

VIEWS ON THE MENTAL HEALTH OF MEDICAL PERSONNEL AT WORK AND HOW IT RELATES TO PATIENTS' EXPERIENCES RECEIVING CARE

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Abstract

Background: The psychological well-being of healthcare professionals is increasingly recognized as a critical factor influencing both staff performance and patient care outcomes. The COVID-19 pandemic, coupled with economic instability and workforce shortages, has exacerbated stress and burnout among healthcare workers. While policy efforts have aimed to address staff well-being, concerns remain regarding its impact on patient experiences.

Methods: This study employed a scoping review methodology following Arksey and Levac's framework to synthesize existing literature on healthcare professionals' psychological well-being. A comprehensive search was conducted across four databases, focusing on studies published. Data extraction and thematic analysis were performed to identify trends and gaps in research.

Results: The review included 15 studies, revealing five key themes: (1) the challenge of defining psychological well-being, (2) the relationship between well-being and the nature of healthcare work, (3) the role of organizational culture, (4) the impact of COVID-19 on healthcare professionals, and (5) the link between staff well-being and patient care. Findings indicate that while healthcare professionals derive fulfillment from their roles, they experience significant emotional distress, exacerbated by systemic barriers to self-care. Limited patient perspectives in existing research highlight a critical gap in understanding how staff well-being influences patient experiences.

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Conclusion: Addressing healthcare professionals' psychological well-being is essential for maintaining high-quality patient care. Organizational support, workload management, and targeted interventions are necessary to improve staff well-being and, consequently, patient outcomes. Future research should integrate patient perspectives to provide a holistic view of this issue.

Introduction

The psychological well-being of healthcare workers has become an increasing concern over the past 15 years, and the recent effects of COVID-19, along with global economic uncertainty, have escalated the issue to a critical level. Before the pandemic, healthcare systems were already under significant strain, trying to manage a growing number of individuals with complex health conditions. This pressure contributed to healthcare professionals experiencing mental health issues, burnout, and stress due to their work environment (Health Education England, 2019; Point of Care Foundation, 2017; Royal College of Nursing, 2013; Wilkinson, 2015). During the pandemic, the stress on healthcare workers was relentless, and now, even as they return to their normal duties, they face additional challenges such as clinical backlogs and global workforce shortages (Reed et al., 2022). This situation is further complicated by increasing staff departures and the widening gap between salaries and the rising cost of living (British Medical Association, 2021; Royal College of Nursing, 2022), pushing the mental well-being of healthcare professionals to unprecedented levels of stress.

The importance of healthcare worker well-being has been highlighted in the UK since 2009, starting with the review of the National Health Service (NHS) workforce well-being (Department of Health, 2009a). The "Boorman Report" (Department of Health, 2009b) was pivotal in stressing the link between the well-being of healthcare professionals and patient outcomes. It found that NHS Trusts with lower levels of sickness absence, turnover, and agency costs tended to achieve better patient satisfaction, higher quality care, more efficient resource use, and lower infection rates (Department of Health, 2009b). Research has since shown that the experiences of healthcare professionals directly influence patient care (Dawson, 2018; Maben et al., 2012a, 2012b). Despite policy efforts to enhance healthcare worker experiences, the annual NHS survey has documented rising levels of staff reporting stress-related illness over the past few years (NHS Survey Coordination Centre, 2022).

The global impact of COVID-19, compounded by workforce shortages and economic instability, has brought these concerns to the forefront. Healthcare workers are now reporting significant emotional exhaustion and symptoms

of post-traumatic stress due to their work (Gilleen et al., 2021; Royal College of Nursing, 2022; Wanigasooriya et al., 2021). The decline in the psychological well-being of healthcare workers is evident worldwide (Søvdal et al., 2021), underscoring the urgent need to address this issue.

While there has been some research examining the connection between the psychological well-being of healthcare professionals and patient outcomes, much of the focus has been on quantitative studies and interventions. This paper aims to offer a comprehensive review of the literature regarding healthcare worker well-being and its effects on patient experiences, especially in light of the COVID-19 pandemic and the global economic challenges.

Methods

This scoping review was conducted following the framework proposed by Arksey et al. (2005) and updated by Levac et al. (2010). A protocol for the review was developed in advance and registered with the Open Science Framework (Bamforth et al., 2021). The review process adhered to the PRISMA-ScR checklist for scoping reviews (Tricco et al., 2018). The primary objective of this scoping review was to address two key questions:

1. What is known about both healthcare professionals' and patients' perceptions of healthcare professionals' psychological well-being at work?
2. How does the psychological well-being of healthcare professionals influence patients' experiences with care?

The review aimed to gather research on healthcare professionals' psychological well-being at work, specifically focusing on:

- The definitions or terms used to describe healthcare professionals' psychological well-being.
- Both healthcare professionals' and patients' perceptions of healthcare professionals' psychological well-being at work.
- The impact of healthcare professionals' psychological well-being on patients' experiences of care.

