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ORIGINAL RESEARCH

The Wellbeing of the Haematology Workforce in the UK

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Purpose: Globally, haematology is recognised as a highly specialised field of practice that deals with the diagnosis, treatment, and management of blood disorders. To meet the demand of increased service delivery, the workforce needs to be able to adapt and respond to challenges. Specialists and organisations require specific intelligence to understand their workforce, the demand for labour, and plan for the future. This study aimed to understand wellbeing among the haematology workforce across the multidisciplinary team.

Methods: A mixed methods explanatory sequential design was used to collect data on wellbeing. Stage 1 online questionnaire was distributed through membership networks. Descriptive statistics were used to analyse the data. Stage 2, data were collected through online semi-structured interviews and analysed thematically. Ethical approval was gained through University Ethics Panel.

Results: Haematology professionals face multiple stressors due to exposure of emotive situations. This study found high levels of burnout and frustration, with professionals saying that, they were exhausted after each shift. The increasing demands of the haematology service contribute to the overall pressure experienced by staff, making them feel overwhelmed. Inadequate staffing was a defining challenge in providing adequate service delivery, meeting patients' needs whilst attempting to maintain wellbeing. Working hours /schedule and on-call for many participants reflected their efforts to meet the changing demands within services.

Conclusion: This is the first study to focus exclusively on a range of healthcare professionals within haematology. The diverse and demanding nature of work, as well as the complexities of managing haematology patients, emphasised the need for a high level of expertise, adaptability, and resilience within the workforce. Supportive work environments are needed to allow professionals to establish and uphold personal boundaries and disengage with work to ensure a sustainable work–life balance.

Keywords: haematology, workforce, wellbeing, workload, staffing

Introduction

Background: Haematology is a cross-cutting specialism, which cares for a wide of patients and is vital in National Health Services (NHS). In terms of outpatient activity alone, clinical haematology provides almost 2.5 million episodes of care in England a year.[1] With chronic shortages of resources and workforce, changes in technology and treatment and an ageing population, healthcare delivery within the United Kingdom (UK) remains challenging. To meet the demand of increased service delivery, the workforce needs to be able to adapt and respond to existing challenges. A previous haematology workforce evaluation[2] identified several key findings in relation to the then workforce. The evaluation highlighted systemic challenges, including high vacancy rates, an ageing workforce, and barriers to access, all of which contribute to stress and sickness among staff. The current NHS Long Term Workforce Plan (2023) requires specialists and organisations to find specific intelligence in order to understand their workforce and understand the demand for labour and plan for the future.

Aim of the study: This study builds on prior analyses to evaluate the wellbeing of the haematology workforce, with a specific focus on multidisciplinary teams. Wellbeing, defined here as the mental and physical health, job security, work

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engagement, and work-life balance of professionals, is a critical factor in workforce sustainability. This study aimed to understand wellbeing among the haematology workforce across the multidisciplinary team.

Literature review: A scoping review was conducted to appraise the current state of evidence relating to evaluating the wellbeing of the haematology workforce. The review included research that explored the wellbeing of healthcare professionals working with haematology and more specifically, the data collection tools used to measure the wellbeing of the haematology workforce. Although wellbeing has been extensively studied in paediatric and haem-oncology contexts, there is a notable gap in research focusing exclusively on haematology professionals.[3–7] Professional quality of life for those providing care has been a topic of growing interest over the past twenty years. Research has shown that those who help people who have been exposed to traumatic stressors are at risk for developing negative symptoms associated with burnout, depression, and post-traumatic stress disorder.[8] Even though there are a range of definitions for wellbeing, the elements of wellbeing at work most considered are as follows: mental and physical health; job security, organization of work, work engagement, work life benefits, and wages.[9]

Method

A mixed methods explanatory sequential (QUAN to QUAL) design was used to collect data on wellbeing. The explanatory sequential design unfolds into two successive phases: initially, a quantitative phase, where numerical data is gathered and examined, and subsequently, a qualitative phase, focusing on the collection and analysis of textual data.[10] Data were collected across 2 stages from November 2023 to May 2024 (See Table 1). Stage 1 online questionnaire included validated wellbeing measures such as Professional Quality of Life Scale,[11] NHS Staff Survey[12], Stress Questionnaire for Health Professionals (SQHP)[13] alongside custom questions informed by the scoping review. Questions included Likert scale questions, demographic data collection and some open questions for additional comments. The questionnaire was distributed through the BSH membership network and is open to all members. Descriptive statistics were used to analyse the data. Participants were asked if they would be willing to engage in a follow-up interview. At Stage 2, data were collected through online semi-structured interviews. Participants for Stage 2 interviews were selected to include a range of haematology professionals with a focus on diversity in experience levels and geographic regions. Stage 2 topic guides were developed by the project team, based on the scoping review, and piloted prior to use. Interviews were audio-recorded and professionally transcribed. The qualitative data were coded using NVivo software[14] and analyzed using Braun and Clarke's six-phase framework for thematic analysis.[15] To ensure reliability, coding was independently reviewed by two researchers.

