



Overloaded and overwhelmed: clinicians' daily plight

The tale of exhaustion

Healthcare systems: complexity and challenges

Healthcare systems, all around the globe, are facing unprecedented challenges, some of which are driven by longer life expectancy. Australia, like most high-income countries, has a large and growing elderly population with almost 15% of the population 65 years and over, which is associated with increases in chronic diseases. Further challenges include technological changes requiring adaptation, mismatches between the supply of healthcare staff and patients' demands, an increase in the number of regulations and protocols, and budget restrictions. The "thunderbolt" of the COVID-19 pandemic – a critical healthcare issue that put tremendous strain on healthcare systems – demonstrated the speed at which infections could spread across the globe. This caused healthcare organisations to urgently organise their workplaces and immediately adapt to new ways of working to ensure a continuity of care during a tense and uncertain time.

Intense commitment

Healthcare professions are deemed to be demanding and stressful, with serious consequences if inaccurate decision-making impacts patient care. Commitment and empathy are considered the main qualities of positive work behaviour among health workers and are vital for healthcare organisations due to their correlation with the quality and safety of patient care and the patient-clinician relationship.

Nurses and doctors are affected by a variety of stressors in their workplaces because of their responsibility to provide the best treatment and service to patients.

Intense personal commitment to maintain the quality of healthcare following the adage "primum non nocere", scarcity of resources, immense strain, never-ending working hours, loads of red tape and tremendous admin burden generate extreme fatigue in healthcare professionals all around the globe.

Cumulative exhaustion and increased overload cause burnout

In his original 1974 article, the psychiatrist Herbert Freudenberger describes the state of being burned out as "becoming exhausted by making excessive demands on energy, strength, or resources in the workplace" (Freudenberger, 1974, p. 159). Far worse than usual fatigue, burnout makes it challenging for healthcare teams to handle day-to-day responsibilities which is amplified during a pandemic such as COVID-19, resulting in dissatisfaction, poor quality of care and potential errors that can have serious implications.

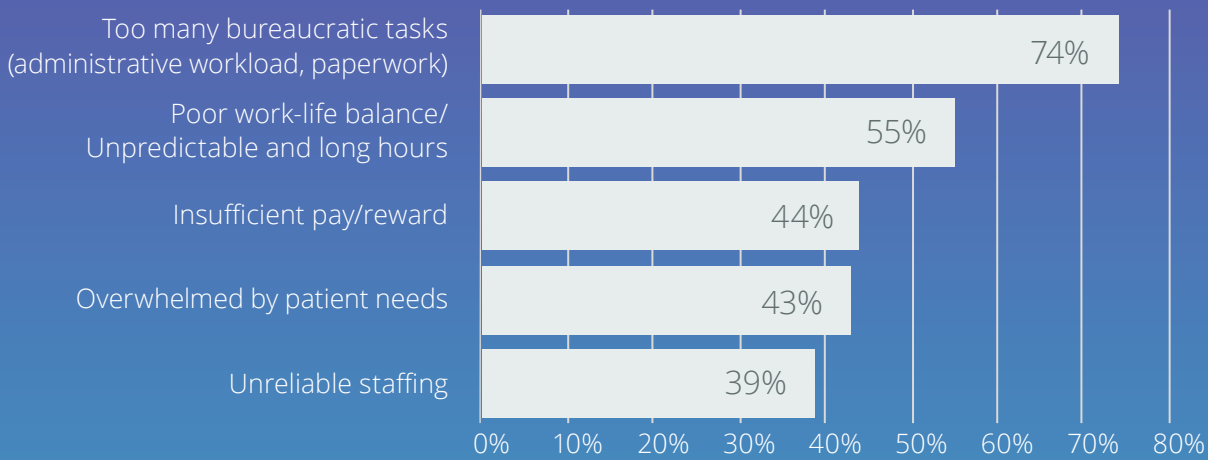
[WHO](#) declared burnout as an occupational phenomenon in the International Classification of Diseases 11th revision (ICD-11), recognising burnout as a serious health issue. "Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

Frustration, fear, uncertainty, stress and work overload go hand-in-hand with exhaustion. Clinicians (doctors and nurses) are experiencing severe tiredness with serious consequences for themselves, for the patients, for their colleagues and for healthcare organisations, whatever their size.