Database of Systematic Reviews and Implementation Reports, Prospero register of systematic reviews, and the Cochrane Library using the term "wellbeing," but no current systematic or scoping reviews with these objectives were found. A comprehensive search was performed across four databases: PubMed, CINAHL (via EBSCOhost), Scopus, and PsychInfo. The search strategy, developed with

the assistance of an information specialist, was intentionally broad to include the wide range of terms associated with well-being. The full search included terms such as: (nurse OR doctor OR "allied health professional" OR therapist OR "nursing staff" OR "medical staff" OR "healthcare professional" OR "health care professional" OR "health-care professional" OR "health personnel") AND (patient OR "patient care" OR "quality of care" OR "patient safety" OR "patient satisfaction") AND (wellbeing OR "well-being" OR "well being" OR "job satisfaction" OR "psychological aspect" OR "occupational health" OR "mental health" OR motivation OR "emotional exhaustion" OR burnout OR stress OR depression OR wellness OR "positive affect" OR "emotional intelligence" OR emotions OR "psychological factor" OR "psychosocial factor" OR "compassion fatigue" OR empathy OR "caring behaviour" OR "moral distress" OR "emotional labour") AND (experience OR attitude OR perception OR perspective OR impact OR view OR opinion OR relations*).

The reference lists of all selected articles were manually checked for additional studies meeting the inclusion criteria. We also searched for grey literature through sources such as NIHR Journals, ETHOS, Open Grey, Google Scholar, and relevant health policy websites or those identified by the review team.

Study Selection

We established predefined inclusion criteria for this review. The term "psychological wellbeing" encompassed mental, emotional, and psychological health (excluding physical or spiritual wellbeing). Studies included in the review involved healthcare professionals, which were defined according to the World Health Organization (2010) classification as individuals with formal healthcare qualifications (e.g., doctors, nurses, allied health professionals), healthcare associates (e.g., technicians, nursing associates), and personal care workers (e.g., healthcare assistants). The review excluded studies that focused on health management or administrative support staff, such as service managers and secretaries. Empirical research, theses, reviews, and reports were included, while book chapters, editorials, and opinion pieces were excluded. Only studies published in English were included due to resource constraints. To manage the large volume of returned articles, we refined the inclusion criteria to focus on publications that specifically mentioned "wellbeing," "well being," or "well-being" in the title or abstract, and excluded studies involving students or volunteers. This approach helped narrow the dataset and maintain the focus on healthcare professionals.

Data Extraction

Data from the selected studies were extracted using a data extraction tool developed by KB, aligned with the research question (Arksey et al., 2005). This tool was refined after a pilot test and was reviewed for consistency by KB and PR. The tool collected the following information: (1) bibliographic data; (2) aim/purpose of the study; (3) study design; (4) key concept measured; (5) instruments used to assess the core concept; (6) target population; (7) description/definition of wellbeing; (8) methods of analysis; (9) key findings; (10) limitations; and (11) recommendations for further research. KB and PR independently reviewed five studies to test the tool, and any discrepancies were discussed. KB then completed the data extraction for all full-text articles, with PR reviewing 10% of the data independently to reduce bias. A third independent reviewer was available for dispute resolution, though no disagreements arose. As this was a scoping review, no quality assessment of the evidence was performed. The extracted data were then synthesized and summarized into a narrative, highlighting key themes relevant to the research questions (Arksey et al., 2005).

Result

The extracted data were collated and summarized using the three steps recommended by Levac et al. (2010): descriptive numerical summary, qualitative thematic analysis, and thematic coding. The findings were coded by KB, and these codes were thematically grouped and discussed with SP, HL, and JM. The results are discussed in relation to the research questions, with implications for future research, practice, and policy.

The scoping review included 15 articles. By the conclusion of the review, however, the number of countries conducting relevant studies had expanded. The UK was the leading contributor publications, followed by Australia, and the USA. Other countries contributed fewer publications.

Nurses were the primary focus of studies examining a single professional group, followed by doctors, practice psychologists, and non-registered healthcare assistants. Studies investigating multiple professional groups involved a wide range of healthcare staff, such as doctors, nurses, and various allied health professionals. Additionally, the research settings varied, including specialties like mental health, palliative care, critical care, and primary care, among others. Some studies lacked details about their specific settings.

Out of the 15 articles reviewed, employed empirical data collection, with qualitative methods being the most common. Other studies used surveys, and

different quantitative scales and tools were utilized in the research.

The findings were synthesized by KB, with input from PR, SP, HL, and JM through a collaborative process (Levac et al., 2010). Five major themes emerged: 1) defining healthcare professionals' psychological wellbeing; 2) the relationship between healthcare professionals' wellbeing and the nature of healthcare work; 3) the influence of organizational culture on healthcare workers' wellbeing; 4) the impact of the COVID-19 pandemic on wellbeing; and 5) the link between healthcare professionals' wellbeing and patient care experiences.

Out of the 15 articles, some did not provide a specific definition of wellbeing, while others articles offered clear definitions, citing or paraphrasing other authors or proposing their own. However, in these definitions, wellbeing was generally discussed as a broad concept, without specifically addressing "psychological wellbeing." Many studies that did not offer explicit definitions of wellbeing often discussed it negatively, associating it with issues like stress, anxiety, and burnout (n = 14). Some authors (e.g., Selamu et al., 2017) found that healthcare professionals conceptualized wellbeing as the absence of stress, while others noted that the literature predominantly took a negative perspective on wellbeing (Chaguaceda, 2020). The challenge of defining healthcare professional psychological wellbeing was acknowledged by several authors (Ahmed, 2019; Boateng et al., 2019; Chaguaceda, 2020; Creese et al., 2021; Oates, 2018; Selamu et al., 2017).

