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OPEN

A qualitative analysis of strategies for managing work-related stress among optometrists in the United Kingdom

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SIGNIFICANCE: Work-related stress is common in the optometry profession, yet there is limited research on how optometrists and organizations manage and mitigate these issues. This study explores strategies to reduce work-related stress and provides recommendations for individuals, employers, and the profession, to inform future support and guidance.

PURPOSE: To explore how optometrists self-manage work-related stress and to identify potential strategies that employers can implement to minimize stress and foster a supportive and positive work environment.

METHODS: This study was a qualitative analysis of 1284 responses from an online cross-sectional survey of optometrists registered with the General Optical Council in the United Kingdom during 2024. Content analysis was applied to responses to three different open questions covering work-related stress: what participants do to minimize stress in the workplace; what employers could do; and which aspects of their role participants find most enjoyable.

RESULTS: We identified four themes that describe personal strategies for managing work-related stress: (1) in-work approaches; (2) work-life balance strategies; (3) leisure and social support activities; and (4) personal and professional interventions. Three themes described actions employers could take: (1) clinical efficiency and workload management; (2) clinical-commercial business strategy; and (3) workplace culture and emotional well-being. In terms of their role, clinical and patient-related work was the most enjoyable. Many expressed a strong interest in professional development, with higher clinical qualifications, particularly in independent therapeutic prescribing, being the most aspirational form of self-development.

CONCLUSIONS: Addressing work-related stress requires a collaborative approach where individuals adopt personal coping strategies, and employers and the profession implement tailored, multifactorial interventions to mitigate systemic stressors. Such combined efforts are essential to foster supportive work environments, reduce stress across the workforce, and drive the systemic changes necessary to enhance professional well-being and patient care in optometry.

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The impact of work-related stress is significant, with cost estimations to society varying from €54 million up to €280 billion depending on the country.¹ The Health and Safety Executive, the British regulator for workplace health and safety, defines work-related stress as “the adverse reaction workers have to excessive pressures or demands placed on them,” identifying six key work design areas influencing stress: demand, control, support, relationships, role, and change.²

Healthcare professionals are particularly vulnerable to work-related stress, with studies reporting higher rates of psychological issues, including work-related stress, when compared with the general population.^{3–9} The Health and Social Work sector has been identified as the most stressful industry in the United Kingdom (UK),¹⁰ with around double the levels of stress-related sickness absence than the national average.⁴

Optometrists are not exempt from elevated work-related stress,¹¹ and higher levels of psychological distress compared with the general population have been reported among UK Optometrists.¹² In the 2024 General Optical Council (GOC) Registrant Workforce and Perceptions survey, 22% of the UK optometrist respondents (572 of 2594) reported taking a leave of absence from work due to stress in the preceding year.¹³ Risk factors included those early in their careers, younger females, and individuals living with a disability.^{11,13} In Australia, optometrists have reported that, while clinical freedom and people-related interactions enhance the enjoyable aspects of the role, significant stressors include high workload demands, retail and clinical expectations, and management tasks.^{11,14} Workload and time management issues were cited as the most common work-related challenges faced by UK newly qualified optometrists.¹³ The primary reasons optometrists cited for wanting to leave the profession include disillusionment, stress, burnout, and fatigue.¹³

Typically, interventions focus on individuals rather than organizational-level changes.¹⁵ Protective factors include work-life balance, workplace adjustments, and attention to mental

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health.¹¹ Best practice recommendations are combining both approaches with broader context-specific strategies that address the whole person.^{16–19} Well-being interventions, such as psychotherapies, mindfulness-based practices, and dedicated training packages, show promise in reducing stress among healthcare professionals.^{20–24} The significance of self-care, particularly during periods of elevated stress, has been explored.¹⁸ Family physicians (known as general practitioners in the UK) who engaged in self-care practices, such as physical activity, maintaining relationships, and work-related professional approaches, were less likely to experience stress than those who did not adopt these strategies.¹⁷

There is a paucity of research on how optometrists manage work-related stress, including their coping strategies, self-care approaches, and the role of employer interventions. The aim of this study was to address the gap in the evidence and provide actionable recommendations to support this professional group and inform future guidance.

METHODS

A cross-sectional survey of optometrists registered with the GOC, the regulator for optical professionals in the UK, was conducted between April and July 2024.

Respondents were required to be working in a patient-facing eye care role in the UK for at least 4 hours per week and were recruited through national optometry conferences, educational events, and email communications from professional organizations, optometry magazines, and word-of-mouth. Ethical approval (EC28194) was granted by the University of Bradford's Biomedical, Natural, Physical and Health Sciences Ethics Panel.

This study formed part of a broader investigation into mental health and well-being among UK optometrists. An online survey was administered via Microsoft Forms. Demographic characteristics, including age and gender, were gathered, along with work-related details, including scope of practice, primary work setting, and any additional responsibilities.

As part of this survey, respondents were invited to answer three open-ended questions.

1. Is there anything you do to minimize work-related stress? If so, what?
2. What could employers do to reduce work-related stress?
3. Is there anything you would enjoy doing more of in your role?

Open questions were used to enable respondents to provide richer, more detailed responses in their own words.

