THET/Thoko Chikondi

HEALTH WORKER WELLBEING & GLOBAL ENGAGEMENT: A THET INQUIRY

FOREWORD

In the context of the coronavirus pandemic, two things stand out to me. Firstly, the enormous effort and sacrifice that healthcare workers have made across the globe; many have lost their lives, and all have experienced challenges to their health and wellbeing. Secondly, it has reinforced the interconnectedness of health across the world, from the development of new variants of the virus to the development of vaccines and treatments. Indeed, more connectedness could have mitigated the effects in all countries.

This document is the beginning of bringing the health and wellbeing of our NHS staff and their global engagement into one place. Can the connections, the professional and personal developments, and the sense of purpose that global engagement brings positively impact well-being, while contributing to the strengthening of health systems globally? THET's inquiry, summarised here, aimed to answer this question. It has established a strong link, from published information and personal testimony. More than that, though, it has highlighted the appetite to discuss and address health worker wellbeing worldwide, drawing in experiences from across the globe through its events.

More work is needed to build the evidence base – in part by building the levels of engagement in global health activity and documenting the resulting mutual benefits. One thing is certain: strong health systems start with a strong workforce. The more tools we have to support them, the better and the safer we will all be.

Sir David Nicholson
NHS Chair and former CEO of the NHS in England

WHY THIS INQUIRY?

As the impact of the coronavirus pandemic is felt on already strained health systems across the world, there is growing concern for the wellbeing of health workers. In the UK, we know that mental health problems and burnout have increased,[1,2] and that skilled professionals are leaving their roles,[3,4] compounding existing health workforce shortages. This experience is echoed globally.[5,6] We know that the burden is not equally shared: in the UK, health workers from minority ethnic groups have been more likely to become ill, and to die.[7]

Within the UK this has created an urgent need to identify ways in which wellbeing can be supported and prioritised, as reflected in the 2020 publication of NHS England/ Improvement's People Plan,[8] as well as the many wellbeing-specific NHS initiatives across the four UK nations.[9,10,11,12]

THET sees a role here for engagement in global health. Existing opportunities, which connect UK health workers with their counterparts in low- and middle-income countries (LMICs), include short-term overseas clinical or leadership placements, short-term virtual projects, and participation in long-term Health Partnerships, which may include these or other activities.

The professional and personal benefits which NHS staff gain from these activities are widely recognised and include factors which contribute to wellbeing, such as job satisfaction.[13,14,15,16] As the only UK charity focussing on support for Health Partnerships,[i] many of which involve UK health workers, THET is uniquely positioned to evidence a more explicit connection between global health engagement and wellbeing.

This report sets out the findings of an inquiry process which aimed to compile existing evidence for and to seek new information on this connection. We found an enormous appetite to discuss these issues. We intentionally looked at this from a UK health worker perspective, but the conversation grew to involve LMIC experiences and approaches, bringing the opportunity for

mutual benefit through a partnership focus on wellbeing. Recognition of such a connection would bring the opportunity for an efficient double-win: increasing global health engagement opportunities for NHS staff could form an additional wellbeing "offer" for NHS staff, helping them to stay healthy and motivated in their roles; while undertaking more activities in collaboration with LMIC health workers would benefit health systems globally (including in the UK), as well as LMIC health workers themselves.

1 in 5 doctors are considering leaving the profession.

3 in 5 NHS nurses are considering leaving the NHS.

1 in 5 African health workers report daily depression symptoms: 10 times more than pre-pandemic.

44% of NHS staff report feeling unwell as a result of work-related stress.

Globally, **1 in 5** national nursing associations report an increased number of nurses leaving their roles.

WHAT DID WE DO?

Throughout this work we have used the WHO definition of health and wellbeing: "A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".[17]

We combined a desktop review of scientific publication databases and online literature, with four interactive online events each involving invited key speakers (Appendix 1) and audience discussion.

Three were part of THET's annual conference, in October 2021, which attracted a high proportion of participants from LMICs.

i. Health partnerships are long-term partnerships between UK health institutions and their counterparts in LMICs. Partnerships aim to improve health services and systems through the reciprocal exchange of skills, knowledge and experience between partners in the UK and LMICs.

Core activities took place between July 2021 and February 2022. These built on growing recognition, through the first two waves of the pandemic in the UK and the 2020-21 THET conferences, that health worker wellbeing was suffering, to the detriment of both them and the populations they serve. The concept was tested at the NHS Confederation Conference in May 2021 and supported as a line of inquiry.

