



UK Research
and Innovation



The Royal College of
Emergency Medicine

Psychologically Informed Practice and Policy (PIPP) Study Executive Summary

The UK National Health Service (NHS) and specifically Emergency Medicine (EM) is facing a retention crisis that has deepened exponentially in recent years. Previous research and guidance has established unmet psychological and practical needs of staff and proposed solutions to improve their wellbeing, however the problem persists, with guidelines poorly implemented.

The Psychologically Informed Policy and Practice (PIPP) development project, a UKRI funded collaborative study between the University of Bath and Royal College of Emergency Medicine (RCEM) investigated issues associated with work satisfaction and retention in UK EDs, including all professional groups working in EM to establish a) primary current concerns relating to working conditions b) perceived barriers to implementing change with regards to working conditions and working practices c) perceived opportunities for change. This data formed the basis of empirically grounded and psychologically informed policy recommendations for RCEM and other policymakers.

Four key themes were identified to underpin issues related to retention: untenable working environments; a culture of blame and negativity; striving for support and the pivotal importance of leadership. Staff reported that the immense work pressure associated with crowding, low staff ratio and their working environment were having detrimental effects on their ability to perform effectively. This resulted in a significant personal burden, affecting how they felt about their jobs and their ability to care for patients, with many staff considering leaving their jobs for these reasons.

While exit block, crowding and high impact use are arguably the most vital targets for change in the retention crisis, these problems require significant, systemic change that will take time. Research repeatedly reflects that EM staff are resilient to the demands of the ED working environment; however, they cannot sustain without meeting basic needs to do the job well. Many of the obstacles outlined in this study can be addressed on a much shorter timescale at an individual, team and trust level, as well as at system level. Four broad recommendations are made:

Create an environment to thrive in. This includes provision of access to hot food, rest spaces and protected time for study and professional development.

Cultivate a better culture. The culture in the ED was labelled as negative and blaming. This recommendation includes promoting a culture of care for wellbeing, improving interprofessional valuing and respect nurturing growth while clarifying lines of accountability.

A tailored pathway of care to support. This report recommends that EDs adopt a pathway of care that is tailored to the staff, providing sufficient and appropriate support, so staff know how and when to access it. The full report also outlines an exemplar pathway of care, from consultation with two award winning staff support services.

The **Enhanced leadership** recommendation outlines that leaders and senior management should be supported and clear in their roles so that they may be effective agents of change and provide support to their staff.

The recommendations within this report represent interprofessional views which are specific to the EM working environment, providing practical and specific recommendations that recognise the needs of the most highly impacted workforce. Our full report outlines key actions on respective levels of influence: personal, service (ED) and community level (such as the local NHS Trust), as well as recommended key actions for professional bodies (e.g. RCEM, Royal College of Nursing) at organisational levels, such as NHS England, Scotland and Wales, and finally system level, targeting government for macro level change.

This study again highlights perpetually unmet basic needs of EM clinical staff, within a culture that is not conducive to growth or retention of staff. Specific recommendations are offered; however, these need to be acted upon and policymakers must prioritise this clinical specialty before staff attrition impacts patient care irreparably.

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