



British Society for
Haematology
Listening • Learning • Leading



British Society for Haematology Member Research 2020

Prepared by Research by Design
November 2020

Background, methodology and objectives

Quantitative research findings

- Overall summary
- Impact of COVID-19 on BSH members
- Advocacy
- Overall perceptions of BSH
- Opportunities for BSH

Conclusion and Recommendations

What



An online web-based survey, conducted between 6th October 2020 (Pilot launch) to 30th October 2020.

Who



All members for whom email addresses were held (**2,480**) were invited to participate in the survey through British Society for Haematology's comms.

3 reminders were sent to members during the time the survey was in field.

Response rate



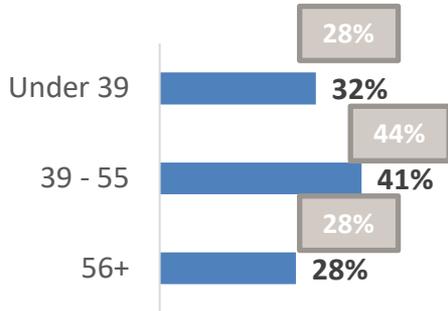
481 members took part in the survey producing an overall response rate of **19.4%**

The survey closed with an impressive **89%** completion rate of those who entered it.

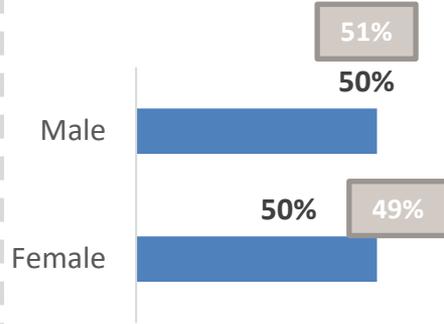
Demographics

Unweighted demographic percentages are presented in grey boxes

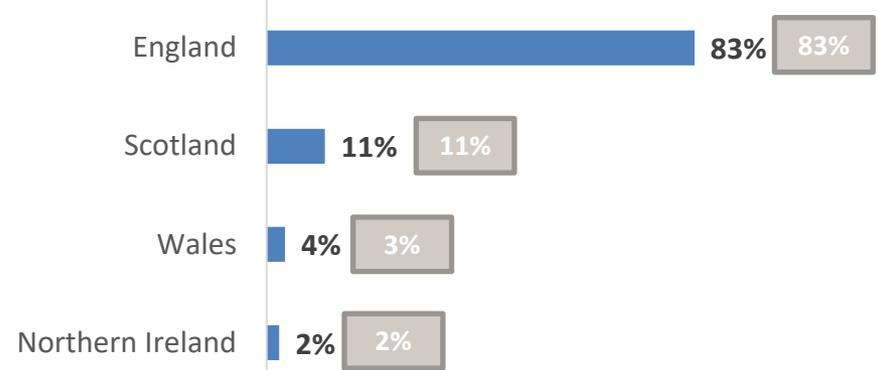
Age groups



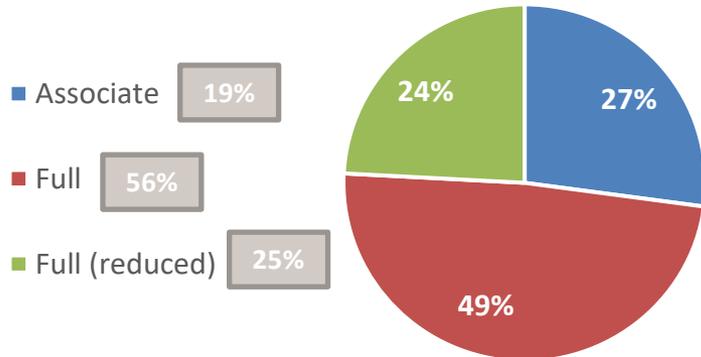
Gender



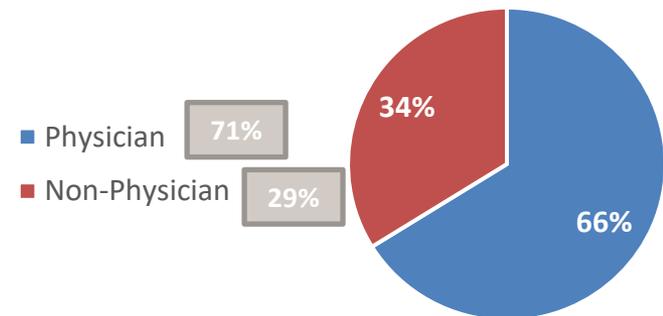
Devolved Nations



Membership grade



Role – Physician / Non-Physician



Research Objectives and Background

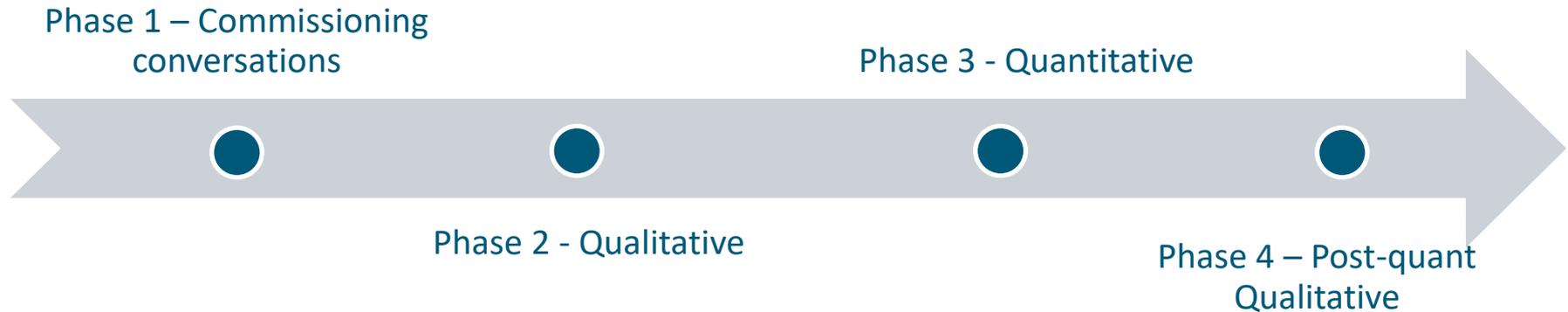
Strategic objective: To inform BSH's new strategy

The **research objectives** focus on two core areas: The BSH's overall offering to members, and the impact of COVID-19 on BSH members and the wider profession

- ❖ **Explore how the practice of haematology has changed during the COVID-19 pandemic**, and what the future implications are for the profession and patients (including treatments, working practices, etc.)
- ❖ **Ascertain how members have navigated the COVID-19 pandemic**, both professionally and personally, and their sources of support

- ❖ **Establish the primary reasons why people join the BSH**, and how members perceive the role of the Society
- ❖ **Explore how satisfied members are with the current benefits** offered by the Society, and explore what additional benefits may compliment the current package
- ❖ **Understand member's aspirations in terms of professional development**, ascertain current sources of education and explore optimal ways of delivering educational offerings
- ❖ **Identify the issues members want the BSH to represent them** in and the best ways to engage members in supporting the BSH in its advocacy role

Full programme of research



- ❖ The quantitative phase of research (phase 3) was designed using the learnings gained from the qualitative depth interviews to bolster our understand of members’ core beliefs, aspirations, challenges and frustrations, particularly in relation to the COVID-19 pandemic.
- ❖ This research report details the findings from the quantitative phase of research. Where appropriate, qualitative findings from both before and after the quantitative phase have been included to provide further insight.

Overview of Phase 4 – Post-quant Qualitative

The post-quant Qualitative phase of research (Phase 4) was broadly based on the initial qualitative topic guide and, where relevant, the survey responses given in the quantitative phase.

10 interviews

- 6 x non-physicians / 4 x physicians
- 7 x England / 2 x Scotland / 1 x Northern Ireland

7 interviews conducted with members who responded to the quantitative survey, to explore the responses given in quantitative survey.

3 interviews conducted with less engaged or non-members (put forward for an interview directly by BSH), to better understand their perceptions and how the BSH can engage them in the future.

BSH member survey: Overview of results

- As a result of the COVID-19 pandemic, the majority of BSH members are at an inflection point; this can increase stress, fears and create great uncertainty, however there are also great opportunities for the profession to adapt and thrive.



-  • Similarly, there is great opportunity for BSH. The research findings indicate that members are positive towards BSH, clear about how where it should focus, and provide guidance on the future elements of the member offer.

- Further, the research highlights a core audience for BSH; those younger, at an earlier stage in their career, who are more recent members. This group is most likely to feel that they could get more from their membership, and are also the group displaying the most passion for the profession, who are keen to raise their professional profile and create change.

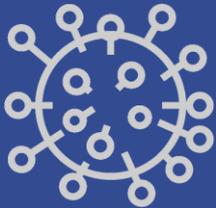


- From our experience with professional membership organisations, these types of members will provide the best opportunity to engage with and galvanise the membership. These members are looking to make their mark on their profession, and BSH can be seen as the conduit to this.



- The rest of this report goes through the findings in more detail, and articulates the opportunities available to BSH.

Impact of COVID-19

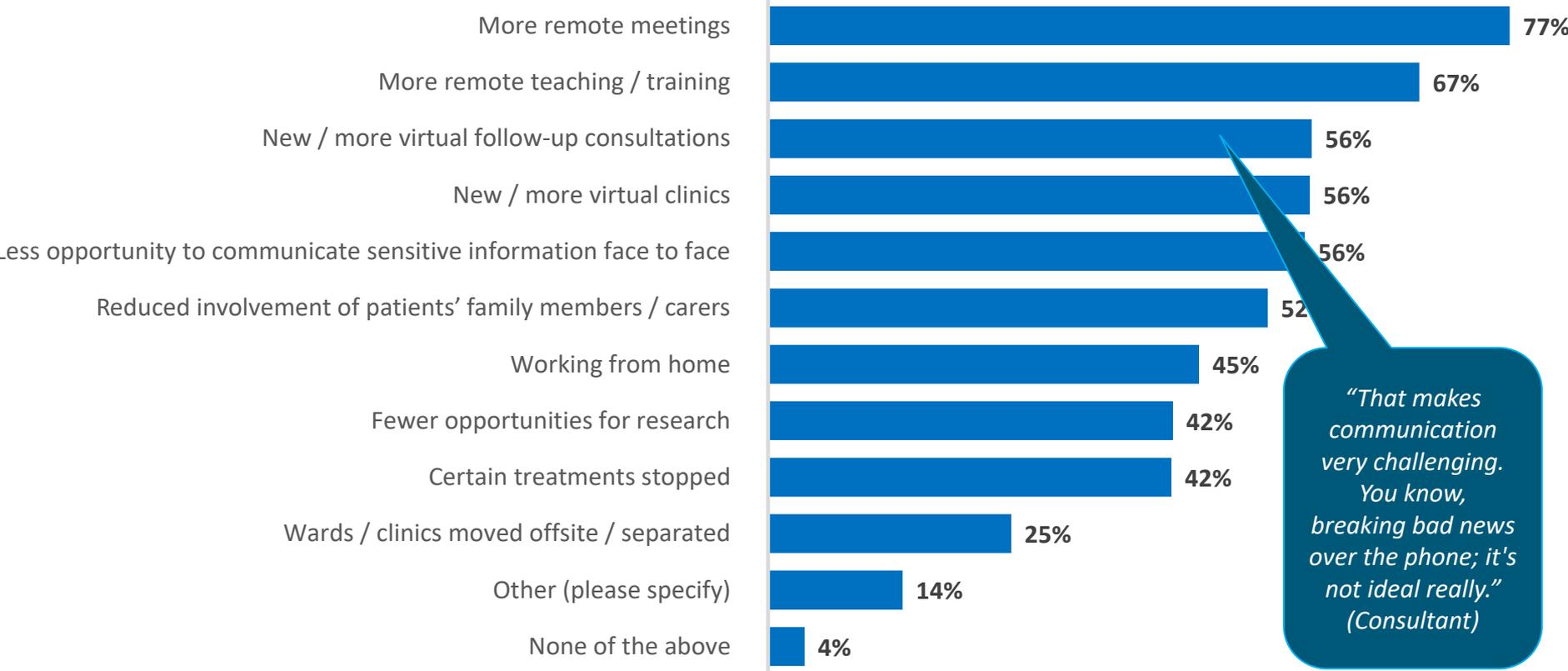


Impact of COVID-19: Summary of key points

- The majority of members have experienced changes in relation to remote working as a result of the pandemic. For many this has been positive (new/more virtual follow-ups and clinics, working from home and remote meetings in particular are noted as being positive). However, the greatest proportion feel that spending too much time at a computer screen has had a negative impact on their professional well-being.
- Additionally, there are challenges relating to the patient experience that have been brought on by the pandemic. Those changes with the most negative impact include wards / clinics being moved offsite / separated, treatments stopped, reduced involvement of family members / carers and less opportunity to communicate sensitive information. Members also find that being concerned for the health of patients / service users has had an impact on their professional wellbeing.
- On the whole, members feel that their employer has supported them well through the pandemic, but there is opportunity to provide more IT support and training in new practices as well as updates on guidance / advice.
- In line with this, the greatest proportion of members would like to see BSH develop an app featuring BSH guidelines – this is the top benefit members would like to see BSH develop, across all member types.

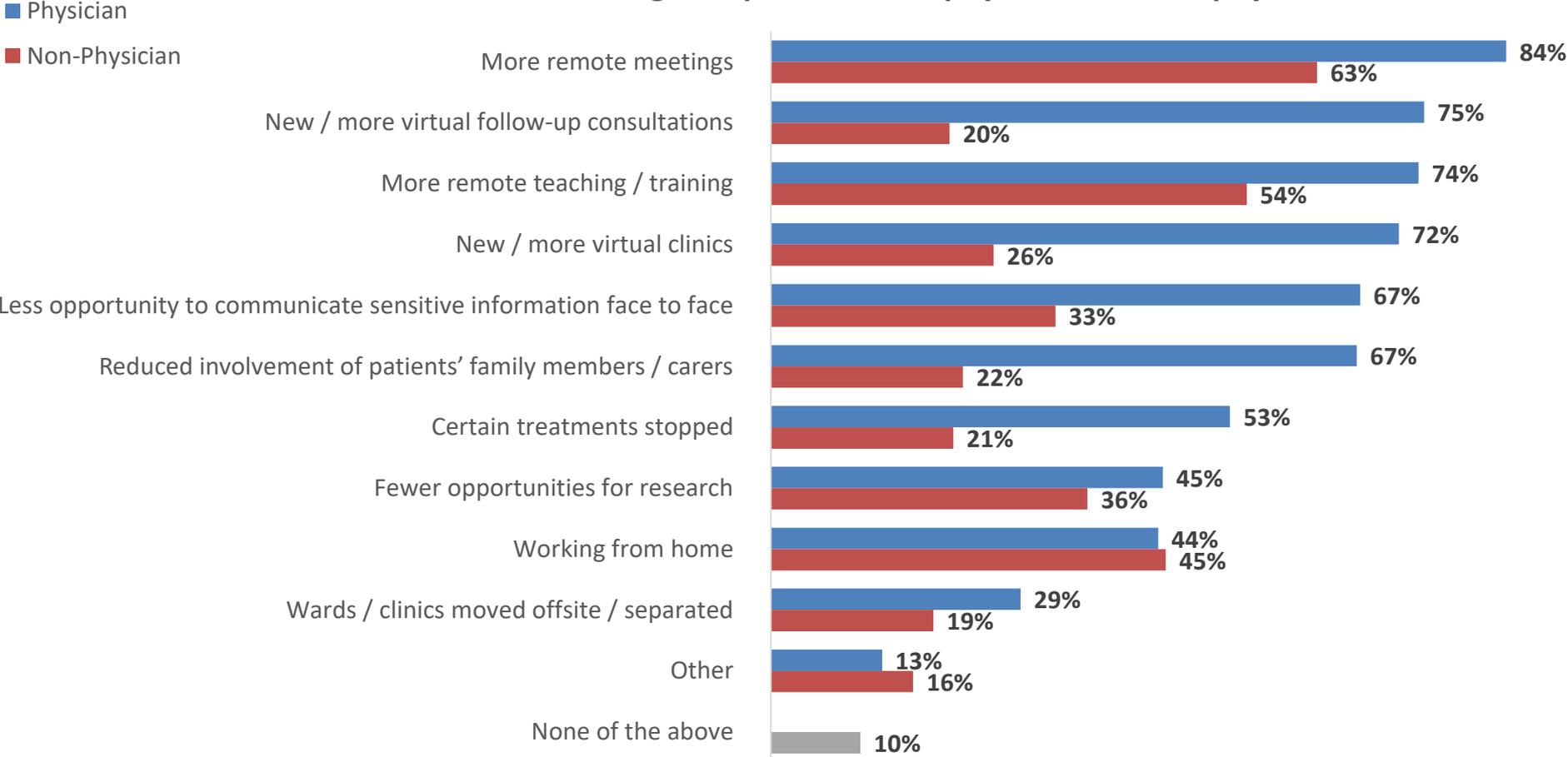
The biggest change to working practices during the COVID-19 pandemic has been the increase in remote and virtual meetings, teaching / training and follow-up consultations.

Ways in which practice has changed during the pandemic



The majority of members are having more remote meetings due to the COVID-19 pandemic. Physicians in particular are seeing more aspects of their role moving online.

Changes in practice with physicians vs non-physicians



During Covid-19, Non-Physicians have been particularly affected by reduced opportunities to conduct their research, with limited access to lab work.