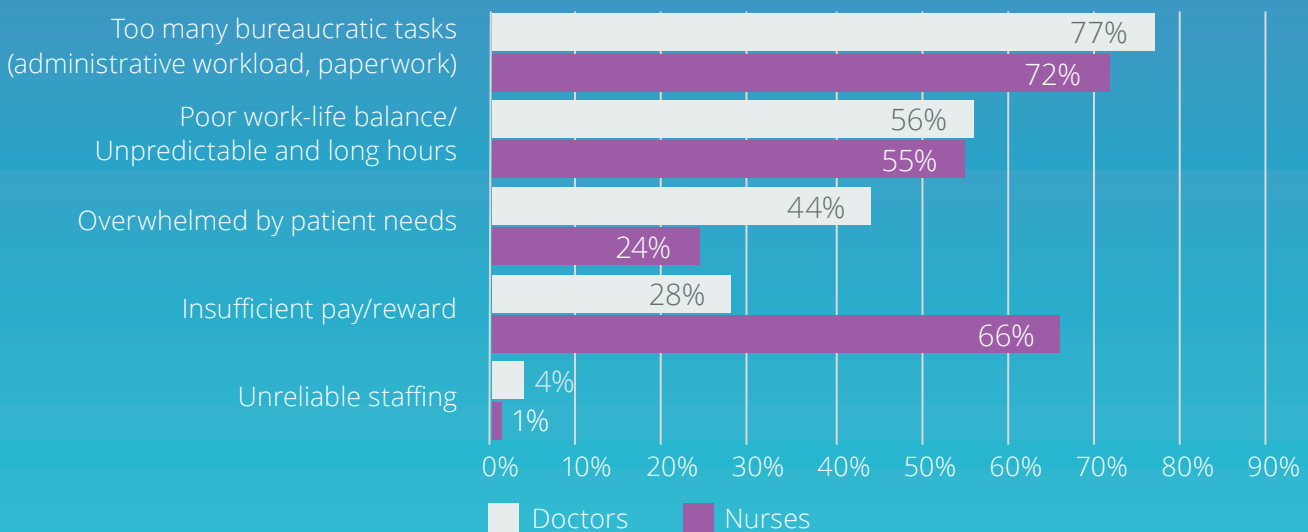
Healthcare professionals tread the razor's edge

The phenomenon of overload and exhaustion, recognised in several countries as a moral injury, worsens as the health situation deteriorates, the burden of administrative tasks increases and the working hours never end.

The 2021 study conducted by HIMSS and Nuance Communications in Australia and Europe (Belgium, Denmark, Finland, France, Germany, the Netherlands, Norway, and Sweden) shows that 74% of surveyed clinicians consider administrative overload to be the major contributor to exhaustion.



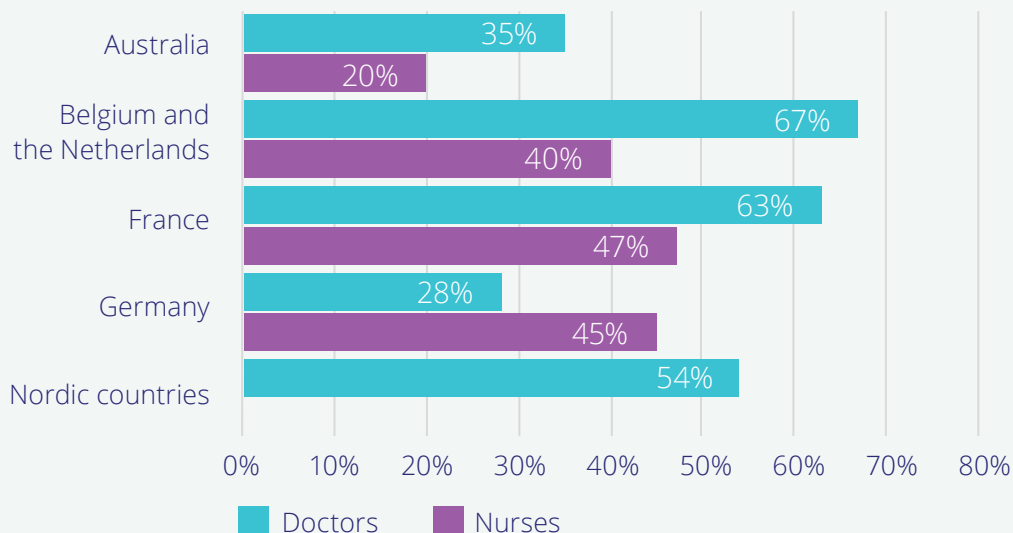
This recurring problem is followed by the endless working hours of the doctors and nurses surveyed, affecting their work-life balance.