As part of the broader study, participants were also invited to complete validated measures of psychological distress,²⁵ depression,²⁶ anxiety,²⁷ and burnout.²⁸ Potential risk factors, such as lifestyle behaviors and work-related characteristics, were also explored. More details on the study methodology and mental health findings have been published elsewhere.¹²

Qualitative data for this study were analyzed using NVivo 12 (Denver, CO), and an inductive content analysis was undertaken to explore lived experiences and perspectives on workplace stress. Each open-ended question was analyzed separately as it examined stress management using a different approach. An optometrist (NR) and a psychologist (FF) independently coded the data using established methods.^{29,30} Responses were coded individually and grouped into categories, which were then organized into overarching themes and subthemes. These were subsequently refined through iterative comparison and collaborative review until a structure was identified that fully described the data in the most parsimonious way.

For example, responses such as swimming or cycling were initially coded as these specific activities and then grouped with others to form a subtheme of physical activities. These were distinct from codes describing nonphysical pursuits, such as reading, and from codes that described interpersonal support, such as spending time with family. Following discussions between coders to evaluate similarity and maintain conceptual distinction, these subthemes were eventually organized under the overarching theme leisure and social support activities.

Both the number of respondents to each question and the frequency of references coded under each theme and subtheme were reported to support a comprehensive interpretation of the data.

RESULTS

Data were analyzed for 1284 respondents who met the study eligibility criteria and answered at least one of the three open-ended questions (83% of the total sample). This represented 7% of the target population of practicing optometrists in the UK, based on data obtained from the GOC Register of Optometrists.³¹ Demographic details are shown in Table 1. The gender distribution (67% female, 32% male) is similar to the distribution of optometrists registered with the GOC (62% female, 38% male).³¹ The mean age of respondents was 37.7 (standard deviation: 11.6) years, and the average hours worked per week was 35.3 (standard deviation: 9.4) hours. Among the 1104 qualified optometrists, 25% were early career (qualified for less than 5 years), whereas 60% had been qualified for more than 10 years. An additional role was held by 42%.

Personal approaches to minimize work-related stress

Personal strategies to minimize work-related stress were reported by 1043 respondents. These coping strategies are organized into four main themes, each with three subthemes, as illustrated in Fig. 1. The frequency of each subtheme is shown in Fig. 2.

Theme 1: work–life balance strategies (210 mentions)

Various modifications to work routines and personal time were reported as achieving a healthier work–life balance and reducing workplace stress.

Adaptations to work pattern (101 mentions)

One common approach to managing stress involved changes to work schedules, such as reduced working hours, part-time arrangements, or flexible working. These adjustments enabled respondents to create a balance that better suited their personal and professional needs, while also accommodating other responsibilities and commitments.

“I cut down from full time to part time in the last 12 months due to burnout/anxiety.” “I work minimal hours because of pressures with childcare and the difficulty of getting regular locum days when I can get childcare.”
ID 1203, ID 218

Boundary management and work leave (64 mentions)

The importance of maintaining boundaries between work and personal time was emphasized, though respondents reported mixed success in achieving this. Strategies included being organized, better time management, and limiting access to work-related communications outside working hours. The motivational benefits of planning future activities during leave were also highlighted.

TABLE 1. Demographic information for respondents, N = 1284

Variable	Respondent number	Respondent percentage
Area		
England	876	68%
Scotland	174	14%
Wales	170	13%
Northern Ireland	64	5%
Gender		
Female	862	67%
Male	409	32%
Prefer not to say/nonbinary	13	1%
Job role		
Trainee optometrist	180	14%
Optometrist (Non-IP)	910	71%
IP optometrist	194	15%
Work setting		
Multiple	735	57%
Independent	263	20%
Hospital	97	8%
Locum	149	12%
Other	40	3%

Key: trainee optometrists who have obtained a degree in optometry and are working with patients under supervision. IP = independent prescriber; optometrists registered to prescribe therapeutic treatments.

“I finished all my admin before I went home, so I could switch off from work and it didn’t roll over into the next day.” “I established better boundaries, kept a strict balance of working and non-working days, and prevented work tasks from entering my home life.”

ID 1198, ID 280

“I avoided checking the work group chats on my days off.” “I avoided all work-related tasks within an hour of going to bed.” “Meditation, phone on sleep mode after 8pm.”

ID 50, ID 899, ID 22

Employment type and work settings (45 mentions)

Some associated specific work settings or employment types with lower stress levels. Self-employment offered flexibility and control but introduced challenges like unpredictability. Structured employment fostered closer relationships, while quieter settings were preferred by some. Practice ownership provided autonomy to reduce stress but came with an increased workload. There were both positive and negative responses regarding work environments.

“I locum to earn more money but it is more stressful going at times into unknown locations and the support from the teams can vary from location to location.” “I prefer to work in a practice with other optometrists so I can consult them should I need help with clinical decision making or to discuss how the day is going.”

ID 1817, ID 848

Theme 2: leisure and social support activities (422 mentions)

Recreational activities and social support outside of work provided relief from stress and helped maintain mental well-being. Some faced challenges scheduling these around work, whereas others successfully overcame this by integrating activities into their commute.

Physical activities (199 mentions)

The word exercise had 109 mentions, and popular examples of physical activities included running and walking (68), gym sessions (34), sports (10), cycling (8), and swimming (7).

“Walking the dogs helps to clear my head.” “Cycle to and from work for combination of mind clearing and physical fitness.”

ID 138, ID 7

Leisure activities (126 mentions)

Leisure activities included hobbies (33 mentions), holidays and travel (27), reading (23), music and podcasts (19), outdoor time (15), and arts and crafts (10).