Our interactive events drew over 100 participants from more than 30 countries. Though our initial focus was on UK NHS staff, through discussion we have nonetheless learned much about wellbeing of LMIC health workers and some of the interventions supporting them.

The work was guided by a Steering Group of individuals with expertise in one or more of wellbeing, mental health, health workforce development, and global health, and drawn from health, academic and non-profit sectors (Appendix 2). This group guided the focus of our investigations and discussed emerging evidence, including as part of public events.

LIMITATIONS

There are many definitions of wellbeing. We believe the WHO definition better encompasses the range of potential impacts of global health engagement, but recognise that it is not perfect: for example, there is unlikely to be an effect on physical health. In using this definition we aimed to be broad, but it may have led to us excluding some relevant information.

The inquiry focuses on UK staff engaging in global health. Though we recognise its importance, we therefore include limited information on wellbeing of healthcare workers in other countries.

We have made efforts to be thorough and inclusive, but investigations are not intended or expected to be exhaustive. The inquiry forms the start of what we hope will be longer term work on the topic.

Searches were carried out in English, which may have excluded some relevant literature.

We found few publications specifically relating to wellbeing and global health engagement: an important finding in itself, but one which limits our ability to draw strong conclusions at this stage.

WHAT DID WE LEARN?

We found great appetite to discuss the issue of health worker wellbeing, with excellent engagement in all of our events. On the whole we found little existing evidence relating specifically to global health engagement and wellbeing. However, the inquiry allowed us to hear new evidence on this, and to discuss the issue of wellbeing more broadly, including from the perspective of LMIC health workers.

WELLBEING

Wellbeing comprises four fundamental aspects: mental, financial, physical and social. Good wellbeing is therefore dependent on a variety of factors including, for example, employment, living conditions, economic security and physical and social health.[18] The UK Department of Health in 2014 defined two further dimensions of wellbeing:[19]

- **Objective:** based on basic human rights and needs, encompassing those related to health, education, safety and the ability to prosper.
- **Subjective:** the way people think and feel about their lives in terms of satisfaction, positive emotions and whether their life is meaningful.

The concept of wellbeing as being personal and subjective came through strongly in our inquiry, but individuals may be affected by the same external and environmental factors. The impact on wellbeing depends on the way in which these conditions affect our lives and how we function in society.[20]

All of this argues for an approach to supporting wellbeing which offers a variety of options, so that individuals can choose to take up opportunities which suit their particular needs and circumstances.

WELLBEING AT WORK

This was much discussed during our interactive sessions, facilitated by experts who highlighted the strong evidence in this area.

Key workplace drivers of wellbeing are:[21]

- People: health and relationships.
- Safety: security and environment.
- Fulfilment: purpose.

Variety within a role and having opportunities to use and develop skills are features of "good jobs" that lead to higher wellbeing. Job satisfaction is strongly driven by interpersonal relationships, pay, and having an interesting job.[20] The importance of interpersonal relationships points to the key role of organisational culture and structure in wellbeing: strong team working, good management and positive leadership matter.

Formal occupational health services remain key: access to these improves the health of the working population, preventing work-related illnesses and providing early interventions. Yet overall, only a minority of the UK workforce can access a comprehensive occupational health service and these are even less common in LMICs.[22]

We can immediately see that, for health workers, basic features such as safety and pay will be hugely variable between roles and countries. Many are fighting to improve their conditions but, while we can support these efforts in various ways, this is rarely a natural focus for global health engagement.

On the other hand, global health engagement opportunities very often lead to formation of new or stronger relationships, develop teamwork between participating members of both institutions, and lend a sense of satisfaction and purpose, while also developing key professional skills.

We can start to see a solid connection between workplace wellbeing and global health engagement, and the power of partnerships within this.

Return on investment
It makes financial sense for organisations to invest in wellbeing. In 2019 the All-party Parliamentary Group on Wellbeing Economics recommended regular measurement and promotion of worker wellbeing, based in part on productivity benefits.[23] Improved wellbeing leads to more efficient use of time, greater organisational commitment and increased safety.[24] Access to occupational health services reduce absences from work. In healthcare, this translates into better, safer patient care, as well as happier staff. Wellbeing interventions can be analysed for their cost-effectiveness.[25]

HEALTH WORKER WELLBEING

Health workers are at considerable risk of work-related stress, burnout, and mental health problems such as depression and anxiety. The risk, including the rate of suicide, is greater than that of the general working population.[1] A 2020 UK study found that 46% of ICU doctors surveyed showed signs of PTSD, severe anxiety, severe depression, or harmful use of alcohol.[26] There is a history of health workers leaving their work following pandemics: a potentially disastrous outcome for a global health workforce which faced a shortage of 18 million by 2030, even before the coronavirus pandemic.[27]