- 36% of Non-Physicians report fewer opportunities for research, with most viewing this as a negative change
- When speaking to Non-Physicians who are academics or researchers, they mention having little to no opportunity to carry out their lab research due to the Covid-19 restrictions:

“The Institute is in an old building and that has affected us a lot, because of the one metre and two metres rules, and the fact that we couldn't implement the guidelines from the government. So, for four months, from March to June, no one was allowed in the lab.”
(Academic/Researcher)

“I'm not sure we'll have the time to publish the papers, because we won't have the findings yet.”
(Academic/Researcher)

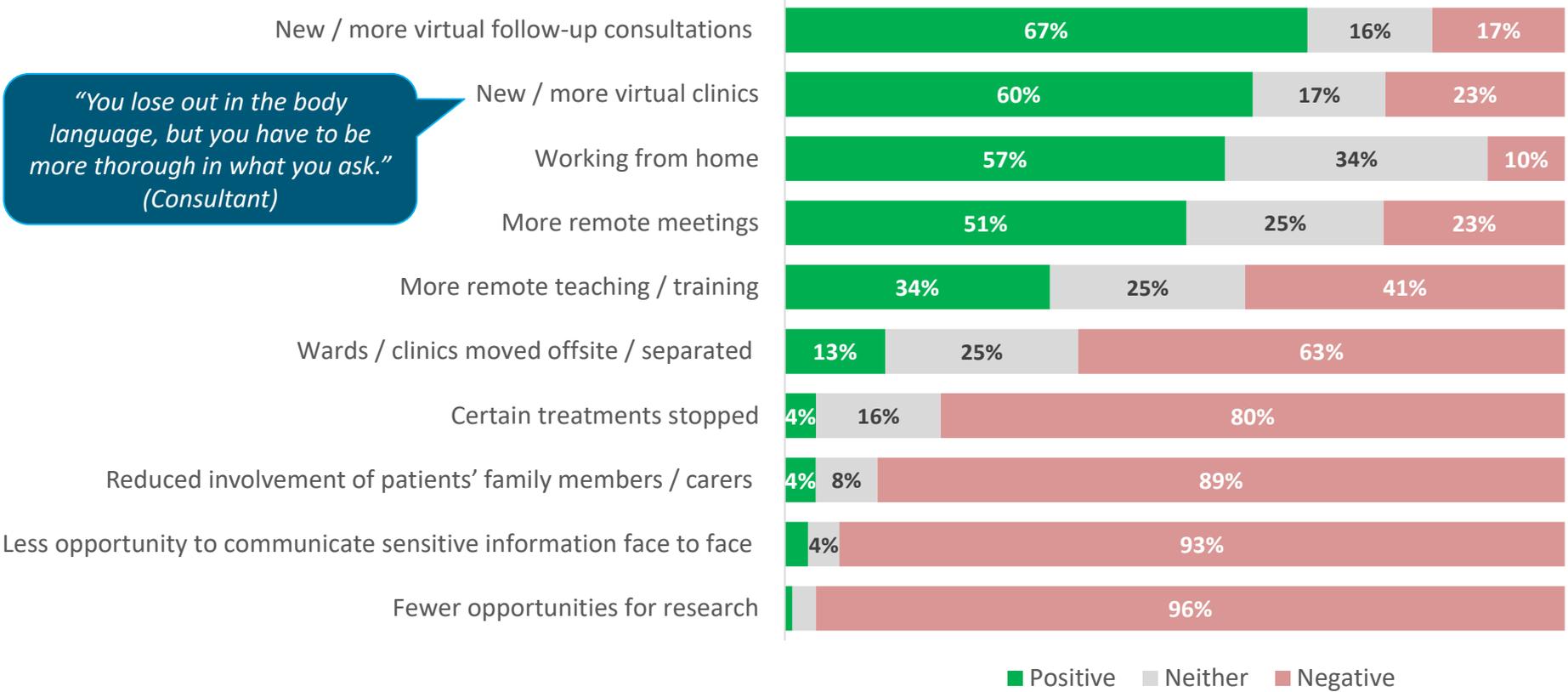
- This has meant that researchers are notably delayed in their progress and feel they have achieved little since Covid-19 restrictions began in March 2020.

“In terms of research I'm still quite hands-on in the lab. The summer months are really when a lot of academics will do a lot of their research. So, we lost several months of normal research activity.”
(Academic/Researcher)

The increase in virtual / remote working practices is seen as a positive for most, but not all members. Cessation of treatments, reduced opportunity for face to face interactions, reduction of family involvement and fewer research opportunities are seen as negative by the vast majority.

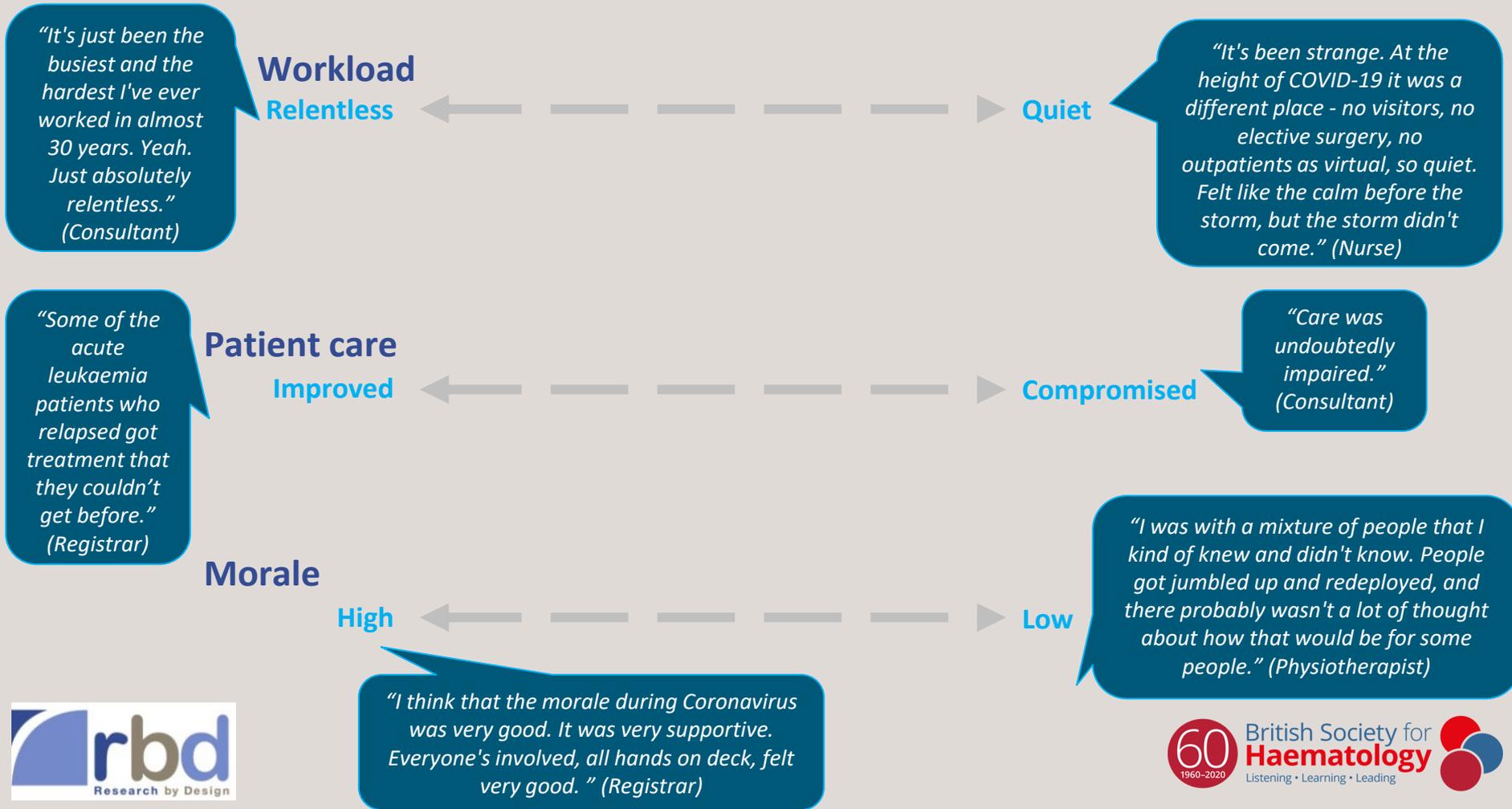
Have these changes been positive or negative?

*"You lose out in the body language, but you have to be more thorough in what you ask."
(Consultant)*



The pandemic has had an impact on the work environment for all members interviewed, for some more significantly than others

Impact of COVID-19 varies across the membership dependent on profession, role, workplace setting, etc.



In terms of overcoming problems themselves or with colleagues, members cite the creation of testing arrangements for patients and staff. Virtual meetings and different methods of patient follow-ups are also mentioned.

“Due to many members of staff and some patients being positive for COVID we decided to perform COVID testing for the staff and patients in the Haemato-Oncology unit on a weekly basis.”

“My involvement in virtual consultation has really helped patients with haematologic disorders thereby limiting their exposure to the deadly virus by staying at home and getting medical advices.”

“Ensuring robust staff testing and tracing. Ensuring patients coming in from COVID-19 wards are only allocated side rooms, even if they test negative for COVID-19, following which they are re-swabbed on arrival to the ward.”

“We started virtual teaching and learning which was not used previously.”

“Telephone follow up clinics have become a useful way of life- especially for long term follow up. WhatsApp communication has been vital.”

Testing arrangements for patients / staff

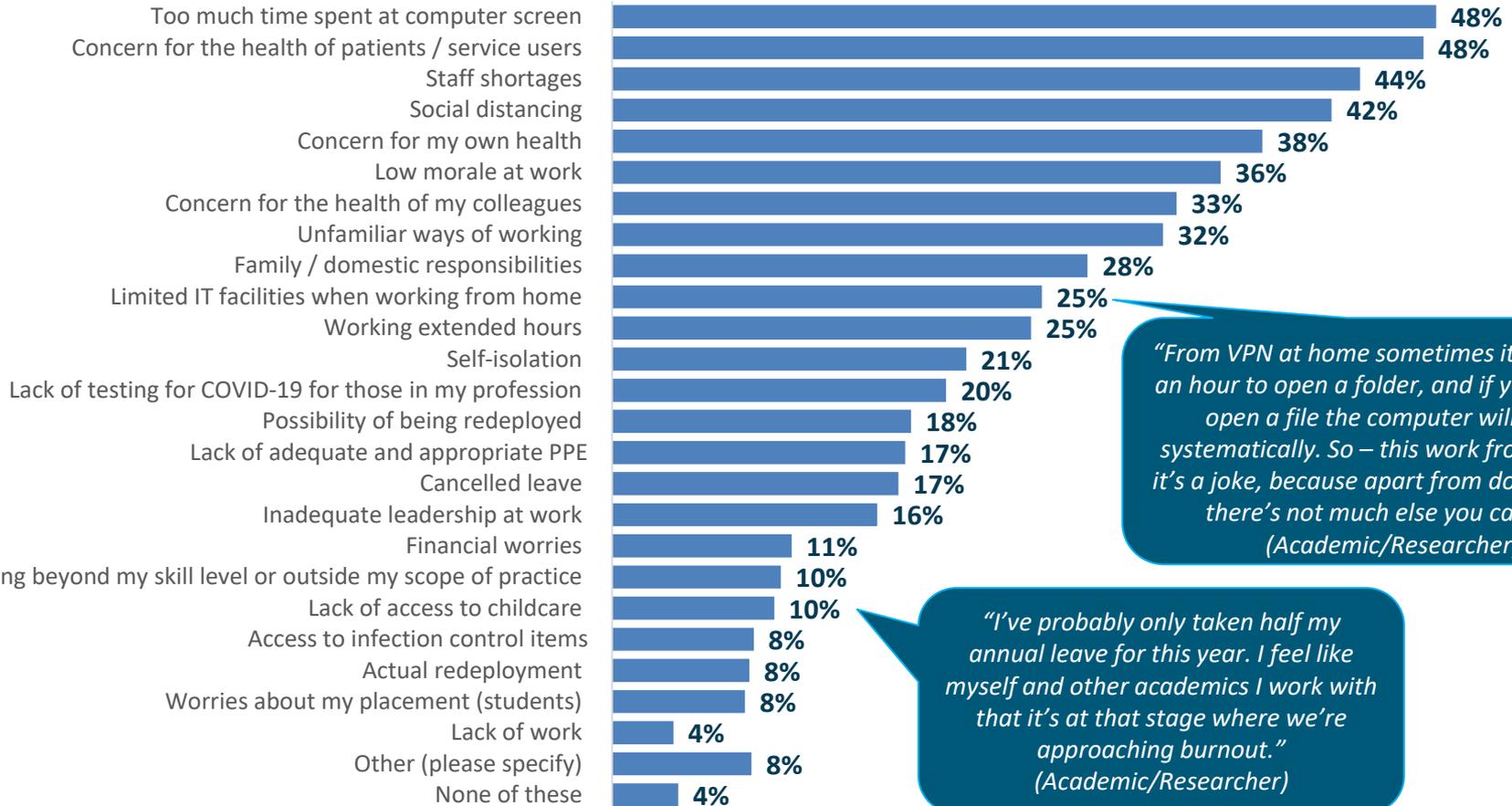
Virtual meetings

Patient follow-up services



Time spent at a computer screen and concern for the health of patients/service-users are impacting the greatest proportion of members (almost half).

Factors which had the most impact on your members professional well-being

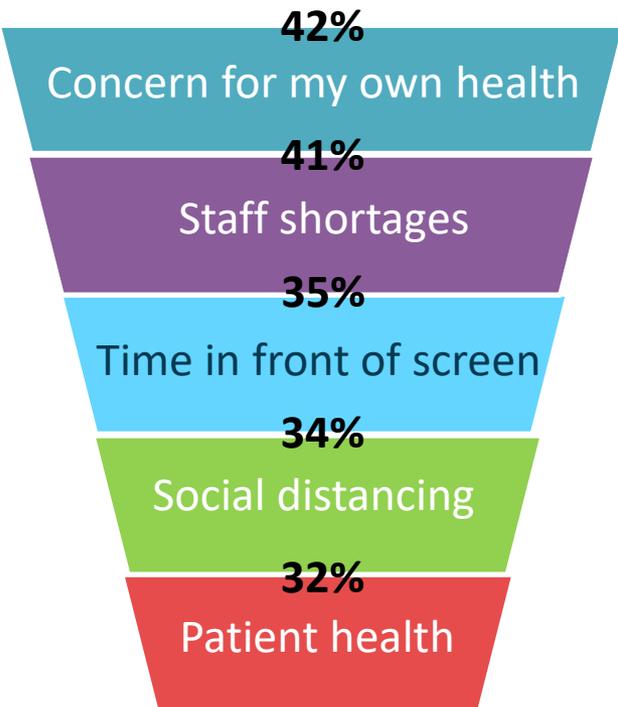


“From VPN at home sometimes it takes over an hour to open a folder, and if you dare try open a file the computer will crash systematically. So – this work from home – it’s a joke, because apart from doing emails, there’s not much else you can do.”
(Academic/Researcher)

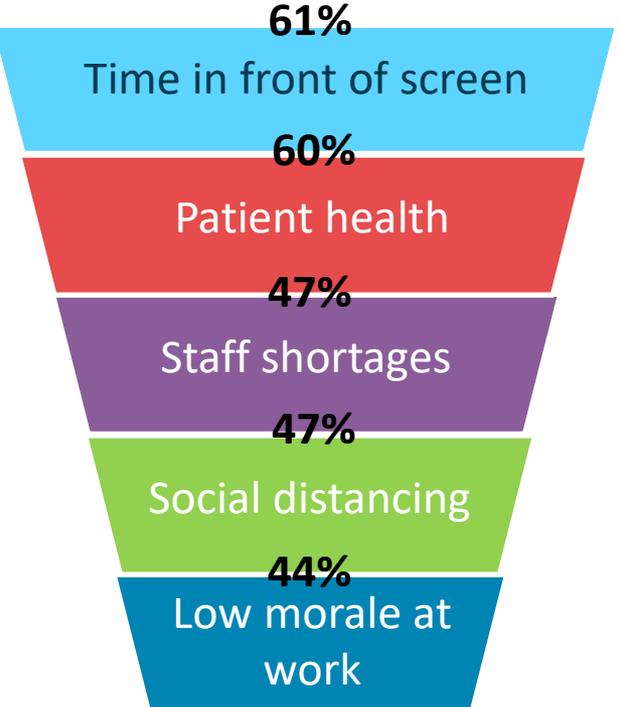
“I’ve probably only taken half my annual leave for this year. I feel like myself and other academics I work with that it’s at that stage where we’re approaching burnout.”
(Academic/Researcher)

The top five factors impacting on professional well-being remain fairly consistent across member types, however Associates are more concerned for their own health in light of COVID-19 than other members.