“Listen to podcasts/music to switch off on commute home.” “I try to spend a significant amount of time outside when I can due to working in a windowless room.”

ID 610, ID 205

Social support networks (97 mentions)

Comments on social interactions with close relationships highlighted their crucial role as a dependable and trusted source of support. Time spent with friends, family, and partners offered emotional support, companionship, and welcome distractions from work pressures.

“Try to speak to friends/family about my emotions and allowing myself time and space whenever feeling stressed from work.” “Talk to a friend that’s in a similar situation so that I know I’m not alone.”

ID 621, ID 727

Theme 3: personal and professional interventions (255 mentions)

Psychological strategies and support utilized to positively influence behavior in managing work-related stress.

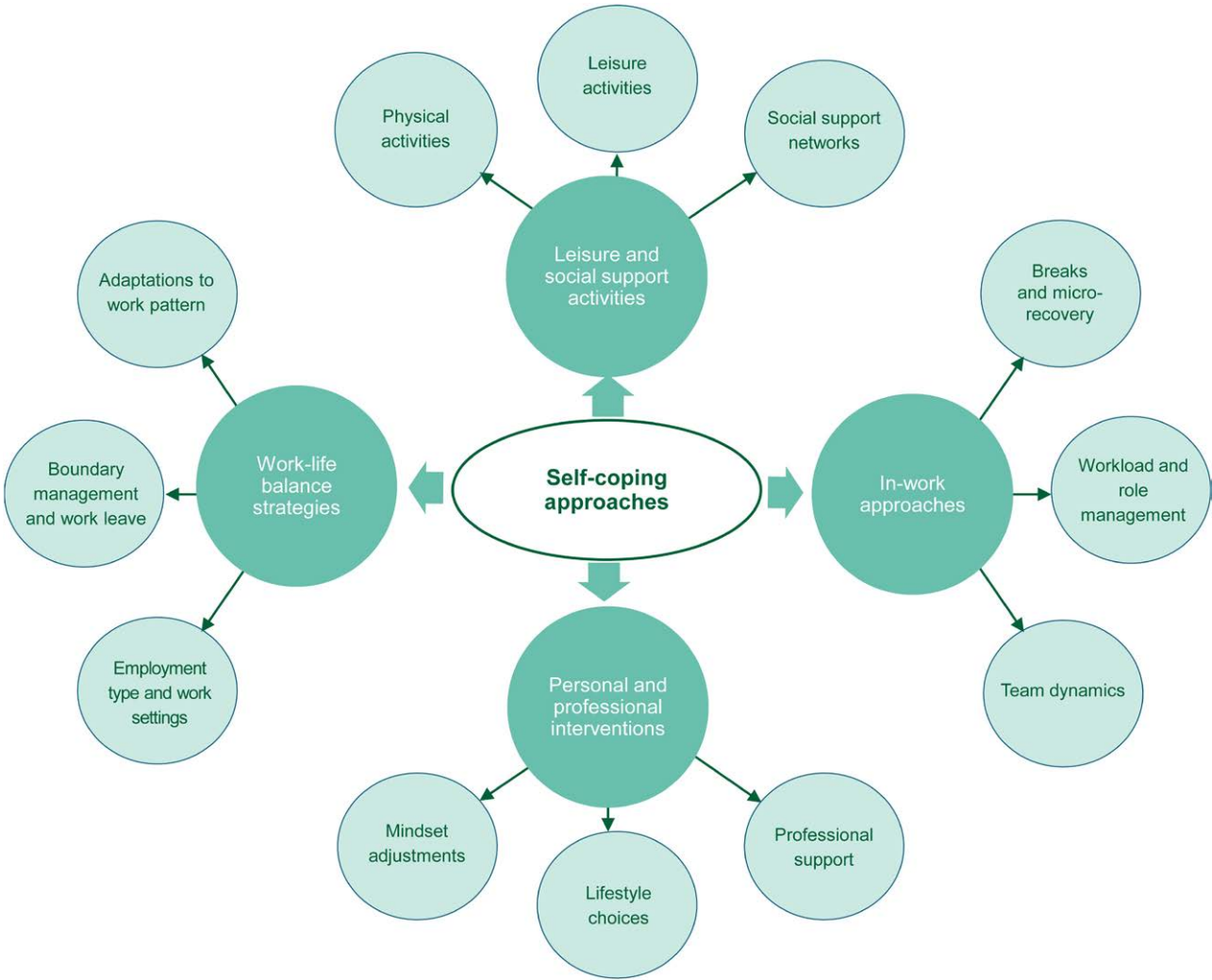


FIGURE 1. Personal approaches to minimize workplace stress.

Mindset adjustments (156 mentions)

Techniques such as meditation, yoga, breathing exercises, and setting aside personal time were discussed, which helped shift their perspective and foster a calmer, more positive mental state.

“I meditate when I feel stress building.” “Take time to breathe in a quiet space when stress gets too much.”
ID 205, ID 540

Lifestyle choices (62 mentions)

Various lifestyle choices were described, ranging from health-promoting behaviors like balanced nutrition, hydration, and adequate sleep to less favorable habits such as consuming sweets, chocolate, or alcohol. Some were particularly strict about healthy food and drink choices during work hours.

“Eat well, sleep well, avoid alcohol.” “Drink wine in the evenings (if the day has been particularly stressful).” “Very strict diet/hydration to get through the clinic.”
ID 141, ID 454, ID 597

Professional support (37 mentions)

Some respondents had accessed professional support such as therapy, counseling, medication, supplements, and mental health apps.

