Burn-out in the health workforce during the COVID-19 pandemic: opportunities for workplace and leadership approaches to improve well-being

Natasha Smallwood,1,2 Marie Bismark,3 Karen Willis4

ABSTRACT
Background Burn-out is a long-standing problem among healthcare workers (HCWs) and leads to poorer quality and less safe patient care, lower patient satisfaction, absenteeism and reduced workforce retention. Crises such as the pandemic not only generate new challenges but also intensify existing workplace stresses and chronic workforce shortages. As the COVID-19 pandemic continues, the global health workforce is burnt-out and under immense pressure, with multiple individual, organisational and healthcare system drivers.

Method In this article, we examine how key organisational and leadership approaches can facilitate mental health support for HCWs and identify strategies to support HCWs that are critical for supporting workforce well-being during the pandemic.

Results We identified 12 key approaches at the organisational and individual levels for healthcare leadership to support workforce well-being during the COVID-19 crisis. These approaches may inform leadership responses to future crises.

Conclusion Governments, healthcare organisations and leaders must invest and deliver long-term measures to value, support and retain the health workforce to preserve high-quality healthcare.

INTRODUCTION
As we continue to adapt to living with the COVID-19 pandemic and new variants of SARS-CoV-2, the global health workforce remains under immense pressure. With each wave of infection, healthcare workers (HCWs) have had to adapt to many challenges, including heavy workloads, new information, roles and work practices, new guidelines and policies, and immense social changes within health organisations and the broader community. It is unsurprising, therefore, that levels of burn-out are high and reports of wanting to leave the health profession abound in Australia and internationally.1–5 Now more than ever, it is crucial that we retain our existing, highly skilled HCWs, and incentivise training and recruitment of new staff to ensure a sustainable workforce for long term. Underpinning these aims, we urgently need new workplace and leadership approaches that focus on HCW well-being.

Drivers and consequences of burn-out
Burn-out is defined as a syndrome of depersonalisation, emotional exhaustion and a sense of low personal accomplishment leading to decreased effectiveness at work.6 Burn-out among HCWs is a long-standing issue and is well recognised to lead to poorer quality and less safe patient care, lower patient satisfaction, less professionalism, reduced work engagement and productivity, absenteeism and high workforce turnover.7–9 For affected individuals, repercussions include broken relationships, alcohol and substance abuse, depression and suicide.8 Many factors contribute to burn-out, including oppressive professional hierarchies,9 high workloads, inefficient work environments, poor work–life balance, lack of workplace flexibility, autonomy and control, loss of meaning in work, exposure to patient suffering and death, and experience with medical errors and malpractice suits.9

The Australian COVID-19 Frontline Healthcare Workers Study investigated the prevalence and severity of mental health symptoms among frontline HCWs during the first year of pandemic.10–13 To our knowledge, this was the largest (n=9518), national, multiprofessional study (including people from all healthcare roles in primary and secondary care) on this topic globally. Our research identified that burn-out was common, with 71% experiencing moderate to severe symptoms of emotional exhaustion and 37% experiencing moderate to severe depersonalisation.3 Additionally, moderate to severe symptoms of other mental illnesses were common, including post-traumatic stress disorder (41%), anxiety (28%) and depression (28%).3 Concerningly, 1 in 10 Australian HCWs reported occasional or frequent thoughts of suicide or self-harm during the pandemic.4 Despite HCWs recognising they were experiencing mental health symptoms, engagement with existing psychological support services was low.12 Only 1 in 5 HCWs sought help from a doctor or psychologist and fewer than 1 in 10 used an employee or professional support programme for mental health symptoms; three-quarters used no formal support at all.13 Importantly, similar findings have been reported among HCWs internationally during the pandemic.2,4

Factors associated with burn-out during the pandemic have been identified at the individual, organisational and broader healthcare system levels. HCWs who were women, younger and those with pre-existing mental illnesses were more at risk of burn-out.1–3,6–16 Organisational-level factors associated with burn-out included: exposure to patients with COVID-19, working in emergency departments, inadequate staffing, lack of resources or training and communications or support from healthcare organisations that were perceived to be untimely or unhelpful.3–5,13 Furthermore, disruptions to the healthcare system broadly have universally affected HCWs. Intermittent surges in healthcare demand combined with frequent
furloughing of staff and the reduced inflow of international workers have necessitated increased hours, role changes and redeployment for some HCWs, while others have faced job insecurity and income stress due to the cancellation of ‘non-essential’ healthcare procedures. At a broader health system level, the pandemic has exacerbated structural and intersectional systems of discrimination, with women, lower-wage HCWs (such as aged care workers) and migrant workers being disproportionately affected.

Another major issue described by many HCWs was moral distress. This occurs when HCWs are unable to provide high-quality, patient care consistent with their values and training, for example, due to high demands, resource scarcity, deferment or cancellation of usual care or restrictions preventing families from visiting dying loved ones. Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes. Delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.

