

Caring for the carers

Investing in healthcare workforce wellbeing

The health of the GCC's population depends on the wellbeing of its healthcare workforce. It is a key lever for improving the quality of care provided by the region's 800,000 healthcare professionals, and for reducing the cost of care. Our analysis indicates that improving healthcare workforce wellbeing in the GCC countries potentially could generate US\$ 2.5 billion in annual savings.

Healthcare is a rewarding and demanding profession. Long hours, high-intensity work environments, and physically demanding tasks contribute to elevated incidences of chronic fatigue, musculoskeletal injuries, and other health problems. Nearly half of healthcare workers globally suffer from burnout. Almost as many experience musculoskeletal issues each year. We find comparable rates in the GCC's healthcare systems.

These conditions harm healthcare workers and patients. Mental and physical wellbeing challenges drive up absenteeism, turnover, and job dissatisfaction, all of which increase medical errors, lower patient satisfaction, and diminish compassionate care. Research into the effects of burnout among doctors, for example, shows that it is associated with a fourfold decrease in job satisfaction. Doctors experiencing burnout are 2.2 times more likely to have made a recent medical error. Thus, current conditions foster a vicious cycle with systemic and financial repercussions. As these conditions worsen, healthcare systems become increasingly stretched, with workforce shortages intensifying these pressures.

The wellbeing of the GCC's healthcare workforce is a large-scale issue with system-wide implications that should be investment priorities. Evidence-based research proves that investing in healthcare worker wellbeing yields tangible benefits, including a 17% reduction in absenteeism, an 11% decrease in turnover, and productivity gains of up to 25%.

To make the most of wellbeing investments, healthcare systems should adopt a structured and strategic approach. This approach combines three levels of interventions: primary, that eliminate avoidable stressors; secondary, that provide healthcare workers with the tools they need to manage unavoidable stressors; and tertiary, that help them recover when they fall prey to stressors.

Primary interventions avoid short-term fixes or morale boosters. Instead, they use lasting structural and environmental improvements that address the root causes of physical and mental stressors in healthcare systems. Intervening at this level means identifying and addressing common stressors that arise from the work environment, organizational practices, and job roles. These stressors include excessive workloads, lack of access to necessary equipment, overly rigid shift patterns, role ambiguities, and barriers to resolving patient complaints. For instance, the Canadian province of British Columbia instituted minimum nurse-to-patient ratios in response to studies that found that such ratios improve patient outcomes and save lives, while increasing job satisfaction and retention.



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Secondary interventions empower healthcare workers with the skills and strategies needed to cope with the profession's inherent stressors. Healthcare work means dealing with high patient volumes, complex ethical decisions, and the emotional toll of patient suffering. Secondary interventions can include stress management workshops, mindfulness programs, and peer support networks that create safe spaces in which workers can seek guidance and share experiences. For example, SingHealth, a major healthcare cluster in Singapore, established a weekly mindfulness hour as part of its iTHRIVE program. **This hour-long session enhances staff resilience and wellbeing through guided meditation and reflective practices.** It has reduced stress, built resilience, improved overall wellbeing, and ultimately benefited patient care.

Tertiary interventions help healthcare workers who are already experiencing significant stress-related symptoms to recover faster and return to optimal performance. These interventions address the consequences of stress. They often include access to counseling services, physiotherapy, and employee assistance programs. For example, Fraser Health, the largest regional health authority in British Columbia, established a critical incident stress management program that offers employees, physicians, and volunteers experiencing critical incidents with immediate support and expert guidance through in-person consultations or via phone, video, web, and mobile app on a 24/7 basis. Incidents that affect healthcare workers include traumatic patient outcomes and workplace violence. The program assists employees, physicians, and volunteers to normalize emotional reactions, reduce stress accumulation, and recover faster.

Given that many healthcare organizations already provide some of these services to patients, there is an opportunity to rethink how they can be extended to employees in the most cost-effective way. Employers can assess whether to use in-house resources, collaborate with payors, or adopt a hybrid model to ensure seamless and financially sustainable access to essential support.

Investing in a strategy that includes primary, secondary and tertiary measures is a vital support of healthcare workforce wellbeing. These measures reinforce an organization's commitment to supporting its staff, improve care outcomes, and ultimately reduce healthcare costs.

A resilient healthcare system requires a resilient workforce. GCC countries that invest in the wellbeing of healthcare professionals are investing in the resilience, efficiency, and quality of their healthcare systems. Supporting those who care for others ensures better outcomes for all.

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