Ethics Approval Statement

Ethical approval was gained through the University HSCSEP Ethics Panel ETH2324-0008 (Stage 1) and ETH2324-0134 (Stage 2). Participants were approached by email. Participant information sheets were provided and all participants signed written consent forms. Informed consent included publication of anonymized responses/direct quotes. The study complies with the Declaration of Helsinki.

Advisory and Public Involvement:

The overall management of the study was facilitated by members of the university research team. The project team is responsible for the day-to-day management of the project. Members of the BSH were nominated as collaborators. An expert panel advisory group was appointed to provide a form of governance to facilitate and validate and measure the appropriate constructs of the tools used and overall project guidance. The advisory group included members of the

Table 1 Data Collection Stages

Stage	Purpose	Data Collection Method	Timescale
Stage 1	The self-reporting questionnaire used existing wellbeing questions as a means to develop a semi-structured qualitative interview topic guide.	Online questionnaire (n=529)	November 2023 – January 2024
Stage 2	This phase utilised a qualitative enquiry to explore wellbeing amongst the haematology workforce	Online semi-structured interviews (n=28)	March – May 2024

public. Public members contributed to the design of the study and provided input on the dissemination of findings, ensuring that the perspectives of healthcare recipients were represented.

Findings

Stage 1 questionnaire results included responses from n=529 participants. In Figure 1 respondents were asked to list all areas that they worked in, resulting in n=1440 responses. Figure 1 shows that the largest proportion of participants worked in Haemato-oncology and Transplant (22.6%) and General Haematology (20%), reflecting the substantial workforce demand in these areas. As shown in Figure 2, participant responses were geographically diverse, with strong representation from London (14%) and the Southwest (13.4%), ensuring the findings reflect experiences across multiple UK regions.

Wellbeing was explored through five different questions including physical and mental health, workload, stress and emotional wellbeing. Results showed that n=247 (52%) of professionals reported that they were unwell in the last year due to stress from work, and despite being unwell n=266 (56%) of this population continued attending work. Healthcare professionals, had on average 15 days of poor physical health and 35 days of poor mental health.

The haematology workforce demonstrated high levels of poor wellbeing. The high proportion of professionals experiencing burnout (n=179, 34%) and frustration (n=263, 50%) in the Stage 1 survey aligns with qualitative reports of excessive workloads and insufficient support, as highlighted in Themes 1 and 2. Further analysis of Stage 1 data explore whether wellbeing outcomes, such as reported burnout, differ by specialisation or region. Figure 3 shows that Paediatrics emerges as the subspecialty reporting the most frequent burnout, while the rest appear relatively similar. It is important to note that subspecialties were aggregated and participants could select multiple options. Wellbeing outcomes: frustration and feeling worn out at the end of the shift are the most notable concerns. In several regions, the percentage of respondents reporting "often" or "always" for these wellbeing measures exceeded 50%, as seen in Figure 4.

Stress was also measured within the survey, however these results are presented in a separate paper.

Results from the wellbeing questions in stage 1 workforce questionnaire helped to formulate a semi-structured interview guide in consultation with our expert panel advisory group. An interview guide was used to allow participants to express their