Discussion

The reviewed studies highlighted how the psychological wellbeing of healthcare professionals is closely tied to the nature of their work. Many healthcare workers found personal fulfillment in providing care to patients, forming meaningful human connections, and making a difference (Boateng et al., 2019; Chaguaceda, 2020; Chung et al., 2021; Galuska et al., 2018, 2020; Latimer, 2013; Murray et al., 2020; Siffleet et al., 2015; Wei et al., 2020; West et al., 2020). Autonomy was also identified as a significant contributor to wellbeing (Chaguaceda, 2020; Mascari, 2020; McGlinchey et al., 2021; McLellan, 2018; Oates, 2018; West et al., 2020), with workers feeling valued and recognized by their colleagues and managers contributing positively to their wellbeing (McLellan, 2018). The opportunity to support colleagues' development and pursue personal professional growth also played a role in improving job satisfaction (Chaguaceda, 2020; Donoso et al., 2015; Galuska et al., 2018; McLellan, 2018; Wood et al., 2021b). A moderate level of challenge in the workplace further boosted nurses' motivation and overall wellbeing (Donoso et al., 2015; Jakimowicz et al., 2018; Wood et al., 2021b).

Despite these benefits, healthcare work, especially in settings involving vulnerable populations, was also described as demanding and emotionally taxing (Boateng et al., 2019; Diehl et al., 2021; Hayes et al., 2019; Kinman et al., 2020; Maben et al., 2012b; Selamu et al., 2017; Siffleet et al., 2015; Wei et al., 2020). The emotional toll of dealing with death, vulnerability, and anxiety was discussed, with professionals needing strong emotional resilience (Hubik et al., 2021; Nwozichi et al., 2020). Furthermore, the expectation to remain calm and professional in high-pressure environments was noted (Jakimowicz et al., 2018; Matthews et al., 2016).

A recurring theme in the literature was the tension between caring for others and self-care. Healthcare professionals often prioritized patient needs over their own, perceiving self-care as secondary or even as a weakness (Andrews et al., 2020). Mental health nurses, for instance, struggled with separating personal challenges from their professional roles, sometimes suppressing their emotional needs to maintain a professional image (Oates, 2018). Some studies found that healthcare workers only recognized their own lack of coping skills after being given time to reflect (Terry et al., 2020; Hayes et al., 2017; Selamu et al., 2017). Additionally, there was a stigma around discussing mental health concerns within the healthcare setting, leading to avoidance or suppression of personal needs (Hayes et al., 2017; Selamu et al., 2017).

Organizational culture has been identified as a significant factor influencing healthcare professionals' psychological wellbeing, with both positive and negative effects. Positive leadership, strong supervision, recognition of staff, support for professional growth, and the promotion of self-care have been crucial in fostering wellbeing (Ahmed, 2019; Andrews et al., 2020; Chaguaceda, 2020; Galuska et al., 2018; Maben et al., 2012b; McLellan, 2018; Wei et al., 2020; Zhao et al., 2015). Additionally, teamwork, support from colleagues, a manageable workload, and low levels of emotional exhaustion were recognized as essential elements for maintaining wellbeing (Chaguaceda, 2020; Galuska et al., 2018; Maben et al., 2012b; Murray et al., 2020; Siffleet et al., 2015). Three studies highlighted the importance of the working environment, with Sansó et al. (2020) suggesting that nurses' ratings of self-care and professional quality of life were influenced by the practice environment. Andrews et al. (2020) emphasized that a stable environment fosters the trust needed for professionals to share vulnerabilities and improve their wellbeing. Jakimowicz et al. (2018) also stressed the necessity for time to debrief and receive

counseling to support wellbeing.

However, many studies revealed that organizational cultures often failed to support the wellbeing of healthcare professionals. Challenges such as shift work, lack of schedule flexibility, long working hours, and limited opportunities for sick leave hindered healthcare workers' ability to maintain health and achieve a healthy work-life balance (Abhary et al., 2021; Kinman et al., 2020; McLellan, 2018). The demanding nature of healthcare work left little room for reflection and debriefing, which are necessary for addressing emotional needs (Boateng et al., 2019; Jakimowicz et al., 2018; Maben et al., 2012b). Nurses in intensive care units, for example, reported feeling distressed when they could not provide optimal care, reflect on difficult incidents, or distance themselves from stressful situations (Siffleet et al., 2015). In a national survey, doctors reported poor work-life balance, excessive work stress, and burnout, with nearly a third experiencing burnout (Hayes et al., 2019). Additionally, unclear roles and feelings of isolation negatively affected the wellbeing of healthcare professionals, leaving them feeling unsafe at work (Maben et al., 2012b; Selamu et al., 2017; Whiteing et al., 2021).

Conflicts between individual values and those of the organization were shown to negatively impact wellbeing. Nurses in one study felt that their organization's focus on resource management and targets compromised patient-centered care, which they valued (Dunning et al., 2021). Similarly, efforts to implement safety and wellbeing reporting tools were thwarted in organizations where managers and staff did not align on the importance of wellbeing, fearing it would be misused to assign blame (Bruno et al., 2016). Workplace bullying, harassment, and power imbalances were also reported as major stressors that harmed the psychological wellbeing of nurses and midwives, highlighting the urgent need for future research (Kinman et al., 2020).

studies in this review focused on the psychological impact of the COVID-19 pandemic on healthcare professionals. In the early stages of the pandemic, some healthcare workers reported improvements in wellbeing due to enforced changes in work practices. For instance, some doctors benefited from mandatory sick leave and increased senior support, while certain teams felt a strong sense of camaraderie and pride (Aughterson et al., 2021; Billings et al., 2021a; Khatatbeh et al., 2021). The pandemic was also seen by some as an opportunity for professional growth (Aughterson et al., 2021; Billings et al., 2021b; Creese et al., 2021), and the lockdown allowed some professionals the chance to reflect on their personal values and career (Aughterson et al., 2021; Creese et al., 2021).

