

Understanding professionals' attitudes to climate change policy in the NHS

Dr Jake Parnian BMBS BMedSci MSc.

Introduction:

With climate change’s unprecedented threat to human health, the NHS is striving towards net zero carbon emissions [1] . Policies and initiatives are introduced at multiple levels of governance, from NHS England, through NHS trusts, departments, and right down to the individual actions.

The role of the BMA, the GMC and specialty colleges, alongside organisations such as the Centre for Sustainable Healthcare and the UK Health Alliance on Climate Change influence the formulation and uptake of such strategies.

An interconnected system with overlapping jurisdiction will require an approach mindful of its complexity [2].

This research looks at the awareness and attitudes of healthcare professionals in England, and how they view their role within a ‘greener’ healthcare system. It explores the interaction between large-scale policy shifts, individual engagement and external agents/organisations

Objectives:

a) Establish a baseline level of awareness of current climate change policy and sustainability initiatives at different levels of organisation.

b) Identify where professionals find out information on climate change policy in healthcare.

c) Develop an understanding of perceived effectiveness of different policies.

d) Examine professional’s attitudes towards climate change influencing their practice.

Methods:

An online survey of original design was advertised to members of the Royal College of Physicians, Faculty of Intensive Care Medicine, Royal College of Psychiatrists, and the Centre for Sustainable Healthcare. Likert scale and short answer questions addressed the aims of the study. Participants were invited to take part in semi-structured interviews to build on the survey ideas (Figure 2), which were coded into a thematic analysis (Figure 3).

	Grade	Profession	Interview Date
Interviewee 1 (IV1)	Consultant	Senior Health	29/06/22
Interviewee 2 (IV2)	Specialty	Public Health	05/07/22
Interviewee 3 (IV3)	Specialty	General Practice	05/07/22
Interviewee 4 (IV4)	Consultant	Anaesthetics	05/07/22
Interviewee 5 (IV5)	Consultant	Respiratory medicine	08/07/22
Interviewee 6 (IV6)	Speciality	Respiratory medicine	12/07/22
Interviewee 7 (IV7)	Speciality	Gastroenterology	15/07/22
Interviewee 8 (IV8)	Nurse	Critical Care	20/07/22
Interviewee 9 (IV9)	Consultant	Infectious Disease	21/07/22
Interviewee 10 (IV10)	Consultant	Clinical Genetics	27/07/22