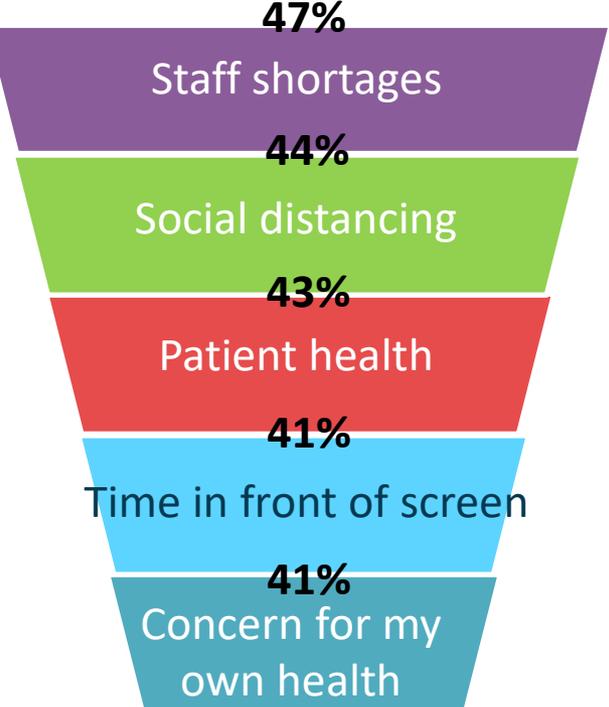
Associate



Full

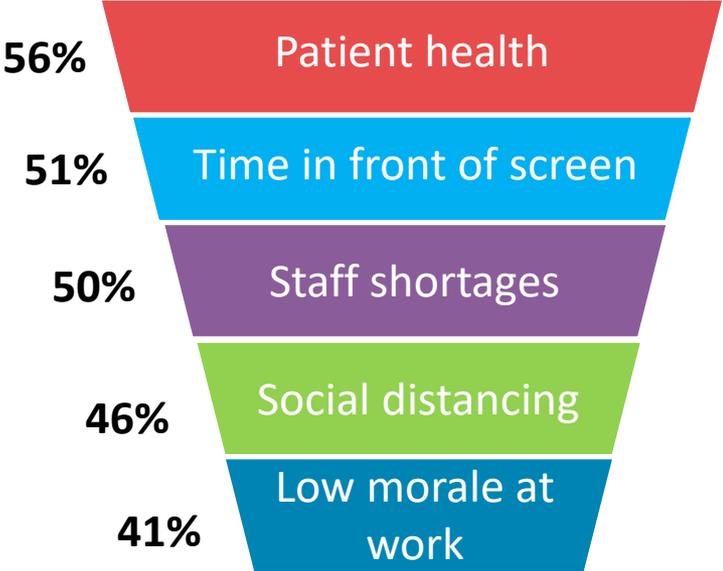


Full (Reduced)

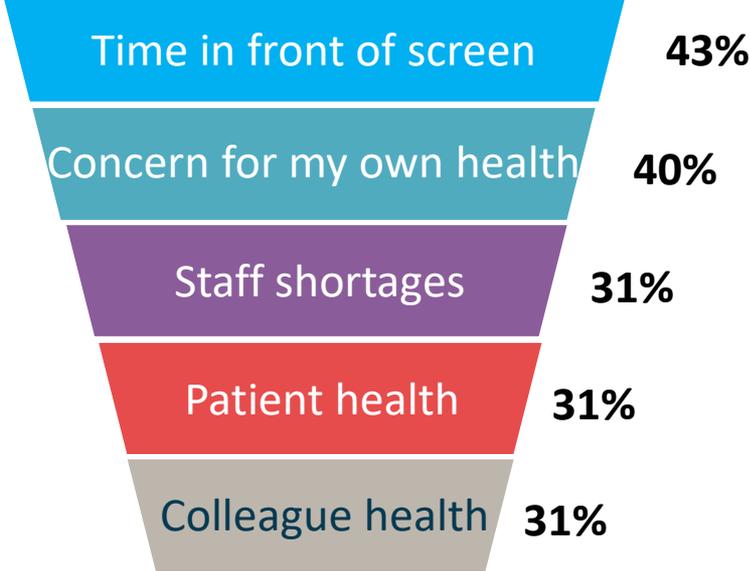


Physicians cite more factors impacting on their professional well-being. Time in front of a screen has a big impact on both member types, however 'concerns for my own health' is more prominent amongst Non-Physicians.

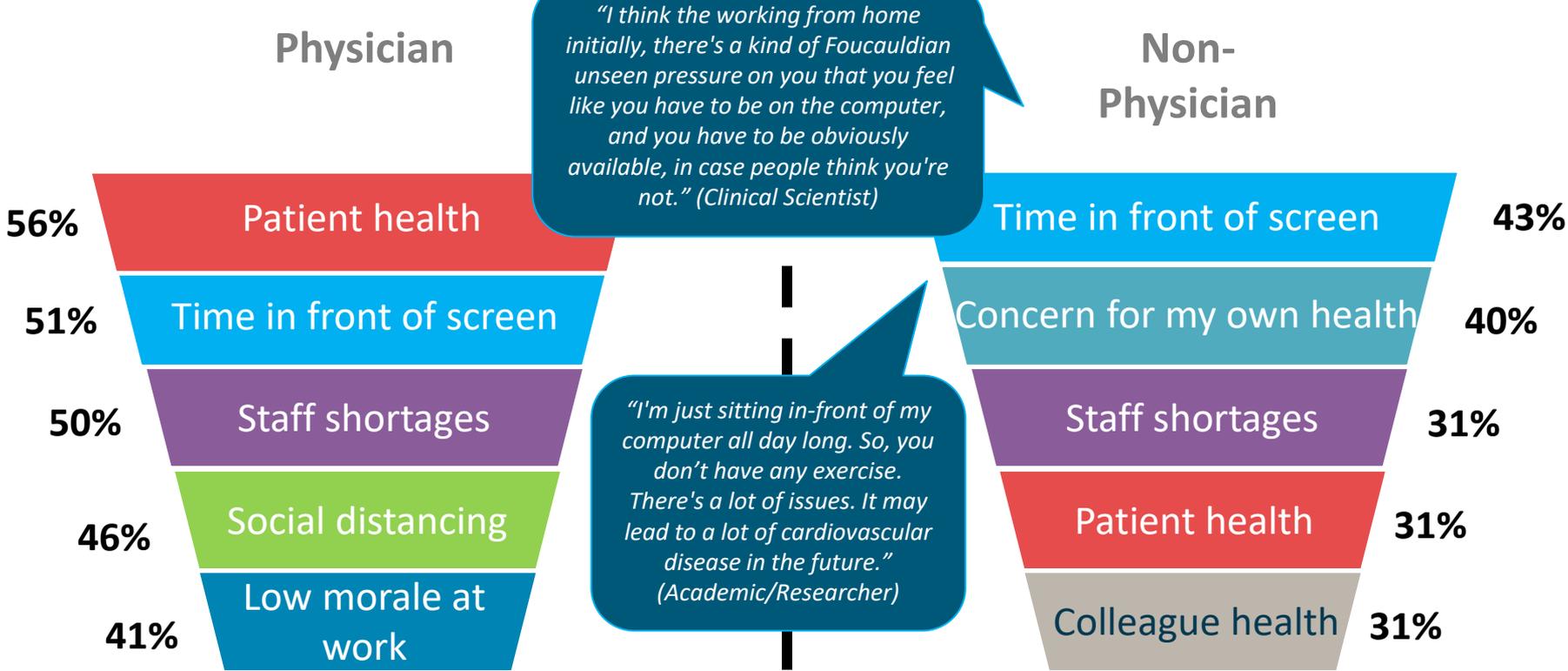
Physician



Non-Physician



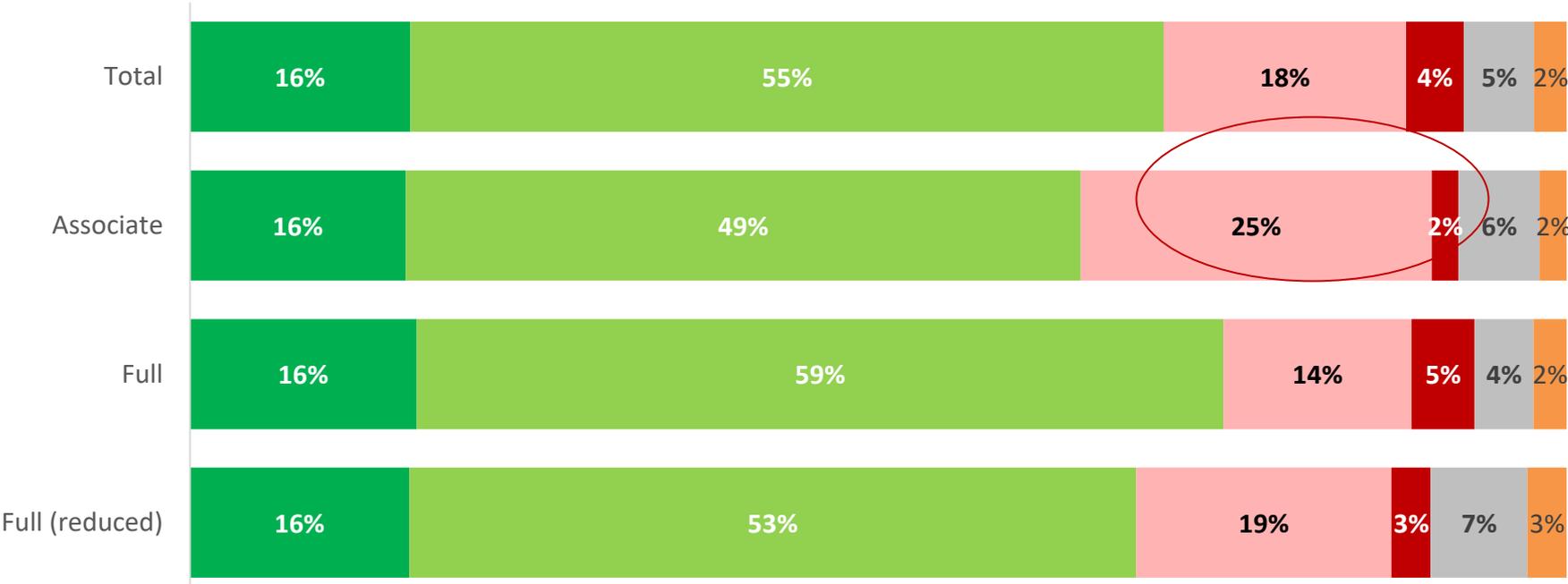
Physicians cite more factors impacting on their professional well-being. Time in front of a screen has a big impact on both member types, however ‘concerns for my own health’ is more prominent amongst Non-Physicians.



The majority feel they have been well supported by their employers throughout the pandemic, however over a quarter of Associates and a fifth of Full (reduced) members disagree.

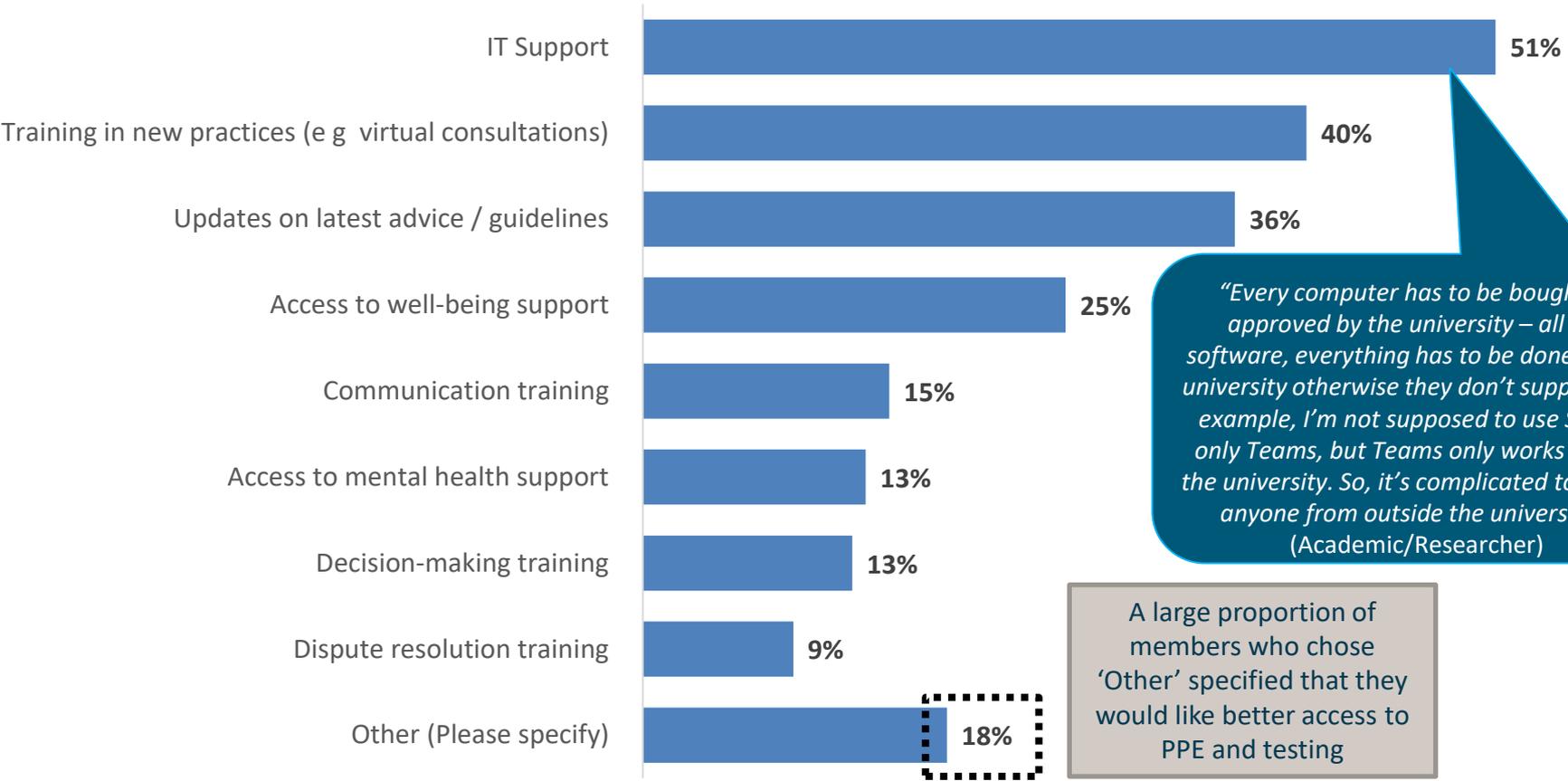
How well, or not, do you feel your employer is supporting you through the COVID-19 pandemic?

Very well Quite well Not very well Not well at all Unsure Prefer not to say



With increased digital ways of working, members express a desire for more employer support in terms of IT and training in new practices.

Areas where more support is desired

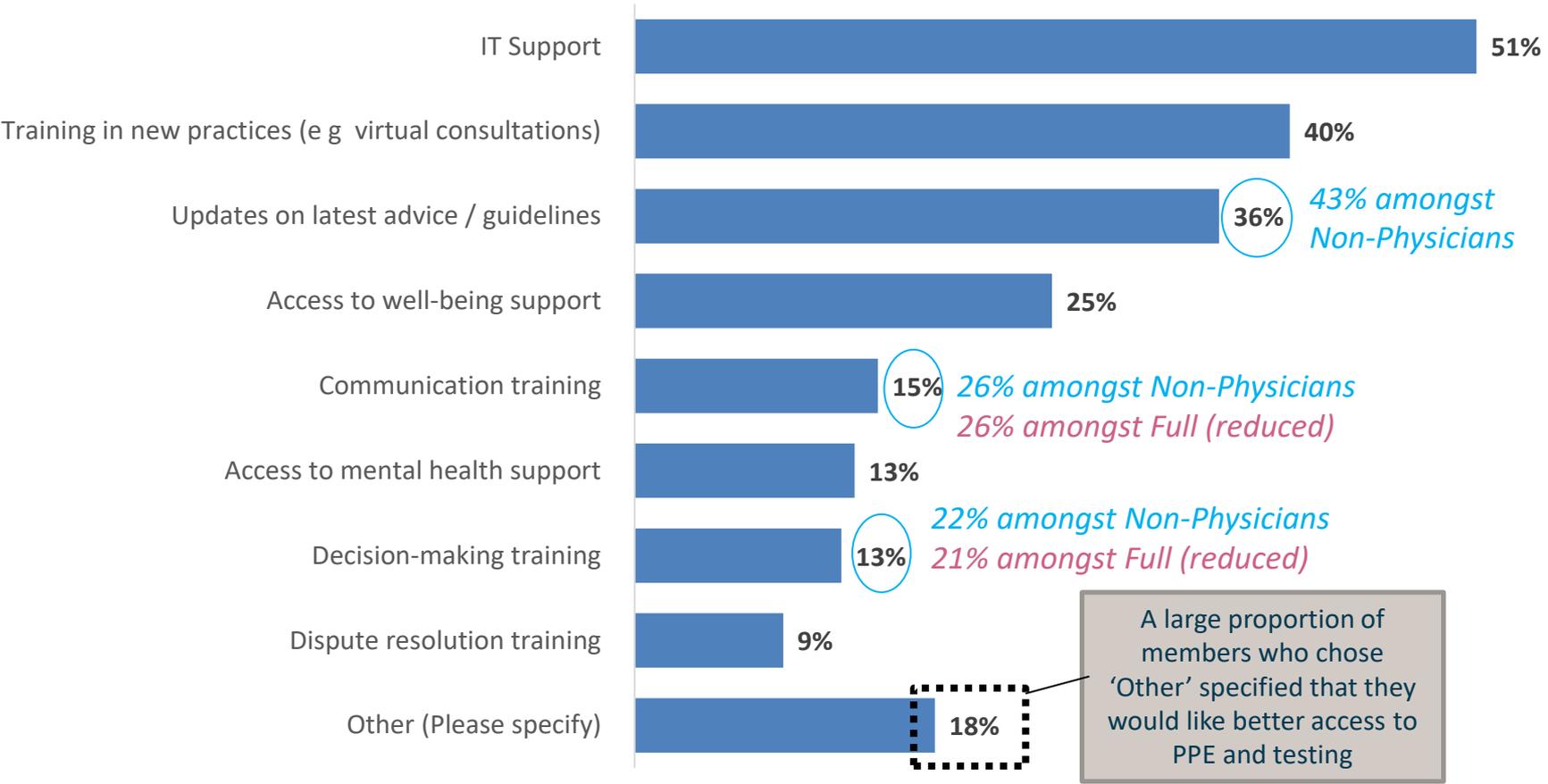


“Every computer has to be bought or approved by the university – all the software, everything has to be done by the university otherwise they don’t support. For example, I’m not supposed to use Skype, only Teams, but Teams only works within the university. So, it’s complicated to talk to anyone from outside the university.”
 (Academic/Researcher)

A large proportion of members who chose ‘Other’ specified that they would like better access to PPE and testing