However, as the pandemic continued, the immense pressure and high personal risks began to take a severe toll on healthcare professionals' mental health (Billings et al., 2021c; Creese et al., 2021; Cubitt et al., 2021; De Kock et al., 2021; Khatatbeh et al., 2021; Munn et al., 2021; Yayla et al., 2021). Healthcare workers described their experiences using military metaphors, likening their work to being "in a war zone" or "self-sacrifice" (Baldwin et al., 2021; Billings et al., 2021b). Prior to the pandemic, stress and burnout were the primary focus of studies on wellbeing, but post-2019 studies framed wellbeing in terms of more extreme concepts like moral distress and post-traumatic stress disorder (Billings et al., 2021a, 2021b, 2021c). These studies indicated a decline in psychological safety and overall wellbeing (Creese et al., 2021; Cubitt et al., 2021; De Kock et al., 2021; Munn et al., 2021). Stressors included increased workloads, redeployment to unfamiliar roles, fears of contracting or transmitting COVID-19 due to inadequate protective equipment, and low staffing levels (Billings et al., 2021b, 2021c; Cubitt et al., 2021; Khatatbeh et al., 2021; McGlinchey et al., 2021; Munn et al., 2021). Healthcare professionals also dealt with isolation from loved ones and the emotional strain of caring for severely ill or dying patients without physical contact (Khatatbeh et al., 2021; McGlinchey et al., 2021).

The focus on patient care led many healthcare professionals to neglect their own wellbeing needs (Baldwin et al., 2021; Billings et al., 2021a, 2021b). Guilt also surfaced among healthcare workers for having to cancel non-COVID care, for not providing emotional support through physical touch, for taking time off when ill, and for potentially infecting others (Creese et al., 2021). Many staff members were reluctant to seek help for their mental health, citing stigmas and concerns that support services were not designed for them. When staff did seek help, they often found it difficult to access formal psychological support during working hours (Baldwin et al., 2021; Billings et al., 2021a; Creese et al., 2021). Instead, many turned to informal support networks such as their teams and line managers, often using tools like WhatsApp (Aughterson et al., 2021; Billings et al., 2021a, 2021c; Byrne et al., 2021). However, redeployed staff found their access to these informal support systems limited, contributing to increased stress and anxiety (Billings et al., 2021c; Cubitt et al., 2021; McGlinchey et al., 2021).

One notable finding from this review is the lack of patient representation in studies on healthcare professionals' wellbeing. Only one study included patients and found a significant relationship between staff wellbeing and patients' experiences of care (Maben et al., 2012b). Patients, particularly older

individuals, valued relational care, but felt this was often compromised by the challenges faced by healthcare workers. Patients also expressed reluctance to voice concerns about poor care for fear of negatively affecting their own treatment experience.

Three studies included the perspectives of patients indirectly by gathering data from healthcare professionals. For instance, Chung et al. (2021) examined the wellbeing of nurses and its connection to their competence in nurse-patient interactions. Andrews et al. (2020) and Hall et al. (2020) focused on how healthcare professionals' wellbeing affected patient care, though they did not involve patient participants. The exclusion of patients limits the ability to understand their direct experiences, introduces bias, and leads to assumptions about their perceptions.

The link between staff wellbeing and patient safety was also highlighted. Hall et al. (2016) found in their review of 46 articles that staff wellbeing and patient safety were positively correlated. Similarly, Maben et al. (2012b) observed that patient safety was closely tied to the experiences of both staff and patients. Hall et al. (2020) noted that general practitioners' burnout was associated with a decrease in their ability to show empathy, listen to patients, and make appropriate referrals, which in turn affected the quality of patient care.

This scoping review aimed to explore two main research questions: 1) What is known about the perceptions of healthcare professionals and patients regarding the psychological wellbeing of healthcare professionals at work? 2) How does the psychological wellbeing of healthcare professionals impact patients' experiences of care? A total of 15 articles were included in the review. In contrast to the Maben et al. (2012b) review, which focused on quantitative and survey-based methods examining the connection between staff wellbeing and patient care, this review shows a noticeable shift toward qualitative methods, particularly interviews, in studies focusing on staff wellbeing. This shift reflects an increasing need to understand wellbeing beyond mere prevalence and correlation metrics. Despite the widespread use of the term "wellbeing," many articles lacked a clear definition, and when one was provided, it lacked consistency. This inconsistency, along with a focus on the negative aspects of wellbeing, emphasizes its absence rather than its presence, contributing to a skewed understanding.

The absence of a standardized definition makes it challenging to establish a common starting point for research, further complicating efforts to measure psychological wellbeing. This confusion may explain the varied outcome measures used across studies. Only four measures were specifically designed to assess wellbeing; others targeted related concepts such as work-life balance, job satisfaction, resilience, stress, and anxiety. This variation in metrics hinders comparisons between studies and may dilute the overall understanding of psychological wellbeing. The review highlights the necessity of developing a unified definition to clarify and focus future research.