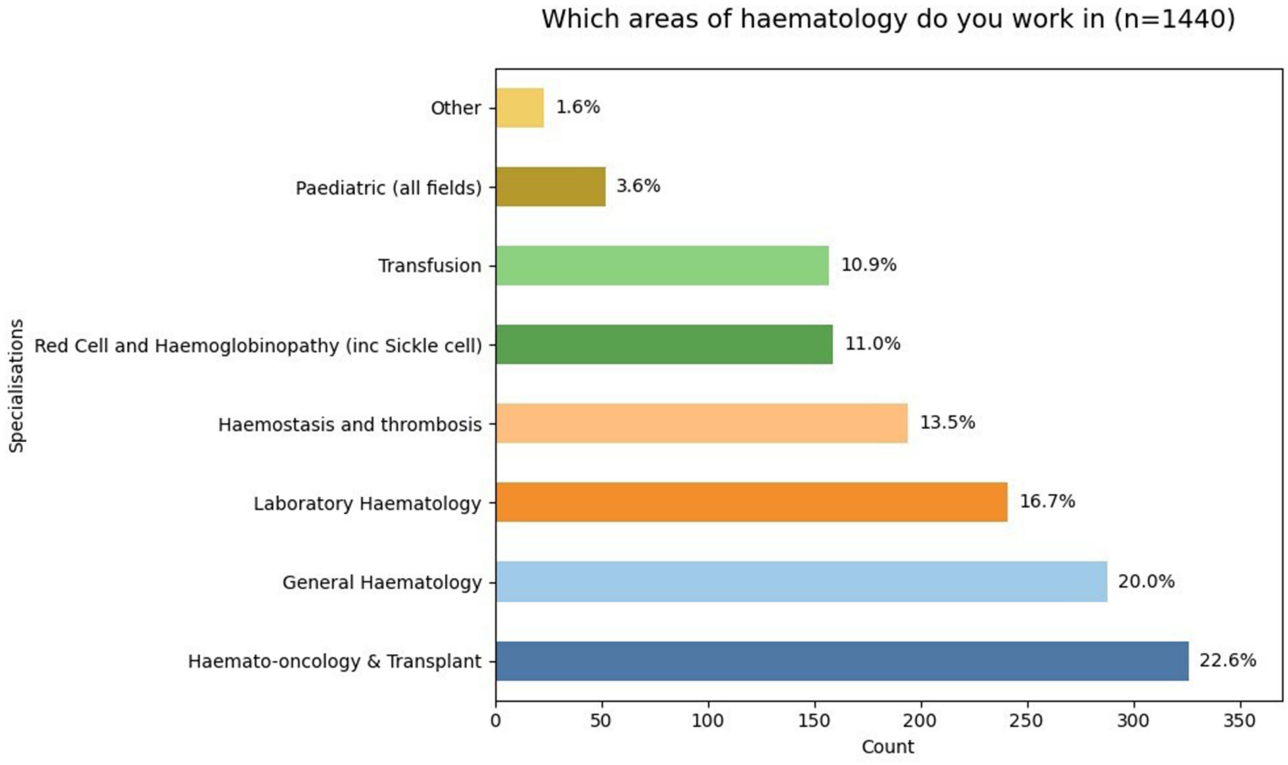

Figure 1 The number of individuals working in different professional fields within haematology.

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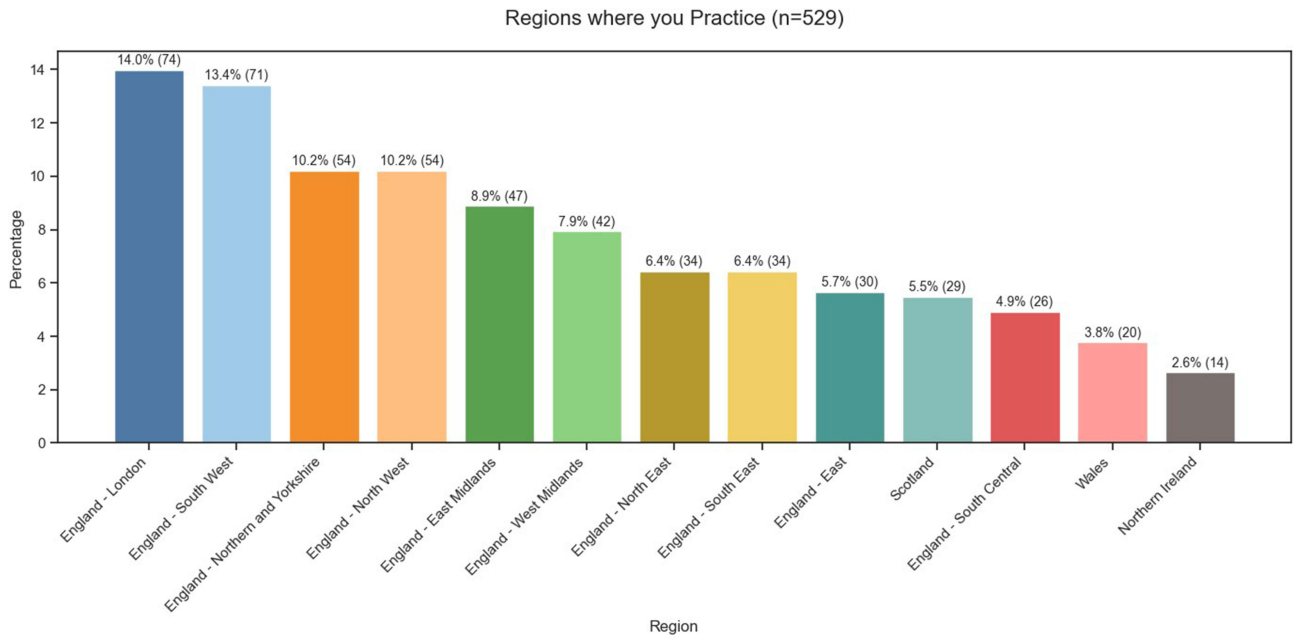

Figure 2 The geographical distribution of haematology professionals across the UK.