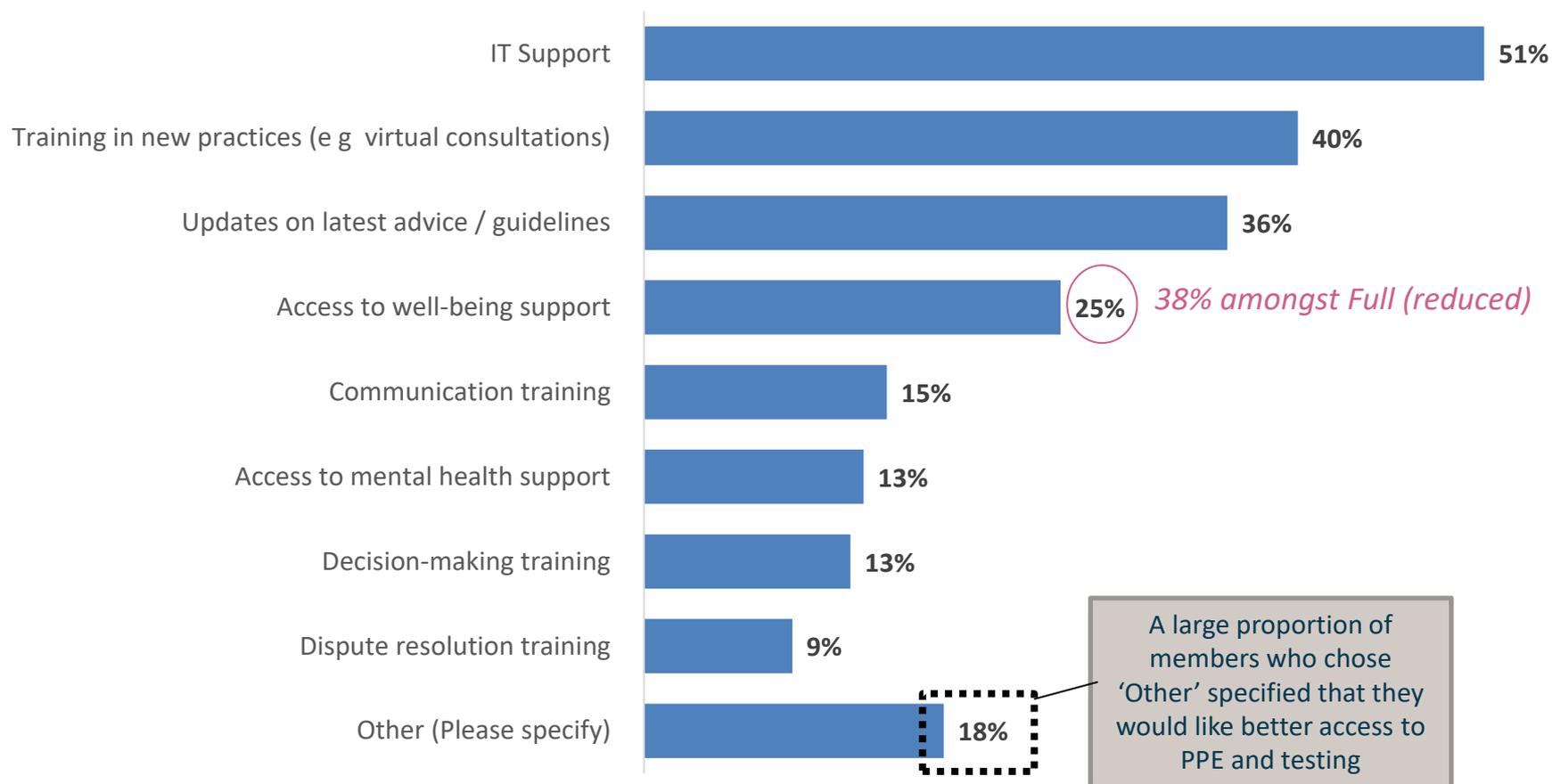
With increased digital ways of working, members express a desire for more employer support in terms of IT and training in new practices. A higher proportion of Non-Physicians and Full (reduced) members would like support in ‘softer’ skills.

Areas where more support is desired



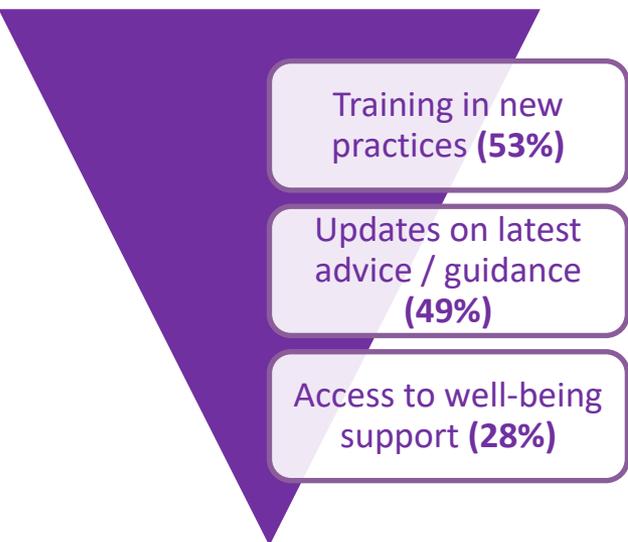
With increased digital ways of working, members express a desire for more employer support in terms of IT and training in new practices. Almost two-fifths of Full (reduced) members would like access to well-being support.

Areas where more support is desired

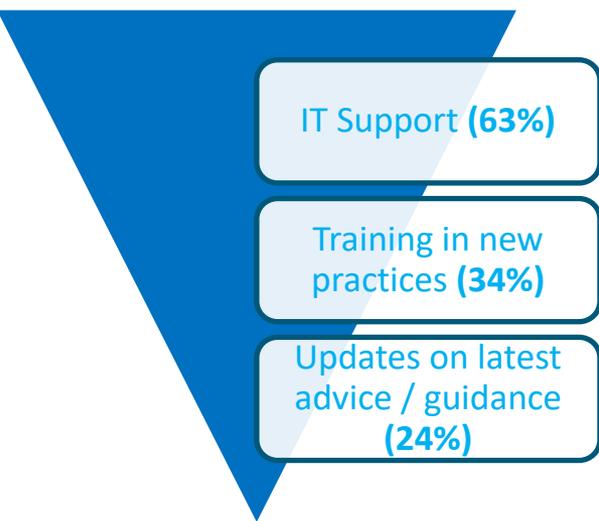


Training in new practices and updates on latest advice are highly desirable across all member types. IT support is key for Full members.

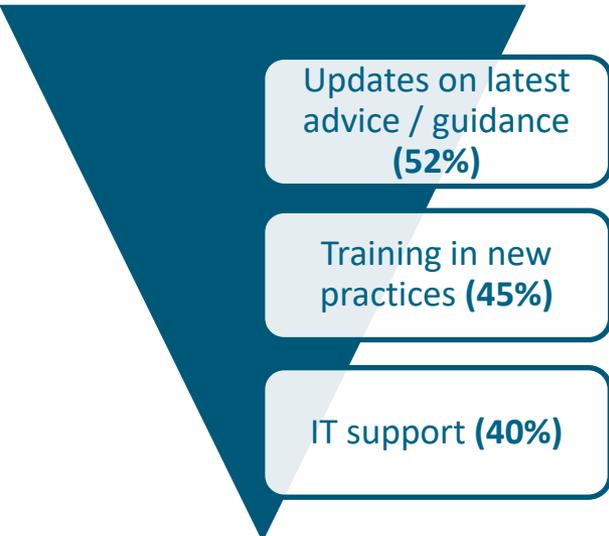
Associates



Full



Full (reduced)



When asked in which one area they would like more support from their employer, 'IT Support' and 'Updates on latest advice / guidance' dominate.

Total

IT Support



Associate

Update on latest advice / guidelines



Full

IT Support



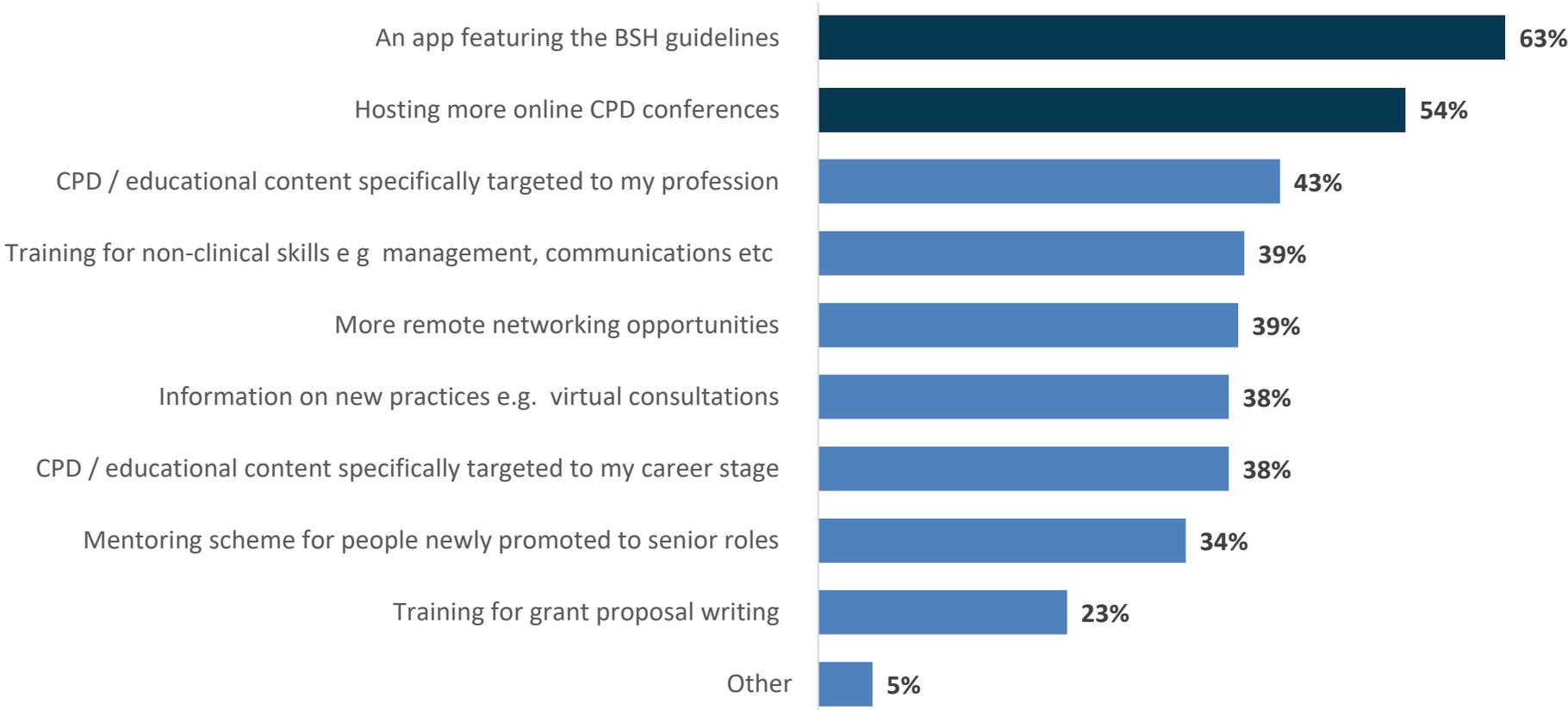
Full (reduced)

Update on latest advice / guidelines



Members are keen to see BSH support remote working by developing an app and to host more online CPD conferences. The focus is on new ways of working and using technology to make key BSH resources more accessible remotely.

What member benefits would you like to see BSH develop?



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What member benefits would you like to see BSH develop?



“Would love an app, but it’s important that the user can pick and mix the specific guidelines included, especially important for paediatric haematology as the general guidelines are not always relevant as they are focused on adults. I don’t want an app clogging up my phone with guidelines I don’t need.”
(Consultant)

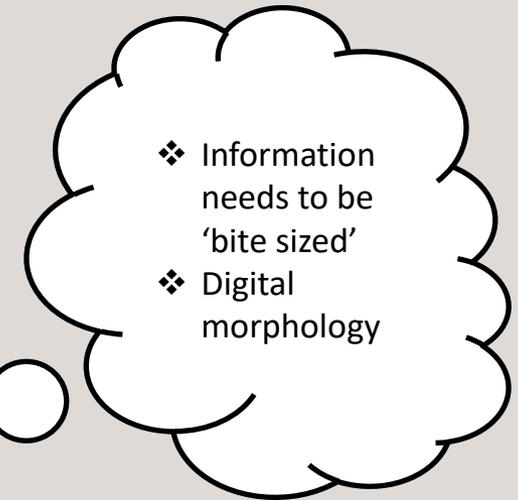
- When the concept of an app was further explored in interviews, members stress that it is important that the app should have an element of ‘pick and mix’ in terms of the specific guidelines required.
- In this way, the app can be personalised, based on role, level, needs, and even whether they are a haematology professional or not.

“I think it would be a very handy thing to have. A lot of general health professionals find that they don't understand haematology. They find that haematologists do things in a way that is mysterious to other specialties....having the app would give me access very handily to see what I need to know. And then be able to give that advice.”
(Haematology Pharmacist)

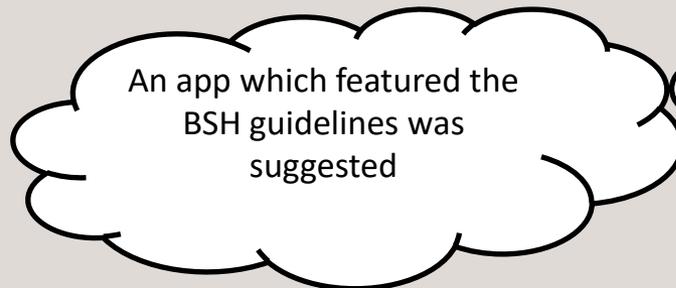
The impact of COVID-19 on educational resources represents a greater opportunity to offer new ways of communication



Members have not formally indicated that face-to-face events are not going to be wanted however they do recognise the benefit of being able to access videos of lectures / conference talks etc.



- ❖ Information needs to be 'bite sized'
- ❖ Digital morphology



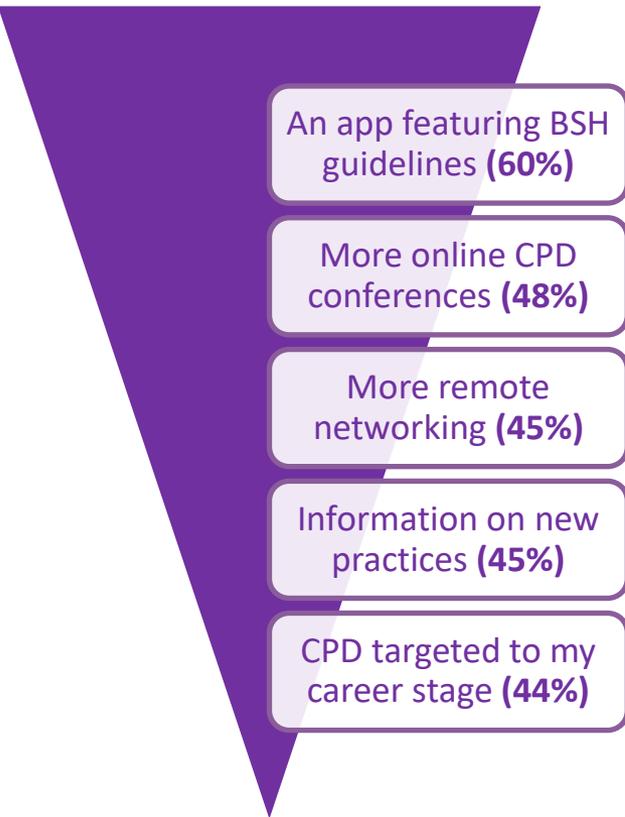
An app which featured the BSH guidelines was suggested



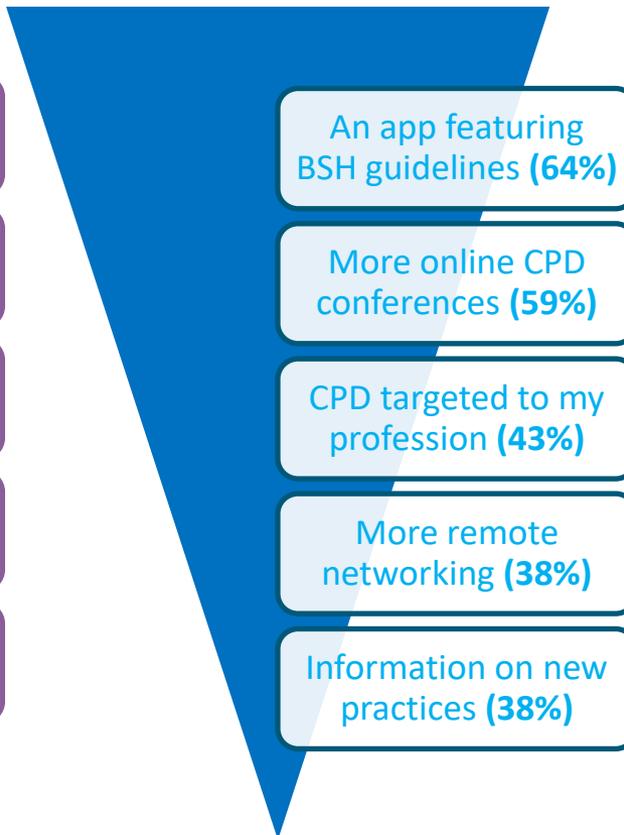
The most desired benefits for BSH to develop are largely the same across member types. Full/(reduced) members are more interested in targeted CPD and non-clinical skills training, and Associates place more value on remote networking opportunities.