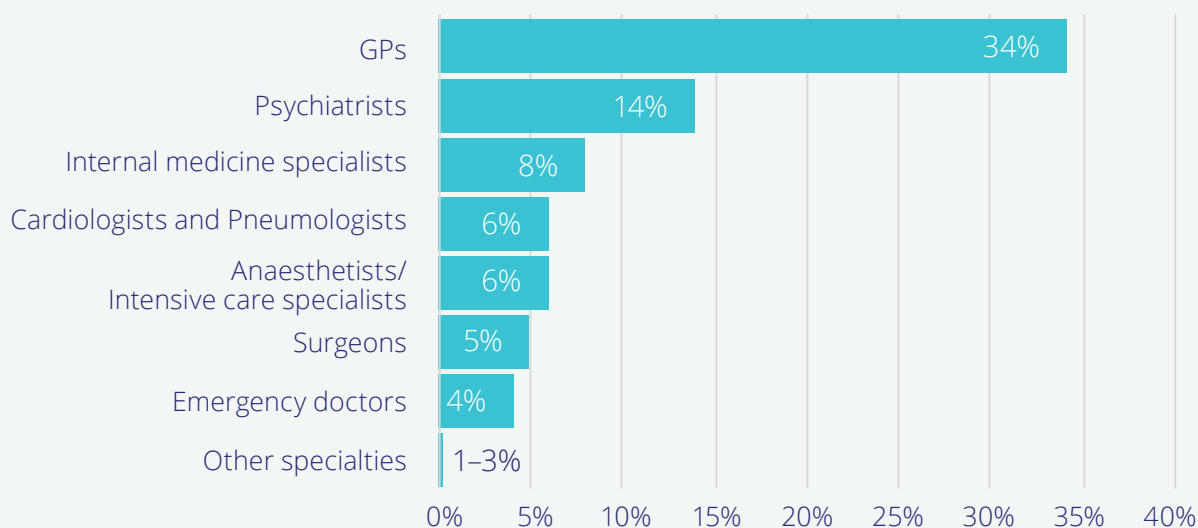
Clinicians' overload

Long working hours* differ by role as well as by region/country. As working hours rise, so does clinicians' overload.

*over 40hrs p/week



Doctors who participated in the study were mostly general practitioners (34%), followed by psychiatrists (14%), internal medicine specialists (8%), anaesthetists/ intensive care specialists (6%), cardiologists and pneumologists (6%), surgeons (5%) and emergency doctors (4%). Other specialties include radiology, oncology, haematology, geriatrics, infectious diseases, etc. which represent between 1% and 3%.



“There are so many expectations of clinicians now - mandatory updates, skills training, all this outside of the usual work hours.”

— Janette Gogler, Chief Nursing and Midwifery Officer
Monash Health, Australia

A longer workday means more stress

Delving further, the study found that 45% of surveyed GPs in Australia and Europe far exceed 40 hours work per week. This practice is also common among surveyed doctors working in mental health hospitals, public and private healthcare organisations in these regions. 51% of them work more than 40 hours a week, while 28% work more than 50 hours per week. A longer workday means more stress and exhaustion, and potential risk of errors.

