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# Managing stress, burnout and fatigue **in health and social care**

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## Who is this factsheet for?

Employers of health and social care workers.

This document highlights best practice pre COVID-19 and provides new information concerning what is a rapidly evolving situation. It was informed by a review of research, evidence-informed resources and tools offered by professional bodies, and a webinar involving experts on managing wellbeing in health and social care.

This document aims to:

- highlight the scale of mental health issues in the health and social care sectors
- identify the occupational, organisational, and individual risk factors for poor mental wellbeing
- raise awareness of the consequences of poor staff wellbeing for patient care, employers and the benefits for employers of taking action to provide additional support
- highlight existing interventions and tools to aid recovery and inform a roadmap for change
- identify the barriers to accessing support among health and social care staff.

## INTRODUCTION

- The demands experienced by health and social care staff generally increased during the current crisis, with the potential to impact on their health and retention<sup>1,2,3</sup>.
- Just over a third (34%) of respondents to the 2020 NHS staff survey indicated that their trust definitely takes positive action to support their wellbeing and a further 57% said they did so 'to some extent'<sup>4</sup>.
- The current shortfall of staff and the projected increase in demand from an ageing population<sup>5</sup> means that support is needed to improve the wellbeing of employees during the pandemic and beyond.
- A systemic, evidence-informed approach will not only benefit staff health and wellbeing, but also improve outcomes for patients and service users, with substantial financial savings for organisations<sup>6,7</sup>.

### Stress and burnout in healthcare workers

Work-related stress, anxiety, and depression is more prevalent among health and social care professionals than most other sectors<sup>8</sup>. The 2020 NHS staff survey<sup>4</sup> found that 44% of staff reported feeling unwell due to work-related stress in the previous year – a steady increase since 2016<sup>9</sup>. Reviews of the mental wellbeing of healthcare staff have also found the following<sup>9,10,11</sup>:

- Psychological distress: higher levels of distress (self-reported mental health problems, sleeping difficulties, and minor cognitive errors) than in the general working population.
- Burnout: the risk of emotional exhaustion is high, with younger staff more vulnerable.
- Post-traumatic stress: with some specialisations (e.g. emergency medicine) more susceptible<sup>12</sup>.
- Suicide: female staff, particularly nurses, are at 24% greater risk than the national average for women.
- Compassion fatigue: a condition characterised by emotional and physical exhaustion leading to difficulties in empathising or feeling compassion for others.
- The 'true' extent of difficulties may be underestimated due to a) the 'healthy worker effect'<sup>13</sup>, where people with serious health problems or who cannot cope will have left the profession; b) the stigma of disclosing mental health problems and fears about confidentiality.

*Work-related stress* is the adverse reaction a person has to excessive pressure or other types of demand placed upon them<sup>14</sup>.

*Burnout* is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It can cause physical and mental health problems, job dissatisfaction and lead to poorer quality of care, professional errors, absenteeism, and leaving intentions.

*Post-traumatic stress disorder* is a mental health condition caused by a traumatic experience. Symptoms include flashbacks, nightmares, feelings of anxiety and difficulty sleeping.

### "Stressful but rewarding..."

Although health and social care professionals are at risk of stress and burnout, many are highly satisfied, engaged, and enthusiastic<sup>9,10,11</sup>. Research conducted during the pandemic found that almost six out of ten healthcare staff reported 'good' wellbeing<sup>12</sup>. This can compensate for the challenges they face, provided demands are not excessive and sufficient resources are available.

The [Healthcare Professionals' Consensus Statement for Health and Work](#) recognises that 'good work' can give people a sense of fulfilment and purpose and have therapeutic benefits. A key principle is for healthcare professionals to recognise their own role in supporting healthy and safe working environments, looking after their own health and wellbeing and those of their colleagues.

## RISK FACTORS

Reviews of the mental wellbeing of healthcare professionals <sup>9,10,11</sup> have highlighted key risk factors.