The findings reveal a dynamic relationship between the psychological wellbeing of healthcare professionals, their work environment, organizational culture, and patient care experiences. Healthcare professionals often derive significant wellbeing from factors like team collaboration, personal and professional development, and recognition. When these elements are supported by organizational culture, they positively influence the wellbeing of staff and, in turn, enhance the quality of care provided. However, the intense emotional and physical demands of healthcare work pose challenges to maintaining positive wellbeing.

Healthcare professionals often face the expectation to absorb and manage the emotional intensity inherent in their roles, a phenomenon known as "emotional labor." Staff are expected to suppress their emotions in order to ensure patients feel cared for and safe (Gray, 2009; Hochschild, 2003; Sawbridge et al., 2013). However, this expectation frequently leads to a lack of attention to staff psychological health, as the focus tends to be solely on patient needs. Emotional exhaustion has become normalized, and there is a pervasive stigma preventing healthcare professionals from disclosing their mental health struggles (Beresin et al., 2016; Carrieri et al., 2018; Riley et al., 2021). This stigma, identified in a study of nurses' psychological health during the COVID-19 pandemic, reveals that nurses often hesitate to share their issues with managers or colleagues, fearing judgment or career repercussions (Maben et al., 2022).

In line with Maben et al.'s (2012b) review, which described essential "wellbeing bundles" for organizations and individuals, the current review found that healthcare professionals often rely on their immediate teams for wellbeing support rather than formal interventions. The perception of formal wellbeing initiatives as impersonal and ineffective, especially in the context of the COVID-19 pandemic, underscores the chronic inadequacy of organizational support for staff psychological health.

The review also highlights a significant gap in research regarding the patient's perspective on the psychological wellbeing of healthcare professionals, despite patients being at the center of healthcare systems (Stewart, 2001;

Department of Health and Social Care, 2013). As the ultimate recipients of care, patients are directly impacted by the pressures faced by healthcare workers, including missed care opportunities and poorer outcomes (Ball et al., 2014; Recio-Saucedo et al., 2018). The deterioration of staff wellbeing often leads to a decline in care quality, with patients sometimes suppressing their needs when they perceive staff to be too overwhelmed (Maben et al., 2012b). This dynamic can create a dysfunctional relationship between staff and patients, inhibiting person-centered care and recovery (Bell et al., 2018; Delbanco et al., 2007; Frosch et al., 2012).

The relationship between the varying levels of psychological wellbeing needs in healthcare professionals is illustrated in Maslow's Hierarchy of Needs (1943), as adapted in the National Health Service Staff Wellbeing poster (NHS Employers, 2022). This model demonstrates that healthcare professionals must have their basic needs met before progressing to higher levels of psychological wellbeing. The review underscores how the pressures from the COVID-19 pandemic have threatened these basic needs, making it unrealistic to expect healthcare workers to excel in providing quality care without prioritizing their wellbeing. This finding is supported by Maben et al. (2023), which suggests that improving staff wellbeing can lead to better quality, safety, and improvement in care, as well as reducing negative outcomes like high turnover and absenteeism.

Overall, the review emphasizes the need for a cultural shift within healthcare organizations. There is a pressing need to move away from the expectation that healthcare professionals should endure poor psychological health and continue working without proper support. Organizations must recognize and assess the psychological wellbeing needs of their staff, providing targeted interventions that foster supportive and safe environments. Encouraging staff to explore and address their vulnerabilities is essential for improving both their psychological wellbeing and the quality of care they deliver to patients.

Conclusion

The primary objectives of this scoping review were to answer two key questions: 1) What do we know about healthcare professionals' and patients' perceptions of healthcare professionals' psychological wellbeing at work? 2) How does the psychological wellbeing of healthcare professionals affect patients' experiences of care? We included 56 relevant studies that met our criteria. Considering the significant changes in healthcare over the past decade, particularly since the onset of the COVID-19 pandemic, the growing global interest in the psychological wellbeing of healthcare professionals is not surprising. Our findings underline the challenges in defining psychological wellbeing, the workplace barriers that hinder healthcare professionals' self-care, the importance of organizational culture in supporting staff wellbeing, the impact of the pandemic, and the scarcity of studies that incorporate direct patient feedback on their experiences.

In the current global context, post-pandemic healthcare systems, stagnant pay rates, the rising cost of living, and an overstretched workforce pose ongoing risks to the psychological wellbeing of healthcare professionals. Expectations for high-quality patient care in environments that do not explicitly prioritize staff wellbeing may be unrealistic. Our review indicates that when organizations invest in training, time, and support tailored to the specific needs of healthcare professionals, both the staff and the broader healthcare system benefit, with corresponding improvements in patient care and safety.

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Table A1. Qualitative papers (*n* = 31).

