

## MANAGING WORKPLACE PRESSURES IN CLINICAL LABORATORIES

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pressure in the  
workplace  
and presents  
two case studies.

**B**iomedical Scientists have been under increasing pressure over recent months. The already overstretched and underfunded NHS, combined with the added stress and workload caused by COVID-19, means many labs are reaching boiling point. Since the start of the pandemic, the IBMS has been asking members to share their experiences through a regular wellbeing survey. The most common way members describe their work environment throughout has been “unpredictable”. “Emotionally challenging” and “intense” have also been prominent. The survey indicates an increase in members describing their work as “overwhelming”, coupled with a rapid decline in the numbers saying it is “quiet”.

In the mid-September survey, when compared with the survey a couple of weeks earlier, there was an increase in the proportion of members describing their work as “relentless” (33%, up from 27%),

“frantic” (22%, up from 16%) and “stretching” (28%, up from 24%). While the feeling that members saw their work as worthwhile increased (65%, up from 57%), as did better mental wellbeing (25%, up from 19%), the mounting pressure on workload continued to rise.

Aside from workload pressure, which is a constant (if recently exacerbated) feature of clinical laboratories, three other more infrequent events that cause stress and concern for the workforce are preparations for inspections, the logistics of laboratory relocation and the work involved in changing from one laboratory informatics system to another.

### Heightening the scale

On Biomedical Science Day this year, I received a phone call from a colleague and friend. For about thirty minutes he talked about the pressure at work and the stress he was going through. A number of changes had been made in his laboratory to accommodate the analysis of more

than one thousand COVID-19 samples per day. I could feel the stress in his voice. A lot of what he said got me thinking and asking questions about the support structure in place for scientists who work in clinical laboratories.

COVID-19 has exposed the cracks and fault lines in the way individuals and laboratories manage pressures, which have always been there, but have been heightened by the pandemic.

There are common factors that most people who work in clinical laboratories are familiar with – stress from daily commute, pressure from managers and other staff about meeting expectations, overwork due to staff shortages or increase in workload. These can lead to burnout and result in days or weeks of absence and recovery. All these have their tolls on the physical and mental wellbeing of all grades of staff – be it the medical laboratory assistants who receive and book in the samples and test requests, through to the senior or consultant scientists who authorise the results.

Pressure is fundamentally perception-driven. What individuals at different stages and grades of practice perceive as pressure varies and even for the same individual, as they progress from a trainee scientist to more senior grades.

Pressure is the trigger that leads to stress. In so much as pressure is the catalyst, the enablers are failure to plan, prioritise, organise and carry out tasks in rational order, efficiently and in good time.

Pressure is associated with any undertaking, tasks, chore or activity where there are targets, goals and expectations.



## “COVID-19 has exposed the fault lines in the way individuals and labs manage pressures”

To accomplish any given goal, humans utilise both physical and mental faculties, so stress becomes manifest when the body is feeling under pressure and this is evident in different ways.

Following are two case studies that have been anonymised to protect the individuals featured.

### CASE STUDY ONE

## LABORATORY-ACQUIRED PRESSURE



Mark, a very senior scientist with more than twenty years' experience as a principal scientist, took on a new role as lead scientist in a highly specialised laboratory soon after the laboratory had its first United Kingdom Accreditation Service (UKAS) inspection. Being a specialised laboratory, the centre serves as a referral laboratory for many tests

and assays, some of which are still based on manual methods that have not evolved with time. Mark's predecessor, an accomplished scientist, delayed his retirement to see through the

UKAS inspection. Prior to his appointment as the new lead scientist, Mark was given a detailed briefing of the enormous task awaiting him by the retiring lead scientist. The laboratory's preparation for their first UKAS inspection was marred by issues such as staff absences/sickness and lack of in-depth understanding of the requirements of the inspection and, as expected, there were a considerable number of non-conformances and recommendations made by the assessors. Mark was confident, from his many years of experience as a principal scientist in another specialised laboratory, that he was going to get the non-conformances resolved in a timely manner.

On his first day as lead scientist, Mark arrived at 7am and started work. By 9am other staff arrived and were delighted to see him. At 5pm, the staff were closing for the day, but Mark was still at his desk and he continued to work until 7pm. To help him cover more ground, working on Saturdays and Sundays became the norm. Mark had no experience of UKAS inspections from his previous places of employment and most of the action plans he prepared during his weeks of long hours did not have much effect because the laboratory's post-inspection response could not address most of the issues raised by the UKAS assessors. After many weeks of long hours of work and with a significant number of the non-conformances still not addressed, the pressure began to take its toll on Mark. He began to feel unwell and made an appointment with his GP, who was so shocked to see an emaciated man, who was close to losing most of his hair, that



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she quickly signed him off for three months. Three months became six, and six became twelve and, to date, Mark has not been able to return to work.

After the first three months of Mark's sickness absence, the laboratory brought in a temporary lead scientist who, among other things, was tasked with conducting a review of work practices among the rank and file of the laboratory. Based on the recommendation of the review report and in agreement with Mark, who on medical advice could not return to full practice, the laboratory went on to employ another lead scientist as well as a quality and governance officer.

Mark was at the peak of his career and yet he succumbed to the vagaries of stress arising from workload pressure. He was very determined to help the laboratory clear all the non-conformances, but he was not amenable to delegating duties. He wanted to do it all alone.