Like with drinking, exhausted neurons respond more slowly, take longer and send weaker signals.

As reported in a 2021 global [study](#), nearly four in five Australians working from home suffered from burnout last year. The excessive workloads and high expectations that many professionals find themselves facing at work are factors contributing to [burnout](#). Being overloaded and regularly pushed to perform at a level past the ability to cope, inexorably leads to burnout.

According to an article published late 2019 in the [Sydney Morning Herald](#), two-thirds of junior doctors working in NSW hospitals are so exhausted, they're worried they'll make a medical mistake that could potentially harm their patients or come to harm themselves. A cross-sectional [survey](#) about working hours, common mental disorder and suicidal ideation among junior doctors (JDs) in Australia shows that around one in four JDs are working long hours that are associated with a doubling of their risk of common mental health problems and suicidal ideation. Clinicians were [suffering](#) in secret, afraid of seeking help in Australia.

“Stress in health care has always been an issue. I am reflecting on the doctor suicides over the decades I have been in health. Work isn't a fun place anymore.”

— Janette Gogler, Chief Nursing and Midwifery Officer
Monash Health, Australia

Higher risk of fatigue

As indicated by the RACGP's benchmark report, [General practice: Health of the nation 2017](#), 46% of GPs work 40 hours or more a week, with 7% working more than 60 hours. GPs reported high levels of job satisfaction, but their working hours – along with remuneration and appreciation – proved a top area of concern. 64% cited the difficulty in maintaining work-life balance as the key challenge when running a practice.

Doctors' mental health and longevity in the workforce are major concerns for the maintenance of a high-functioning Australian health system. Beyond blue's National Mental Health Survey of doctors and medical students highlighted "consistently high rates of suicide, depression, anxiety disorders, substance use and self-prescribing in the profession". Unsafe hours put doctors at "[significant and higher risk of fatigue \[that can\] impair performance, and affect the health of the doctor and the safety of the patient](#)".

Nurses are also at high risk of developing symptoms of burnout due to the challenges the [workforce](#) is facing.

Epidemiological worldwide studies have shown that the negative effects of long working hours increase the risks of cardiovascular diseases, chronic fatigue, stress, depressive state, anxiety, sleep quality, all-cause mortality, alcohol use and smoking and self-perceived health, mental health status, etc.

During the COVID-19 pandemic, Australian healthcare workers self-reported [moderate-to-severe](#) symptoms of depression (21%), anxiety (20%) and PTSD (29%). [Healthcare professionals](#) are facing unprecedented circumstances and pressure during the COVID-19 outbreak. This can take a toll on mental health. Many have considered either retiring, quitting their jobs, or changing their careers altogether, while the same number say that their mental health has deteriorated.

Time is lacking

Over the past years, however, the pressure of time has greatly increased, in both breadth and range. Clinicians lack the time to care for their patients. In the current practice environment, they face mounting demands and new constraints.

The average GP consultation time was just under [15 minutes](#) in Australia. The doctor listens, examines, diagnoses, explains and advises while completing a multitude of administrative tasks and COVID-19 procedures. Focus inevitably shifts to the device rather than the patient, as clinicians scroll and hunt through screens in all the various clinical information systems, navigate pull down menus and check boxes, and labour over their typing.



GPs reported high levels of job satisfaction, but their working hours – along with remuneration and appreciation – proved a top area of concern.

“Evaluate the usability of the clinical information systems, enhance mobile technology so staff aren't tied to computers.”

— Janette Gogler
Chief Nursing & Midwifery
Officer, Monash Health

50%

Doctors and nurses spend 50% or more of their day on clinical documentation processes.

The heavy documentation load

Doctors practising in hospitals and clinics also have interventions, procedures, visits, ward rounds and staff meetings to deal with daily. During these tasks, medical practices, clinics and hospitals must document clinical data to be registered into the electronic medical record (EMR), health/medical application or traceability tool to be transmitted and shared with other healthcare providers through the my Health Record or other healthcare system and/or to be delivered to the patient.

