Stress in UK intensive care doctors

Editor—The workplace stressors identified in the report by Coomber and colleagues\(^1\) are all too familiar, and we would agree that access to appropriate counselling services and developing staff skills in the management of stress are very useful stress reduction strategies. However, whilst reduction of the frequency and intensity of identified stressors is difficult, it is not impossible, and we believe it is right that organizations, as well as individuals, should be expected to change.

In the Critical Care Directorate at the University Hospital of Wales, an organizational review undertaken in 1998 identified the need for intervention on three levels, namely support, staff training, and organizational change. As a result, in the last 4 years, in addition to the establishment of a directorate-based counselling service, and the development of multidisciplinary staff training initiatives, an organizational health initiative has been developed focusing on the elimination of workplace stressors. Areas of work have included the establishment of a coherent multidisciplinary management team, work on improving decision-making and communication strategies, institutionalizing debriefing arrangements, and regular multidisciplinary meetings to discuss difficult decisions. At a more practical level, better arrangements have been made to ensure safety at work for staff, and for nursing staff off duty arrangements are now more flexible.

One outcome for the directorate is that where there was once a problem with recruitment and retention of nursing staff, there is now a waiting list of staff wanting to work here. We are currently piloting an organizational health-monitoring tool that will give us data on how staff perceive the impact of these changes. Initial results suggest that this tool will not only enable us to tell how we are doing on a range of dimensions, but also to engage in preventative work where areas of difficulty are identified.

Underpinning this work is the belief that individual staff members should not carry the can for the sick environments they work in. So long as we only invest in singular approaches such as counselling and training, the whole system will continue unchanged. As your article makes all too clear, the human cost of this approach, and indeed the financial cost to the health service, is very high indeed.

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Editor—In response to our paper,\(^1\) Hill-Tout and Smithies write that ‘individual staff members should not carry the can for the sick environments in which they work’ and that ‘organizations, as well as individuals, should be expected to change’.

Whilst the measures that have been undertaken in their directorate are laudable, we are surprised at the comments about our paper. In our paper, we clearly assert that stress management is not enough, that such approaches are only interim measures to
be taken while the sources of stress that are organizationally embedded are dealt with. We wrote ‘A rational strategy for the NHS would be to provide employment environments in which doctors can practice effectively without compromising their own health.’

Despite their criticism of our suggestions for change, the factors that Hill-Tout’s and Smithies’ outline in their letter are of the very sort they claim are too person- rather than system-oriented: training people in team working, decision making, and communication. Unfortunately, whilst innovative, they fail to address the most crucial stressors we identified—bed allocation and being overstretched—and, as such, are likely not to bring about real change in morbidity in the workforce. Their letter highlights one of the important aspects of change in the NHS that is so often missing: evidence base. Research such as ours provides the evidence base for future change in organization. We hope that the NHS will rise to the challenge of the evidence and change to remove the stressors that make hospitals unhealthy places for the mental health of their workers. Such a challenge needs commitment to organizational change and resources, not psychological sticking plasters.

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