“Had counselling, take medication for work related anxiety.” “Currently speaking to a counselor through access to work.” “Use of headspace app.”
ID 16, ID 103, ID 77

Theme 4: in-work approaches (305 mentions)

Respondents described adopting strategies within the workplace to support an optimal environment and culture for stress reduction.

Breaks and microrecovery (57 mentions)

The need for scheduled breaks during the working day was acknowledged. While some respondents used this time to catch up on work to prevent stress from building up, others took the opportunity to step outside the workplace for a change of scenery. Some engaged in specific activities during lunch as a distraction and a means of staying calm.

“Going out in lunch break for a walk and fresh air.” “Meditation at lunchtime.” “At lunch I pray, go for a walk and stretch.”
ID 319, ID 127, ID 713

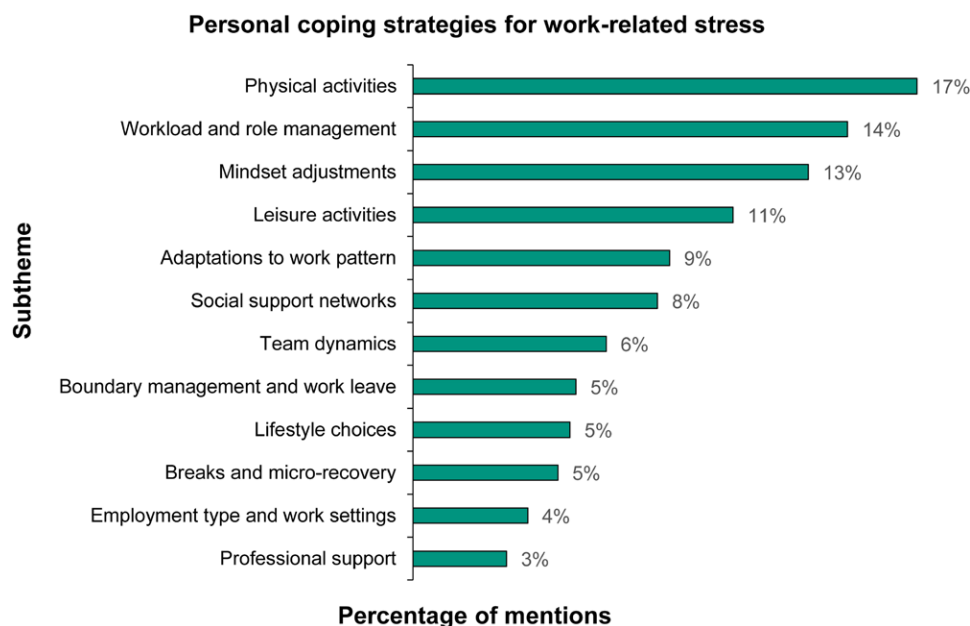


FIGURE 2. Personal coping approaches for work-related stress in order of popularity, n = 1192 mentions.

Workload and role management (172 mentions)

Respondents emphasized the importance of influencing or controlling operational aspects like clinic setup, schedule/appointment management, and performance targets to reduce stress. Strategies such as planning, allocating sufficient time for patient care, and working additional unpaid hours to manage tasks and alleviate pressure were cited, although some strategies remained aspirational and a work in progress.

“Try to take control of my own diary - main problem is being asked to do more and more but in the same diary time.” “Being prepared in advance, coming in early, looking at the clinic for the day to prep ahead.”

ID 74, ID 622

Team dynamics (76 mentions)

Strong team dynamics, characterized by supportive relationships and effective communication, were described as essential for fostering a collaborative, positive work environment. Respondents reported both positive and negative experiences with managerial relationships. Effective workload distribution, supported by adequate training for the whole team, was identified as a valuable strategy.

“I make time to listen to the people I work with, and in turn they really support me.” “I have a great relationship with my employer so I’m able to discuss any stress I’m experiencing and work towards solutions.” “Keep up good communication with the store team and patients if running behind and so all are up to date.”

ID 133, ID 759, ID 815

Employer interventions

The themes and subthemes developed from 1154 responses to the question of how employers can address work-related stress are presented in Fig. 3, with the frequency of subthemes shown in Fig. 4.

Theme 1: clinical efficiency and workload (618 mentions)

Optimizing clinical efficiency and effective workload management were reported to reduce work-related stress and enhance patient care.

Clinic management (158 mentions)

Aspects that contribute to elevated stress include unexpected additional clinical work, particularly when extra patients are added to an already busy clinic, poor scheduling, and a lack of communication when delays occur. Strategies to alleviate this include optimizing patient flow, managing patient expectations, ensuring patients are prepared and kept informed, and conducting regular diary reviews.

“Make sure pre-screening is done as efficiently as possible to help the clinic run as well as possible.” “Rolling clinics are very effective for our team.”

ID 308, ID 360

Patient-centered care (210 mentions)

The importance of prioritizing time with patients over non-clinical tasks to reduce stress was highlighted, with recommendations that appointment durations be tailored to individual patient needs rather than being standardized. Issues such as patients attending late for their appointment also interrupt the clinic flow and elevate stress levels.

“Adjust test times according to age.” “Allowing time for analysis of OCT/diagnostic tests (not just time to do the tests) and for communication.”