- **Workload, autonomy, and leadership:** high demands and intensity; long hours with few breaks; short staffing; lack of control; poor management and poorly managed change.
- **Support and working relationships:** low support from managers; bullying and victimisation; lack of appreciation and respect; stigmatisation of help-seeking.
- **Training and development:** lack of opportunities for development and inadequate training.
- **Work-home interface:** work-life conflict; long shifts; little time for recovery.
- **Individual:** existing mental health problems; poor self-care; overcommitment; low resilience.
- **Inequalities:** although health and social care staff are ethnically diverse, ethnic minority staff are at greater risk of bullying and abuse and face more fitness to practise investigations <sup>15, 16</sup>.

### The implications of poor mental wellbeing

Over time, work-related stress and burnout can have serious consequences, with risks for <sup>9,10</sup>:

- **Health.** Chronic mental and physical health problems such as musculoskeletal conditions, unhealthy behaviours (often as poor diet, 'self-medication'); absenteeism and presenteeism.
- **Performance.** Impaired decision making; low engagement; poor team-working; more error-making; reduced patient care and satisfaction; risk of complaints and litigation.
- **Financial costs.** Work stress is believed to account for 30% of NHS absences, costing £300-£400m per year. The costs of presenteeism are considerably higher (see box R). Moreover, it is estimated that increasing engagement would save an average Trust £1.7m on annual agency staff costs and reduce sickness absence days by 2,000, saving a further £365,000<sup>9</sup>.

### Sickness presenteeism: working while unwell and not functioning to full capacity

Although sickness absenteeism is falling among UK workers, presenteeism is increasing<sup>17</sup>.

- It is particularly common among health and social care professionals, with surveys reporting around six out of ten staff had recently worked while sick<sup>4,9,10</sup>.
- In 2013, the annual cost of doctors' sick leave was estimated at £16.8M, whereas the cost of presenteeism was £25M<sup>9</sup>. This is likely to have increased in line with rising presenteeism.
- Health and social care staff work while sick for various reasons<sup>17</sup>, including high workload; low staffing; a sense of duty; reluctance to let colleagues down and concerns for their career.
- Presenteeism can lead to more serious mental and physical health problems and sickness absence and is especially risky during a pandemic<sup>17</sup>.
- It can also place others at risk, as the quality-of-care staff provide can be poorer and they are more likely to make errors, leading to adverse patient outcomes<sup>17</sup>.
- The need to prioritise strategies to tackle presenteeism among healthcare staff has been highlighted. [Guidance](#) on managing presenteeism during the COVID-19 crisis is available.

## COVID-19: THE ADDITIONAL CHALLENGES

High exposure to COVID-19 means that healthcare workers are at greater risk of being infected. They are seven times more likely to have severe symptoms as those with 'non-essential' jobs, with social care workers having a two-fold higher risk<sup>18</sup>. The pandemic has exacerbated existing challenges and widened inequalities, particularly among minority ethnic groups. The British Medical Association (BMA) is tracking the mental health of doctors during the pandemic<sup>1</sup>. In a recent wave:

- nearly six out of ten report *anxiety* or *depression*, with 46% reporting this is worsening
- 67% are experiencing more *fatigue and exhaustion* than usual
- The risk of *post-traumatic stress* rose, particularly in some areas (e.g. intensive care<sup>19</sup>).

### Moral injury

Moral injury is the distress resulting from actions (or inactions) that violate one's moral or ethical code<sup>20</sup>. The difficult decisions or actions that some staff have needed to take during the crisis can cause moral injury, which increases the risk of PTSD, anxiety, and depression. It is crucial to raise awareness of the risks of moral injury and encourage people to discuss their feelings.

Recommendations include making professional psychological support readily accessible and providing informal support by peers and managers. Staff also need to develop 'moral resilience' to recognise when their integrity is threatened, and the actions needed to support ethical practice<sup>21</sup>. [Guidance](#) is available.