Within the UK, the pandemic has thrown a spotlight on longstanding and deeply embedded inequalities, with individuals of minority ethnic background and low socioeconomic status more likely to develop COVID-19, and to die. Data to May 2020 showed that, 1.9% of all Nursing and Midwifery Council registrants had been diagnosed with severe disease, with the rate almost twice as high in those of Asian than of white or black ethnic groups.[7] Early data also found that individuals from black and minority ethnic groups accounted for 63% of all deaths amongst UK health workers, and 95% of doctors' deaths.[28]

Health worker wellbeing is impacted in LMICs, too. A 2020 study found high levels of burnout amongst Zambian anaesthetists, while noting the dearth of LMIC-focussed literature on this topic.[29] A 2020 review goes further, highlighting the lack of information, the difficulties of cross-cultural application of burnout measures, and the particular work-related challenges faced by LMIC health workers.[5] Issues such as low resources, high disease burden, low pay, and unsafe environments all impact on their wellbeing.

In the UK, the issue of health worker wellbeing is now receiving greater attention, driven in part by good data collection, resulting in a number of resources and "offers" for NHS staff.[9–12] Yet, in the 2020 survey of NHS staff in England, only 34% said that their organisation "definitely" takes positive action on health and wellbeing, while 8% disagreed.[30]

We heard at our online events about LMIC initiatives to address wellbeing. One Tanzanian hospital embedded mental health practitioners within critical care teams: they contributed to patient care as well as delivering staff support sessions. Occupational health services in India were discussed, as a model which is widely accessible and affordable.

● CASE STUDY

In Uganda, a programme has been running to empower nurses and midwives to speak up about and change their working conditions, and to understand their own wellbeing.[ii] This also provided opportunities for participants to connect globally, learning from other LMICs and experiencing the power of collaboration through partnership. Some participants have felt inspired to go back to jobs they had left, or have achieved promotion.

"To do well, we need to be well"

Conference participant

Despite these efforts, there is often a stigma associated with seeking support for wellbeing: globally, but perhaps more so in many LMICs, where stigma is demonstrated by the often well-established disparity between the prevalence of mental health disorders and poor availability of care services.[31]

The issue of wellbeing is crucially important not just for individuals, but for the wider organisation and its patients.

A strong message which ran through wellbeing discussions at our conference was that *"To do well, we need to be well"*.

Indeed, there is good evidence that health workers' clinical performance is inextricably linked to how they feel,[32,33] and we know that poor wellbeing is associated with poor patient safety outcomes.[34] There is even evidence that productivity improves alongside wellbeing.[35]

Interestingly, focussing on wellbeing also has positive effects on organisational equality and inclusion,[36] and more inclusive healthcare organisations have been shown to deliver better patient care.[37]

So, healthcare employers whose investments enhance staff wellbeing can expect to see happier, more productive workers and a more inclusive culture, and to deliver better care to their patients.

CASE STUDY ●

Compassion: the missing link? Wellbeing is a state of being, but compassion is an action. Compassion is rooted in wellbeing, which allows individuals to be aware of and empathise with both self and others. It is compassion which drives delivery of respectful, quality care, as well as positive relationships amongst health workers.[38,39] Improving health workers' ability to be compassionate, as an action within their daily work, is a key goal of improving wellbeing, with benefits for organisations and their patients.

Like workplace wellbeing, there is a solid body of evidence for the wellbeing benefits of volunteering in general.

Typical wellbeing-related benefits of volunteering include increased confidence,[40] tangible health improvements,[41] an improved connection between volunteers and their community[42] and gaining new skills.[43] Key steps in realising these impacts are nicely summarised in the Theory of Change (Figure 1) below.

As highlighted in the Theory of Change, there are also risks of volunteering, and issues in terms of equality of access and benefits. Those with the most to gain also face the greatest challenges in accessing opportunities. There is strong data on this in terms of different socioeconomic groups, but there is a data gap around differences amongst different ethnic groups. Activities which do not feel useful, have unachievable goals or leave participants feeling vulnerable can have a negative impact.