ID 140, ID 215

Administration and ergonomics (174 mentions)

Respondents stated that stress can be minimized by allocating dedicated time for administrative tasks and ensuring the provision of fit-for-purpose equipment and IT systems, as well as well-designed clinical environments.

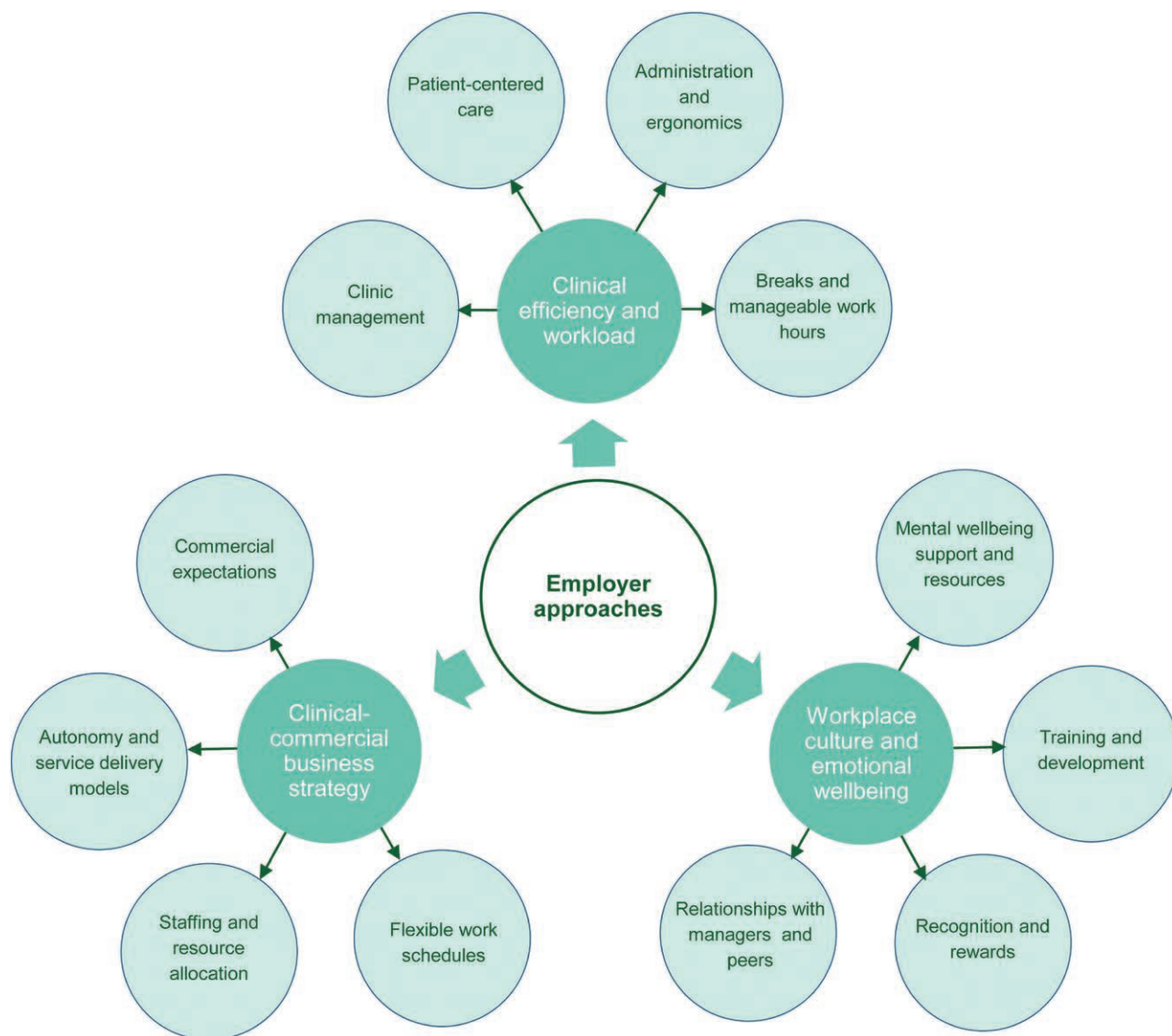


FIGURE 3. Recommended employer approaches to reduce workplace stress.

“Providing admin time to allow optometrists to catch up on the increasing levels of referral letters and other admin that are demanded by [Welsh General Ophthalmic Services] WGOS etc. schemes.” “I became a resident as when locum in some places the equipment was not great so that added extra stress. I would say invest in the right equipment and make sure it works.”
ID 213, ID 815

Breaks and manageable work hours (76 mentions)

The role of the employer in preventing work demands from encroaching on breaks and ensuring adherence to contracted working hours was highlighted. However, respondents acknowledged that breaks are often missed or shortened for various reasons.

“Ensuring regular breaks are long enough, especially with rise in extra paperwork etc. that needs to be done after appointments (referrals, [enhanced optical services] EOS reports etc.) that can eat into them.” “Protect clinicians’

time. Managers often work over lunch break and expect clinicians to do the same. To be the best for my patient I need to have had a mental break from patients. I think clinicians are bad at establishing these types of boundaries”
ID319, ID 350

Theme 2: clinical-commercial business strategy (542 mentions)

The balance between clinical and commercial priorities was discussed, with some identifying aspects of the current business model as contributing factors to workplace stress.

Commercial expectations (222 mentions)

Comments highlighted perceived retail biases from employers and unrealistic expectations that contribute to stressful workloads. Some attributed these issues to the nature of the industry, noting their prevalence across the entire profession.