Top 3 new member benefits by membership category

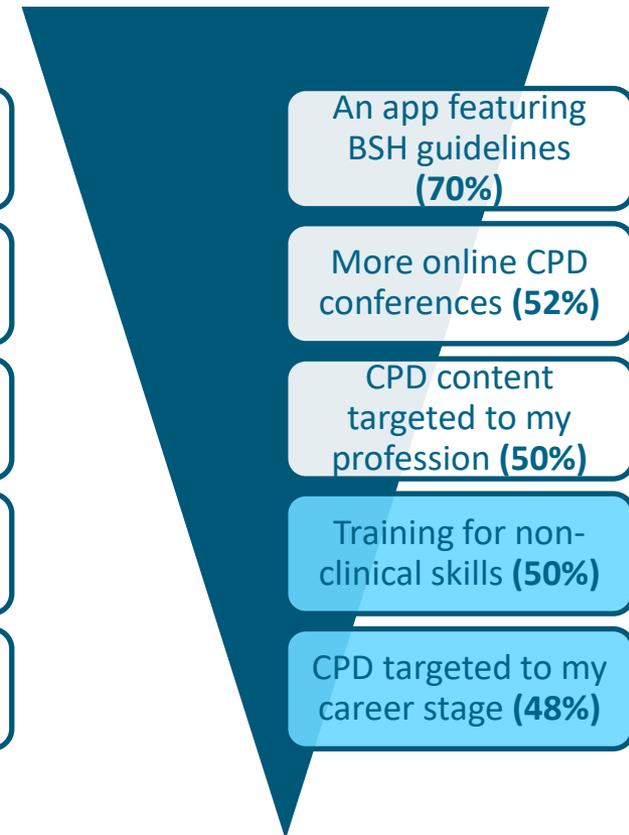
Associates



Full



Full (reduced)



The most desired benefits for BSH to develop are largely the same across member types. Full/(reduced) members are more interested in targeted CPD and non-clinical skills training, and Associates place more value on remote networking opportunities.

Top 3 new member benefits by membership category

Associates

An app featuring BSH guidelines **(60%)**

More online CPD conferences **(48%)**

More remote networking **(45%)**

Information on new practices **(45%)**

CPD targeted to my career stage **(44%)**

"You kind of end up at this point in your career where you're all of a sudden at the end of your training and you haven't really thought about your next step or how to broach the next step of getting consultancy, and kind of figure it out by yourself.. Something on the BSH guides about how you function as a junior consultant, taking on your managerial responsibilities with clinical responsibilities, how you manage your labs properly from the clinical side, is really helpful." (Registrar)

Full (reduced)

An app featuring BSH guidelines **(70%)**

More online CPD conferences **(52%)**

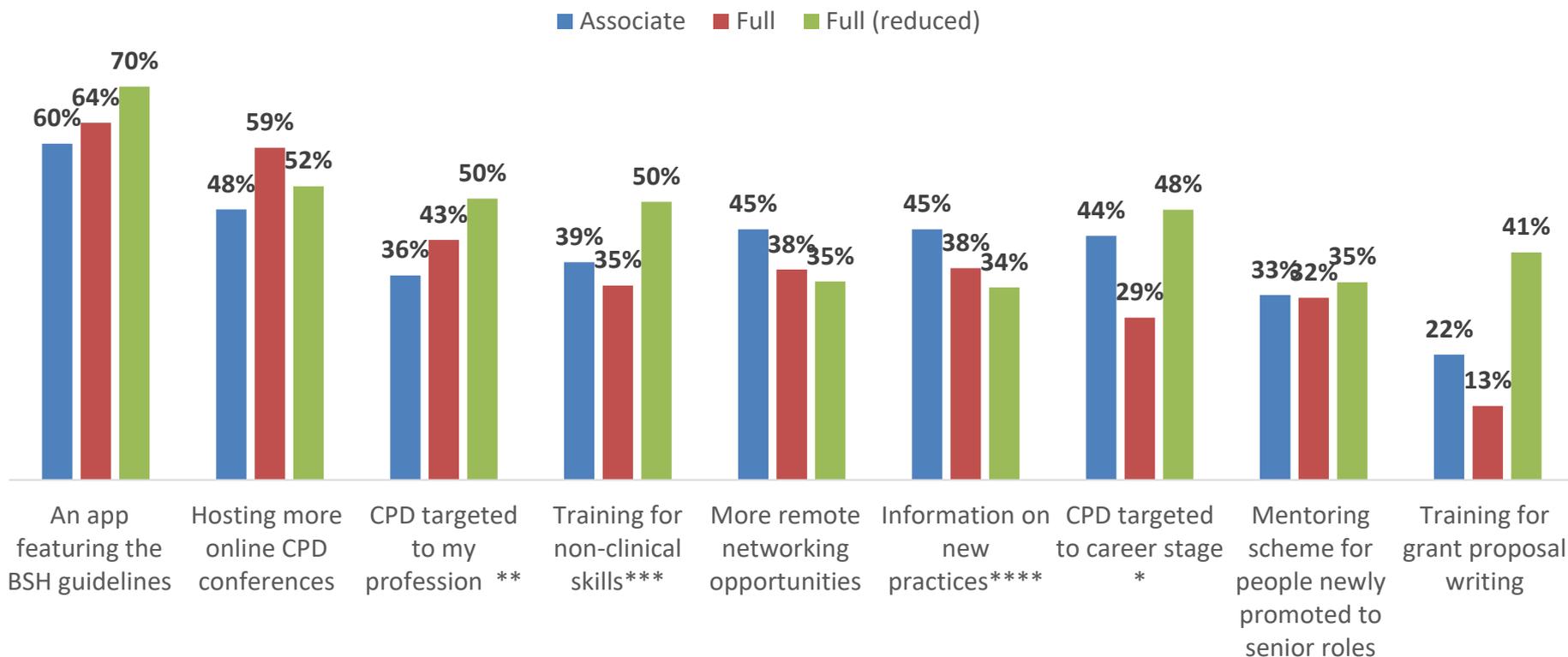
CPD content targeted to my profession **(50%)**

Training for non-clinical skills **(50%)**

CPD targeted to my career stage **(48%)**

All member types would like to see BSH develop an app featuring guidelines, especially Full (reduced) members. These members are also the most likely to be interested in training for non-clinical skills, targeted CPD and training for grant proposal writing.

Which benefits would you like the BSH to develop?



Q8. Following the COVID-19 pandemic, which of the following member benefits would you like to see BSH develop?

Base: 85 Associates, 252 Full, 115 Full (reduced)

CPD/educational content specifically targeted to my career stage* CPD/educational content specifically targeted to my profession ** Information on new practices e.g. virtual consultations **** Training for non-clinical skills e.g.

management, communications etc. ***



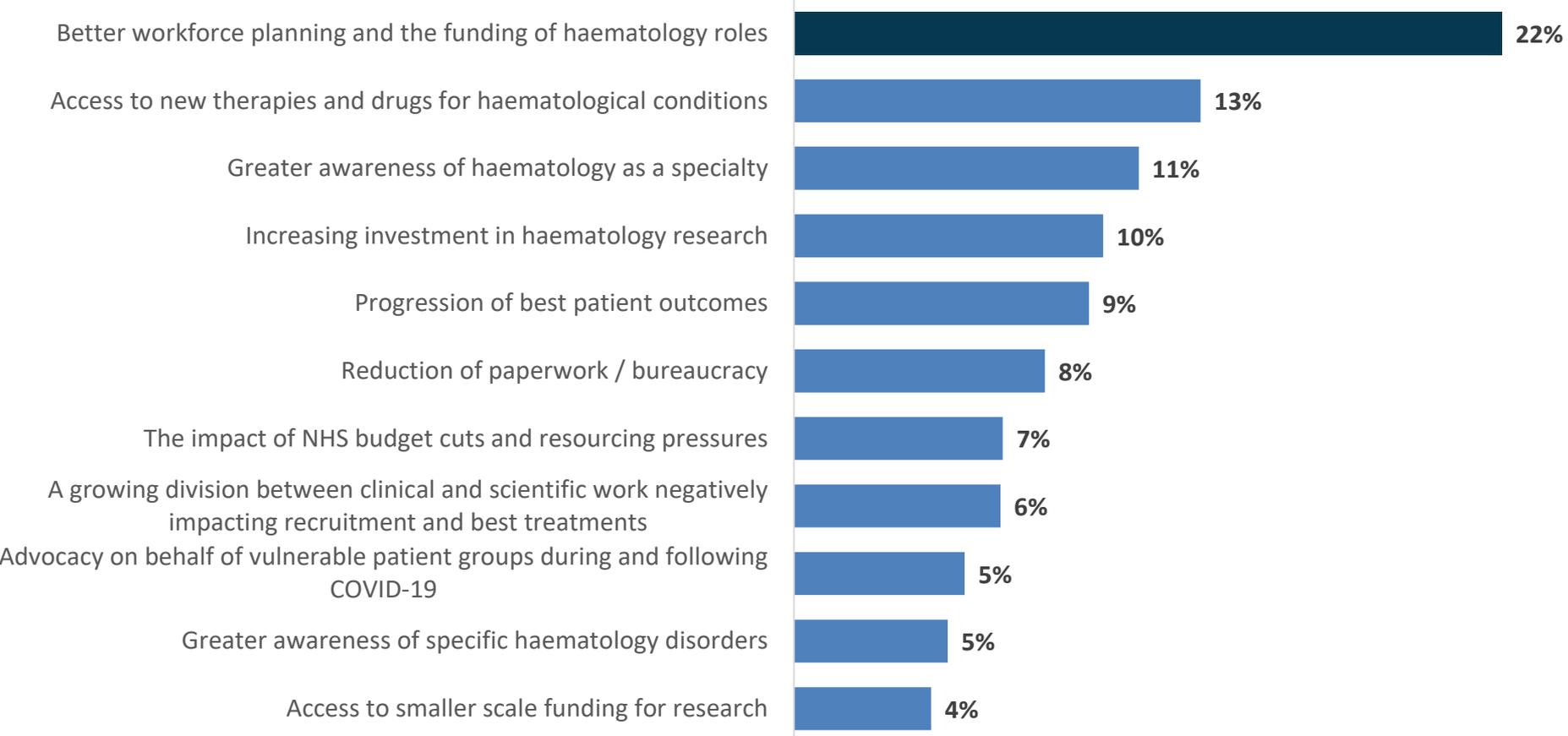
Advocacy

Advocacy: Summary of key points

- *'Better workforce planning and funding of haematology roles'* is the top priority across member types, especially Full members who are significantly more likely to select this as their main priority as they are more likely to be dealing with the management and staffing issues at a senior level.
- While both Physicians and Non-Physicians rank this as their top priority, Physicians are significantly more likely to rank *'Access to new therapies and drugs for haematological conditions'* as a priority, compared to Non-Physicians. Non-Physicians, on the other hand, are more concerned with promoting the profession; they are more likely to rank *'Greater awareness of haematology as a specialty'* as a priority.
- When asked to articulate issues they feel strongly about in their own words, members also cite a different training structure for paediatric haematology, greater awareness of scientist roles, and more collaborative research and partnership working.
- There is indication that those in the profession need support to continue to navigate their way through challenging times. Three-quarters feel that stress is an increasing part of their day-to-day work and over 80% are concerned about the well-being of those in the haematology profession. Physicians and those aged 39-55 most strongly agree that their stress is increasing (statistically significant compared to other groups) as well as females (though this is not statistically significant).
- BSH members, even in the context of these struggles, continue to show drive, energy and passion for the profession. Younger members, at an earlier stage in their career, show most propensity for leveraging change.

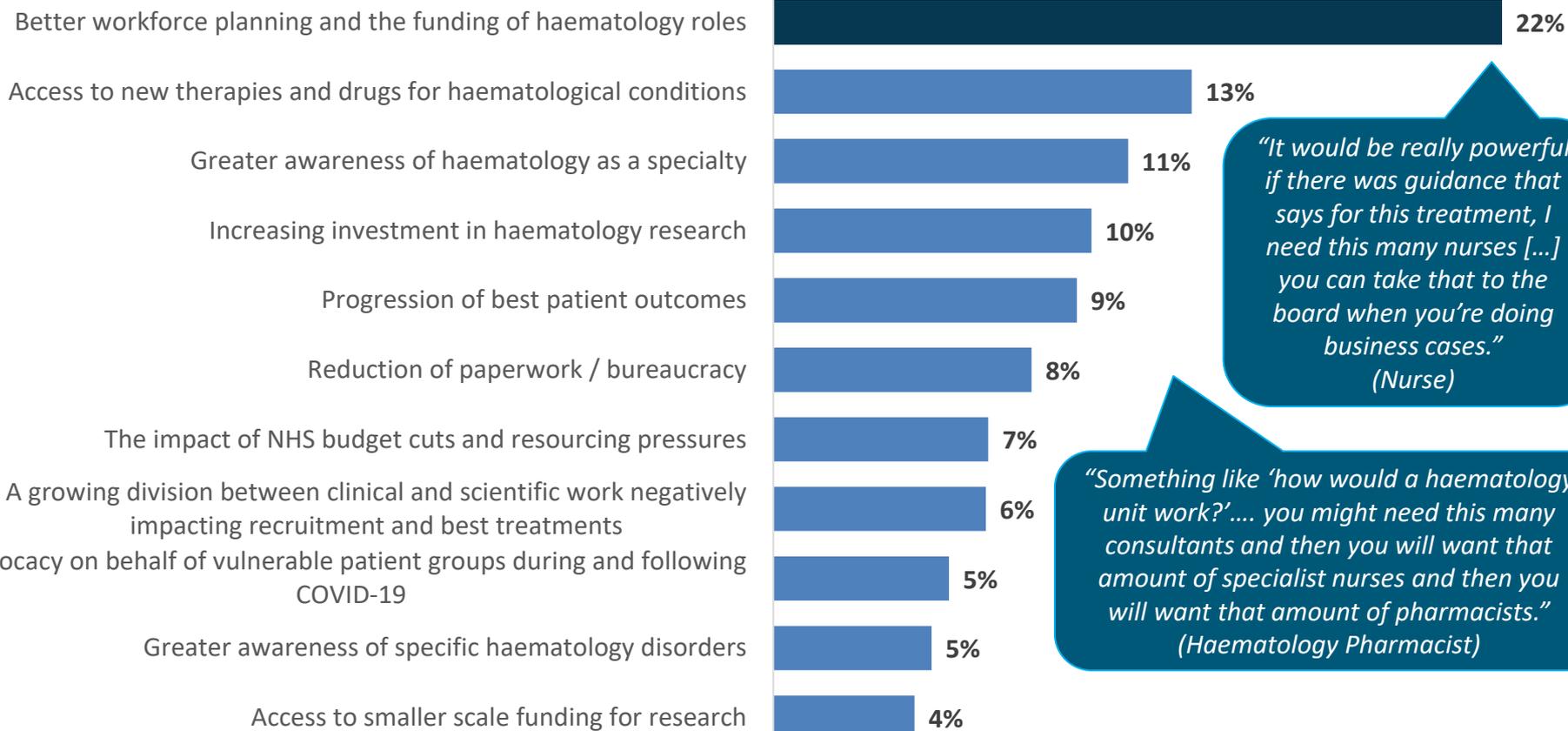
‘Better workforce planning’ is the highest-ranking option amongst members with ‘Greater awareness of the profession both as a specialty and Haematology related disorders’ achieving the 2nd and 3rd highest rankings

Percentage of members who ranked each option as their top concern 'top 1'



When workforce planning is further explored in qualitative interviews, Non-Physicians in particular mention the need for a clearer picture of different Haematology roles, in terms of numbers required.

Percentage of members who ranked each option as their top concern 'top 1'



"It would be really powerful if there was guidance that says for this treatment, I need this many nurses [...] you can take that to the board when you're doing business cases."
(Nurse)

"Something like 'how would a haematology unit work?'.... you might need this many consultants and then you will want that amount of specialist nurses and then you will want that amount of pharmacists."
(Haematology Pharmacist)

Members, when asked to articulate issues they feel strongly about in their own words, cite a different training structure for paediatric Haematology, greater awareness of scientist roles, and more collaborative research efforts.

“Career progression for all healthcare scientists and greater recognition of the role of Consultant Scientists in more areas of haematology.”

“Campaigning for a different career structure for paediatric haematology, clinical and academic - the current process where training is completed in adult haematology and then interested individuals have to re-train in general paediatrics is a major deterrent.”

“Creating collaborative research opportunities with low-income countries.”

“Increased access to research grants.”

“Greater awareness of the role of scientists in diagnostic laboratories who keep the NHS functioning.”

More exposure to paediatric haematology for trainees

“Collaborative research between the North and South.”