68% of clinical documentation is narrative and difficult to capture in the standard templates and click boxes of an EMR. An Australian [qualitative investigation](#) says that the documentation practices of clinicians are complex, causing duplication and redundancy. Completing the medical record requires even more time, which doctors are already lacking. The heavy documentation load also poses a risk to a valued doctor-patient relationship.

Supporting the care relationship, monitoring patients' health status, assessing, supervising, and coordinating nursing and health services are the daily activities of nurses. In addition, recording the details of the nursing tasks performed in retrospect, is necessary to ensure continuity of care and clinical data transmissions. As they still have few mobile devices to manage their nursing records, 64% of nurses enter the info whenever they have a moment during the working day.

Clinicians' work has changed radically in recent years, at least in part due to computerisation. Adaptation is a necessity and skills have been extended to new technologies which should normally facilitate the daily work of healthcare professionals and refocus them on what matters most, care for their patients. However, for every hour spent with a patient, 2 hours of [desk work](#) are needed to fill in the documents in the EMR or any other health application. Doctors and nurses spend [50%](#) or more of their day on clinical documentation processes. Added to this is the time spent searching for information when it is most needed.

“Interoperability between systems would be an efficiency saver for clinicians, a patient safety enhancement, but AI has a great place in remote monitoring of patients etc.”

— Janette Gogler, Chief Nursing and Midwifery Officer
Monash Health, Australia

Clinicians' overload

Real-time data

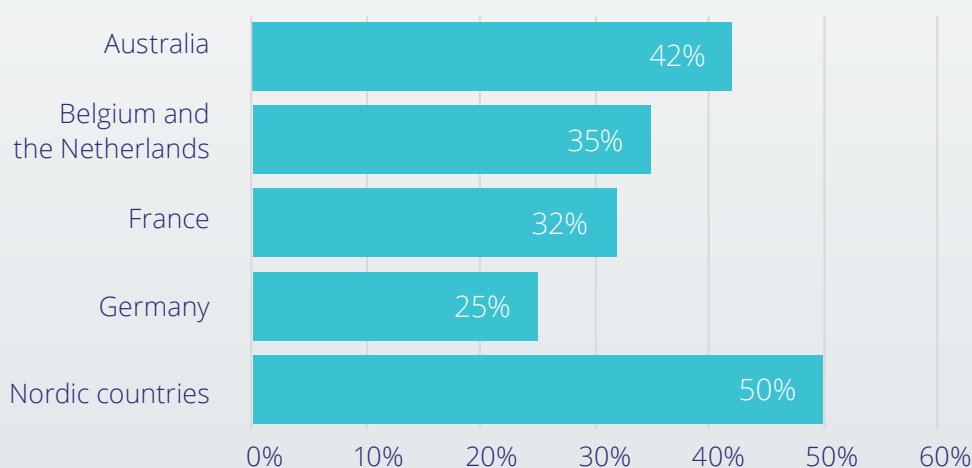
Accurate clinical documentation is of the utmost importance, especially during a pandemic. When information is not available, is incomplete or is unclear, making timely decisions becomes a challenge and can increase the risk of incorrect or dangerous decisions being made.

“There are a number of the clinicians' burnout and stress drivers. Workload, Disconnection with other parts of the health system and information silos.”

— Dr Steve Hambleton, Deputy Chair of the Primary Healthcare Reform Steering Committee, Adjunct Professor, University of Queensland and General Practitioner, Australia

EMR compatible, AI technology helps capture the narrative quickly and easily. Having real-time data available through state-of-the-art technology allows clinicians to focus on interacting with patients and care teams as well as on patient treatment plans.

According to [HIMSS and Nuance communications study](#), 49% of doctors and 56% of nurses believe that non-integrated technology can contribute to the risk of burnout due to work overload.