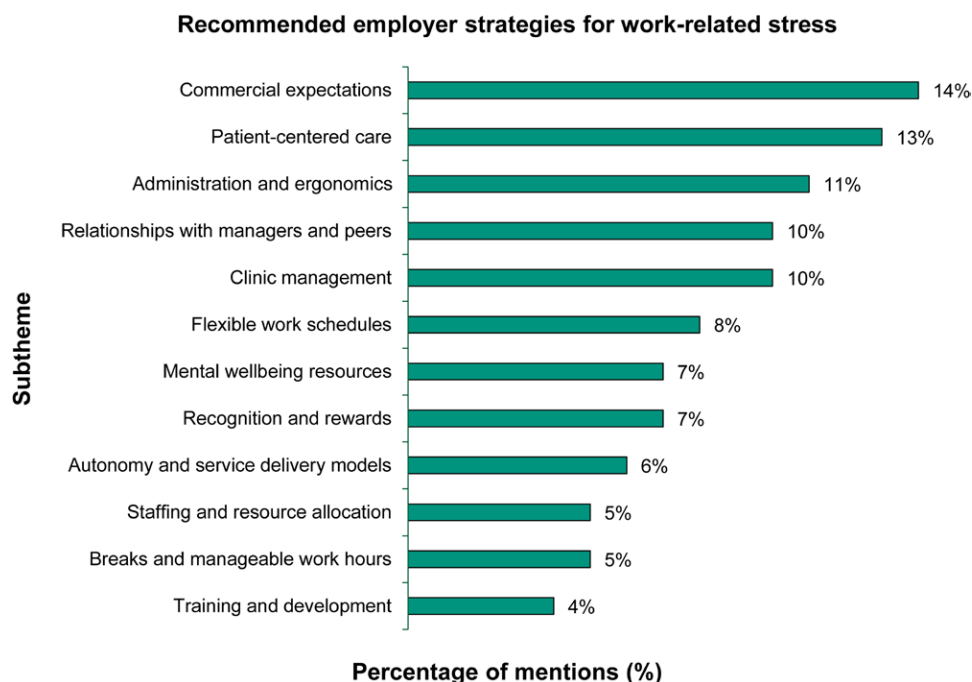


FIGURE 4. The percentage of respondents who recommended different employer approaches, n = 1623 mentions.

“Allow us to focus on the clinical side rather than the commercial side.” “Be realistic with how much each person can do, environment is very fast paced, and you can’t expect us not to make mistakes while rushing.”

ID 396, ID 626

Autonomy and service delivery models (109 mentions)

The value of being involved and consulted by employers in decision-making processes was described, and some suggested lobbying the sector to shift towards more service-based delivery models to reduce current work-related stressors.

“Clinical based fee system to reduce the need for high volume clinics. This would reduce patient load and allow time to perform the administrative duties associated with the evolving optometry scope of practice.” “Make changes based on feedback from shop floor staff rather than head office algorithms.”

ID 87, ID 768

Staffing and resource allocation (75 mentions)

Adequate staffing levels and not having to take on additional work when short-staffed people act as protectors against stress in the workplace. The value of expertise and a competent workforce was emphasized.

“Staffing is an issue nearly everywhere I go.” “More dispensing opticians.”

ID 52, ID 554

Flexible work schedules (136 mentions)

Respondents recommended that employers should consider offering flexible working arrangements, hybrid working (for nonclinical tasks), and streamlining holiday approval processes.

“Less stress for me would be more flexible working hours especially now that I have kids” “I used to work part time to manage work related stress but can no longer afford to do that.”

ID 201, ID 889

Theme 3: workplace culture and psychological well-being (463 mentions)

Key areas of the work environment, such as interpersonal dynamics, support systems, and opportunities for professional growth, were identified as important factors that employers could focus on to maintain a positive work culture.

Relationships with managers and peers (169 mentions)

Open communication, mutual respect, and regular meetings, daily huddles, or appraisals, with time dedicated to discussing well-being and any issues, were highlighted as key to creating strong working relationships.

“My work are good at discussing/listening to any issues and helping solve them.” “They could create an environment where we can talk to them candidly without any fear of repercussion or defensive.”

ID 343, ID 554

Recognition and rewards (107 mentions)

Comments highlighted the important role of acknowledgment and praise of achievements by the management team/ employer, as well as financial rewards.

“Pay more per additional qualification outside of routine tests e.g. [Primary Eyecare Acute Referral Service] PEARS/ [Minor Eye Conditions Service] MECS etc.” “Have more appreciation for achievements outside of monetary value.”

ID 5, ID 35

Training and development (72 mentions)

Investment in training for clinical skills, equipment, patient handling, and mental well-being support was emphasized, along with the importance of peer networks and team-building

initiatives. The benefits of training across all levels of the organization, relevant to job roles and approached holistically, were highlighted.

“Access to training on how to best work with patients.” “Offer training on how to minimize work stress.”
ID 303, ID 5

Mental well-being resources (115 mentions)

The importance of openly discussing mental well-being and providing dedicated time and resources to support it in the workplace was emphasized. Suggestions included well-being apps, team discussions, well-being champions, and dedicated activities. Some acknowledged the efforts employers had already made in this regard.

