach Human Resources (10%) and the board of directors (8%).

Just over one in ten say they would definitely not approach one of the person in question’s friends or colleagues. Otherwise, healthcare professionals tend to keep an open mind on who they would approach.
**Willingness to report**

*If you had reason to feel concerned about a health professional’s fitness to practice, is there anyone to who you would definitely not approach?*

<table>
<thead>
<tr>
<th>Top Ten Results</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>28%</td>
</tr>
<tr>
<td>One of their friends/colleagues</td>
<td>12%</td>
</tr>
<tr>
<td>The person I had concerns about</td>
<td>8%</td>
</tr>
<tr>
<td>A colleague at my level of seniority</td>
<td>5%</td>
</tr>
<tr>
<td>Their line manager</td>
<td>3%</td>
</tr>
<tr>
<td>Patients</td>
<td>2%</td>
</tr>
<tr>
<td>Junior Colleagues</td>
<td>2%</td>
</tr>
<tr>
<td>Trade Union</td>
<td>1%</td>
</tr>
<tr>
<td>People it does not concern</td>
<td>1%</td>
</tr>
<tr>
<td>Media/Press</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base: Stakeholders (600); 22nd June – 10th July 2009

Source: Ipsos MORI

**Pharmacists** are more likely than doctors or nurses to definitely not approach the person they had concerns about (14% vs. 4% and 6% respectively). **Line managers** are more likely not to approach one of the person’s friends/colleagues than non-line managers (15% vs. 8%).

The in-depth interviews with stakeholders also revealed a level of uncertainty about procedures for reporting fitness to practise concerns. Much seems to depend on the quality of relationships with colleagues and managers – if they are good, raising concerns with them is not a problem.

*I would probably speak to the staff member involved, but it would depend on how good relationship is with the individual*

Palliative care nurse

Trade unionists were critical regarding procedures for reporting and dealing with fitness to practise issues. They are clear about what should be in place:
All trusts should have policies in place for alcohol and addiction. There should be an explicit policy which talks about the procedure that an individual should have the right to access if they self refer and because of an addiction issue. And they should be able to avail themselves of referral through appropriate services, of the support to overcome that addiction

Trade unionist

However, although policies are in place, they are not widely disseminated:

I think that most policies and procedures are on a shelf gathering dust. They’re blooming brilliant. They take hours to write and all the consultation processes, end of the world have gone into them and then off they go on the shelf until you hit the wall and you need it. And then I think you scurry around looking for the policy

Trade unionist

Concerns about the impact on whistleblowers also emerged amongst stakeholders, and some felt that more formal channels of reporting needed to be publicised, so that the ability to report issues did not depend on informal relationships:

With clinical governance and people being able to be reassured of anonymously whistleblowing, I think that is something that should be made a little bit more obvious if you’re worried about somebody like if you thought they had an alcohol problem as to who exactly who to go to. If at work tomorrow I thought that somebody had an alcohol problem, I wouldn’t be absolutely certain of the process. I’d find out and I’d get it sorted but I’m quite a confident person in a fairly senior position

Cancer nurse
6.3 Public views on reporting healthcare professionals

While more than half of the public say they would know who to contact if they had concerns about the health of a healthcare professional (51%), a worryingly large proportion of the public (36%) would not know who to contact.

**Half of public claim to know who to contact if concerned**

If I was concerned about the health and wellbeing of a health professional, I would know who to contact to seek advice or raise my concerns

Knowledge seems to increase with age. Fifty-seven per cent aged 65 and over agree compared with, for example, 48% aged 25-34. Furthermore, people in lower social grades also appear to be better informed. Fifty-eight per cent in social grades DE agree compared with just 44% in social grades AB.

While in the survey many say they would know who to contact if they were concerned, the discussion groups suggested a general lack of knowledge. Many were vague about who they would complain to and how the process would work, assuming that they would be able to obtain an address or contact details from the surgery or hospital.