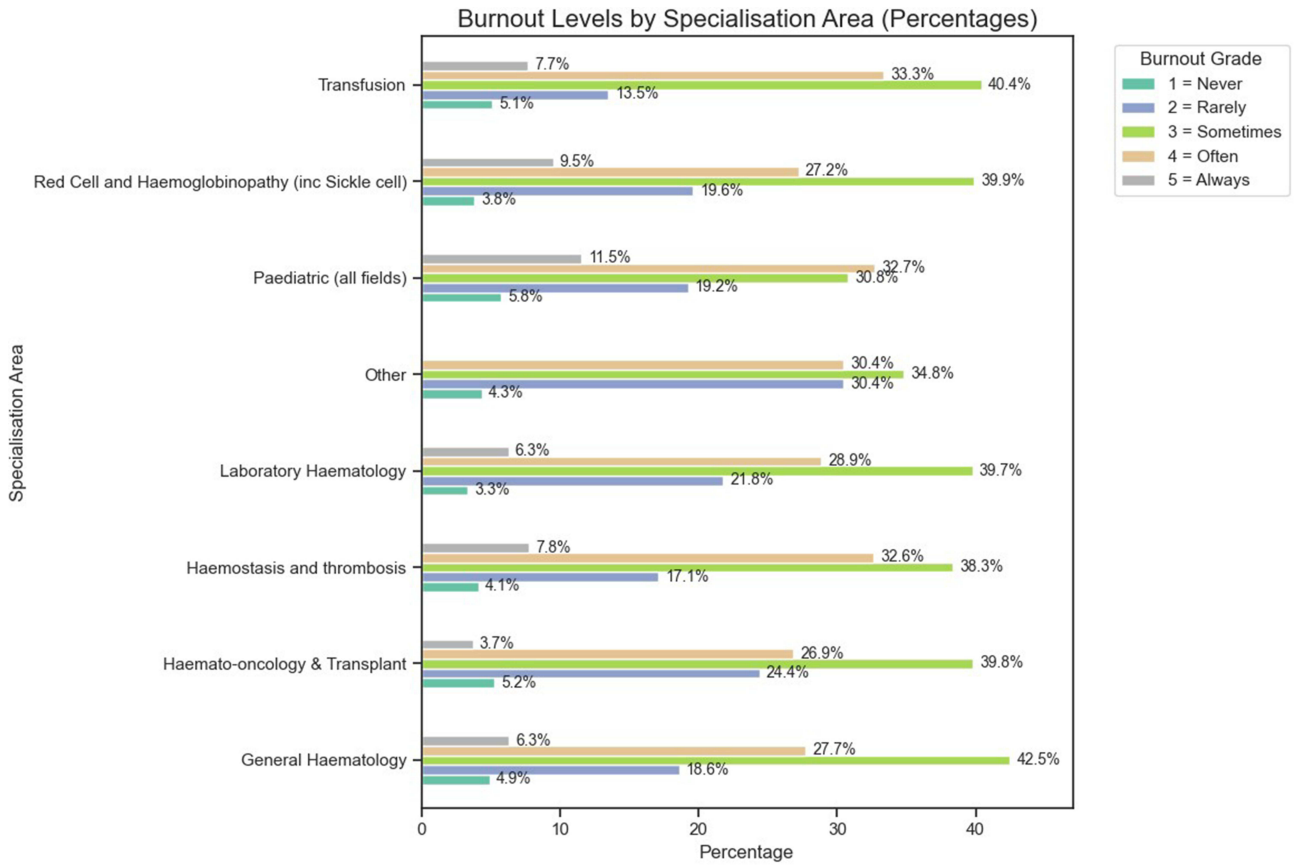

Figure 3 Level of burnout measured across specialism within haematology.