“Listen and hold work huddles where we can reflect and talk about how we feel and foresee any issues.” “My friends in a multiple have access to mental well-being support services through work and apps.”
ID 305, ID 262

Preferred aspects of the job role

The various aspects of their job roles that optometrists and pre-registration optometrists wished to engage with more frequently are summarized in Table 2. Clinical and patient-related work were the most enjoyable aspects of the role, and some felt there were no aspects they would change in terms of their work mix.

“Enrolling in glaucoma referral refinement schemes etc. I enjoy doing the EOS/ emergency appointments as they’re often interesting and different from the usual routine of sight tests.” “I love MECS appts and myopia management.”
ID 205, ID 240
“Don’t want to do anything more. Just want to be an optometrist simply and peacefully.” “No, my work is pretty well balanced.”
ID 99, ID 13

DISCUSSION

This study identified personal strategies and recommendations for employer-led initiatives to manage work-related stress among UK optometrists, categorized into four personal themes and three employer themes. Popular aspects of the role include clinical care, job variety, obtaining higher clinical qualifications, and

supporting others through supervision and teaching. The overlap between individual and organizational approaches highlights the importance of collaboration and tailored interventions to address optometry occupational stressors, such as regulated clinical work in a commercial environment. These findings align with recommendations from the National Health Service (NHS) case study findings for contextually appropriate organizational interventions.³²

Leisure and social activities emerged as the largest self-care theme, highlighting the importance of enjoyable pursuits and social connections in stress management.³³ However, time constraints often hindered participation. The most common individual approach was taking part in physical activities, particularly exercise (27%), consistent with findings among general practitioners.¹⁷ Promoting healthy behaviors, such as sleep hygiene education, aligns with evidence linking poor sleep quality and short duration to heightened stress.^{34,35}

Across the broader literature, well-being interventions such as psychotherapies and mindfulness-based practices have shown promise with healthcare professionals^{20–24} and in this study, positive engagement with well-being/mindfulness apps and services introduced to them by their employer was mentioned. However, the effectiveness of such interventions in general in the workplace has been recently questioned, particularly as they tend to focus on individual-level strategies without addressing underlying workplace conditions or the root cause.¹⁵ Our study did not quantify the effectiveness of such interventions.

Modern work environments, particularly those influenced by digital technology, pose challenges such as maintaining work–life balance and addressing “workplace telepressure,” that is, the perceived need to respond promptly to emails, which extends to outside working hours.^{36,37} Strategies like boundary-setting and work schedule adjustments were reported as beneficial in addressing these challenges. Work impinging on breaks is a trend noted across other healthcare professions, and encouraging social interaction during breaks has been shown to enhance well-being and reduce stress.³⁸ Requests for employer support in achieving work–life balance were commonly expressed, highlighting the importance of collaborative approaches.

A small number of respondents (3%) reported no self-care strategies, which is a similar percentage to that observed in general practitioners (5%), who have been found to experience greater distress without self-care.¹⁷ Targeted awareness campaigns promoting evidence-based self-care strategies, particularly for those at greater risk, may support mental well-being among optometrists.

Recognizing intrinsic job motivators and understanding what individuals find enjoyable and meaningful within their

TABLE 2. Aspects that optometrists and pre-registration optometrists would like to do more of in their role, n = 743 mentions

Preferred aspects of the job	Mentions	Percentage	Comment
Clinical and patient related	281	38%	More clinical work or specific aspects mentioned, such as independent prescribing (IP), enhanced optical services, dry eye clinics, contact lenses, and myopia management.
Variety and time	106	14%	Respondents mentioned variety or time for other aspects, but did not provide specific details. For example, “Mix of clinical and non-clinical work.”
Satisfaction with current responsibilities	102	14%	Those who described their work mix as balanced and enjoyable, or answered “No” or “Not sure.”
Supervision/teaching	91	12%	This included trainees, staff, and qualified professionals.
Further development	89	12%	The most common was to complete additional clinical qualifications through higher certificates, and the most cited was independent prescribing.
Management/director	74	10%	This also included a desire to take on such duties.

organizational culture are associated with lower stress levels, enhanced occupational well-being, and improved occupational functioning.³⁹⁻⁴¹ In this study, many optometrists expressed a preference for clinical and patient-facing work. Although these aspects are central to the profession, organizational constraints such as administrative tasks may limit opportunities to focus on them, engage in professional development, or take on additional responsibilities. Supporting alignment between optometrists' intrinsic motivation and expectations of their role may help to enhance job satisfaction, reduce work-related stress, and improve retention within the profession.¹⁶

Respondents also emphasized the importance of employer support in managing workloads and empowering autonomy, such as providing input into diary management and workload allocation. This aligns with the Job Demands-Control model, which suggests that stress arises from the interaction between job demands (e.g., an excessive workload or time pressure) and the level of control over their tasks (e.g., low autonomy over one's work).⁴² Our findings indicate that workloads should be regularly reviewed, with both the employee and manager having a clear understanding of their daily tasks and responsibilities.

The focus on workplace culture aligns with findings among NHS workers that poor workplace relationships and communication challenges are major stressors.⁴ This finding supports the Job Demands-Control-Support model,⁴³ which adds the mediating role of social support on reducing work-related stress to the original Job Demands-Control model. The request for training at all levels of the organizations and investment in resources from managers/employers are strongly associated with effective work-related stress management interventions.¹⁶

The Job Demand-Resources model⁴⁴ posits that work-related stress levels are influenced by the balance between job demands and resources. Relevant resource requests identified in this study were adequate staffing, ergonomic adjustments, and professional development opportunities. While introducing new workplace technologies can improve efficiencies, they require appropriate implementation, consideration of workload impact, and training to avoid inducing stress.³⁷ Concerns about lack of recognition, unrealistic expectations, and misaligned priorities align with the Effort-Reward Imbalance model, which links stress to perceived effort-reward disparities.⁴⁵

This study found that, for a subset of respondents, the perceived balance of factors in these various models was suboptimal, highlighting the need for systemic change, with an emphasis on dedicated support initiatives and training.