Investing in workforce well-being

While crises such as the pandemic generate many new challenges, crises also highlight the day-to-day ‘cracks in the system’ by intensifying existing workplace stresses and chronic workforce shortages. Over 2021 and 2022, some Australian State and Federal governments introduced short-term payment initiatives for HCWs, students and aged care staff to facilitate workforce retention and attract overseas-trained health professionals. While being adequately paid is crucial, administrative issues, delayed payments and incentives excluding HCWs in community settings have led to criticism of these schemes.24 25 Such conditions create many challenges and are generally not easy to resolve. Moral distress is important for many reasons, but not least because it is linked to burn-out and loss of job satisfaction and may occur in workforces with high levels of resilience. The notion of moral distress is helpful, as it shifts the locus of the responsibility away from the individual, to the harms caused by complex systemic factors, which require HCWs to act in ways that are contrary to their personal and professional values.
Box 1 Approaches to support workforce well-being during the pandemic

Organisational and leadership approaches
Produce authentic visible leadership
⇒ Be present in clinical areas.
⇒ Act in a timely and decisive manner.
⇒ Be approachable and respond to staff needs.
Ensure a safe working environment
⇒ Protect physical safety through appropriate equipment, resources and training.
⇒ Foster psychological safety by establishing it as a core organisational value and priority.
Ensure clear bidirectional communication
⇒ Offer timely, focused and concise information.
⇒ Recognise staff expertise and seek their input.
⇒ Actively listen and act on insights from healthcare workers (HCWs).
⇒ Avoid frequent changes to guidelines unless needed.
Address common causes of moral distress
⇒ Engage family and friends as members of the care team, avoiding blanket visitor restrictions.
⇒ Support upstream prevention efforts to help avoid overburdening the healthcare system.
Actively value all healthcare workers
⇒ Care about all staff as individuals.
⇒ Actively acknowledge the work of staff, including those in less visible roles such as night shift workers.
Foster a positive workplace culture
⇒ Promote civility, empathy, respect and kindness.
⇒ Actively address bullying and discrimination.
Facilitate teamwork and connection
⇒ Foster safe interpersonal connections and camaraderie.
⇒ Strengthen relationships between disciplines, and between primary and secondary care.
⇒ Recognise the benefits of shared spaces such as tea rooms.

Supporting individuals
Deliver active workplace well-being programmes
⇒ Invest in well-being, programmes, personnel and resources.
⇒ Offer peer support programmes or debriefing programmes.
⇒ Provide psychologists on-site for HCWs.
⇒ Codesign support programmes locally in consultation with HCWs.
⇒ Ensure programmes and resources are universally accessible.
⇒ Destigmatise mental illness.
Provide active training programmes
⇒ Use simulation-based training to prepare for crises.
⇒ Offer training in leadership and management.
Avoid excessive individual disruption
⇒ Avoid multiple work role changes for individuals.
⇒ Avoid multiple periods of redeployment for individuals.
Offer flexible work conditions
⇒ Understand and meet the needs of HCWs with carer responsibilities.
⇒ Support requests for part time work, annual leave and sick leave.
⇒ Provide cover for absent staff.
Ensure appropriate remuneration and consider appropriate incentives
⇒ Regularly review data on gender pay gaps.
⇒ Advocate for improved funding for underpaid HCWs including aged care workers and general practitioners.

programmes may not align with the preferences or needs of HCWs. Healthcare organisations have a key opportunity to learn from the pandemic and co-design new, authentic well-being programmes with HCWs that they actually want and will use. Importantly, some HCWs are more at risk of burn-out and mental illness than others, so targeted well-being programmes designed towards the preferred psychological approaches and coping styles of those groups may help to improve acceptability, reach and effectiveness.

CONCLUSION
As the COVID-19 pandemic evolves, we are facing the biggest crisis in modern healthcare: the loss of our highly skilled health workforce through burn-out and mental illness. It is no longer optional to act. Governments, healthcare organisations and leaders must invest and deliver long-term measures to value, support and retain the health workforce to preserve high-quality healthcare.

Acknowledgements We gratefully acknowledge and thank the Royal Melbourne Hospital Foundation and the Lord Mayor’s Charitable Foundation for financial support for this research.

Contributors NS, MB, KW: Conceptualisation, investigation, writing—original and review and supervision.

Funding The Royal Melbourne Hospital Foundation and the Lord Mayor’s Charitable Foundation kindly provided financial support for this research.

Competing interests None declared.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data sharing not applicable as no datasets generated and/or analysed for this study.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

REFERENCES
10 Legha RK, Martinek N. White supremacy culture and the assimilation trauma of medical training: ungaslighting the physician burnout discourse. PsyArXiv (Preprint) 2022.