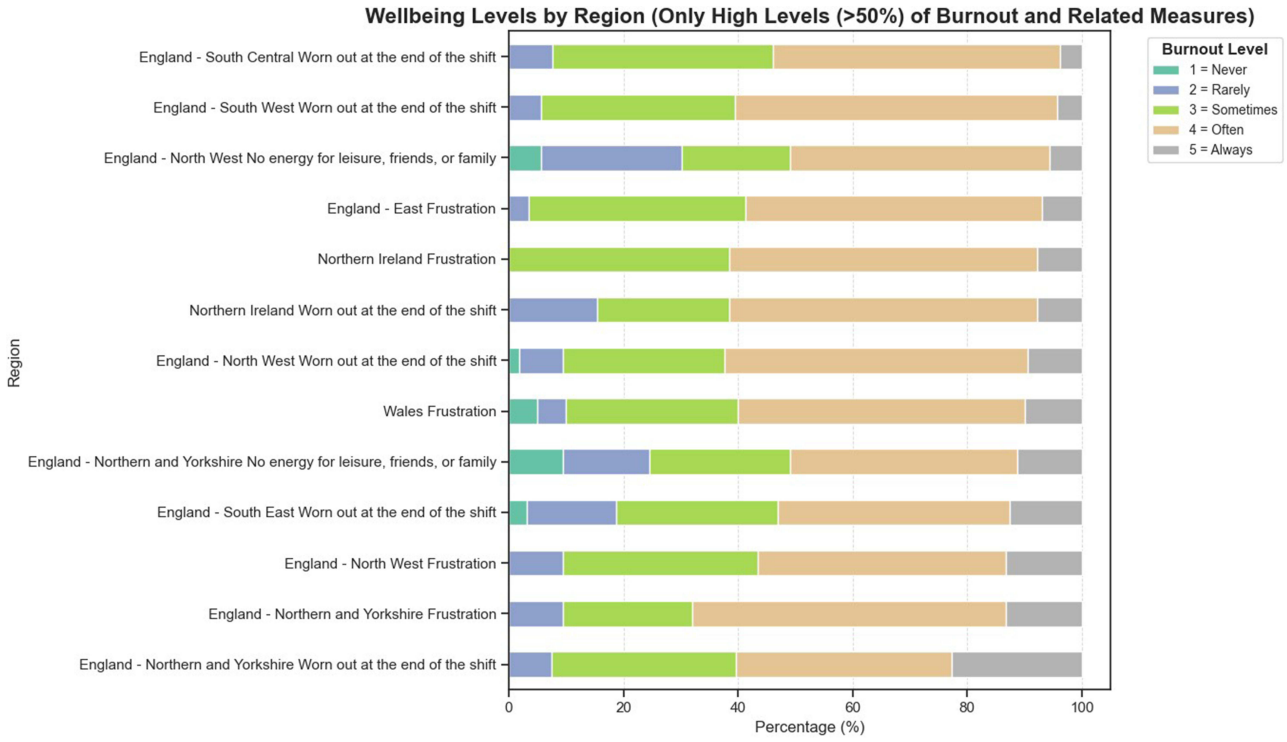

Figure 4 Wellbeing levels across geographical area within the UK.

views about working practices and wellbeing. A total number of 28 interviews were conducted to achieve the appropriate balance of richness of data and variability in the sample (see Table 2). Interview times ranged from 28 to 52 minutes.

Findings from the qualitative interviews produced four themes as outlined in Table 3.

Theme 1 – The commitment of the haematology workforce presents the perspectives of haematology professionals regarding their professional experiences and provides an understanding of their respective roles and career paths and the subsequent developments within their profession.

Table 2 Interview Participants

Participants	Profession	Number	Years Working in Haematology	Geographical Location
CCS1	Consultant Clinical Scientist (Clinical Haematology)	N=1	More than 10 years	England - North West
CH1-CH9	Consultants (haematology)	N=9	1 to more than 10 years	England – London (3) Scotland (1) England - North West (1) England - West Midlands (1) England – East Midlands (1) Wales (1)
CNR1-CNR2	Clinical Research Nurses	N=2	1 to 5 years	England – London (1) Wales (1)
CNS1- CNS2	Clinical Nurse Specialists (haematology)	N=2	1 to more than 10 years	England - South East (1) England - East Midlands (1)

(*Continued*)

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Table 2 (Continued).

Participants	Profession	Number	Years Working in Haematology	Geographical Location
CS1	Service Lead	N=1	More than 10 years	England - North West
CST1- CST4	Trainee clinical scientists	N=4	1 to 10 years	England - South West (2) England - East Midlands (1) England - Northern and Yorkshire (1)
N1-N3	Nurses	N=3	1 to more than 10 years	England - North West England - South Central Wales
PA1	Physician Associate	N=1	1 to 3 years	England - South West
REG1-REG3	Haematology Registrars	N=3	1 to 10 years	England – London England - North West England - South West
SL1	Senior Lecturer	N=1	More than 10 years	England - London
ST3	ST3 in Haematology	N=1	1–3 years	England - London

