Care Under Pressure: A realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce and patient care

What does our research tell us that is new?

The following bullet points are a summary of our research findings, which is a complex synthesis of 179 published articles and discussions with our stakeholder and sense-making groups. The numbers in brackets relate to the relevant Context-Mechanism-Outcome-Configurations (CMOCs) from the analysis.

- Doctors experience mental ill-health when they feel isolated, when they feel unable to do the job they were trained for, and when they fear the repercussions of seeking help and support. (CMOCs 1-6)
- Interventions that emphasise relationships and belonging (for example to a healthcare team or to the profession) promote wellbeing and improve workplace cultures. (CMOCs 7-11)
- The health and wellbeing of staff is important in itself, and is a necessary precondition to excellent patient care. Interventions that create a people-focussed working culture that recognises this important link between doctors' and patients' health and wellbeing; balances positive and negative performance, and promotes doctors' learning from both; and acknowledges the positive and negative aspects of a medical career, will help doctors to thrive at work and deal with work pressures. (CMOCs 12-15)
- Doctors need to have confidence in an intervention, and those delivering it, for the intervention to be effective. This trust is easily lost. (CMOCs 16-19)

What are our key recommendations? (By audience)

For policy makers	Policies that aim to secure the future of the NHS workforce must foster a supportive work culture in which individuals can thrive. Policies and interventions that target the individual in the absence of a supportive work culture are unlikely to succeed. CMOCs 1-3, 7-9, 12-14, 16, 19.
For employers	Ensure nominated Board-level responsibility for the wellbeing of staff. This should include regular immersion in practice settings, as well as regular reports on progress against key performance indicators (e.g. absenteeism might be detected by sickness absence, rota gaps, vacant posts; presenteeism might be detected by complaints and errors; workforce retention might be detected by staff turnover; general staff wellbeing might be detected via annual staff surveys, markers of overwork, occupational health referrals). CMOCs 12-13, 16-19.
For team leaders	Be alert to the possibility of mental ill-health, normalise its existence and encourage help seeking. In performance reviews, emphasise the positive as well as the negative, and ensure the doctor knows their hard work in often challenging circumstances is valued. Make clear that prioritising own health is important for patient care. CMOCs 12-15
For doctors	Recognise when you are working under pressure and, even when your workload is high, prioritise your relationships at work. CMOCs 7-11.
For other healthcare team members	Recognise that the whole team may, at times, be providing care under pressure. Try to normalise discussions of struggle in the context of challenging work. CMOCs 7,8,11-13
For patients	Know that doctors and other health professionals are usually doing the best job they can in difficult circumstances. A thank you when things go well will always be appreciated! CMOCs 4,5,7,12
For researchers	Use research syntheses and engagement with stakeholders to target your research to the areas of greatest need. Research of all kinds will be needed to develop theory and interventions, and design appropriate outcome measures, approaches to evaluation and implementation, in relation to doctors' mental ill-health. CMOCs 1-19
For those designing interventions	Adopt our ten Care Under Pressure principles (see below). CMOCs 1-19

What should those designing interventions to tackle doctor mental ill-health know or do? (10 Care Under Pressure principles)

1. Be clear about who the intervention is for (given the continuum from full health, to 'under pressure', to mental ill-health).
2. Give options by signposting to a range of interventions (e.g. a 'one stop shop' of local, regional and national resources).
3. Ensure that information about the intervention is readily and rapidly available.
4. Ensure that interventions are accessible to someone who works long and inflexible hours
5. Invest time in building trust and normalising stigma and struggle.
6. Provide interventions in groups whenever possible, to prioritise connectedness, relationships and belonging.
7. Ensure interventions for individuals are endorsed by or embedded in the workplace, where possible.
8. Encourage and empower individuals to tackle low-level everyday hassles at work, to free up capacity to deal with bigger issues.
9. Emphasise that prioritising and investing in physical and mental health is essential for optimal patient care.
10. Evaluate and improve the intervention regularly, using data such as numbers and types of attendee, programme adherence, user perceptions.

For more information, please see our paper (open access): Optimising strategies to address mental ill-health in doctors and medical students: 'Care Under Pressure' realist review and implementation guidance