Volunteering opportunities must be accessible, well planned and supported for participants to realise maximal wellbeing benefits and to reduce risks.
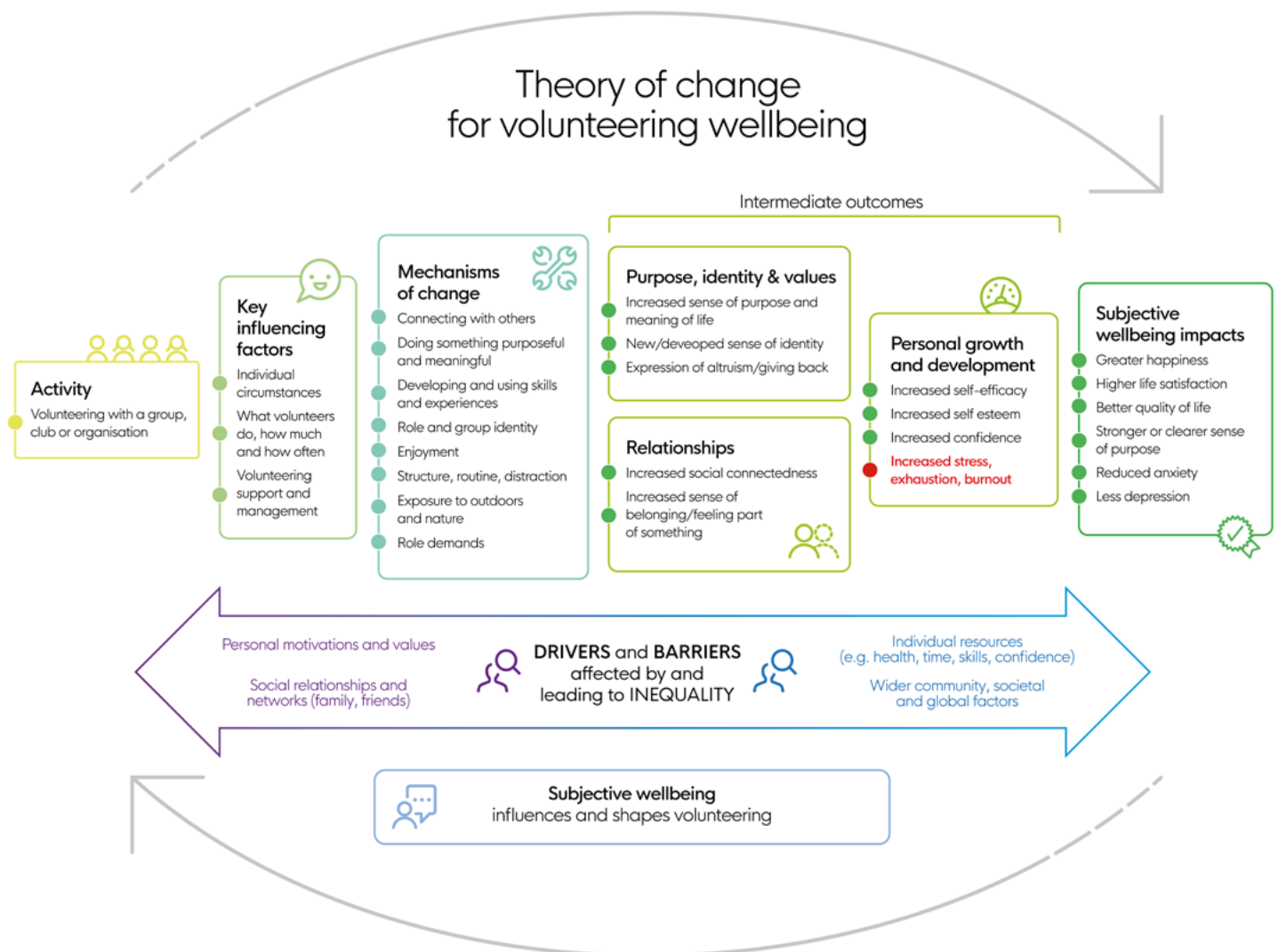

Figure 1: Impact of volunteering on wellbeing: Theory of Change[44]

WELLBEING BENEFITS OF GLOBAL HEALTH ENGAGEMENT

Evidence on the wellbeing benefits specifically for health workers taking part in global health activities is scant. Interest in wellbeing has grown recently and it may be that earlier literature focussed on benefits viewed as being of higher value to the NHS, such as leadership skills.

