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Sociodemographic factors associated with health-related quality of life in UK healthcare workers: a cross-sectional study - Martin et al

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Women healthcare workers report lower health related quality of life than their male contemporaries.

Commentary

Martin, C A., Baggaley R F., Teece L., Pan, D., Nazareth, J., Bryan, L., Rivas, C., Woolf, K., Pareek, M., and The UK REACH study collaborative group. 2025 Sociodemographic factors associated with health-related quality of life in UK healthcare workers: a cross-sectional study. BMC Medicine 23:438 https://doi.org/10.1186/s12916-025-04208-6 [1]

Implications for practice and research

- The health and wellbeing of health care workers (HCW) influences patient care.
- Future research is essential for the development of bespoke workplace health improvement plans.

Context

In 2024 the NHS employed 1.34 million full time equivalent people, with women making up three quarters of NHS staff in England. The organisation is the largest employer in the UK [2]. However, little is known about the health and wellbeing of these employees. Poor NHS workforce health is known to negatively impact on the quality of care, contribute to increased organisation sickness costs, further compound existing staff shortages, increase hospital waiting list times, and ultimately negatively impact on the UK economy. It is therefore essential that more is known about the health and wellbeing of this workforce.

Methods

The study[1] used the popular and well evaluated five-dimensional level EuroQol (ED-5D-5L) questionnaire to measure five dimensions of health, which included anxiety/depression, normal activities such as work, study, housework, family and leisure activities, pain/ discomfort, mobility and self-care. Health related quality of health (HRQoL) differences in age, sex, index of multiple deprivation quintile (IMD), ethnicity, migration status and occupational groups were also investigated. In addition, 5Q-5D-5L visual scale (VAS) scores were examined, where respondents were asked to record their perception of their overall health on a vertical analogue scale. The respondent group included HCWs over 16 years registered with one of seven regulators, across the four UK countries. Respondents created a website study profile, read a participant information sheet and confirmed consent to the study. Direct enrolment from contributing NHS trusts supplemented the recruited respondent group.

Findings

The study[1] captured responses from 12,026 HCWs, with a median age of 45 years, the majority of respondents were female at 75.9%, while 29.9% were from non-white ethnic groups, with 26.7% born overseas. Allied health professionals (AHPs) were the largest occupation group at 29.8%, medical 22% and nursing 20%. Some 47% lived in the least deprived areas, with 8.7% in the most deprived. Overall the socioeconomic status was higher than the UK population average. 50.7% of the group had BMIs which positioned them in the overweight or obese group. 72% reported never smoking and 88.3% stated they drank less than 14 units of alcohol a week.

In this working population there was low reporting of severe and extreme problems, but relatively high reporting of slight and moderate problems associated with pain/discomfort and anxiety/depression. The occupational groups of AHPs and Nursing reported a higher occurrence of both slight and moderate pain and discomfort than the medical group. Women were more likely to report issues than men in all dimensions, while increased levels of deprivation were linked with increased health problem reporting. White UK born HCWs were more likely to report anxiety and or depression than HCWs born overseas or Black, Asian ethnic minority groups.

Commentary

This is the largest study of HCWs and the results are therefore important, not withstanding the fact that the data was collected in 2020-2021 at the height of the first covid wave, which may have influenced some of the experiences and responses.

With 1 in 40 people in the UK working for the NHS, their health and wellbeing has a major impact on the delivery of quality NHS services and the health of local communities. Data suggests the NHS workforce is increasing in size, but so is the demand for services [3]. Workforce shortages disrupt patient care, impact negatively on the quality of patient outcomes, increase the use of agency staff, make further demands on the UK taxpayer and exert additional pressures on the existing workforce [2]. To function optimally the NHS requires sufficient staffing levels across all professional groups, however currently there are 100,000 unfilled posts. Vacancies and staff shortages in nursing indicate that to provide the required safe cover, 76% of nurses in the RCN study [4] worked extra hours every week and many worked while unwell. Currently more than half of NHS resignations are voluntary with the prime reasons for leaving cited as work life balance, pay and reward and personal health issues [4 3].

The NHS has a moral imperative to not only deliver high standards of patient care but also to support and promote the physical and mental wellbeing of all its staff. Recognising the main causes of ill health is an important step in seeking targeted solutions to enhance the health and wellbeing of all in the workforce.

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