Greater awareness of scientist roles

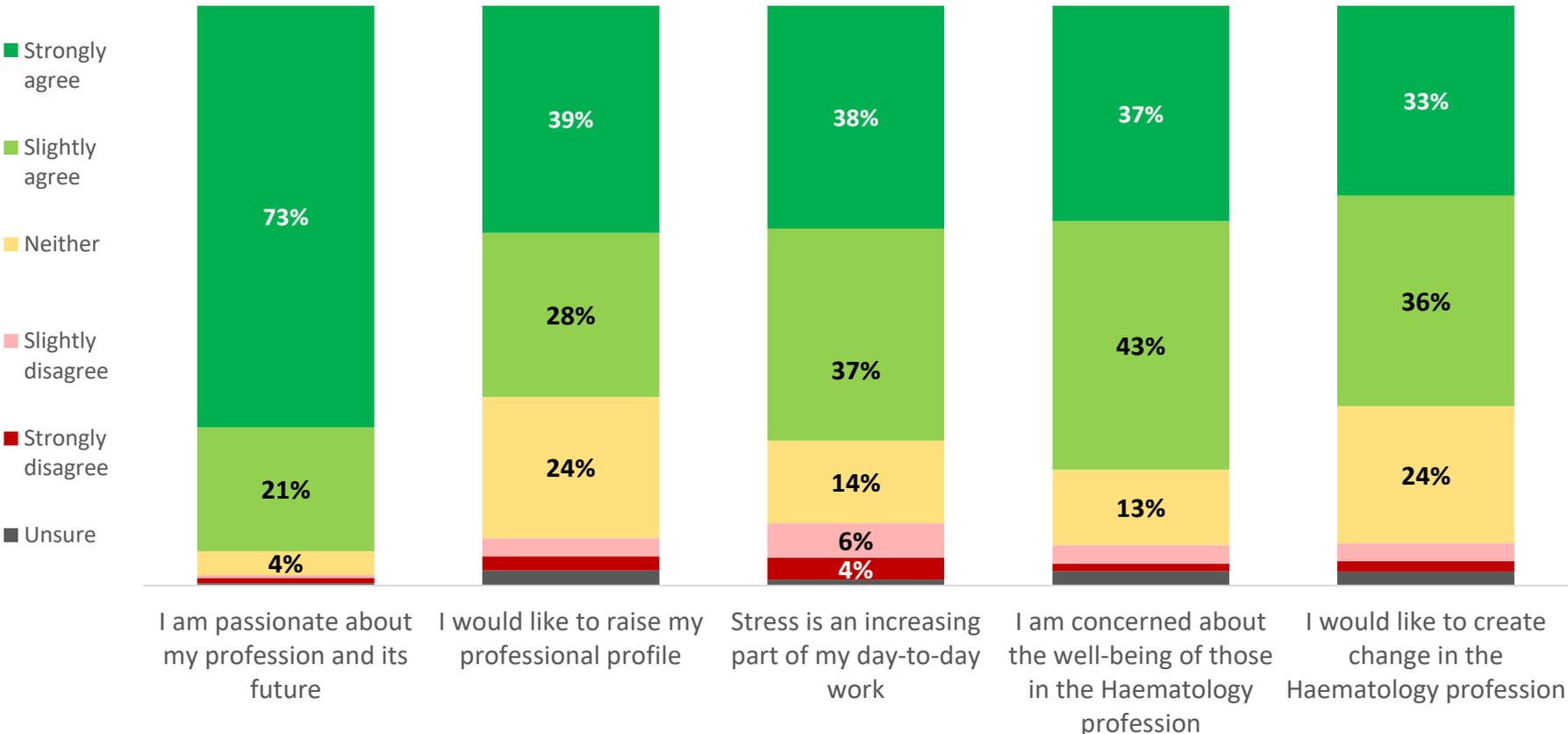


More collaborative research efforts



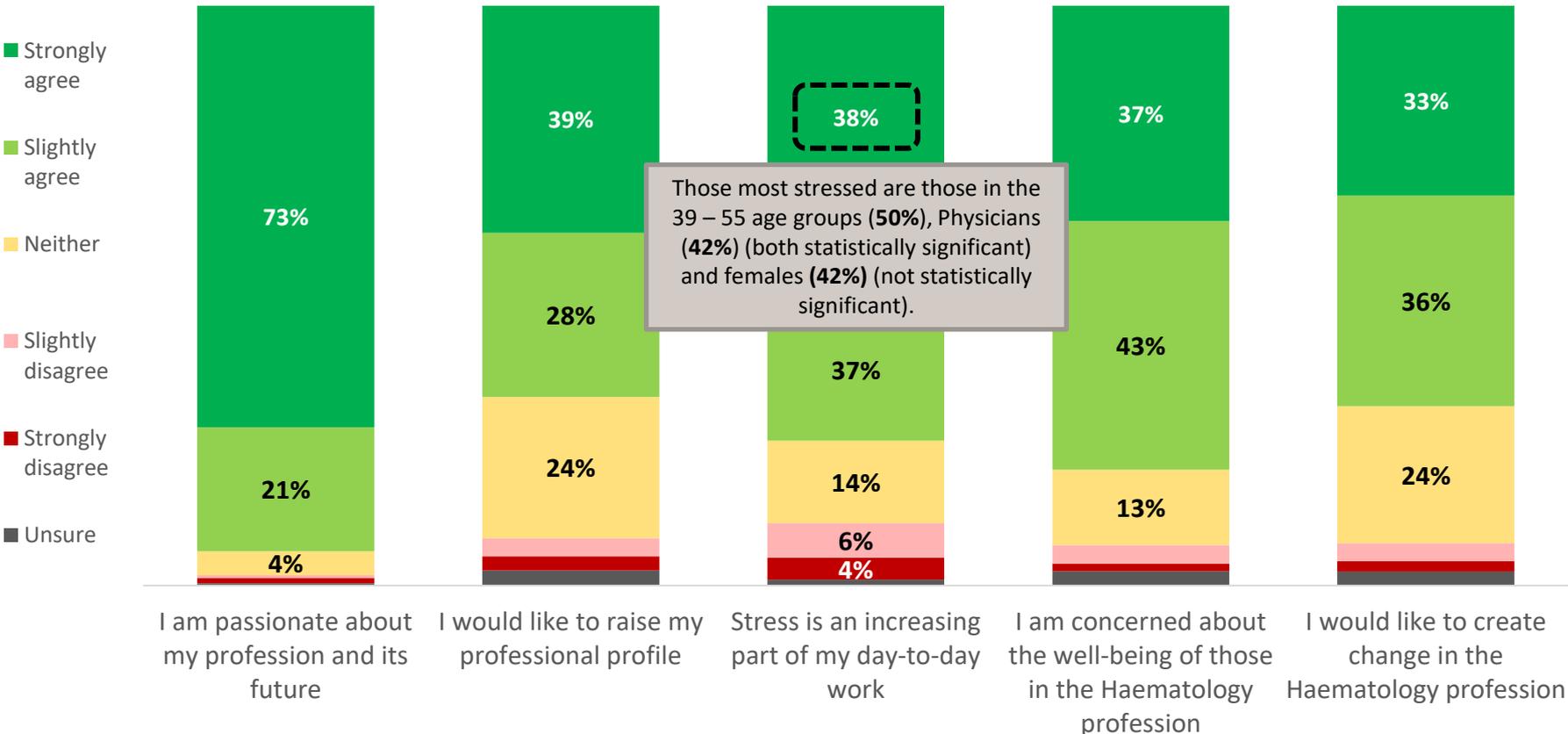
While the vast majority of members are passionate about their profession and its future, they also state that stress is an increasing part of their daily work and are concerned about the well-being of those in the profession.

To what extent do you agree or disagree with the following...?



While the vast majority of members are passionate about their profession and its future, they also state that stress is an increasing part of their daily work and are concerned about the well-being of those in the profession.

To what extent do you agree or disagree with the following...?



Those most recent BSH members are the most passionate about their profession and its future, who want to raise their professional profile and who want to create change.

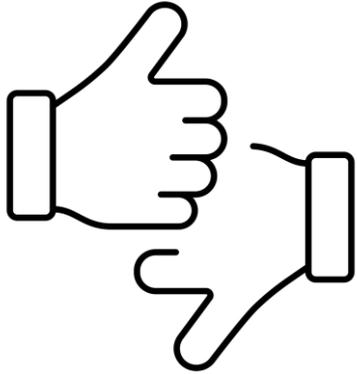
Strong agreement with statements, by length of membership



...as are the younger BSH members. This audience provides a key opportunity for engagement and collaboration.

Strong agreement with statements, by age





Overall perceptions of BSH

Overall perception of BSH Summary

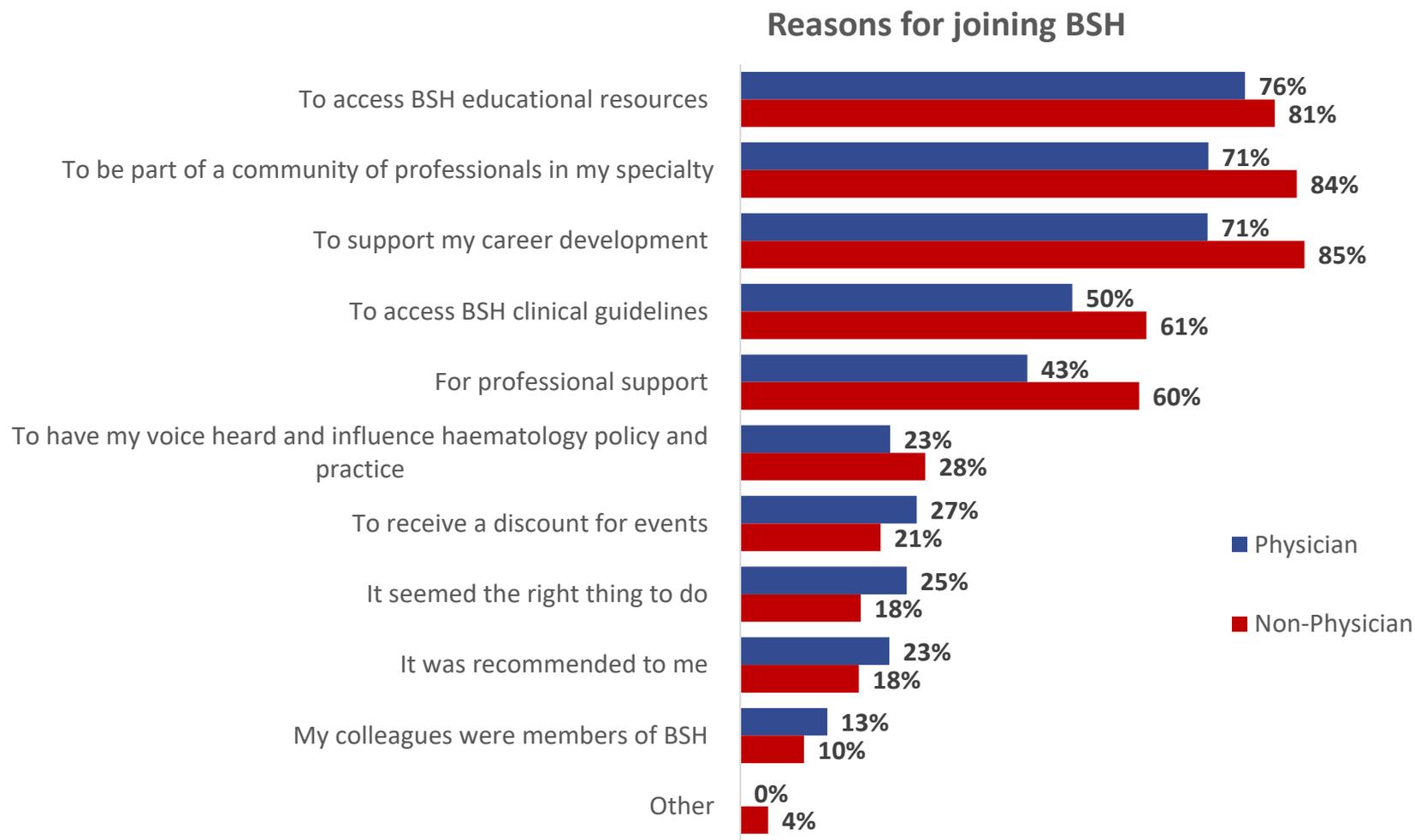
- The greatest proportion of newer members (those who joined BSH in the last 2 years) joined to have access to BSH educational resources, to support their career development and to be part of a community.
- This is broadly in line with why members stay with BSH; the greatest proportion do so to be part of a community and to access BSH's educational resources.
- Overall, BSH is viewed positively by members, with the top words describing BSH being '*educational*', '*professional*', '*respected*'. Non-Physicians are particularly positive.
- That said, 70% of members feel they could get more from BSH. This is especially true for newer members regardless of their role (83% of those who have been a member for 0 – 2 years feel they could get more), and Physicians (75% feel they could get more).
- Thinking about the BSH's future priorities, the greatest proportion would like BSH to continue in its current role as a high quality provider of educational resources and clinical guidelines, and to support the professional development of its members.

Access to education resources, career development and being part of a professional community are the main reasons why members choose to join BSH.

Reasons for joining BSH

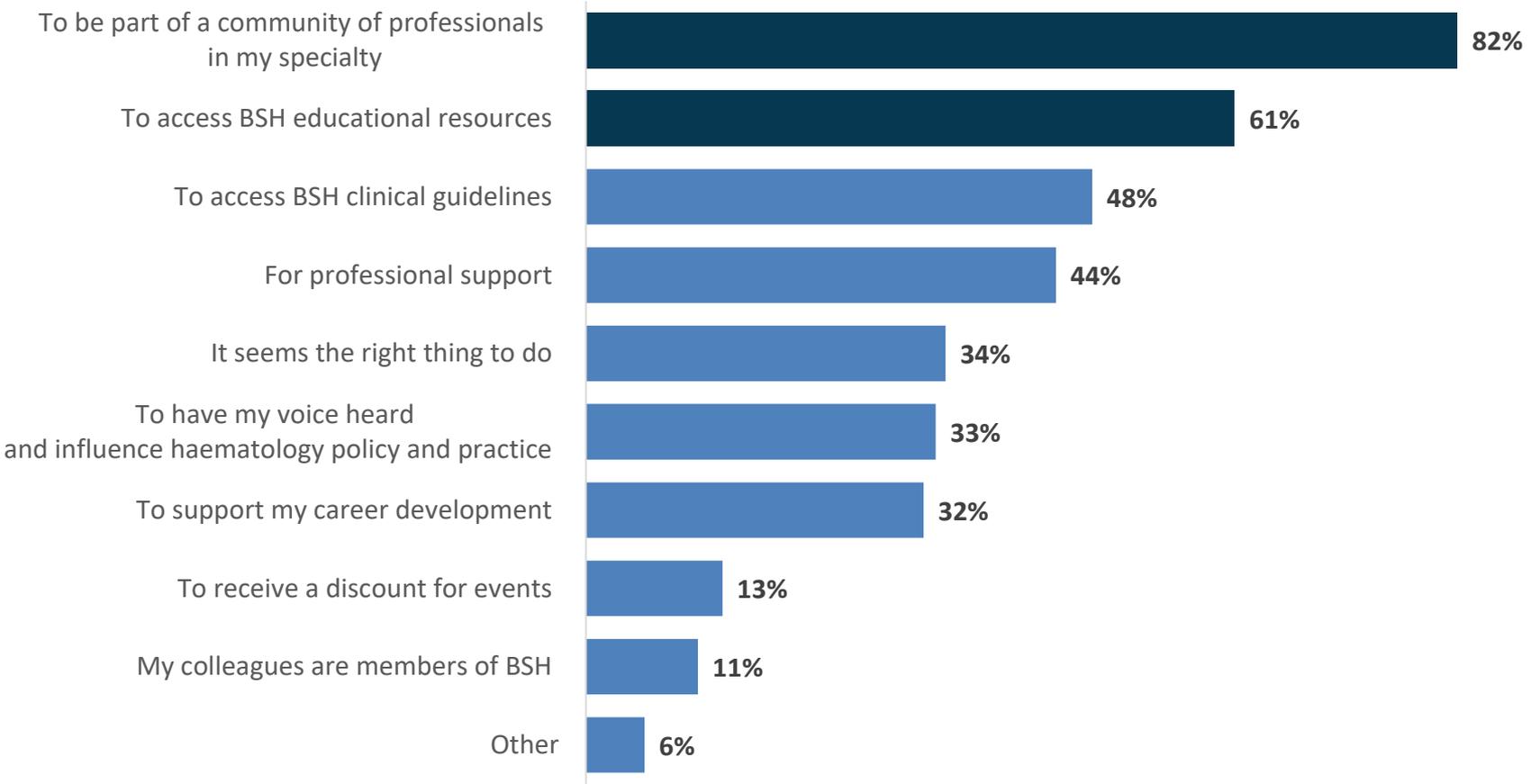


Non-Physicians are much more likely to join BSH to support their career development and to be part of a community of professionals in their specialty.



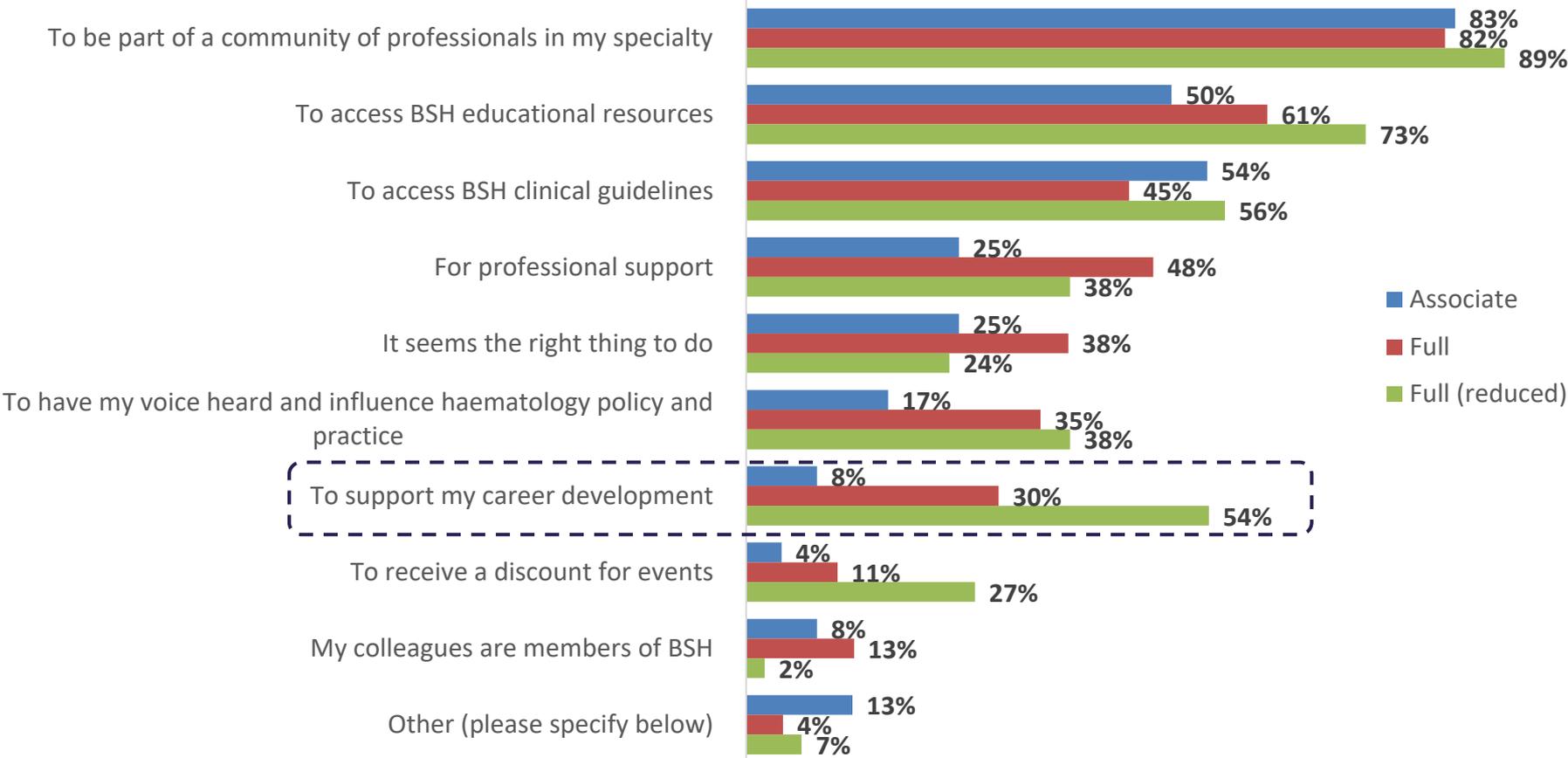
The majority of members remain part of BSH to be part of a community of professionals in their specialty . A large proportion also remain in order to continue gaining access to BSH educational resources.

