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Introduction

In the last few years there has been a lot more talk about stress and mental health problems among NHS workers, and it is something that keeps coming up in different conversations. Many people who work in hospitals or community settings say that the job feels heavier than it used to, and sometimes they do not even recognise how much things have changed until they stop and think about it. There are days when everything is happening at once, phones ringing, patients asking for help, managers checking on things, and there is simply not enough staff to handle all of it calmly. Because of this, workers often feel tired, stressed or emotionally drained. The aim of this report is to look at the reasons behind this issue and explore what trustworthy sources say about it. Task 1 explains the topic and looks at several sources. Task 2 discusses two research methods. Task 3 focuses on primary and secondary data. The report ends with a conclusion and my personal reflection.

Task 1: Stress and Mental Health Among NHS Employees

The NHS has a wide range of job roles, like nurses, HCAs, doctors, cleaners, porters, receptionists and ward hostesses. Even if the work looks different, most people experience stress in some way. Some shifts are quiet, but others feel like everything happens at once. Stress has always existed in the NHS, but many workers say it feels worse now. Some say they feel like they never finish one task before another three tasks appear. Even small things like constant noise, alarms or short breaks add to the stress.

One big problem is the gap between the amount of work and the number of staff available. In many places, tasks that should be done by two or three people are done by one. This makes the shift rushed and sometimes not safe. Managers often want things done quickly and well, but sometimes they do not see how heavy the responsibility is. Looking after unwell or vulnerable patients is not only physical work; it affects emotions too. Some staff feel guilty when they cannot give enough time to each patient, even though it is not their fault.

Another issue is how emotionally draining the work can be. Many NHS workers deal with difficult situations, like supporting families, helping patients who are suffering, or dealing with unexpected emergencies. These moments stay with people. Workers often go home thinking about what happened at work. Some talk about lying awake at night, replaying situations in their mind. Even though they try not to, it still affects them.

Working conditions also add to stress. Many staff feel that the pay does not match the

responsibility. There are also worries about resources, equipment, or even simple things like having enough gloves or working machines. The COVID-19 pandemic made everything much harder. People had to care for very sick patients and many did not survive. Wearing PPE for long hours was uncomfortable and exhausting. Some workers still feel the impact today, and it shows how long-lasting stress can be.

Burnout has become more common. Burnout includes emotional tiredness, feeling mentally full, not sleeping well, losing motivation and sometimes feeling disconnected from work. Some people say they feel like they are running on “empty battery”. Stress can also affect patient care, because tired staff find it harder to concentrate or stay patient. Many workers care deeply about their job, so when stress affects their work, they feel even worse.

Another part of the problem is that workers often feel they cannot talk openly about their stress. Some feel embarrassed, others worry that managers might think they are not strong enough. This silence makes the situation worse because people try to hide their feelings until it becomes too much. Some workplaces are better and provide support, but not all. In some teams, workers support

each other, but in others, people feel alone with their problems.

Small things also make a difference. For example, when staff do not get proper breaks, or when they stay after their shift to finish tasks, stress builds up slowly. Many NHS workers say they want to help and do their job well, but the system makes it difficult. This creates frustration and emotional pressure. When this happens every day, it slowly becomes too much.

Task 2: Research Methodologies

In this project, I looked at quantitative and qualitative research. Quantitative research focuses on numbers and statistics. It can show how many workers report stress, how many sick days were taken, or how many departments are understaffed. Numbers help to show the size of the problem clearly. They are useful when comparing different years or different hospitals. But numbers alone do not explain how workers actually feel.

Qualitative research looks at personal experiences, feelings and opinions. It uses interviews, conversations, open questions and sometimes observations. This method helps to understand what NHS workers really go through every day. It shows the emotional side of the job, the pressure, the worries and the personal stories that numbers cannot describe. That is why qualitative research fits this topic better. Stress and mental health are personal issues and cannot be fully explained with statistics alone.

I also realised while working on this that both methods have value. Quantitative data shows the size of the issue, and qualitative data shows the human side. Combining both gives a clearer picture, but for my project, qualitative research is the main method that makes sense. I also learned that choosing the method depends on what kind of information is needed.

Task 3: Data Collection

There are two types of data: primary and secondary. Primary data means I would collect it myself, for example by interviewing NHS workers or giving them questionnaires. It can provide direct information from real people, which is useful. But it has challenges. Many workers may not feel comfortable talking about mental health or criticising their workplace. They might worry about being judged or about consequences. Collecting primary data also takes a lot of time, planning and ethical considerations.

Secondary data is information collected by someone else, like NHS Digital reports, research studies, articles and official statistics. It is faster and easier to use. I cannot control how it was collected, but for this topic, secondary data is the safest and most practical choice. It provides useful information like how many staff reported stress, how many sick days were taken for mental health reasons, and how the numbers changed over time. It also avoids putting pressure on real workers to share personal details.

Another reason to use secondary data is that mental health is a sensitive subject. It is better to rely on already collected information instead of asking people uncomfortable questions. I also found that secondary data gives a wider picture, because it comes from large groups of people, not just a few.

Conclusion

This report explored stress and mental health among NHS workers. The sources helped me understand how staff shortages, emotional pressure and heavy workloads affect people. Qualitative research fits this topic because it explains personal experiences. Secondary data was the safest choice because it is already collected and reliable. This project helped me understand the topic and also how research works in academic studies.

Reflection

Working on this project took more time than I expected. At the beginning, I was not sure how to organise everything and I felt a bit lost. Slowly, I started to understand what to include and how to structure the report. I had to read many sources and sometimes I was not sure which ones were useful. This made me learn how to compare information and decide what fits my topic.

I also realised how stressful NHS work can be. Before doing this, I only knew a bit from my own experience, but now I understand more about what people face every day. Writing this report helped me practise paraphrasing. Sometimes it was difficult to change sentences into my own words, but it improved with time.

The project also made me think about my future in health and social care. It showed me that this job is not only about tasks, but also about emotions and understanding people. I feel more confident about doing research for other assignments. I also feel that I learned skills that will help me in my studies and future career. This project showed me the importance of looking deeper into issues and not just reading the first thing I find.

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