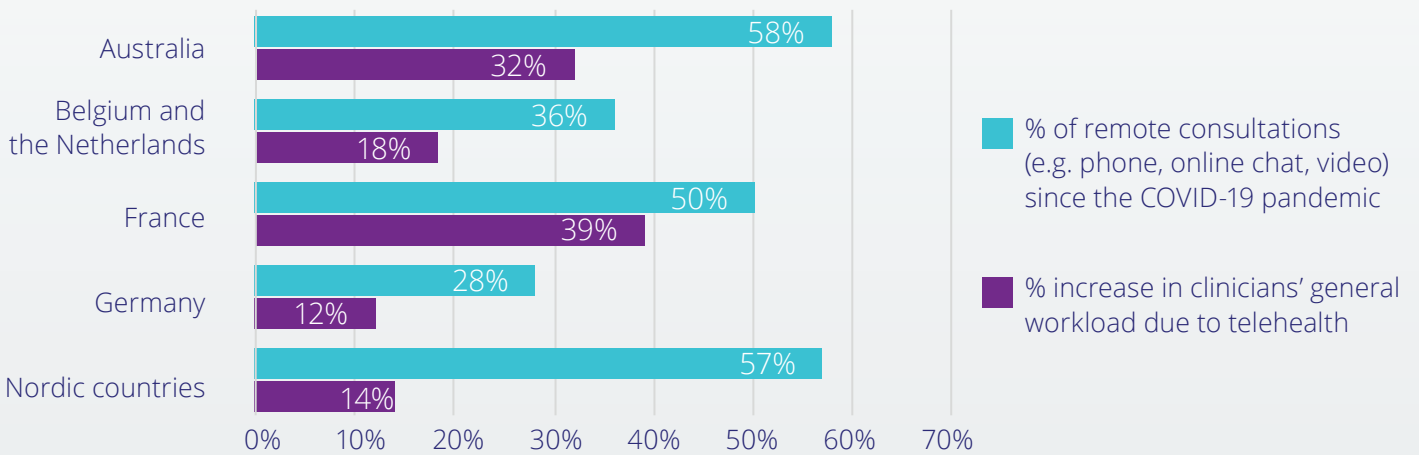
Workload amplified by the pandemic

In the wake of the outbreak of the COVID-19 pandemic and the strain to maintain essential health services, the health system in Australia, as well as worldwide, adapted quickly, offering remote consultations to help reduce the risk of community transmission of coronavirus and provide protection for patients and clinicians.

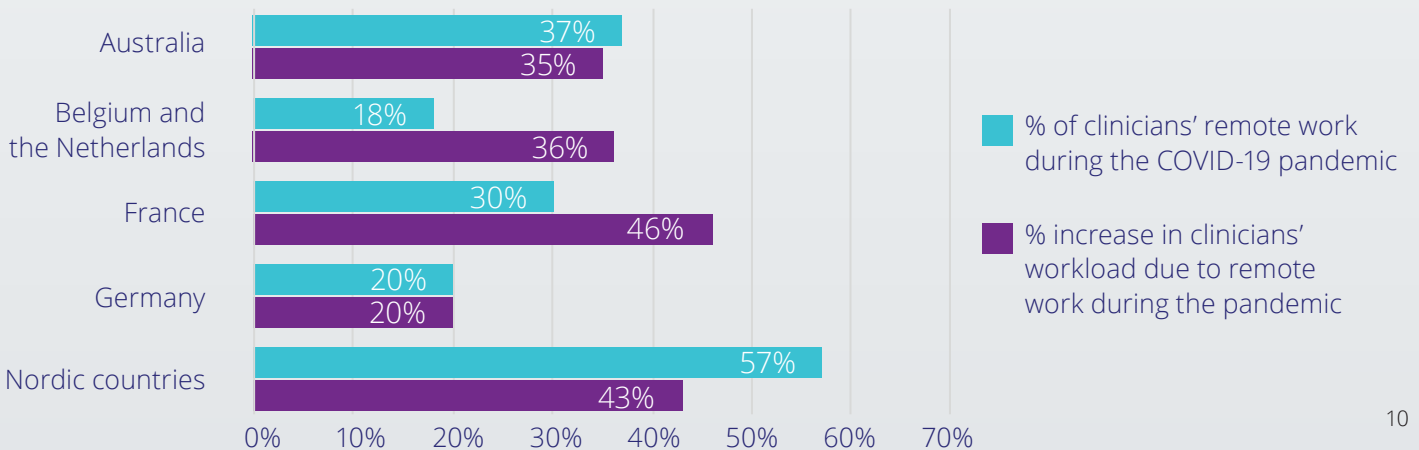
[Telehealth](#) services and consultations – the new mode of healthcare providers, exploded. A dramatic expansion in the use of telehealth has been a key element in the fight against COVID-19. Between 13 March and 9 September 2020, [29.6 million Medicare-eligible telehealth services](#) were delivered to 10.4 million patients. An Australian study published by [Melbourne institute](#) shows that 96% of GPs were using telehealth compared to 76% non-GP specialists during the pandemic leading to an increase in the services provided. At the same time, the pandemic has radically altered the way medical care is being delivered, leading to significant [financial challenges](#) for doctors in private practice, and increased stress for many.