Reasons for remaining a member of BSH



Full (reduced) members are much more likely to have remained part of BSH to support their career development than Associates and Full members.

Reasons for remaining a member of BSH

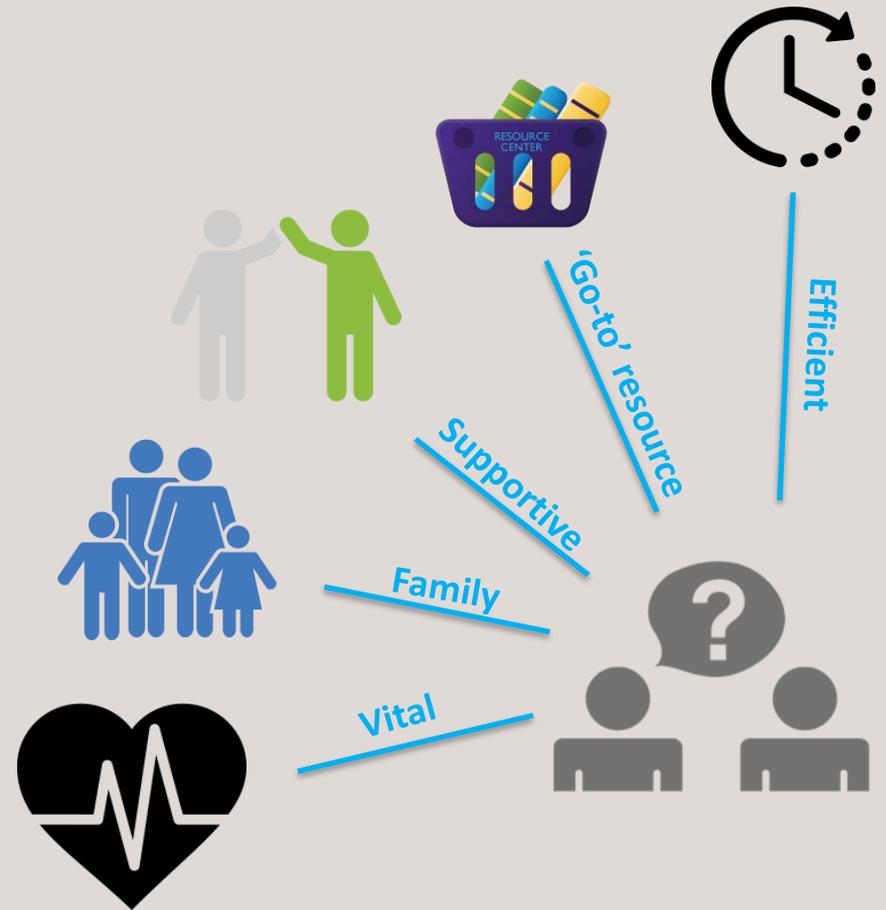


Perceptions of BSH are generally very positive and focused around the supportive and family-like nature of the Society

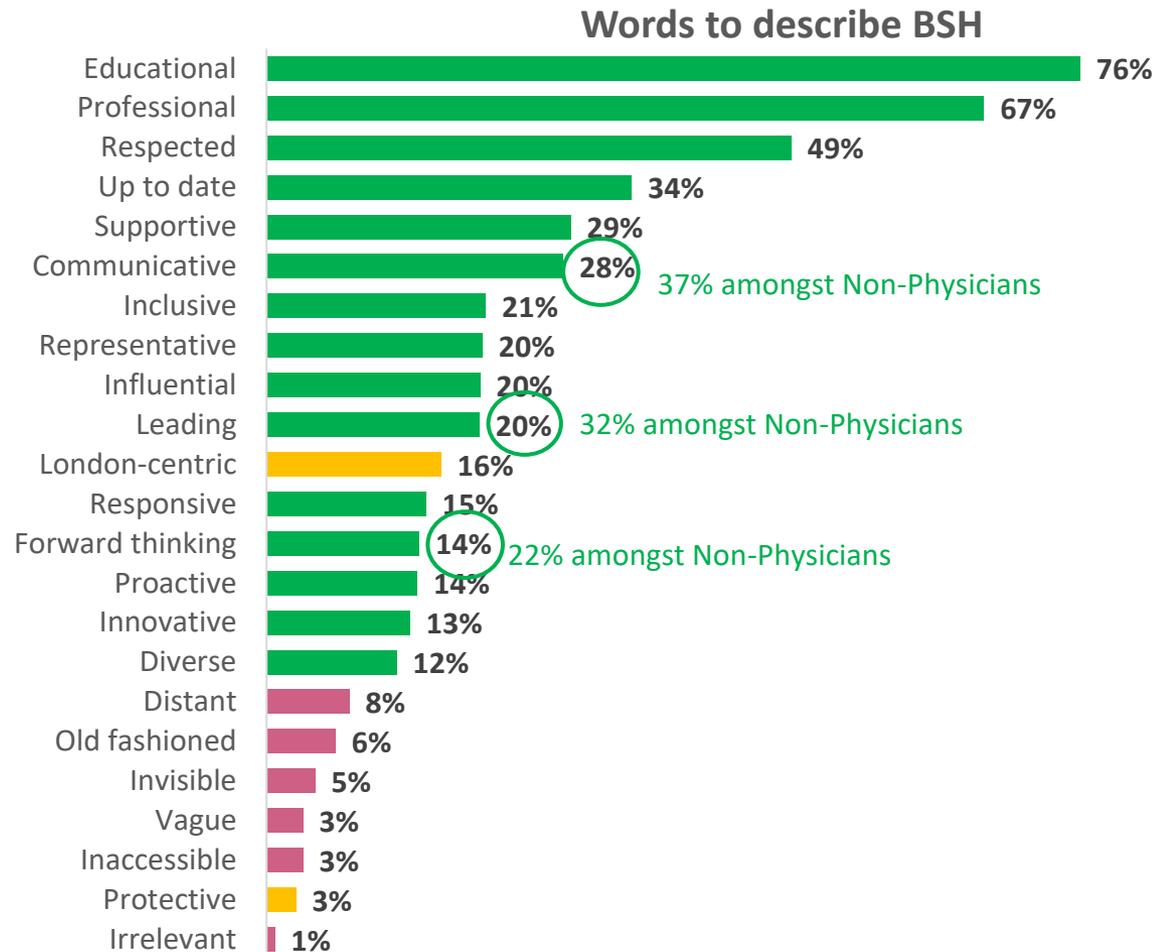
Perceptions of the BSH are very positive

*"It's a good society for getting to know other Haematologists. It's quite small. So lots of people know other people... It's almost like a family."
(Trainee)*

*"It's not specifically for doctors. It's for anybody that works in haematology, so doctors, nurses, scientists, and it's an organisation that supports the profession by providing education and a voice. I think it's well recognised and has a recognisable brand. People know what it is and I think And what its purpose is."
(Consultant)*



Educational, professional and respected are the most popular words selected to describe BSH. Non-Physicians are more positive in their descriptors than Physicians. Negative words are chosen by a very small minority.



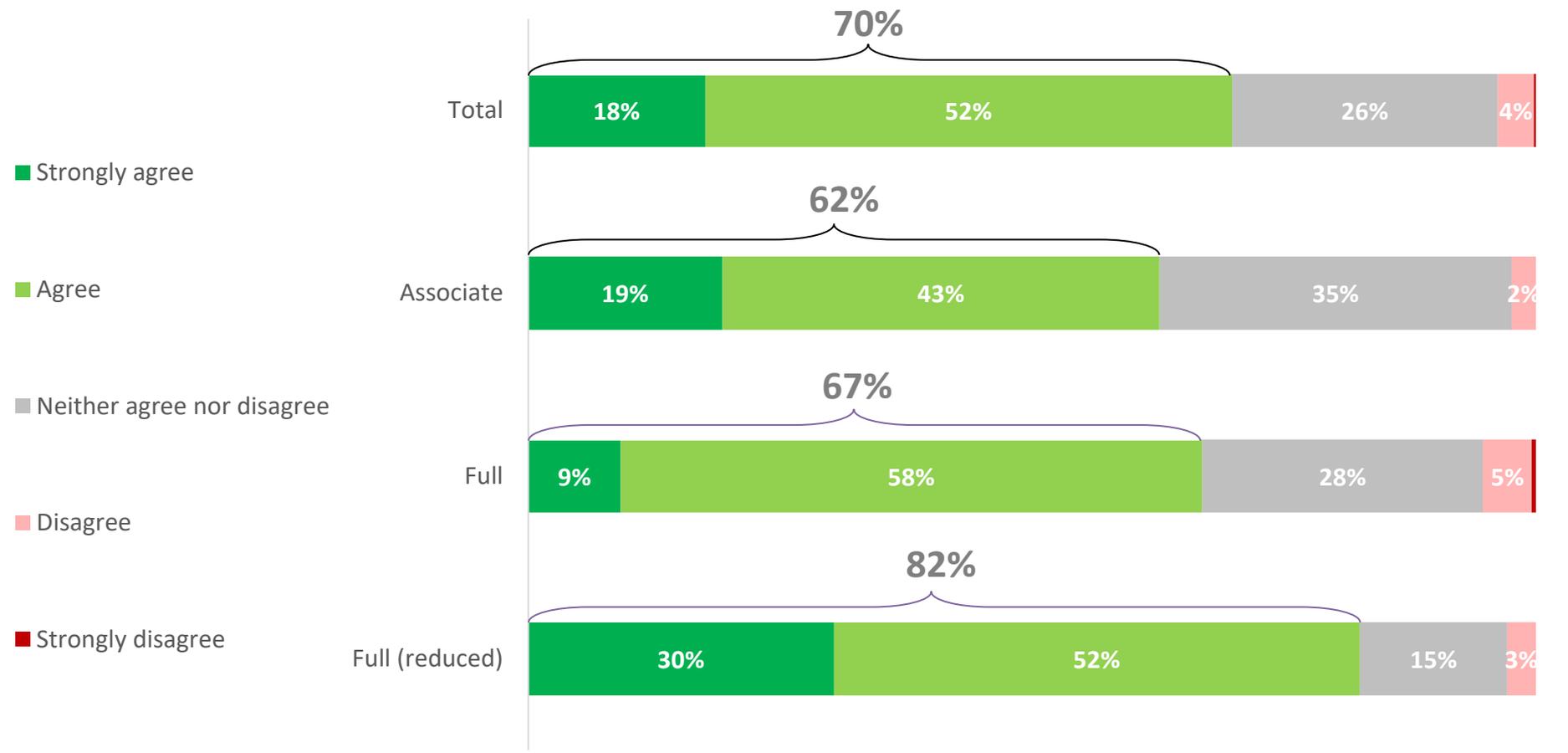
Amongst less engaged members, there is no strong criticism of the BSH or perceptual barrier. More, those we spoke to do not know enough about the organisation and what it can offer.

*"I'm quite happy to be involved in things if I think it's going to be for self development or patient care or whatever. But I just don't know what it (BSH) does."
(Consultant)*

*"I have a lot of things competing for my attention. You know, I get about 100 emails a day, as head of department, a lot of those are things I have to do something about, and every email that I can delete and not engage with is a good thing.
So, what does BSH do well? The guidelines, the annual conference, BJHaem, that's probably about it for me. I don't think that's necessarily reflects what BSH do well, more my interaction with them."
(Consultant)*

Full (reduced) members are significantly more likely to say that they could get more from BSH than the other membership sub-groups, as are those under 39 and BSH newer members.

Agreement with the statement 'I feel I could get more from BSH'

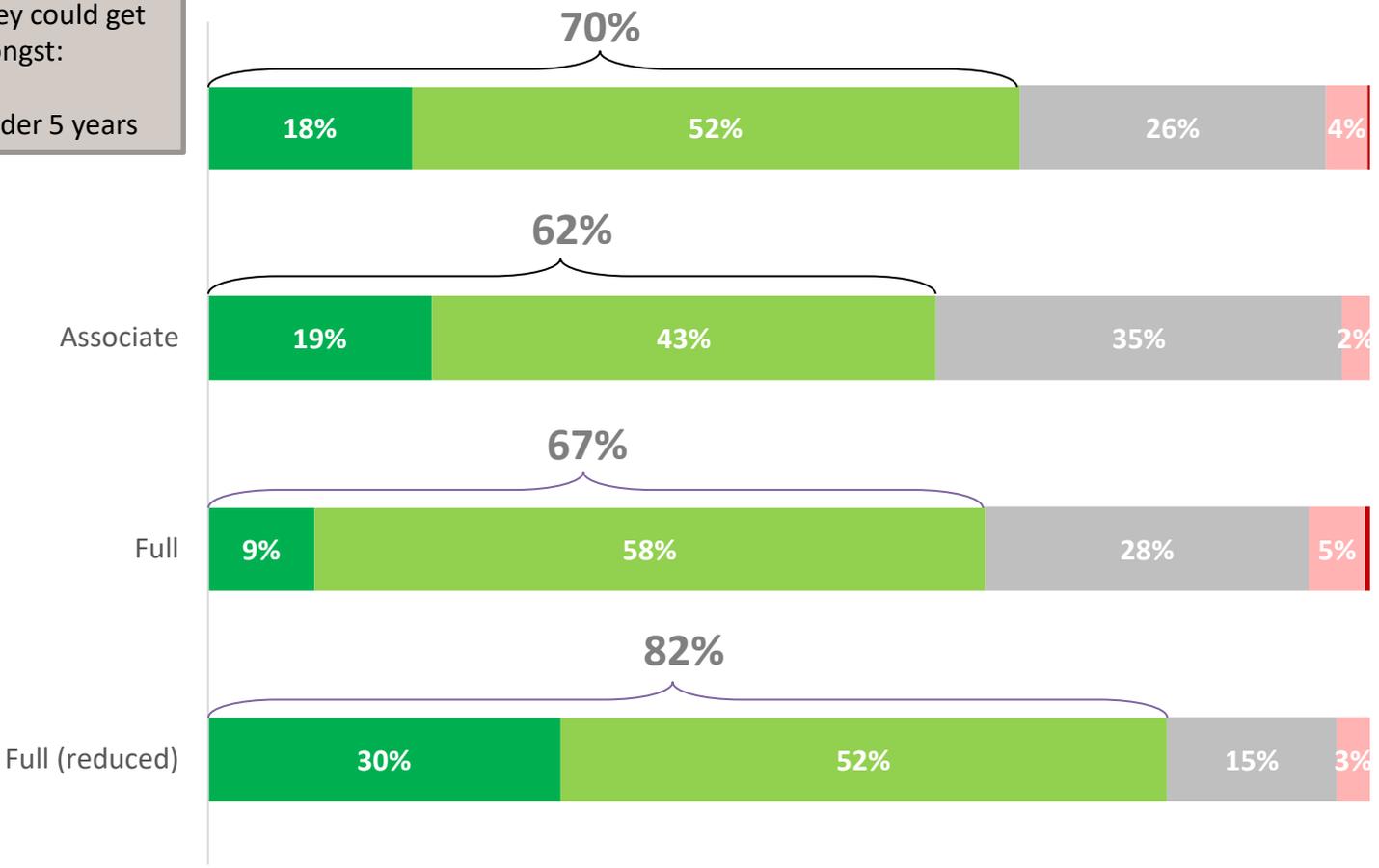


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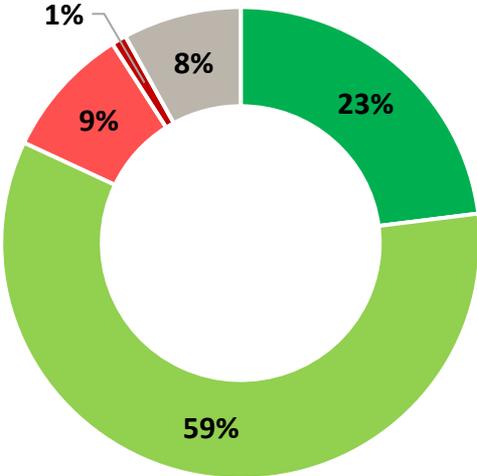
Strongest agreement that they could get more from BSH is amongst:
 Those under 39
 Those in membership for under 5 years