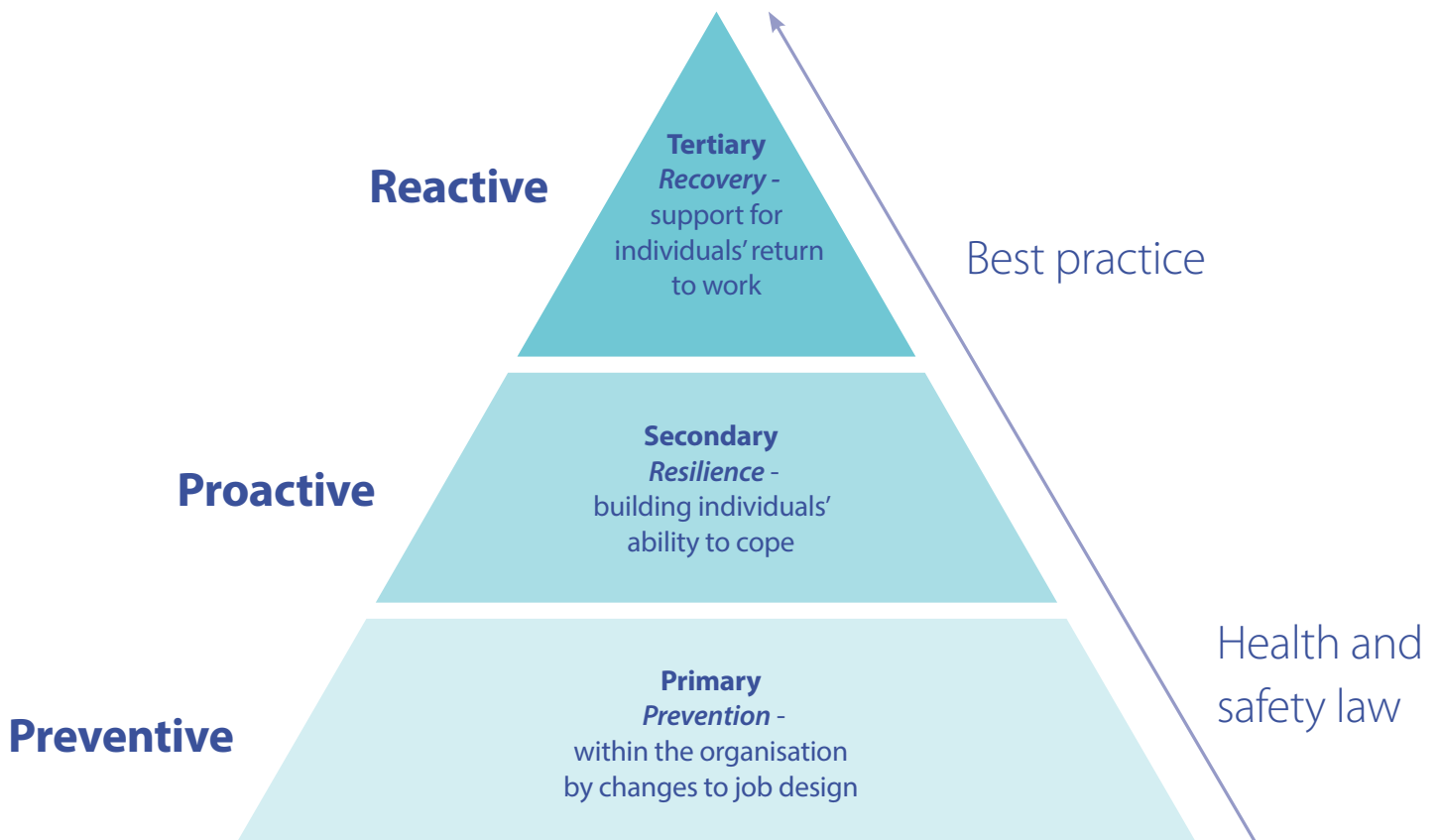
The NHS has implemented a [Pulse Survey](#) to track the wellbeing of staff during COVID, with 121 NHS employers registered and 41,183 staff responses across 12 waves of data collection (from June 2020)<sup>22</sup>.