Figure 2: Interviewees are referred to as IV1, IV2 etc

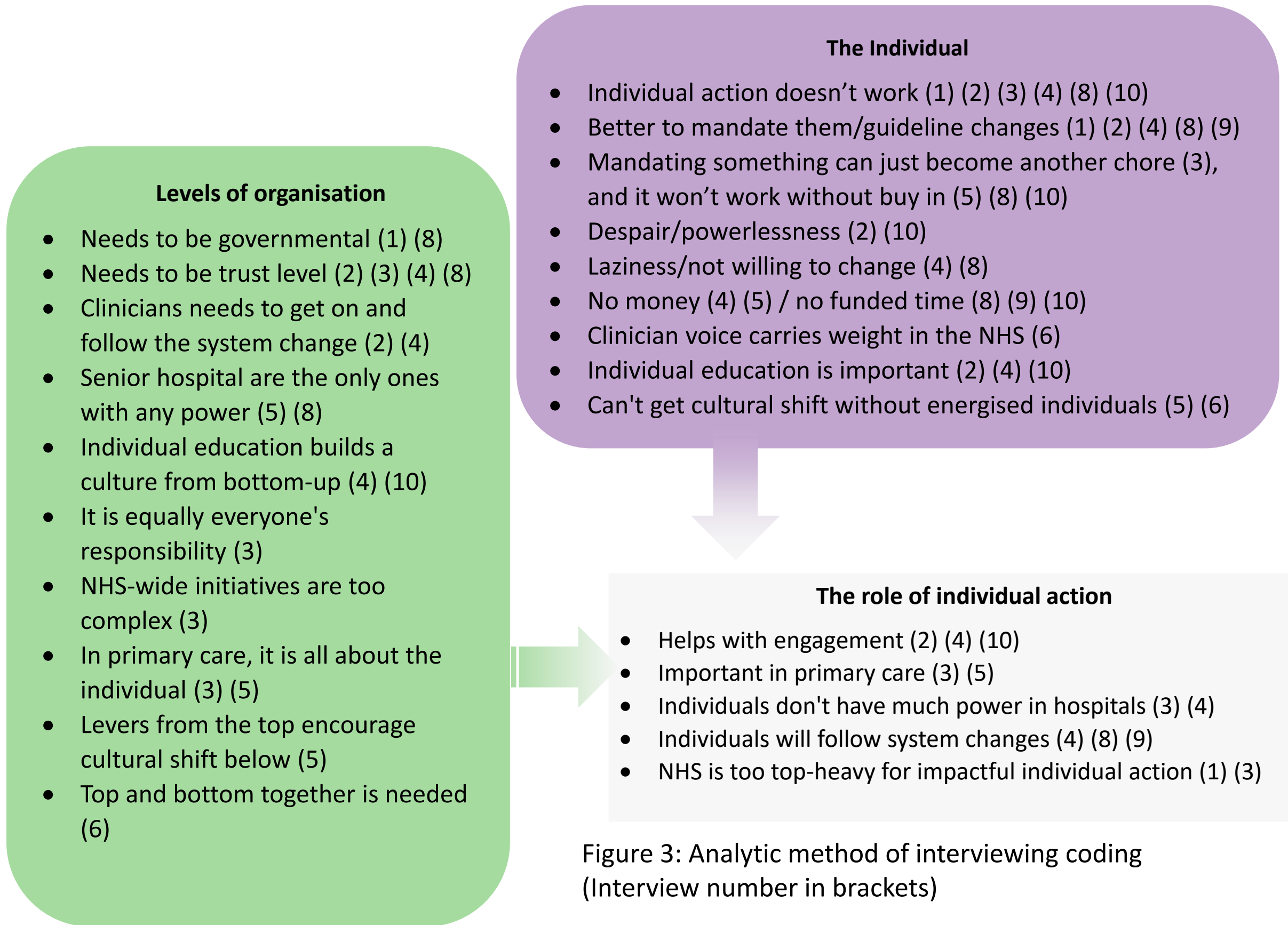


Figure 3: Analytic method of interviewing coding (Interview number in brackets)

References:

[1]Improvement, N. E. (2020). *Delivering a Net-Zero National Health Service*. London: NHS

[2]De Wals, P., Espinoza-Moya, M.-E., & Beland, D. (2019). Kingdon's Multiple Streams Framework and the Analysis of Decision-Making Processes *Expert Review of Vaccines*, 575-585.

[3]Martin, G. P., Currie, G., Finn, R., McDonald, & Ruth. (2011). The medium-term sustainability of organisational innovations in the national health service. *Implementation Science*, 6(19).

[4] Buchanan, D. A., Addicott, R., Fitzgerald, L., Ferlie, E., & Baeza, J. I. (2007). Nobody in charge: Distributed change agency in healthcare. *Human Relations*, 60(3).

[5] Gruen, R. e. (2008). Sustainability science: an integrated approach for health-programme planning. *The Lancet* , 1579-1589.

[6] Pereira, E., & Dean, B. (2009). *British surgeons' experiences of mandatory online workplace-based assessment*. Oxford: Royal Society of Medicine.

Results:

There were 137 survey respondents in total, including 95 doctors. The remaining were from nursing and allied health backgrounds. 10 interviews were conducted with healthcare professionals from a variety of specialties.

a) Awareness of issue and current policy/strategies

- Climate change was perceived to impact other parts of the world and future generations more than the individuals surveyed.
- 57% and 55% of respondents were aware of the environmental impacts of metered dose inhalers and anaesthetic gases respectively.
- 18% were unaware of the environmental impact of anaesthetic gases.
- Action on ‘recycling and waste’ and ‘travel and transport’ were the most frequently mentioned policies/strategies across all respondents.
- 35% were aware of ‘green champions’ as a strategy.
- Respondents were marginally less aware of specialty-level action, compared to NHS-level and Trust-level (Figure 5).