Author, Year & Country	Aim	Methods and analysis	Sample	Definition of wellbeing	Main Themes
Abhary et al. (2021) Australia	To explore factors impacting the health and wellbeing of doctors undertaking various speciality programs and the attitudes towards and utilisation of supports during their training	Semi-structured interviews. Thematic analysis	17 Doctors	Not defined. Intro focussed on burnout, psychological distress, anxiety, attempted suicide, and suicidal thoughts	1) poor supervision 2) shift work and on-call 3) inability to take sick leave 4) bullying and harassment 5) college-related factors 6) examination preparation 7) work-life balance
Ahmed (2019) United Kingdom	1) Frame a definition of wellbeing from the perspective of Operating Room (OR) nurses 2) Explore organisational factors that positively (facilitate) or negatively (stress) influence wellbeing of OR nurses 3) Examine the role of OR team leaders in promoting the wellbeing of nurses 4) Evaluate staff perceptions of positive wellbeing influence on effective team working	Semi-structured interviews. Some questions based on the staff survey. Thematic content analysis	Nurses, anaesthesia technicians, cleaning staff working in Operating Room (<i>n</i> = 43)	Recognised not easy to define. Developed own definition	Wellbeing linked to: 1) happiness, job satisfaction, being valued and recognised 2) unscrupulous organisational culture rears negative wellbeing 3) Healthcare Assistant organisation must invest in staff wellbeing otherwise patient care will suffer 4) effective leadership is key to positive wellbeing 5) wellbeing drives effective team working, not the converse
Andrews et al. (2020) United Kingdom	To explore nurses' experience of self-care and self-compassion and how this may relate to compassionate care giving towards patients	Semi-structured interviews. Constructivist grounded theory	30 Mental health and learning disability nurses	Not defined. Wellbeing associated with self-compassion and life satisfaction	1) 'Hardwired to be caregivers' – vocation versus role 2) needing a stable base 3) Managing the emotions of caring which link to a core process: needing permission to self-care and be self-compassionate.
Aughterson et al. (2021) United Kingdom	To explore: 1) the impact of COVID-19 on the working lives and mental health of health and social care professionals 2) the factors that alleviate distress and contribute to the resilience of health and social care professionals during a pandemic	Semi-structured interviews. Thematic analysis	Drs, nurses, psychotherapist, physiotherapist (<i>n</i> = 25)	Not defined. Mentioned in abstract only. Focussed on stress, anxiety, depression, poor sleep quality	1) communication challenges 2) work-related stressors 3) support structures 4) personal growth 5) Individual resilience
Baldwin et al. (2021) United Kingdom	1) To gain a broader understanding of: Frontline professionals' experiences of working during the pandemic 2) Reported impact of this work on Healthcare Assistant professionals' physical and mental health 3) How Drs, nurses and Allied Health Professionals could be better supported to promote/enhance their physical and mental wellbeing during COVID-19	Semi-structured interviews. Framework analysis	Drs, nurses, physiotherapists, and speech therapists (<i>n</i> = 19)	Not defined. Focussed on mental health problems: anxiety, depression, insomnia, and stress	8 major categories identified: 1) Working in a war zone 2) Going into a war zone without a weapon 3) "Patients come first" 4) Impact of COVID-19 5) Leadership and management 6) Support systems 7) Health professionals' support needs 8) Camaraderie and pride. ↑stress & anxiety. ↓sleep. Prioritised patients' needs over their own & felt obliged to work
Billings et al. (2021a) United Kingdom	Explore UK frontline and social care workers' own experiences and views of psychosocial support during the pandemic	Telephone or video interviews. Reflexive thematic analysis	Doctors, nurses, Healthcare Assistant, Allied Health Professionals (<i>n</i> = 25)	Not defined. Intro described elevated depression, anxiety, post-traumatic stress disorder and suicide	Sources of psychological support: 1) Self 2) Family and Friends 3) Colleagues, peers, and teams 4) Organisational support 5) Media and the wider public 6) Psychological support services
Billings et al. (2021b) United Kingdom	Explore: 1) mental health professionals' experiences of supporting frontline staff during the pandemic 2) how providing this support has impacted on them	Telephone or online video interviews. Reflexive thematic analysis	Mental health practitioners working in various roles (<i>n</i> = 28)	Not defined.	1) Stepping up 2) Uncertainty, inconsistency, and lack of knowledge 3) Blurred boundaries 4) Isolation 5) Self-sacrifice 6) Vicarious traumatisation and vicarious moral injury
Boateng et al. (2019) Canada	What aspects of nurses' wellbeing are enhanced or exacerbated by the practice of direct care nursing? What differences exist between the situated health experiences of white nurses and ethnic minorities in direct care practice? What coping mechanisms do nurses use in managing the detrimental effects of direct care?	Semi-structured interviews.	70 registered and practical nurses	Not defined. Recognised need for positive framing. Used Hettler (1976) "6 dimensions of wellness" framework.	Direct care ↑ nurses' occupational, intellectual, and spiritual wellbeing but ↓their physical, social and emotional health. Ethnic minority nurses reported more detrimental effects of direct care nursing on their physical, emotional, occupational, and social wellbeing