Table 3 Summary of Qualitative Themes and Sub-Themes

Theme 1: The Commitment of the Haematology Workforce	Theme 2: The Increasing Demands of the Haematology Service	Theme 3: Communication in Haematology	Theme 4: Enabling a Supportive Environment
1.1 Working practices and roles amongst haematology professionals	2.1 Staffing levels	3.1 Communication methods	4.1 Identifying origins of stress
1.2 Training and education	2.2 Working hours/ schedule and on-call	3.2 Challenges in communication	4.2 Employer/Trust support
1.3 Finding balance	2.3 Facilities		4.3 Supportive colleagues in haematology
	2.4 Patient management		4.4 Manager support
	2.5 Workload		
	2.6 Innovation		

Sub-theme 1.1 "working practices and roles amongst haematology professionals" outlines the diverse and demanding nature of work. The complexities of managing haematology patients demand a high level of expertise, adaptability and resilience from different professionals often working beyond to ensure comprehensive care for patients.

> So, I think that there are a number of things within my job description that pull you in lots of different directions and the legitimately sit with me in this role and all of these jobs are very big and that means that there are times when you are all working beyond what is on your contract in terms of hours. N3

The second sub-theme 1.2 "training and education" outlines the tensions between clinical responsibilities and educational needs as well as the associated training challenges. Nearly all participants were able to share experiences of teaching, mentoring or supervision highlighting professional capacity challenges.

> I have not been trying to take on anything extra like that because I just don't have the capacity in my life at the moment. I'm an educational supervisor for our trainees so I sometimes… if you have somebody who needs a bit more support then that can be

> pretty time consuming because they want to see you during your normal working hours which are already full with other things so that can be a bit tricky. CH3

Sub-theme 1.3 "finding balance" outlines the personal perspectives from haematology professionals in managing ongoing work demands and their life outside work. Participants shared experiences of "juggling" work with home commitments and how this impacted their personal relationships.

> I think it's very consuming, I think it always has been, if you study to a level and train to a level to be a consultant basically you've given your entire life over to it and I would be lying if I said that my personal life hasn't been affected by that, for sure it has CCS1.

Theme 2 – The increasing demands of the haematology service discuss the escalating workforce demands with a clear emphasis on how these factors contribute to the overall pressure experienced by haematology professionals.

Sub-theme 2.1: Staffing levels was a defining factor among professionals in providing adequate service delivery, meeting patients' needs and the general wellbeing of staff, often cited as a significant concern by individuals. The rise in demand for service had a direct effect on staffing levels and the ability to deliver high-quality care consistently.

> That is my concern if it is addressing staff numbers but I think that goes back to it not just being about staff numbers, unfortunately it's the developing of staff, the quality of staff. If simultaneously the progress is the evolution of developing staff over time but simultaneously you are losing staff of quite in-depth quality and experience. CH5

Sub-theme 2.2: Working hours /schedule and on-call for many participants reflected their efforts to meet the changing demands within services. The working schedules of healthcare professionals often revealed a complex balance to manage the challenges. It was also noted that many participants were often required to work overtime without the appropriate remuneration.

> I'm in a role where I am accountable not just for myself and my actions but also for the delivery of nursing within transplant, within this organisation and that means that I sometimes work more hours than I'm contracted for in different ways. N3

Sub-theme 2.3: This sub-theme presents the resource constraints, including adequate facilities, which determined the seamlessness or complexity of service delivery. Financial limitations significantly affect the haematology sector.

> Our facility. it's not fit for purpose so we need better facilities. CNR2

> It's going to have a lot more impact on the volume of testing and we're at capacity now in terms of staffing, in terms of our physical space so things need to change, it's not sustainable CST3

Sub-theme 2.4: This sub-theme delves into the intricacies of patient management, emphasising the interplay between the complexity of patient pathways and the diverse treatment options that influence clinical decisions. The ageing population has a direct effect on the workforce and the complexity in dealing with patients who live longer. Participants recognised the need for innovative approaches to task delegation and workflow management to sustain the quality of care without overburdening the workforce.

> I think there's already been a lot of scientific advancement and there's only going to be more, but I think as we get more they're only going to be more complicated which means that we're going to have to think differently about how we work in terms of whether that be who does what, who sees who, I just think we can't keep doing what we're doing because the sheer volume of work is not sustainable, so we have to think differently. CH8

Sub-theme 2.5: A recurring pattern emerged around the challenges of workload and time management, revealing the complex interplay between professional responsibilities and personal well-being. Effective workload management often hinged on how professionals strategically allocated their time and resources. There is a need for better support structures and recognition of the 24/7 nature of haematology service.

> It's a 24/7 service but the way that it's supported is it's supported on a nine to five structure. CNS1

Sub-theme 2.6: This sub-theme explores the integration of novel therapies, and the challenges associated with adopting innovation, gaining a comprehensive view of how innovation is reshaping haematology. There is recognition of how work may be processed faster with a trend towards increased sub-specialisation. The integration of novel therapies highlights the need for skilled staff to be able to deliver these types of treatment, and concerns about the capacity of the current workforce to keep pace with the growing demands of patients.