Possibly the best evidence comes from a 2018 systematic review and Delphi process, which identified a core outcome set of 116 attributes core to health professional practice and likely to be developed through international experiences.[43]

These included a number of factors associated with wellbeing, including:

· Ability to cope
· Improved flexibility and adaptability
· Increased job satisfaction
· Personal satisfaction

Many organisations involved in UK global health engagement, including healthcare professional associations and government bodies, also cite a link between health workers engagement overseas and factors related to wellbeing, such as resilience, satisfaction or improved morale.[13,45]

Our interactive events added to this evidence base, as we heard stories of individuals' experiences. This is, quite literally, anecdotal evidence – which is typically considered to be of low quality. However, we must recognise the power of personal experience in a topic such as wellbeing, which is known to be personal and subjective.

Participants described experiencing many benefits (Figure 2) which map to the elements of wellbeing – generally and in the workplace – which we have discussed above.

Figure 2: Benefits described by global health volunteers at our interactive events.

CASE STUDY

Sophie, Linda and Agnes are junior doctors who undertook Improving Global Health Fellowships during the pandemic. Despite the pressures of their own work, and the fact that all activities were undertaken remotely, they were extremely positive about their experiences. In terms of wellbeing, their accounts describe making connections and developing perspective, feeling "part of something bigger" and a sense of satisfaction, and having something to look forward to outside of their usual work.[iii]

Just as with volunteering in general, we know that access to global health opportunities is not equal. In particular, THET's most recent policy report, *Experts in Our Midst*, highlights the need for better support for engagement of health workers who are members of a diaspora. Many such individuals have active but informal global health connections, and could do much more with better access to formal opportunities.

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iii. These are six month placements offered by Health Education England and open to all NHS England/ Improvement staff. Volunteers work with an LMIC partner on a specific project, contributing to improved healthcare services and developing the volunteer's leadership skills. More information is available here.

WHAT DOES THIS MEAN?

Throughout this inquiry we have seen huge interest in the topic of health worker wellbeing. While aiming to discuss and learn about the value of global health engagement specifically to wellbeing, we have learned much more: about wellbeing in general and the impact of work-related factors; about the experiences and needs of health workers in the UK and in LMICs, in terms of wellbeing; and about the many ways in which wellbeing can be enhanced, and some of the benefits of doing so.

From this, we distil the following key messages.

1. "To do well, we need to be well".

It is in the interests of healthcare organisations to invest in the wellbeing of their staff. This will lead to more engaged and productive health workers, who are satisfied with their jobs and provide better patient care. Particular attention needs to be given to those who have been most impacted by the pandemic for example, in the UK, those from black and minority ethnic groups. Our inquiry has highlighted the appetite amongst health workers, in the UK and globally, to discuss and progress the issue of wellbeing.

2. There is a strong link between global health engagement and factors which contribute to wellbeing.

This has been established through our inquiry and it leads us to believe that, in the right circumstances, global health engagement will have a positive impact on the wellbeing of UK health workers, at least. However, direct evidence is still lacking and building this will be important if we are to take this further as an avenue to support NHS staff wellbeing.

3. The need for wellbeing support in LMIC health workers is also high.

There are examples of different models of support in LMICs, which the UK can learn from. This leads us to believe there may be value in shaping global health engagement opportunities which connect UK and LMIC health workers with a specific focus on wellbeing. This could include formal services such as Occupational Health.

4. There is power in partnerships, which can be harnessed for wellbeing.

Long term Health Partnerships, of the sort supported by THET and others, are ideal vehicles for supporting health worker wellbeing. They foster respectful relationships within and between teams and nations, and provide opportunities for personal and professional development. Perhaps most importantly, they facilitate mutual learning, from which ideas and experiences around wellbeing can be shared between countries for global benefit.

5. Global health engagement opportunities must be well planned and supported.

We have long been aware of this in terms of the quality and impact of projects, but this inquiry has highlighted its importance for the individuals involved as well. This will allow us to consider the shape and structure of opportunities we develop, keeping wellbeing in mind. Good planning also includes improving access for those who have traditionally been excluded from opportunities.

6. Wellbeing is personal.

There can be no "one size fits all" approach to supporting and enhancing wellbeing, and all aspects – mental, financial, physical and social – must be considered. To do the best for health workers, employers need to first get the basics right (pay, safety, etc.) and develop an organisational culture of good teamwork, management and leadership. This can then be supplemented with a range of opportunities which will allow individuals to develop personally and professionally.

WHAT NEXT?

Through this inquiry we generated a number of ideas for further development. Here we make recommendations – for THET and others – to build on global health engagement as an opportunity to support health worker wellbeing.