### CASE STUDY TWO

## NON-LABORATORY-ACQUIRED PRESSURE



Sandra's career was going well until 7 February 2019. On that day she received a phone call that changed her already

high-pressured life. She had just finished her day shift in the laboratory and was on her way home when the news reached her that her mum Linda, had been taken to the accident and emergency unit of their local hospital. Linda was Sandra's rock. On her way to work every day, Sandra would drop her daughter at her mum's flat and then on her return, pick her up.

The thought of her being in the hospital bed with cables and tubes attached to her body and the need for her to even consider that she may no longer be available to help her look after her daughter was just too much for her to take. The next day, Sandra called her manager and was given some time off work.

Three weeks passed and Sandra resumed work in the laboratory, albeit for reduced hours. Within days, the pressure of home life began to tear her apart. She now had to do the school runs, which was not easy, given that she lived in East London and had to do half an hour bus journey to drop her daughter at school before travelling on the underground to central London for work. She did it for a week and was exhausted. The thought of finding a nearby school for the daughter did cross her mind, but she did not want her daughter to lose her friends.

In the laboratory, Sandra became moody and withdrawn and it was not long before her work became affected. Her colleagues began to notice mistakes in her work, and then there were reports

of bouts of forgetfulness and instances of looking very tired at work. On the twentieth day after she returned to work, her manager invited her to his office to discuss some concerns that have been raised by her colleagues about her work. On leaving the manager's office, Sandra suffered a meltdown and had to go home. She was signed off work by her doctor. Two months into her sickness absence, Sandra tendered her resignation.

### Support is available

The importance of taking good care of one's mental and physical wellbeing cannot be overemphasised. Given that the greatest asset of any organisation is the people that make up the structure at different levels, providing support to the workers is the first step towards reducing pressure in the laboratory.

The culture in workplaces should encourage staff to be open and willing to acknowledge they are in difficulty or may need assistance when the pressure of work begins to be burdensome.

As individuals, it is imperative to have a good understanding and awareness of one's strengths and weaknesses. Having knowledge of these, as well as the acknowledgement that in order to safeguard our health and wellbeing we should seek help from more informed professionals, is needed more than ever in our high-pressure society.

It is good for one's general wellbeing to understand oneself and to know when to stop as pressure begins to become unbearable. At this point, one just needs to take a deep breath, reassess the situation and priorities and ask for help or guidance, if required, from other

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colleagues or a manager. Accepting that one needs help in a difficult circumstance is not a show of weakness, rather it should be seen as a genuine acknowledgement of strength in the individual's judgement and their alertness to prioritising their health and wellbeing. Something else that would be beneficial is learning to share our stories and worries. We all have our individual personal circumstances, but we belong to a community of families, friends and colleagues and it always helps to remember that we are not alone in whatever situation we find ourselves.

## Raising issues

Staff with concerns about their wellbeing should not feel scared to raise such issues with their managers. That readiness to share one's burden is born out of the trust that such information is volunteered in confidence and therefore serves to facilitate support for the staff. Being able to listen and show understanding of the concerns of the staff is a fundamental aspect of good management. It is vital that the manager shows empathy and willingness to address the worries as well as readiness to escalate and seek further support when necessary.

It is important for managers to ensure that staff are appropriately trained and well-resourced in the jobs they do. Being realistic about the work that staff are allowed to take on is a good step in the right direction. Some work may take a longer time to complete and, in some cases, things will crop up unexpectedly, leading to further delays. So there should be an understanding that on some days things will not go as planned and on such

days, ensuring that the pressure does not morph into unbearable stress for the staff ought to be considered.


For people who are on the edge with regards to personal pressure, additional work pressure can easily exacerbate their conditions.

Organisations should provide relevant training and support to managers on how to handle personal and sensitive information. This should enable the managers to seek suitable support for their staff, thereby ensuring that the workers are fully supported and know that their welfare is important to the organisation. Pointing the staff in the right direction is important. It could be a



referral to the occupational health team, an appointment with a GP or the chaplaincy, or booking with a counselling organisation.

A manager with knowledge of when and how to access support for staff is good for an organisation as it promotes staff retention. Laboratories that are part of a hospital benefit from the occupational health team and other facilities on site or in the organisation. However, in standalone laboratories without onsite support facilities, greater emphasis should be placed on equipping the managers with suitable training. The IBMS has also created a range of wellbeing webinars and resources for members, with more set to be released soon, and members can also access legal assistance and counselling (see box).

Good managers create a conducive environment in the laboratories for the staff to thrive and work as a team. Such managers are the first ports of call to assist staff to cope with pressure and, in cases where additional support is needed, enable them to access relevant support towards their general health and wellbeing. However, the primary responsibility of ensuring that the pressures of life and work do not result in catastrophic stressful outcomes lies with the staff and the key is to use the relevant channels of communication available in the workplace and community to achieve this. 

## WELLBEING WEBINARS AND SUPPORT

The IBMS has been providing members with a series of wellbeing webinars that have been produced for NHS staff (but are open to everyone) working during the pandemic. The webinars are free to sign up for and previous webinars can still be accessed. So far these include webinars entitled Low Mood, Coping with Burnout and Anxiety and BAME Wellbeing with David Truswell. To access these, visit [ibms.org/resources/news/wellbeing-resources-for-members](https://ibms.org/resources/news/wellbeing-resources-for-members)

IBMS members can also access free resources if affected by any issues in the workplace or at home. Using their website login to access MyIBMS, members can access a legal assistance helpline and find professional advice and a counselling service through IBMS Additions (Wellbeing Support Services).



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