> The fact that it does seem like it's going into too much more sub-specialist, not just in terms of disease groups, but in terms of niche roles, and, as you've mentioned, digitalising things, so things that I would spend my time doing now being done digitally. CN9

> Patients' expectations probably will keep rising, not in line with what we're able to offer. So I have worries about that. REG3

Theme 3 – Communication in haematology outlines the varied communication methods used by professionals in haematology and outlines some challenges in relation to patient interactions.

Sub-theme 3.1: Both formal and informal meeting practices were discussed with the lack of more formalised de-briefing sessions post-death or complex patient case management. Other methods of communication included the use of technology to support discussions, for example, WhatsApp groups, phone calls and Teams meetings.

> And I find the ways of communicating, for example, we've got a regional and local hospital registrar WhatsApp group and that really blurs boundaries between home and work, and for me, that's one of the routes of damaging wellbeing I think, not having boundaries for those types of things. CN9

Sub-theme 3.2: Challenges in communication were noted in both peer and patient engagement. Timely responses to patient needs emphasised the emotional and psychological demands of clinical conversations. The most notable challenge in communication was the excessive amount of emails and the associated time required to deal with these.

> Or, even more so, trying to interact with primary care. And I know they always say the same about us: 'Difficult to get hold of the specialist team. But, it's just, if I need to talk to a GP, I will need to spend twenty minutes on the phone to talk to a receptionist, who will then pass on the message to the GP that will call me, I don't know when: maybe not that day. And I just think it would be so helpful if there were some sort of dedicated channel that can be used between us and primary care, bypassing all the recorded messages … CST4

Theme 4 - Enabling a supportive environment outlines the importance of wellbeing and professional development for professionals within haematology. The sub-themes explore how various elements contribute to such an environment.

Sub-theme 4.1: outlines participants' perceptions on the origins of stress including organisational issues and changes, systemic frustration, high workload and managing multiple roles/responsibilities. Interestingly, many participants did not conceptualise stress as a linear experience but rather spoke to their frustrations, not directly associating this with being stressed.

> I think that is a stress, yes, it's that constant worry that you aren't going to get everything done in a timely fashion and I know it's the same for lots of specialities but I think we are quite a fast moving specialty and if something needs doing it needs to be done right now. It's not something you can put on a list and do it next week. If somebody needs to be referred for something, they need to be referred right now and that just gets you less room to manoeuvre. CH3

Sub-theme 4.2: Employer/Trust support was pivotal in nurturing the wellbeing of haematology professionals, yet the efficacy and accessibility of such support varied significantly across different organisational contexts. There is a need for tailored support that addresses the unique challenges and needs of haematology professionals.

> The trust sends a lot of information out on what's available wellbeing wise. but there's not the time to access it. I feel there's a big box ticked, we're giving you all this resource to help your wellbeing, but there's not that time to do it. CH4

Sub-theme 4.3: Supportive colleagues in haematology revealed a complex landscape of professional dynamics and peer relationships. The presence of emotional and psychological support among colleagues was essential for managing high-stress environments in haematology.

> I think it is a responsibility and I think we're all trained and competent to do our work and I feel personally and professionally reassured by that, that is really important and I think all of us, regardless of whether you're in a senior role or not, should recognise professionally where your boundaries are, and I think all of us at consultant level, whether you're scientifically or medically trained, you will know your limitations and will know your area of expertise and I'm very lucky that I work in a team where we all have our individual areas of interest and we can all freely ask one another an opinion. And that is really important in terms of peer to peer support, so we definitely take advantage of that; I don't rely on it, but I'm glad that it's there. CCS1

Sub-theme 4.4: Manager support outlines the accessibility and approachability of management within haematology. For many participants, team meetings played a key role in meeting their professional needs but also ensuring that their concerns were met. Despite the overall positive feedback from participants, there were some challenges and gaps in more senior-level support within organisations.

> We work closely with the consultants; they have been quite supportive and then with the junior doctors they have been a great help to the areas where they can assist. I would talk about patients with a consultant if I am worried about somebody, if we have a new admission, if there is a question from the bleep that I'm not sure about, if the case is more complicated, then I would go straight to the consultant. ST3

Discussion

Haematology is recognised as a highly specialised field of practice that deals with the diagnosis, treatment, and management of blood disorders.