Bruno et al. (2016) Italy	1) frame safety as an outcome of organisational wellbeing 2) develop practitioners' reflective practices and dissemination of good practices amongst colleagues 3) Sustain the participatory development of a tool for the detection of potential threats, their analysis and monitoring	Action research with a series of focus groups (n = 60). Thematic analysis of project documents	Physicians and nurses working in Operating Room (n = 60)	Not defined. Linked workers' wellbeing and patient safety to burnout, workload, miscommunication, and dysfunctional organisations	1) wellbeing and safety culture: safety and wellbeing are concepts that are intertwined 2) The participatory process 3) The use of the tool
Byrne et al. (2021) Ireland	How has the pandemic and health system response impacted junior doctors' working conditions during the first wave of COVID-19 in Ireland?	Semi-structured interviews. Inductive and deductive coding techniques	30 junior hospital doctors	Not defined. Intro described pressures on doctors: burnout, emigration, and workforce attrition	1) More doctors staffing the wards 2) Positive outcomes: being able to take sick leave, workplace relationships, collective workplace morale, access to senior clinical support and the scope of decision-making
Author, Year & Country	Aim	Methods and analysis	Sample	Definition of wellbeing	Main Themes
Creese et al. (2021) Ireland	Investigate doctors' Conceptualizations of their own wellbeing at the time of the first wave of the pandemic	Semi-structured remote interviews. Thematic analysis	48 hospital doctors	Not easy to define. Definition summarised multiple authors. Uses Walton's Quality of work life (QWL) model.	Many doctors saw improvements to their physical wellbeing in the first wave of the pandemic. Most also experienced a decline in their mental wellbeing due to anxiety, emotional exhaustion, guilt, isolation, and poor support. Key finding: need for time to think, meet reflect and care for yourself and have a life outside of work.
Dunning et al. (2021) United Kingdom	Explore values, value congruence, and potential implications for individual nurses and organisations in terms of wellbeing and patient care and safety	Semi-structured telephone interviews. Analysed using thematic analysis	15 nurses	Indirect. Described "concepts of wellbeing": Linked personal and professional values to job satisfaction and performance	1) organisational values congruent with the work environment 2) personal and professional value alignment 3) nurse and supervisor values in conflict 4) nurses' values at odds with the work environment
Galuska et al. (2020) United States of America	Not explicitly stated - one of the recommendations for a systems approach to professional wellbeing includes defining profession-specific fulfilment and wellbeing (National Academy of Medicine, 2019)	Secondary analysis of transcripts from previous study with an additional 2 interviews	Nurses (27 from original study plus 2 additional interviewees working in critical care)	Direct: Seligman (2013) PERMA model of wellbeing	Meaning and joy are major contributors to professional wellbeing and part of the solution for achieving the quadruple aim.
Galuska et al. (2018) USA	To describe nurses' experiences with meaning and joy in their practice	Qualitative. Narrative enquiry	27 registered nurses	Not defined. Helping nurses connect with meaning in their practice will foster engagement and nurse wellbeing	1) Fulfilling purpose: I am a nurse 2) Meaningful connection 3) Impact: The Wow factor 4) The practice environment: - teams work - leaders model the way - opportunities to grow and learn
Goodyear (2014) United Kingdom	To explore: 1) factors which affect newly qualified doctors' wellbeing 2) the implications for educational provision	Semi-structured interviews. Analysed using a grounded theory approach	9 Foundation doctors	Wellbeing described within the WHO definition of health: "a state of complete physical, mental and social wellbeing"	Newly qualified doctors' wellbeing is affected by: 1) personal experience: unprepared for FY1 role, FY1 role affects personal and social life, FY1 enjoyable and rewarding 2) Work-related factors: (un) supported at work, dealing with challenges of FY1, encountering difficult issues in FY1 training
Hall et al. (2020) United Kingdom	1) To explore whether GPs perceive burnout and wellbeing to impact on the quality and safety of patient care 2) To determine potential mechanisms behind these associations	5 focus groups. Thematic analysis	25 GPs	Own definition. "Wellbeing" and "burnout" used interchangeably	Poor wellbeing and burnout affected patient care by reducing doctors' ability to empathise and display positive attitudes and listening skills. This increased the number of inappropriate referrals made
Hubik et al. (2021) Australia	To understand what strong emotional reactions are experienced by doctors working in palliative care	Semi-structured interviews. Analysed thematic analysis	20 specialist palliative care doctors	Not defined. Described risks of compassion fatigue and burnout.	Palliative care work elicits a myriad of strong emotions: patient, family and staff distress and organisational issues. Reactions impact on clinical behaviours, patient care and doctor's personal lives.
Jakimowicz et al. (2018) Australia	To explore patient-centred nursing and compassion fatigue from ITU nurses' perspectives	In-depth interviews analysed using grounded theory processes.	21 critical care nurses	Not defined. Described compassion and compassion fatigue.	Core category: "Expectations" Subcategories: "Life in the balance", "Passion and pressure" "Understanding Advocacy". "Tenacity and Fragility"