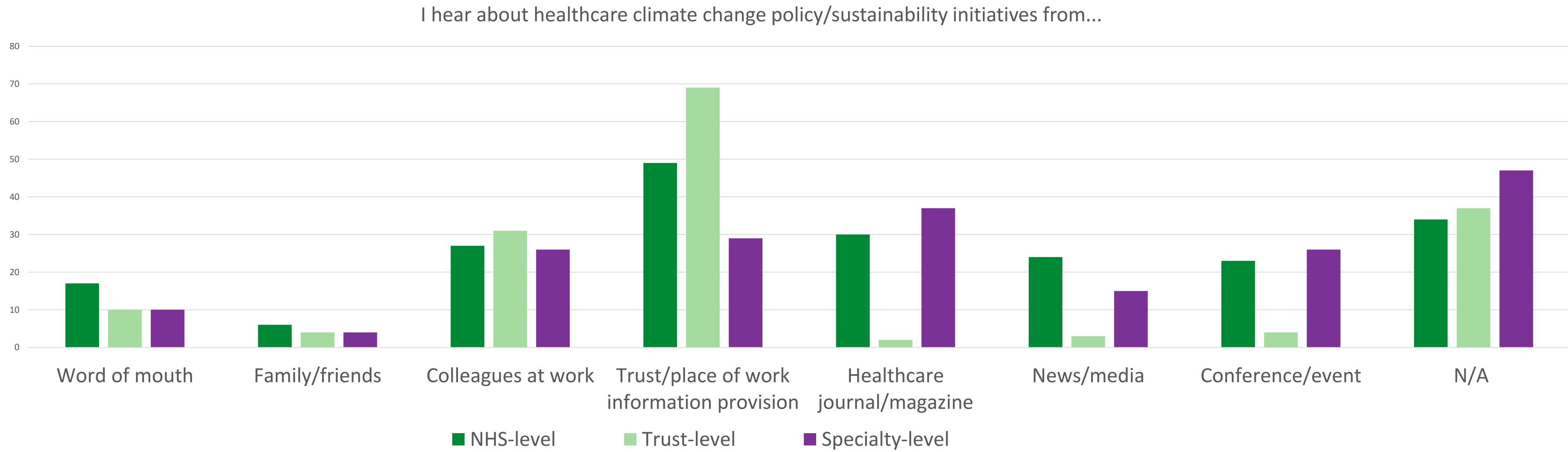


Figure 4: Information sources for information on policies/initiatives

b) Sources of information

- Most frequently respondents find out about sustainability and climate change policy through their place of work (Figure 4)
- Colleagues were a common source of information for NHS-level, trust-level and speciality level policies/initiatives
- Healthcare journals were effective for advertising speciality-level policies/initiatives