*All doctors’ surgeries have to have the address if you’ve got a complaint*

Female, Birmingham, C2DE, age 25-45
When pressed on who they would approach initially, some said, in the case of a GP, that they would approach the receptionist:

_I think the receptionists at the doctor's would probably have a word with him because they must know_

Male, Birmingham, C2DE, 25-45

Others felt that the receptionist was not senior enough and therefore not an appropriate person to approach. Another doctor would be preferable:

_The last thing that I would do is talk to the receptionist. What can they do? If anything I'd talk to another doctor, so it’s doctor to doctor, because they have more support_

Male, London, ABC1, 25-45

There was some also some general scepticism about how seriously complaints are taken:

_I think it's a waste of time reporting it, anyway, because they all close ranks. I've seen that before. They all, hospital, doctors and GPs, they just close ranks_

Male, Newcastle, C2DE, age 45 +
Most healthcare professionals say they would not feel comfortable receiving treatment from a colleague (54%). However, this is not an overwhelming majority, indeed, two in five (40%) say they would be ‘comfortable being treated by colleagues that I work closely with’.

**Most HCPs not comfortable being treated by colleagues**

* I would be comfortable being treated by colleagues that I work closely with?

- Strongly agree: 16%
- Tend to agree: 23%
- Tend to disagree: 27%
- Strongly disagree: 27%
- Neither/nor: 6%

**Nurses** are more likely than doctors or pharmacists to say they would feel comfortable being treated by a colleague (46% agree vs. 40% overall), and nurses with management responsibilities particularly likely to feel at ease with this (51%). On the other hand, **pharmacists** are least likely to feel comfortable with it (36%).

Furthermore, the longer healthcare professionals have worked in healthcare the more comfortable they are likely to feel about receiving treatment from a colleague. Forty seven per cent of those who have worked in healthcare for 21 years or more would feel at ease with this compared with just 32% who have worked in healthcare for between one and 10 years.
During stakeholder discussions, receiving treatment from peers emerged as a sensitive, sometimes difficult issue, particularly for more senior healthcare professionals who may feel they should know how to treat their health condition.

*If you’re a very junior doctor and you’re off to see a GP or a specialist, then that’s fine, you’re at a level of knowledge and understanding that’s less than the person you’ll be speaking to, but if you’re a cardiologist with a heart problem seeking help from one your peers, that must be very difficult*  

Surgeon

However, actually going to a doctor may not be such a bad experience:

*I must say that I find it quite difficult to go and see a GP, although when I have done they’ve always been very good, because as a doctor I’ve had patients who are doctors, and that’s not easy either*  

Surgeon

So why is there reluctance amongst doctors to seek treatment from other doctors? It could be partly down to *embarrassment* and *stigma* – a feeling that healthcare professionals should be able to cope without asking for help:

*I think there’s almost a sort of embarrassment thing, it’s sort of physician heal thyself thing*  

Surgeon

*In our own peer group, it’s a loss of face that you can’t hack it*  

Dentist

The majority of staff and public alike agree that the health of healthcare professionals should be prioritised (86% and 78% agree respectively), and that there should be a specialised service for healthcare professionals (74% and 69% agree respectively).
### Most think HCPs health should be prioritised

**To what extent do you agree or disagree with the following statement?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly/tend to agree</th>
<th>Strongly/tend to disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NHS should prioritise the health of its staff to ensure that they are fit and healthy enough to treat patients (Stakeholders)</td>
<td>86%</td>
<td>8%</td>
</tr>
<tr>
<td>The NHS should focus on the health of its staff to ensure they are available to treat the general public (General public)</td>
<td>78%</td>
<td>10%</td>
</tr>
<tr>
<td>There should be a dedicated service available for those HCPs who require medical treatment (Stakeholders)</td>
<td>74%</td>
<td>20%</td>
</tr>
<tr>
<td>There should be a specialist service available for HCPs who have a health problem or addiction, but who are worried about revealing this to other HCPs (General public)</td>
<td>69%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Base: All general public (1,075) and all stakeholders (600). Fieldwork dates June – July 2009

However, the following subgroup differences emerge amongst healthcare professionals:

- Healthcare professionals from ethnic minority backgrounds are particularly keen on a dedicated service for healthcare professionals who require medical treatment (88% vs. 74% overall agree). However, pharmacists are not so keen (65% agree).

- Nurses are particularly keen that the NHS should prioritise the health of its own staff (91% agree vs. 86% overall).

And amongst the general public the following subgroup differences emerge:

- Agreement that the NHS should focus on the health of its staff tends to increase with age. For example, 84% of people aged 55-64 think the NHS should focus on this compared with just 69% of those aged 18-24.