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



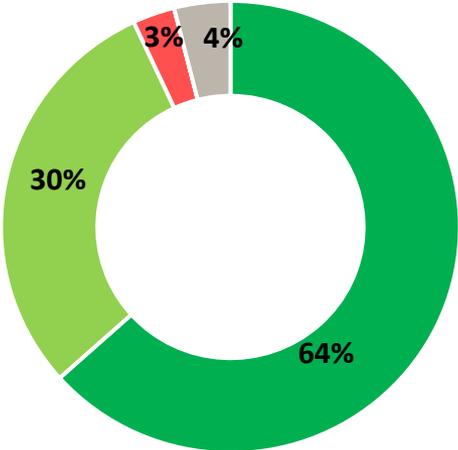
As to be expected, a greater proportion of Associates think BSH is good value for money than other membership categories. Both are above the RbD norm

Non-Associates

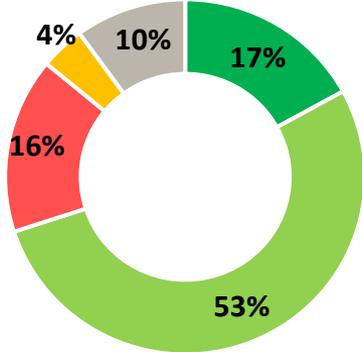


- Very good value for money
- Quite good value for money
- Quite poor value for money
- Very poor value for money
- Not sure

Associates



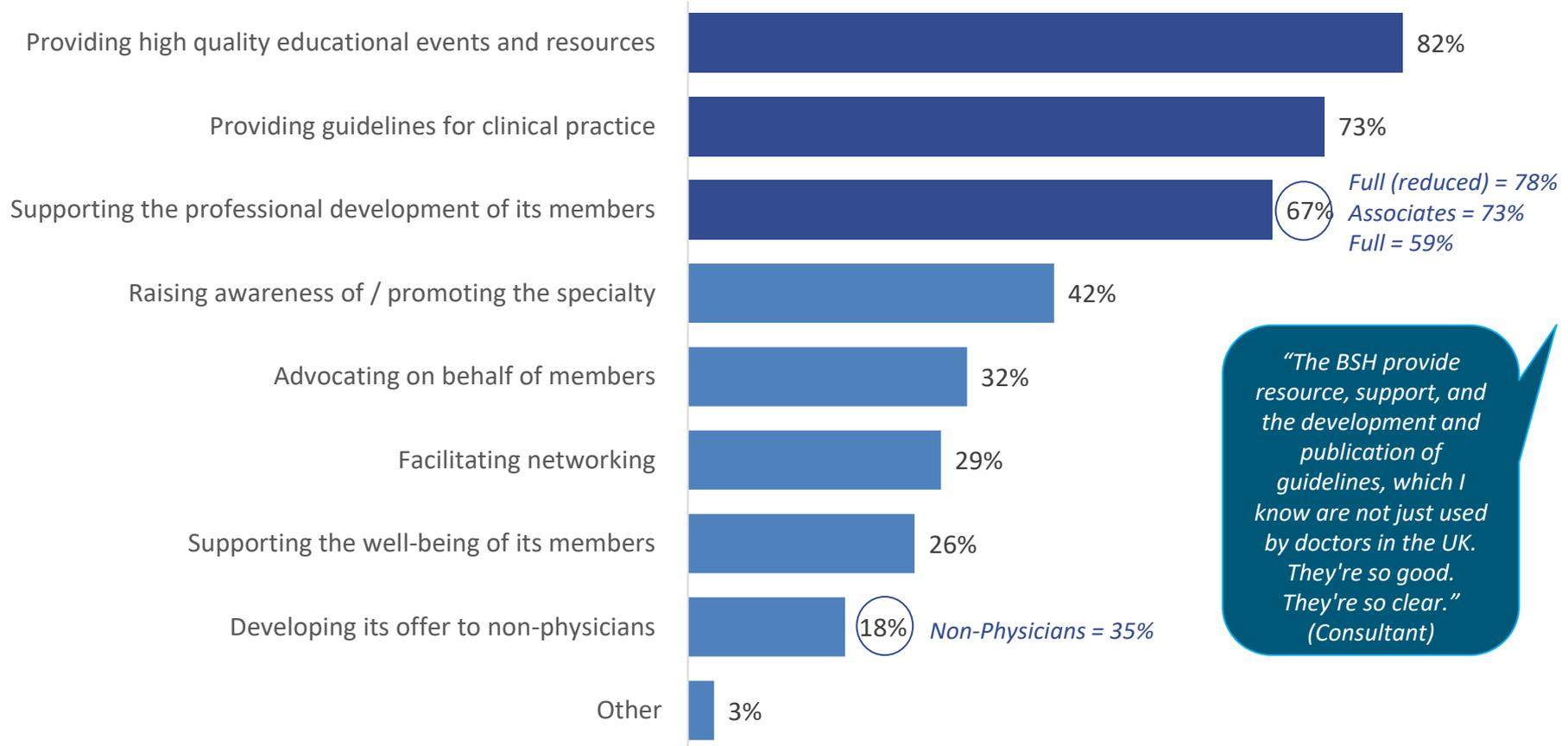
RbD Norm



Base:
60,830

Provision of high quality educational events/resources, guidelines for clinical practice and supporting members' professional development are the key areas of focus that members believe BSH should focus on.

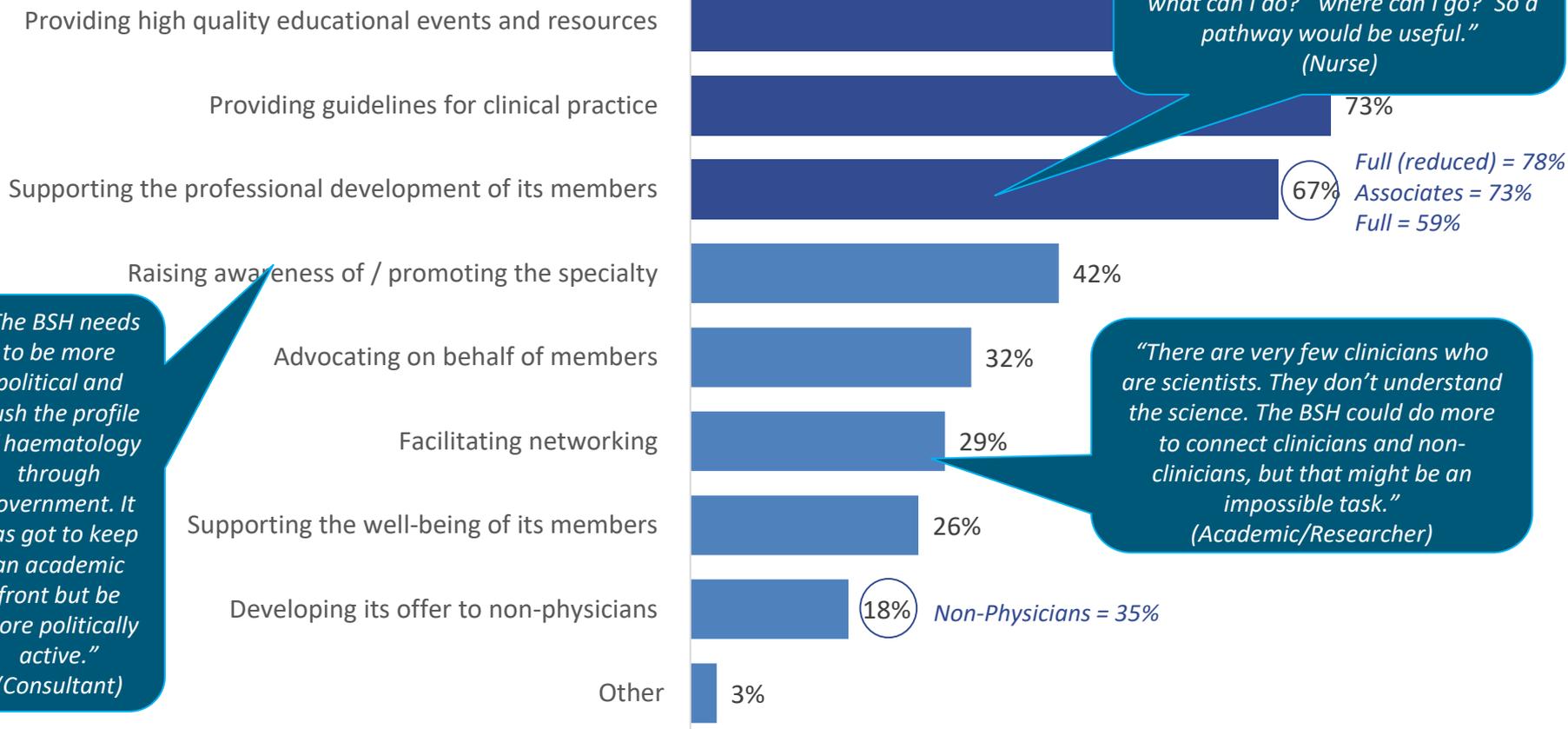
Future priorities for BSH



*"The BSH provide resource, support, and the development and publication of guidelines, which I know are not just used by doctors in the UK. They're so good. They're so clear."
(Consultant)*

Provision of high quality educational events/resources, guidelines for clinical practice and supporting members' professional development are the key areas of focus that members believe BSH should focus on.

Future priorities for BSH



*"[I'd like to see] a career pathway for nurses, if you come into my post not having done it before you'd think 'what can I do?' 'where can I go?' So a pathway would be useful."
(Nurse)*

*"The BSH needs to be more political and push the profile of haematology through government. It has got to keep an academic front but be more politically active."
(Consultant)*

*"There are very few clinicians who are scientists. They don't understand the science. The BSH could do more to connect clinicians and non-clinicians, but that might be an impossible task."
(Academic/Researcher)*

Further discussions with Non-Physicians highlight their desire to interact more with the wider profession.

- 35% of Non-Physicians feel developing the offer to Non-Physicians should be a priority for BSH in the future. This is also top of mind when speaking to Non-Physicians who feel that BSH is primarily for those in clinical roles and its offering reflects that;

“It’s very clinician-focused. [...] But the truth is that most of the research in haematology is performed by scientists like me, who are not clinicians. It feels like we’re forgotten about.”
(Academic/Researcher)

“What was missing from BSH when I looked at their website was that they don’t have nurses steering group. They’re medically orientated for good reasons but [...] I think a nurse’s steering group might be helpful”
(Nurse)

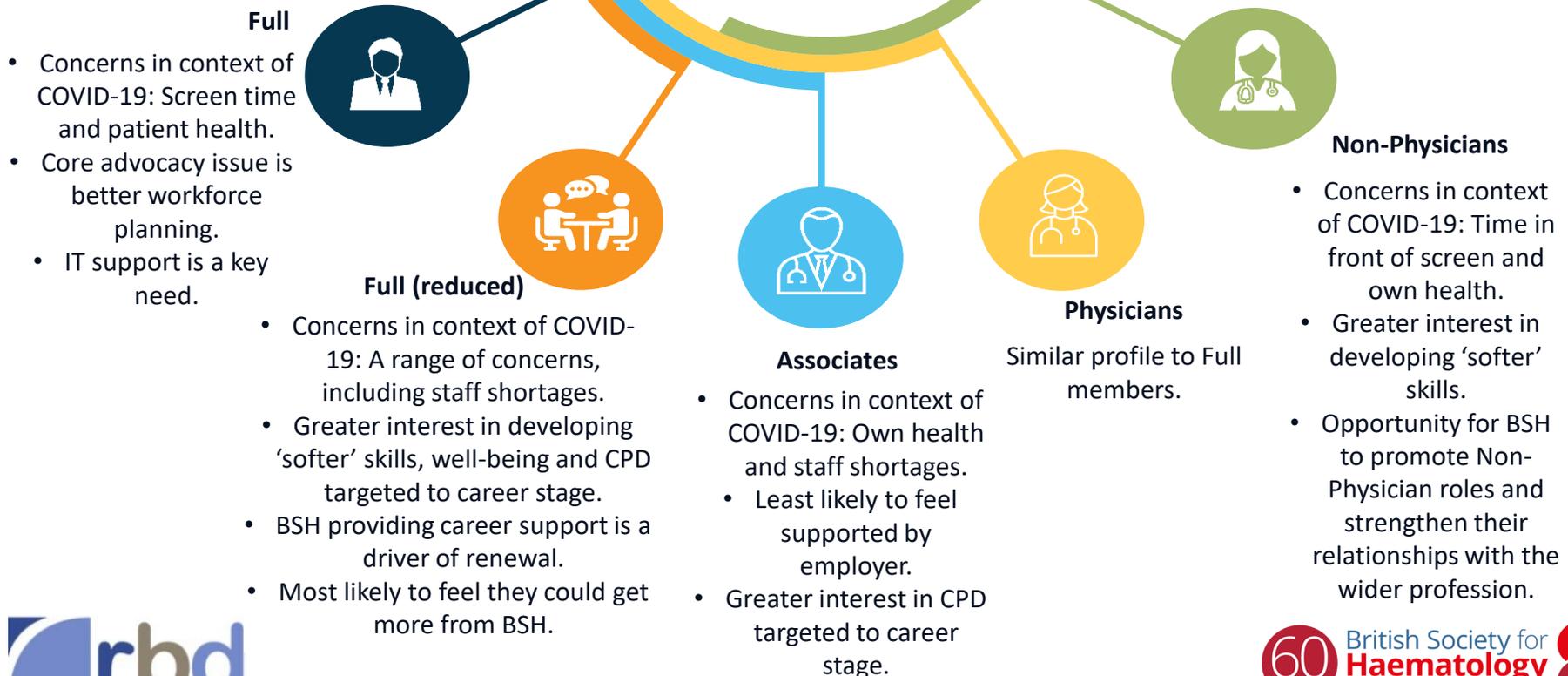
“When I joined BSH I couldn’t help but get the impression that it was mainly aimed at consultant haematologists or medical staff and that there wasn’t that much input or participation from scientists”
(Biomedical Scientist)

- Those in Non-Physician roles would like to see BSH:
 - help them promote their role to the wider Haematology profession;
 - facilitate more working groups;
 - promote their research to other members and facilitate discussions between different roles (scientists, consultants, nurses etc.);
 - support and facilitate grant applications and awards;
 - provide guidelines to help with workforce planning.

Conclusions & Recommendations

Summary of BSH membership

While there are elements that are consistent across the membership - interest in a BSH app and online CPD, the need for IT support and training in new practices, focus on better workforce planning, being a member of BSH to be apart of a community and to access educational resources - differences emerge across the member groups:





Opportunities for BSH – Develop a BSH app

- 63% would like to see BSH develop an app featuring the BSH guidelines – making it the most requested benefit following the COVID-19 pandemic.
- There is opportunity to use the app as a tool to reach out to members and enhance their experience remotely. The first priority should be including the BSH guidelines but there could also be longer term plans to develop the app further.



Include bite-sized information – Ensure the app is easy to use for members on-the-go.



Build the app over time to include additional features – There is scope for the app to also include links to educational resources, event booking, wellbeing support, community forums etc.



Consider personalising the app for haematologists in different roles and those outside the profession, rather than a 'one size fits all' approach.

Opportunities for BSH – Support professionals earlier in their careers



- There is a need for better support to those early-stage career members as they progress to consultancy and managerial roles, specifically in non-clinical training / skills. In the qualitative interviews, members articulate opportunities for BSH to be involved early in careers – training days / talks /input for students; promoting haematology as a specialty and profession.
- The quantitative research bears this out; around half of Associates and Full (reduced) members are interested in BSH offering CPD targeted at their career stage, and non-clinical skills training.



Create specific content for early stage career members – These members believe they could get more from BSH, highlighting a clear direction here to create more specific content for these members. Tactical suggestions include: Practical advice for junior consultants on career pathways, getting consultancy posts, etc., Development of non-clinical training (e.g. management, leadership, communication, etc.), Creation of ‘young professional’ groups



Interact and engage with this group – As the future of the profession they show great appetite to create change and fight for their specialty and should see BSH as their home to do this.

Opportunities for BSH – Provide wellbeing support to members



- 96% report that at least one factor has had an impact on their professional well-being. For the greatest proportion this is 'spending time at a computer screen' or being 'concerned for the health of patients / service users'.
- Additionally, 80% are concerned about the well-being of the Haematology profession and 75% feel stress is an increasing part of their day-to-day work.
- While only 26% believe '*supporting the wellbeing of its members*' should be a future priority for BSH, this rises to 37% for those who do not feel well supported by their employer. There is a clear need to have a meaningful impact on well-being while also providing high quality educational resources, providing guidelines and supporting members' professional development.



Use the BSH community – One of the top reasons members join / remain a member is to be part of a community of professionals in their speciality, providing an opportunity to use this community and explore possibility of peer support.



Signpost to support services – The onus is not on BSH to create resources but it can play a role in signposting to specialist support services. This could be as simple as including information in email footers or a section on the website in the first instance.



Consider well-being campaigns – A longer term focus may be campaigns around well-being (which could coincide with wider campaigns such as World Mental Health Day) to promote the services and support that is available.

Appendix

The total sample is based on **481 responses**. This includes 458 completes and 23 partials (partials are those who finished at least 50% of survey).

During data processing, our cleaning process searches for speeders / flatlines. No speeders / flatliners were identified.

Data are weighted on membership grade to correct the slightly lower representation of Associates in the sample to match database proportions of membership grades exactly.

All figures included in charts / commentary are weighted, with unweighted bases reported in the footers.

Membership grades have been grouped as follows:

- BSH-EHA Joint Full with Full (226 in total), referred to as 'Full' throughout the report
- BSH-EHA Joint Full (Reduced) with Full (Reduced), referred to as 'Full (Reduced)' throughout the report.

There is a minor eligibility difference (joint members must be aged between 38 and 64), but otherwise they are effectively the same.