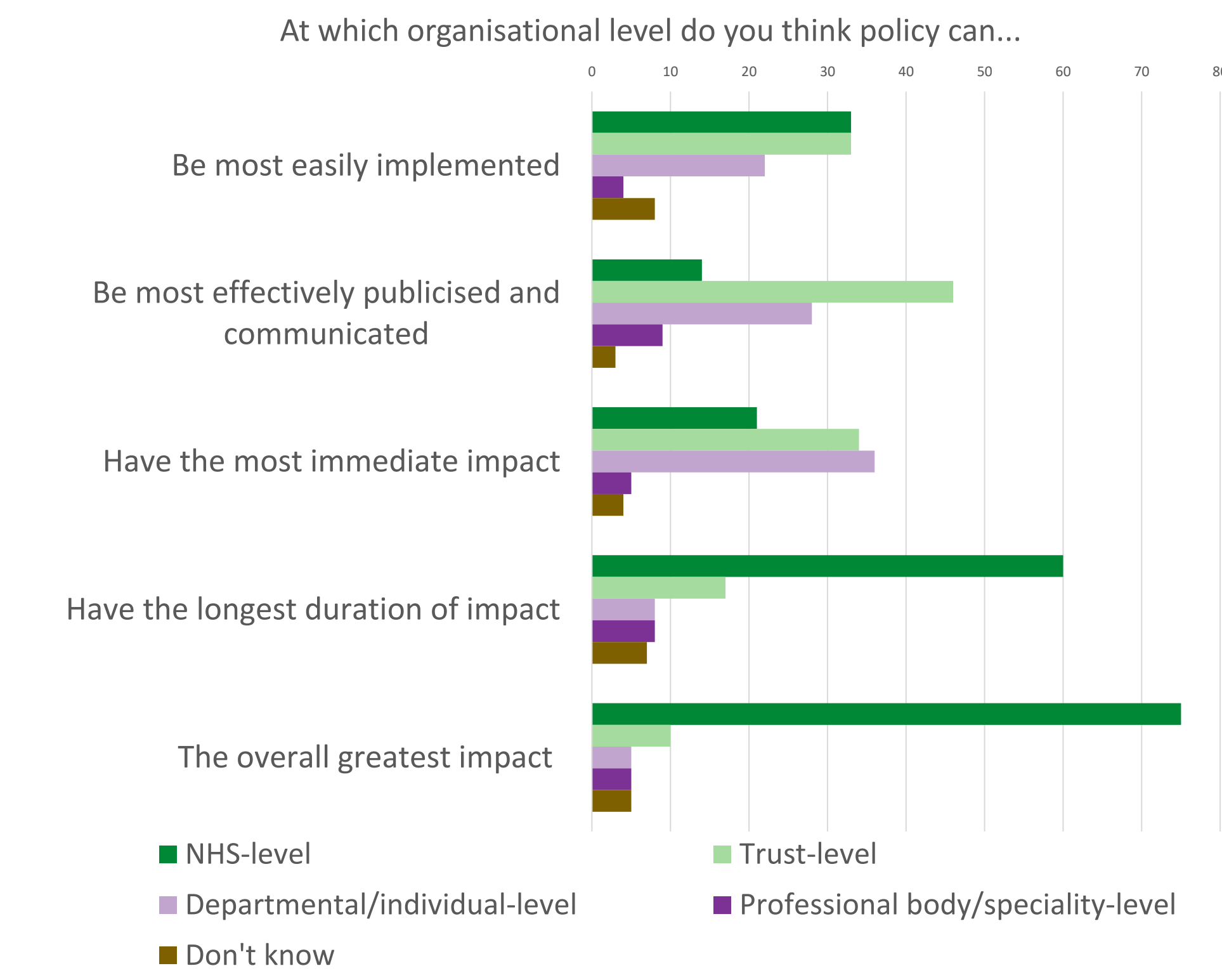


Figure 6: Perceived effectiveness of policy at different levels

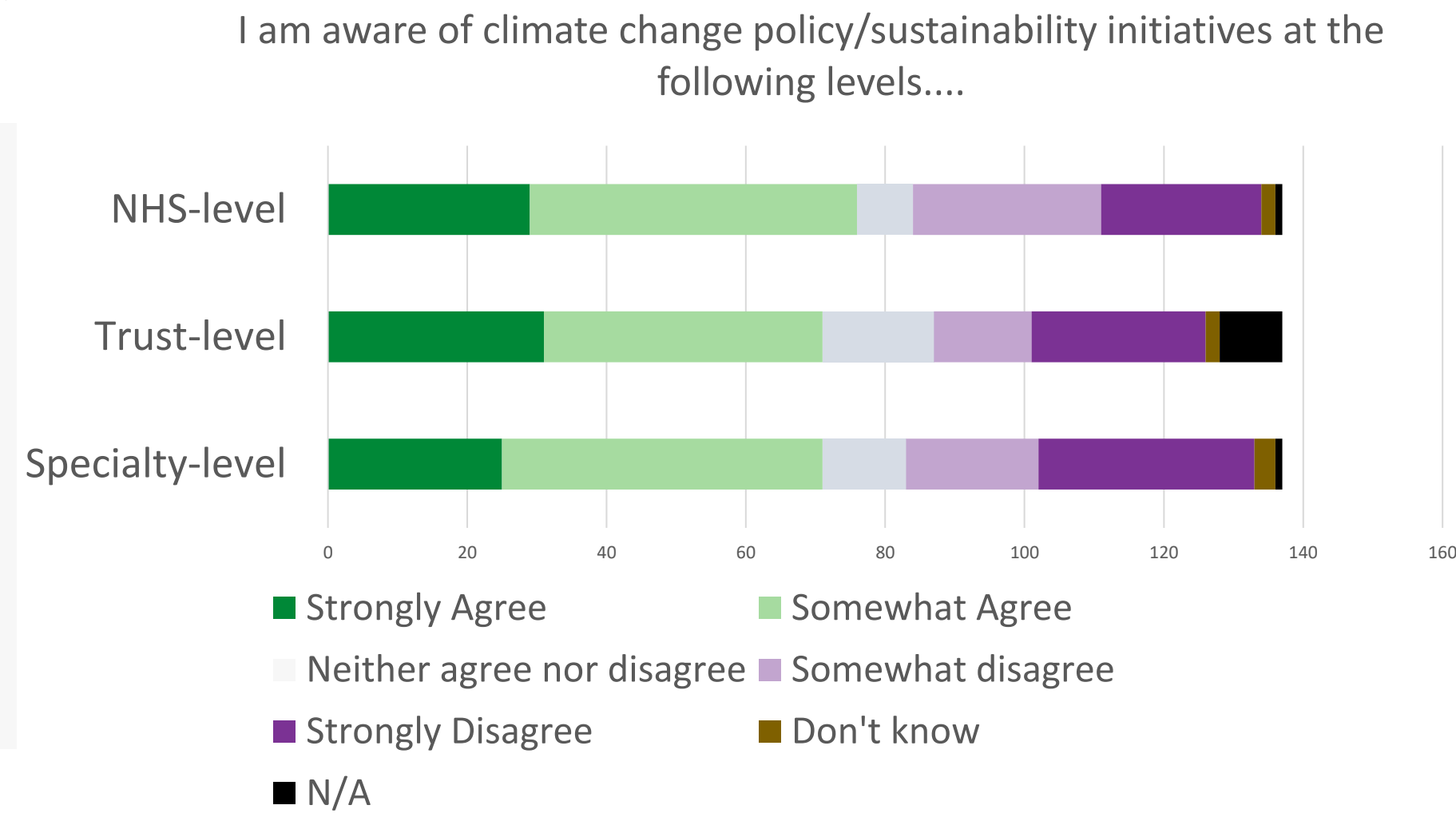


Figure 5: Awareness of policies at different organisational levels

c) Policy effectiveness

- Policy was thought most effective overall if delivered at an NHS-level, but can be more effectively communicated at a trust-level (Figure 6).
- Departmental-level policy was thought quickest to be impactful
- Interviews thought policy has to come ‘from the top’ and ‘mandated’ (IV1, IV7, IV8, IV10), although noted that NHS-level initiatives were ‘unwieldy’ and ‘complicated’ (IV3).
- 33% thought it is equally easily implemented at trust-level (compared to NHS-level), with IV3 noting trust’s ability to ‘enforce’ policy.
- 84% thought that helping healthcare professionals understand how it ‘saves time’ and ‘benefits patients’ were effective strategies (60% thought this was the case re: ‘green champions’).