Implications for the profession

The dynamic nature of optometry necessitates regular workload appraisal and collaboration to manage the high demands consistently reported across workplace settings and among optometrists internationally.^{11,14} Balancing clinical, commercial, and patient responsibilities, alongside elevated stress levels associated with these demands, presents an occupational challenge for optometrists.^{11,13} Trends in the comments from participating optometrists indicate that work-related stress is a profession-wide issue, rather than confined to individual workplaces. Susceptibility linked to personality traits and demographic factors has been previously reported,⁴⁶ with younger, female, early career optometrists identified as more at risk of work-related stress.^{11,13} Importantly, unmanaged stress also poses a risk to patient care.⁴ Notably, the broader study found that 31% of optometrists with concerning psychological distress scores had not sought professional support, highlighting the need to raise

awareness about access to care and to develop tailored guidance for the profession.¹²

Employers have a critical role in mitigating work-related stress; however, broader systemic changes were also highlighted. Some UK individuals qualify for a government-funded NHS General Ophthalmic Services (GOS) eye examination, with a subset also able to claim a voucher contribution toward the cost of spectacles or contact lenses. Those not eligible for GOS are classified as private patients, with costs borne largely by individuals. In some job roles, there can be subsidization by employers. However, the fees reimbursed through GOS or charged for private eye care services are typically insufficient for optical practices to remain financially viable.⁴⁷ Consequently, many optical business models rely heavily on revenue from the sale of eyewear and optical products, leading to an increased focus on retail targets and patient throughput. This can be challenging to balance with clinical care. In hospital settings, optometrists face different but equally significant challenges, including capacity constraints and performance targets within the NHS.^{48,49} A transition toward a more service-led model of eye care would therefore require substantial reform of the GOS funding structure, including revised commissioning strategies and engagement with government bodies to address the avoidable financial pressures affecting the profession and for the benefit of public health.⁴⁷

In the literature, stress management training such as cognitive behavioral therapy, coping skills, and resilience content has been reported as an effective approach to decrease stress levels and increase job satisfaction.^{16,23} This presents an opportunity to introduce similar wellness and stress management programs in optometry.^{23,24,50} Although reductions in absence due to illness are a commonly reported benefit,¹⁷ a truly effective strategy requires a holistic approach that addresses the root cause of work-related stress.¹⁵ Empowering line managers through targeted training can help equip them with the skills to recognize signs of stress, respond appropriately, and foster positive working relationships across the team.¹⁶ Accordingly, investing in these initiatives may contribute to building a more resilient and healthier workforce, improving retention within the profession, and maintaining high standards of patient care.¹³

CONCLUSIONS

This study represents the first exploratory investigation into personal strategies and suggested employer-led initiatives for managing work-related stress among optometrists. The findings underscore the need for investment in multifaceted interventions to address both individual and workplace-specific stressors, alongside context-specific guidance. Collaborative approaches involving employers, employees, and professional organizations are crucial for the effective management of stress and well-being initiatives. Future strategies must be adaptable, evidence-based, and responsive to the profession's diverse and evolving needs. Most intervention studies focus on the short-term benefits of reducing work-related stress, highlighting the need for further research, particularly to assess their long-term impact.⁵¹

Limitations and future research

While this study offers valuable insights into work-related stress among optometrists, several methodological limitations should be noted. The open-response format encouraged honest and flexible reporting but captured only what individuals chose to disclose, which may have been influenced by what they viewed as realistic or achievable, rather than providing a comprehensive account of all coping strategies used.

Potential sources of bias were addressed in several ways. Responses were anonymized, and open-text questions were optional to reduce the risk of social desirability bias. Checks were performed for duplicate responses, and interpretive bias was minimized through independent coding and collaborative review by two researchers from different disciplinary backgrounds. Although the survey was open to all UK-based optometrists, there may have been a natural tendency for those with stronger views or more acute experiences to respond. However, a broad recruitment strategy was employed to maximize awareness and encourage wide participation across the profession. The demographic profile of respondents was comparable to that of the GOC register, suggesting reasonable representation of the wider profession and those in the wider study who did not provide open-text responses.

Although the study design enabled a broad exploration of work-related stress, it did not assess the severity of stress, evaluate the effectiveness of specific interventions, or compare experiences between those receiving and not receiving support. Differences across demographic groups were also not examined. These areas represent valuable opportunities for further exploration in future research. It would also be valuable to incorporate the perspectives of a broader range of stakeholders within the profession, particularly those in management and leadership roles. Investigating the views of managers may help identify potential disconnects between leadership and practicing optometrists in relation to workplace stressors. Such insights could uncover organizational and systemic barriers to implementing change, while informing the development of strategies to mitigate stress. In addition, longitudinal and mixed-method study designs incorporating thematic analysis are recommended to enhance understanding of the multifactorial nature of work-related stress and to assess the effectiveness and long-term sustainability of tailored interventions within the optometry workforce.

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