- Throughout the pandemic, staff have generally felt well supported (64-71%) and well informed (80-85%).
- Feeling supported and informed leads to lower levels of anxiety.
- Staff report being more anxious about health of their immediate family (84.8%) and own health (58.1%).
- 62% of respondents in the most recent wave reported that their employer was proactively supporting their health and wellbeing.
- The level of anxiety felt by staff peaked in January 2021 (at 40.5%) but has subsequently reduced to 28.8%.
- The proportion of respondents reporting being able to balance their work and personal life in a way that works for them was at the lowest level in December 2020 (at 50%) but has since risen to 61.4%.

## WHAT CAN BE DONE?

The current crisis has intensified the pressure faced by health and social care professionals with serious implications for their wellbeing and the functioning of the organisations that employ them.

The level of support required by staff now and in years to come, particularly frontline workers, should not be underestimated. It is therefore a priority to provide staff with 'psychological PPE' by taking a strategic approach to support their physical, mental, and emotional wellbeing. Interventions are recommended at three levels:



**Primary interventions prevent stress from occurring.**

They are the most effective, but the least common as organisations may (mistakenly) see them as costly and disruptive. Options include:

- **A risk assessment approach.** This involves diagnosing the key psychosocial hazards in your organisation (for example, using the Health and Safety Management Standards [framework](#)) and using the findings to target interventions. Involving staff in shaping (or co-producing) interventions will optimise their relevance and acceptability. Creative approaches to facilitating employee involvement may be required when staff are unable to meet face-to-face, e.g. using virtual focus groups.
- **Training line managers.** Managers play a vital role in managing stress and supporting staff. A [toolkit](#) is available to help them assess whether they have the behaviours found to prevent and reduce stress and to support them in planning and implementing interventions. [Guidance](#) is also available on developing a strategy and selecting resources to improve mental health at work. [Guidance](#) on supporting the mental health of NHS staff for leaders, managers and champions is also available.
- **Guidance on self-care and remaining healthy at work.** Guidance is available [here](#). Toolkits are also available for employers on developing policies and guidance on [drugs, alcohol and tobacco, sleep and recovery](#) and [physical activity, healthy eating and weight management](#) to support the wellbeing and productivity of staff.

**Secondary interventions help people cope more effectively.** They are far more common than primary strategies but generally less effective, particularly at a group level.

- Initiatives include psychoeducation, mindfulness training, reflective groups, and guidance on self-care. Organisations such as the Points of Care Foundation provide [online opportunities](#) for health and social care professionals to share emotional and social responses to their work.
- [Toolkits](#) are available and charities such as [Samaritans](#) provide dedicated support. Industry-led projects, such as [Project Wingman](#), offer emotional and practical support to NHS staff.
- Professional bodies, such as the [British Medical Association](#), the [Royal College of General Practitioners](#), the [British Association of Social Workers](#), the [Royal College of Nursing](#), the [National Care Association](#) and [Unison](#), provide a range of resources, information, and guidance to support staff during the current crisis.

**Tertiary interventions support people back to work.** They seek to rehabilitate staff and adapt working conditions to individual needs.

- Interventions are generally implemented via occupational health. Guidance is available for [healthcare occupational health](#) on COVID-19 and a toolkit on [return to work](#).
- Support from [line managers](#) is particularly important when returning to work. Good communication and support while off sick, inclusive behaviour and team support on return, as well as sensitivity and knowledge of organisational procedures are crucial.
- Demand for occupational health services has understandably increased during the pandemic. The NHS is enhancing occupational health support to help staff stay well and in work, but the need for more training in managing mental health problems among the workforce has been identified<sup>10</sup>.



## SUPPORTING THE WELLBEING OF HEALTHCARE STAFF: NHS RESOURCES



The NHS has introduced a range of [resources](#) to support staff during the COVID-19 crisis including:

- a dedicated support service, including confidential support via phone and text message
- specialist bereavement support
- support for parents
- free access to mental health and wellbeing apps
- guidance on virtual pause spaces and 'me' spaces and managing energy levels
- promoting physical health and wellbeing via a partnership with Invictus games
- mental health resources and support, including for people affected by suicide
- guidance on financial wellbeing
- support for substance misuse and gambling
- a series of webinars providing a forum for support and conversation with experts
- group and one-to-one support, including specialist services to support ethnic minority staff
- specialist support for people working in primary care and social care
- coaching and mentoring support for managers and guidance to help them support their teams during the pandemic and beyond.