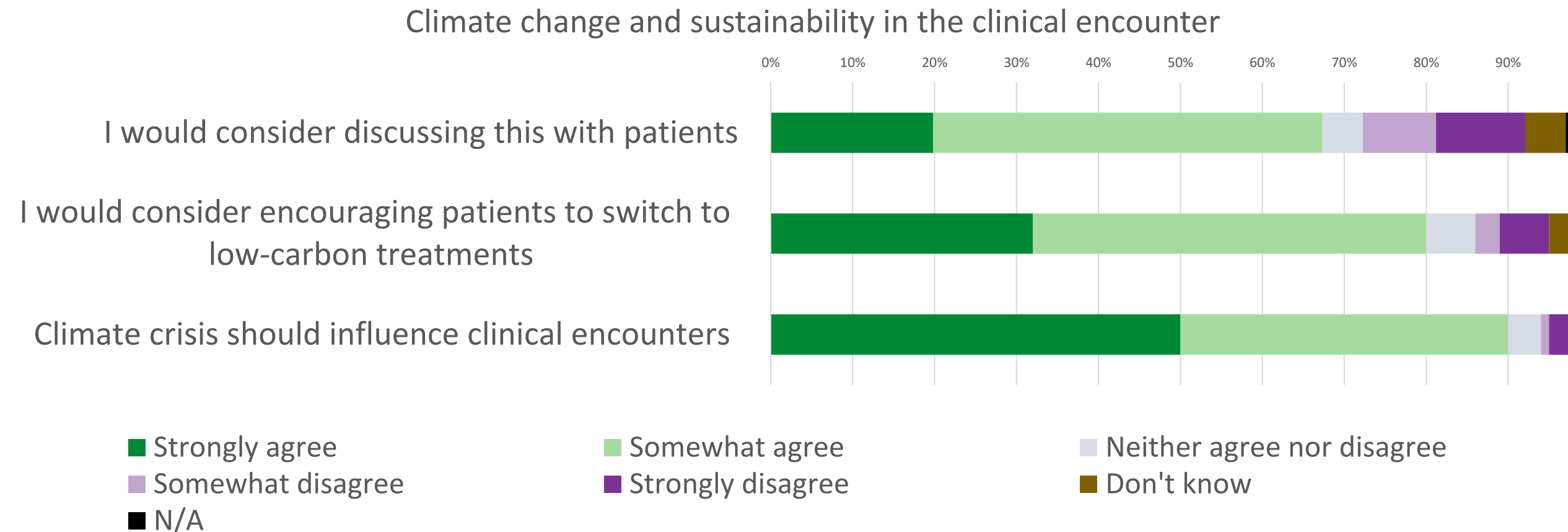


Figure 7: Clinician confidence in engaging in bedside discussions

d) Discussions in clinical encounters

- 90% thought the climate crisis should influence clinical encounters (Figure 7).
- 80% would encourage patients to switch to low carbon treatments in some capacity, and 68% would consider discussing this directly with patients.
- Guideline changes and direction from professional organisations would influence clinicians most when having these discussions (Figure 8).
- Lack of knowledge is a barrier to clinicians introducing such discussions (IV1, 10).
- It is a ‘responsibility’ for clinicians to inform patients about these issues (IV6), although care should be taken for how the issue is ‘framed’ as to ensure the patient doesn’t feel their care is being affected (IV3, IV4). Treating the patient should remain the ‘top priority’ (IV5, IV7).