FOR THET:

1. **Grow the evidence base.**

There is a gap in terms of direct evidence of the impact of global health engagement on wellbeing. THET is well placed to fill this, in collaboration with expert partners, by developing and using tools to capture these effects within our own activities, and encouraging others to do the same. This will guide the development of future opportunities which support health worker wellbeing.

2. **Develop opportunities with a wellbeing focus.**

We will need to identify and address needs, including in LMICs, in order to shape these. This will require collaborative working with others, including relevant professional bodies and academics globally. Activities could include individual opportunities and support for Health Partnerships to develop wellbeing-related projects.

3. **Consider wellbeing in all new global health engagement opportunities.**

To maximise the benefits to wellbeing, and reduce the risk of negative impacts, we need to make sure that projects' aims, and the support offered, are right for individuals.

4. **Share information with Health Partnerships.**

THET works closely with many Health Partnerships, but these are independent entities. To support the wellbeing of those involved and to guide their future efforts, we must make sure they are aware of this inquiry's findings.

FOR NHS ORGANISATIONS:

5. **Support global health engagement as part of the "wellbeing offer" to staff.**

This could include facilitating time away from usual duties to take part; supporting staff to reflect on how the activity has impacted their professional practice and their wellbeing; providing organisational support for institutional Health Partnerships; or investing financially to support staff access to new opportunities.

FOR ALL:

6. **Aim for equality of access to global health engagement opportunities.**
We must look at who is accessing existing opportunities, and identify barriers and how we can overcome these. This is a joint responsibility of employers seeking opportunities for their staff, providers of opportunities (including THET) and other interested organisations (for example, diaspora groups). Working separately and together, we can make global health engagement open to all, knowing that often those who are least able to access opportunities will gain the most from taking part.

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APPENDIX 1: CONTRIBUTORS TO ONLINE EVENTS

Dr Saleyha Ahsan, Freelance broadcaster and Doctor, Northumbria Healthcare NHS Trust
Professor Ged Byrne, Director of Global Engagement at HEE
Professor Lucie Byrne-Davis, Professor of Health Psychology, University of Manchester
Professor Sara Connolly, Professor of Personnel Economics, University of East Anglia
Professor Judith Ellis, Chair of THET's Board of Trustees
Dr Sarah El-Sheikha, National Clinical Advisor, NHSX and Anaesthetic SPR, Mersey Deanery.
Dr Sophie Foot, GP Trainee, IGH Fellow
Professor Neil Greenberg, Professor of Defence Mental Health, Kings College London
Dr Agnes Hamilton-Baillie, IGH Fellow
Lisa Kelly, Director of Strategy, THET
Professor Sir Bruce Keogh, NHS Chair and former Medical Director of the NHS.
Joy Kemp, Midwife, Royal College of Midwives
Steve Lee, Head of Staff Health and Wellbeing, NHS England and NHS Improvement
Brenda Longstaff, Head of Bright Northumbria Charity & International Programme Manager,
Sarah Markham, Founder and CEO, Calm in a Box
Wisdom Musonda Chelu, Chief Anaesthetic Officer at Ministry of Health, Zambia
Harriet Nayiga, Founding Director at Midwife-led Community Transformation (MILCOT)
Dr Linda Orazulume, GP Registrar & Improving Global Health Fellow
Joanne Smithson, Head of Implementation & Learning, What Works Centre for Wellbeing
Dr Shams Syed, Head of Unit, Quality of Care, WHO
Dr Sarah Urassa, Director of Hospital Services at Kilimanjaro Christian Medical Centre
Emma Wadey, Head of Mental Health Nursing, NHSEI
Rob Yates, Head of Centre on Global Health Security, Chatham House

APPENDIX 2: STEERING GROUP MEMBERS

Sir David Nicholson (Chair), NHS Chair and former CEO of the NHS
Dr Saleyha Ahsan, Emergency Medicine doctor, filmmaker and broadcast journalist
Dame Christine Beasley, Trustee, Burdett Trust and former CNO for NHS
Dr Shams Syed, Head of Unit, Quality of Care, WHO
Dr Yoseph Mamo, Country Director in Ethiopia, THET
Hilary Hopkins, Strategic Lead, Health Education and Improvement Wales
Professor Neil Greenburg, Professor of Defence Mental Health, Kings College London
Nick Pahl, CEO, Society of Occupational Medicine and Honorary Advisor for THET
Emma Wadey, Head of Mental Health Nursing, NHSEI
Professor Sir Bruce Keogh, NHS Chair and former Medical Director of the NHS
Rob Yates, Head of Centre on Global Health Security, Chatham House
Ben Simms, Chief Executive Officer, THET