Other sources of [support](#) for NHS workers include:

- a health and wellbeing conversation with line managers to develop a personalised plan
- increased options for flexible working and guidance to help staff 'switch off' from work
- the introduction of "wellbeing guardians" at board level in all organisations to oversee health and wellbeing
- additional support for people with caring responsibilities
- a new quarterly survey to track morale and wellbeing.

Local organisations are also likely to have internal support offers available, such as Occupational Health and Wellbeing services and EAP services.

**Stigma and fear of being judged negatively by others** are important barriers to getting help for work-related stress, burnout, and mental health problems<sup>20</sup>.

A positive outcome of the pandemic may be that staff are more prepared to disclose their distress and mental health difficulties and take up support.

### Barriers to accessing support for health and wellbeing

From a recent survey of NHS staff<sup>22</sup>, the following barriers were identified:

- **Time:** not having/being given/feeling they do not have time to access support
- **Awareness:** not being aware of the national offer
- **Lack of trust:** feeling that accessing support would get back to their manager and be used against them
- **Feeling too tired or overwhelmed:** being unable to think about the support they need
- **Denial:** not wanting to admit they need help
- **Technical issues:** problems with IT/access/signing up for apps
- **Too much on offer:** The support available was overwhelming and unsure what support would be right for them
- **Not needing support:** not wishing to access support, as it is available elsewhere (e.g. from family or friends)
- **No barriers:** being comfortable accessing support for their health and wellbeing.

This information will help employers develop interventions to remove barriers to accessing support and encourage uptake.

The British Medical Association has implemented a charter<sup>23</sup> that can be used to provide a basis for positive change for all health and social care workers. The charter sets out the steps that employers should take.

- Provide a safe working environment and support the mental and physical health of the workforce.
- Monitor wellbeing services to ensure interventions are effective.
- Ensure that support is inclusive, accessible and meets the needs of users.
- Ensure that occupational health services are accessible to all and able to provide timely support.
- Enable access to appropriate treatment for staff presenting with significant mental health conditions.
- Actively encourage peer support and mentoring to ensure staff have a safe space for reflection.
- Making the process for taking sickness absence and returning to work as smooth as possible to reduce additional stress.
- Support staff who need to take time off or would like to work flexibly.
- Be proactive in preventing suicide of staff and supporting those who are bereaved.
- Tackle the stigma that continues to surround work-related stress and mental health conditions.

Finally, support should be available to all health and social care workers, no matter what role they play.

The support needs of health and social care professionals, such as doctors, nurses, and social workers, have taken centre stage before and during the pandemic. Little is known about the experiences of other frontline workers, particularly those in low paid and often precarious work who tend to have poorer health and have more time off sick<sup>24</sup>. Moreover, workplace wellbeing programmes are most often used by higher paid staff<sup>24</sup>, potentially worsening health inequalities. It is also likely that workplace interventions designed for one group (such as hospital consultants) will not be appropriate for others (such as cleaners and porters). Contract staff working alongside permanent employees may be unable to access the same support. Many are employed on zero hours contracts, have little training, and have been left largely to fend for themselves during the pandemic.

## FURTHER RESOURCES

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.15307>

<https://www.rcn.org.uk/get-help/member-support-services/peer-support-services/peer-support-covid-19>

<https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce>

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<https://www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf>

<https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf>

<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/from-wartime-to-peacetime-five-stages-for-healthcare-institutions-in-the-battle-against-covid-19#>

<https://www.mind.org.uk/information-support/coronavirus/going-into-work-during-coronavirus/>

<https://www.som.org.uk/som-and-partners-launch-free-toolkit-help-employers-create-safer-workplaces-returning-employees>

<https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf>

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Supporting occupational health  
and wellbeing professionals