Findings from this study showed that haematology professionals face multiple stressors due to exposure of emotive situations as shown in other studies.[4] Not only is this workforce challenged by higher workloads, as highlighted by the findings from this study, but there is an increasing sense of being overwhelmed. Respondents in this study reported that this impacted on work and personal relationships as noted in other studies.[7] Our findings revealed that 51% of professionals reported feeling "worn out" after shifts, and 34% experienced burnout. Participants described the emotional toll of their work, with many noting the difficulty of maintaining personal relationships due to ongoing stress. A similar study[16] conducted by the American Society of Hematology showed that only 12% reported high levels of burnout. The study had a similar overall survey response rate of 25%. Similar to Lee et al,[16] our study identified a high prevalence of burnout among haematology professionals. However, our qualitative data uniquely highlight the compounded effects of moral distress and role overload, particularly among consultants managing complex patient cases. In the UK, there has been a rise in experienced professionals leaving professions such as nursing.[17] Commonly cited reasons for leaving National Health Service roles include mental health, not feeling valued and overwork[18,19] psychological distress[20] moral distress and injury.[21]

Other studies have also explored the emotional and psychological effects of working within this specialism,[5,6,22] however, this is the first study to focus exclusively on a range of healthcare professionals within haematology. Quantitative studies[5,13] utilised surveys and standardised questionnaires to quantify variables like burnout, compassion fatigue, and resilience where this study utilised a mixed methods approach. For example, other cross-sectional studies[6] investigated the relationship between some job stressors and health-related quality of life demonstrating the impact on mental and physical wellbeing, as shown in our study findings, where participants reported high levels of absence from work due to mental and physical health. Our study findings align with the Job Demands-Resources (JD-R) model,[23] which posits that excessive job demands (eg, high workloads, emotional strain) coupled with insufficient resources (eg, staffing levels, support systems) contribute to burnout and exhaustion as highlighted in our qualitative findings.

The advantage of using a mixed-methods approach, combining quantitative measures with qualitative interviews provides deeper insights into healthcare professionals' experiences as shown in this study. While quantitative methodologies offer statistical rigor and generalisability, they may overlook the nuances of healthcare professionals' experiences. Conversely, the qualitative approaches utilised in this study provided in-depth insights into the cross-disciplinary nature of the haematology workforce and shared challenges. This study has certain limitations. While the sample was diverse in professional roles and regions, it may not fully capture the experiences of professionals in smaller or under-resourced healthcare settings, and only represents the views of those who participated. Additionally, the reliance on self-reported data introduces the potential for response bias.

The effects of such burnout can be mitigated by addressing workloads and intrinsic value of staff. Leaders in healthcare organisations can implement specific initiatives to enhance healthcare workers feeling valued and thereby have a high likelihood of meaningfully reducing burnout and intent to leave.[18] Unless the policy addresses overwork, the issues are unlikely to be resolved. Healthcare leaders should consider strategies such as expanding multidisciplinary teams, implementing flexible working arrangements and providing regular debriefing sessions for emotionally taxing cases. Policies must also prioritise sustainable workloads and recognise the value of haematology professionals through meaningful incentives.

Conclusion

This study is among the first to explore the wellbeing of haematology professionals across diverse roles using a mixed methods approach. By integrating quantitative and qualitative data, it provides a comprehensive understanding of the systemic and emotional challenges faced by this workforce.

The findings present an understanding of the wellbeing of the workforce by identifying the associate factors within the working environment. Findings outline the diverse and demanding nature of work, as well as the complexities of managing haematology patients, emphasising the need for a high level of expertise, adaptability, and resilience.

Excessive working hours and the practice of working beyond contracted time to meet clinical demands significantly impact work–life balance. Participants highlighted the need for improved time-management strategies, task delegation, and supportive organisational structures to sustain quality care without overburdening the workforce.

Recommendations: To address these challenges, healthcare leaders must prioritise workforce wellbeing by implementing strategies such as increased staffing, flexible working arrangements, and structured debriefing sessions after emotionally taxing events. Technological improvements, such as streamlining IT systems and communication platforms, are also necessary to reduce administrative burdens.

These findings have broader implications for workforce sustainability in healthcare systems worldwide, particularly in specialised fields facing rising patient demands and workforce shortages. Addressing wellbeing in haematology is not only crucial for staff retention but also for ensuring high-quality patient care. There is also a need for workforce changes to deal with the additional demands that are associated with new developments.

Future research should explore the long-term effects of workload management strategies on staff wellbeing and patient outcomes. Longitudinal studies could provide deeper insights into the evolving challenges faced by haematology professionals and assess the effectiveness of interventions aimed at improving workforce resilience.

Data Sharing Statement

Data (interview transcripts) are available upon reasonable request. All request to be directed to the lead author at stewara2@lsu.ac.uk

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Disclosure

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