Khatatbeh et al. (2021) Jordan	To explore the lived experience of physicians and nurses caring for patients with COVID-19 in Jordan	Semi-structured interviews analysed using IPA	26 nurses and physicians	Not defined. Described mental health problems: anxiety, depression, insomnia, stress.	<ul style="list-style-type: none"> • 1) emotional reactions • 2) preparation • 3) sources of support • 4) extreme workload • 5) occupational challenges • 6) work-related concerns
Latimer (2013) Australia	Describes one nurse's experience of human connectedness with a patient and how, through use of reflection, this translated into better patient care and colleague interaction	Reflection	1 nurse	Not defined. Wellbeing described within definition of connectedness	Sharing a vulnerable space with a patient and revealing own vulnerability results in human connectedness that can transform how life is lived. Sharing vulnerability with a dying patient has transformed how she now cares for patients and interacts with her colleagues
Matthews et al. (2016) United Kingdom	To understand how Healthcare Assistant construct and manage demanding situations in a mental health setting and to explore the effects on their wellbeing to provide recommendations for support.	Multi-method qualitative: Diaries and FU semi-structured interviews. IPA.	10 Healthcare Assistant (diaries) 5 Healthcare Assistant (interviews)	Not defined. Focussed on mental Healthcare Assistant, stress, burnout, depression, and anxiety	<ol style="list-style-type: none"> 1) normalising an abnormal environment 2) between compassion and control 3) imbalance of occupational demands and support
Author, Year & Country	Aim	Methods and analysis	Sample	Definition of wellbeing	Main Themes
McGlinchey et al. (2021) United Kingdom	To qualitatively examine the lived experience of Healthcare Assistant professionals in Northern Ireland working during the early stages of the pandemic	Interviews and analysed using IPA	10 Healthcare Assistant professionals	Not defined. Described PTSD, chronic stress, anxiety, and depression	<ol style="list-style-type: none"> 1) Specific challenges of Healthcare Assistant professionals working during the pandemic 2) Insights into mental health and wellbeing 3) Feelings of being undervalued and misunderstood
Mills et al. (2018) Australia	Explore the meaning and practice of self-care as described by palliative care nurses and doctors. 1) What is the meaning of self-care as described by palliative care nurses and doctors? 2) How do palliative care nurses and doctors describe effective self-care practice?	Semi-structured interviews. Inductive content analysis	12 nurses 12 doctors	Not defined. Described in relation to self-care	<ol style="list-style-type: none"> 1) proactive and holistic approach to promoting health and wellbeing to support professional care of others 2) personalised self-care strategies 3) Barriers and enablers to self-care practice
Murray et al. (2020) Australia	To capture and understand stories from nurses and midwives and develop a reflective resource that could be used to connect with caring and compassion.	Story-telling Thematic analysis	50 nurses and midwives	Not defined. A result of compassionate care.	<ol style="list-style-type: none"> 4 key themes: 1) Connecting human to human 2) Engaging as a team 3) Self-care and wellbeing 4) Positive workplace cultures.
Nwozichi et al. (2020) Nigeria	To explore the psychological and emotional impact of caring amongst cancer nurses.	Semi-structured interviews.	7 nurses	Not defined. Discussed compassion fatigue, anxiety, emotional exhaustion, and burnout	<ol style="list-style-type: none"> 1) Nurses' disinclination for cancer care practice 2) Death and health anxiety in cancer care
Selamu et al. (2017) Ethiopia	To explore the Conceptualizations of wellbeing, stress, and burnout amongst Healthcare Assistant workers in primary Healthcare Assistant settings in rural Ethiopia in order to inform the future development of an intervention to promote their wellbeing	In-depth interviews and focus groups. Thematic analysis.	52 frontline primary care workers	Not defined. Discussed stress, emotional exhaustion, burnout, and implications eg. turnover and patient safety.	<ol style="list-style-type: none"> 1) Wellbeing and threats to wellbeing 2) The "Chronics" 3) Strategies to handle stressors and their consequences
Siffleet et al. (2015) Australia	Explore the perspectives of experienced intensive care nurses regarding maintenance of their emotional wellbeing.	Semi-structured interviews. Descriptive data analysis	15 nurses	Not defined. Referred to prolonged stress, burnout, disengagement and emotional exhaustion, moral distress, and compassion fatigue.	<p>Main psychosocial problem: inability to protect self from stress. 5 categories facilitate happiness and satisfaction:</p> <ol style="list-style-type: none"> 1) Achieving best care 2) Caring for the patient's family 3) autonomy within the ICU environment 4) Teamwork 5) Previous nursing and life experience
Terry et al. (2020) Australia	To evaluate a workplace resilience intervention involving registered nurses working in rural and remote settings in Queensland, Australia	Semi-structured telephone interview.	21 nurses participated in interviews.	Not defined. Discussed impacts on psychological wellbeing: compassion fatigue, anxiety and depression which can lead to burnout.	<ol style="list-style-type: none"> 1) Awareness of self, situation, and others 2) Utility of MSCR 3) Limitations 4) improvements of MSCR training

Wei et al. (2020) USA	To determine perceptions of self-care strategies to combat professional burnout amongst nurses and physicians in paediatric critical care settings	Semi-structured interviews. Qualitative descriptive analysis	13 nurses, 7 physicians	Not defined. Discussed professional burnout.	6 major self-care strategies: 1) finding meaning in work 2) connecting with an energy source 3) nurturing interpersonal connections 4) developing an attitude of positivity 5) performing emotional hygiene 6) recognising one's own uniqueness and contributions at work
Wood et al. (2021a) United Kingdom	To examine and explore organisational and role conditions that promote or inhibit job satisfaction and workplace wellbeing for advanced practice nurses.	Semi-structured telephone interviews. Thematic analysis	22 nurses.	Not defined. Refer to work-related satisfaction.	"The advanced nurse role and professional identity" "Feeling exposed" "Support for the advancement of the role" "Demonstrating impact"
Zhao et al. (2015) China	To determine the factors influencing the occupational wellbeing of experienced nurses	Semi-structured interviews.	8 nurses	Listed factors associated with wellbeing: job satisfaction, motivation, self-efficacy, achievement, deindividuation, physical and psychological fatigue, environment, and organization identification.	Internal and external recognition and validation are important to nurses. Wellbeing viewed in terms of satisfaction and happiness.

Appendix A. Summary of the whole dataset

Table A1, Table A2, Table A3, Table A4, Table A5, Table A6