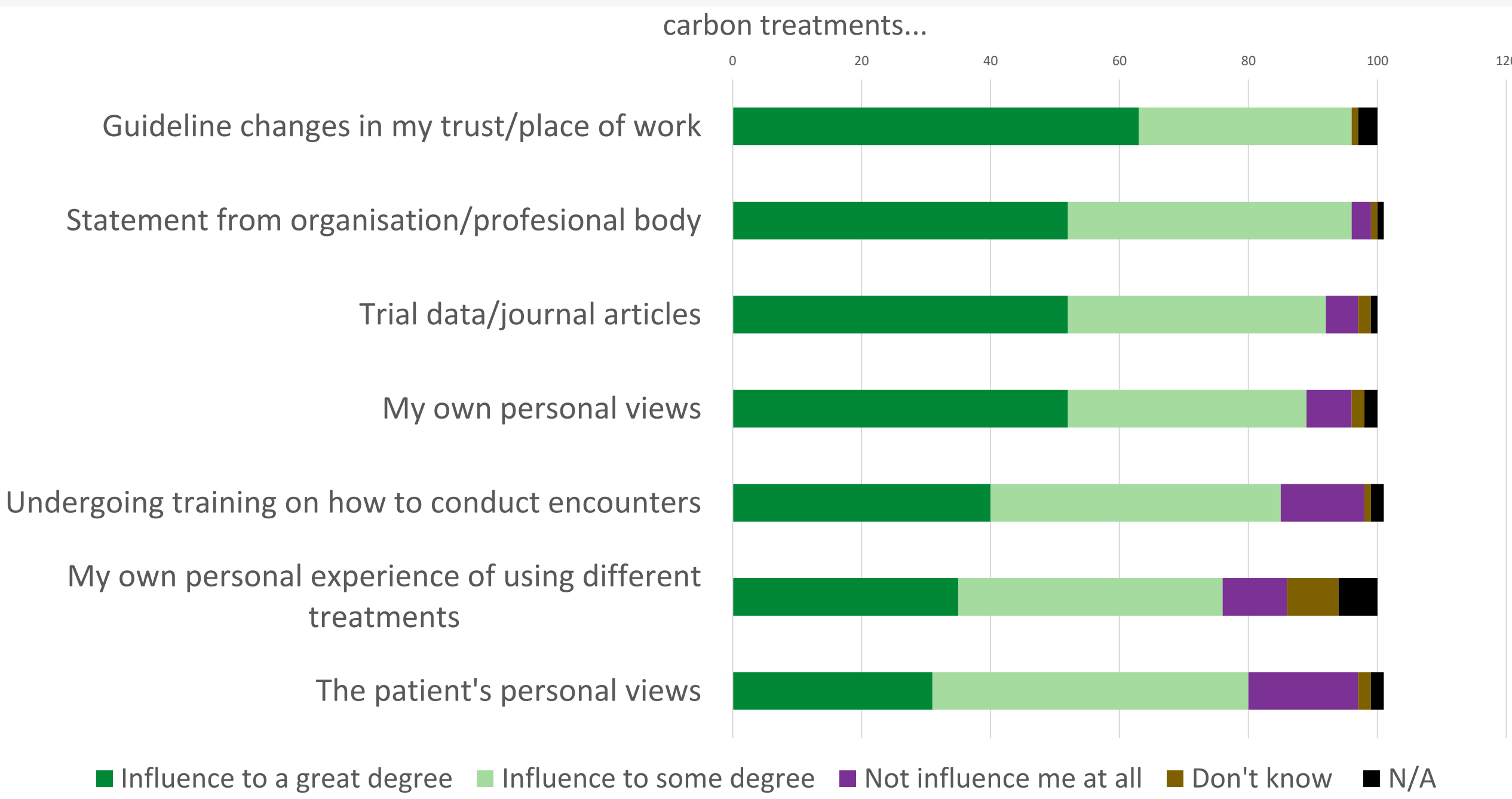


Figure 8: Barriers and enablers for introducing climate change into practice

Discussion and conclusion:

This study showed that many healthcare professionals in England are aware of climate change’s health impacts, but less of what is being done.

‘Top-down’ governmental action was thought the primary mechanism for policy introduction, although only in an organisation whose culture is receptive to the changes [3]. A ‘constellation of leadership’ that distributes responsibility among individuals can help policy be sustained longer term [4].

Colleagues as information sources reinforce the role of clinical leaders to facilitate conversations and initiatives in the workplace ‘from the bottom-up’

Professional organisations and specialty colleges are well placed to advise practice changes ‘from the sides’. This multi-directional tact is likened to an ‘ecosystem’ by Gruen [5]

So-called ‘non-clinical’ actions (recycling/waste and travel/transport) dominate the popular imagination, showcasing the merit of educating healthcare professions about how climate change policy will affect their clinical work. This, however, should be vary of worsening the ‘bureaucratic burden’ of workplace assessment and avoid it becoming a ‘chore’ [6], as well as ensuring the narrative doesn’t infer compromises of patient care.