- Similarly, agreement that there should be a specialist health service available for health professionals also increases with age. Three-quarters (73%) of those aged 55-64 feel this should be the case, compared with 65% of those aged 18-24.
During the discussion groups participants held lively debates about whether or not the NHS should provide specialist health services for healthcare professionals. In summary, participants tended to agree this should be provided since they understood the issues of stigma and embarrassment that could make it difficult for healthcare professionals to use mainstream services.

*Have doctors and nurses for doctors and nurses. They've just got to see their own professionals and hopefully they might think that they can keep in control that way. And perhaps then they haven't got as much to lose so therefore they can get treated.*

Female, Birmingham, C2DE, age 25-45

Some empathised with the career pressures that healthcare professionals with a health problem – in particular a mental health or addiction problem – could face:

*They're not going to use the same services as us though, are they? They're not going to because they've got too much to jeopardise and therefore they're going to carry on with their addiction or alcoholism or whatever because they don't want to lose all their patients. So if they can get treated somewhere without losing all that.*

Female, Birmingham, C2DE, age 25-45

Participants made it clear though that specialist services should not be *better* than mainstream services, just different.

*It's not about better. It's about them having somewhere confidential and for the doctors to feel more secure so they do get the right help.*

Female, Birmingham, C2DE, age 25-45
8. Regulating healthcare professionals

As the following chart shows, the public and healthcare professionals alike are very strongly in favour of checks being carried out on the professional conduct, skills and knowledge of healthcare professionals. Two thirds of stakeholders (64%) and the general public (66%) strongly agree. This reflects findings from previous research carried out by Ipsos MORI on behalf of the Department of Health\(^2\) amongst the general public, GPs and hospital doctors looking at attitudes to regulation and the revalidation of doctors. The research found strong support for checks on doctors amongst the public, despite high levels of trust in the profession, and strong support from doctors too.

Almost all feel more checks are needed

To what extent do you agree or disagree with the following statement?

- **Strongly/tend to agree**
- **Strongly/tend to disagree**

<table>
<thead>
<tr>
<th>Statement</th>
<th>General Public (1,075)</th>
<th>Stakeholders (600)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There should be regular checks on the professional conduct of HCPs</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>(1,075 General Public)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There should be regular checks on HCPs to ensure they are up to date</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>with the knowledge and skills required to do their job (600 Stakeholders)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Base: General public 1,075, and stakeholders (600) fieldwork dates June – July 2009

Amongst healthcare professionals the following subgroup differences emerge:

- **Female** healthcare professionals are more in favour of regular checks on their knowledge and skills than their male counterparts (94% vs. 87% agree)

\(^2\) *Attitudes to Medical Regulation and the Revalidation of Doctors 2005* Department of Health, 2005
Nurses are more likely to be in favour in favour of the concept than doctors or pharmacists (99% agree vs. 93% of pharmacists and 84% of doctors)

These issues were explored further in the qualitative interviews. Many healthcare professionals advocated increased checks and supervision, in particular a nurse said she believed 'clinical supervision' should be compulsory for all healthcare professionals, due to the highly emotive and stressful nature of their jobs. However, she doubted that doctors would be so likely to want to undertake this, since they would be less likely to appreciate its importance.

"I think very, very strongly that clinical supervision should be compulsory for all, particularly all staff that are dealing with cancer patients. Now, it's something that's quite well known in the nursing circles and amongst the nursing profession, but generally speaking it's not something that many doctors will undertake. It doesn't seem to be recognised as a necessity"

Cancer nurse

Amongst the general public, agreement that healthcare professionals should undergo regular checks increases somewhat with age. Ninety five per cent aged 65 and over think that regular checks should take place compared with 88% of those aged 18-24.

However, during the discussion groups it emerged that the public assume healthcare professionals - particularly those who have had a fitness to practise issue (such as previous mental ill health or an addiction problem) – are being monitored and / or checked regularly. Furthermore they believe any healthcare professional who has experienced a fitness to practise issue would be given the all-clear and would receive ongoing support when they return to work. The public are unable to go into detail about how they think this system works, but they take for granted the fact these processes are in place. The assumption that a 'safety net' is in place is reflected by some members of the public expressing a lower level of concern than expected when considering being treated by a healthcare professional who had previously experienced mental health or addiction problems.

"If they're being treated, somebody is treating them. Whoever's treating them must be monitoring them"

Female, Birmingham, ABC1, age 65+

"You've got to have confidence, haven't you, in the National Health Service, if they're doing something you've got to assume that they're doing the right thing"
Male, Birmingham, ABC1, age 65+