Certain medical specialties were obliged to complete their clinical observations, letters and reports post-consultation, hence the need for remote access to complete their tasks.

Doctors interviewed in Australia and Europe confirm that the number of remote consultations, regardless of the underlying technology used, rose since the COVID-19 pandemic, leading to a significant increase in the workload.

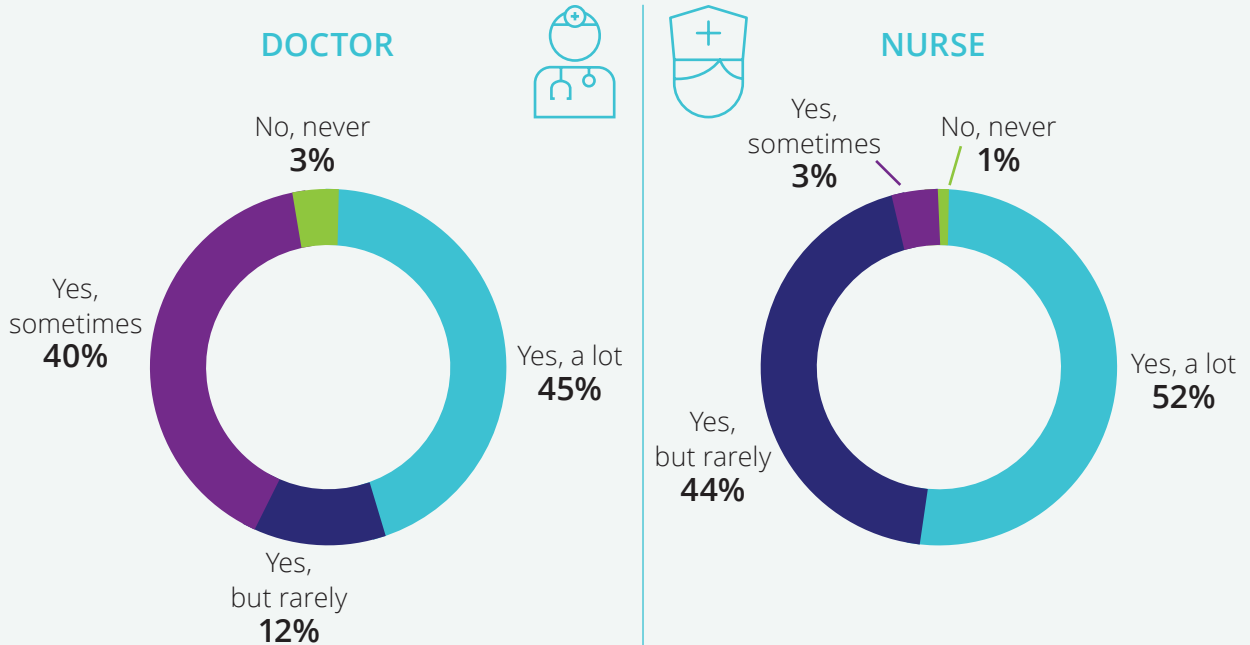


Remote working during the COVID-19 pandemic varies from one region and country to another. The exacerbation of the remote workload due to the crisis, is reflected in the answers collected.

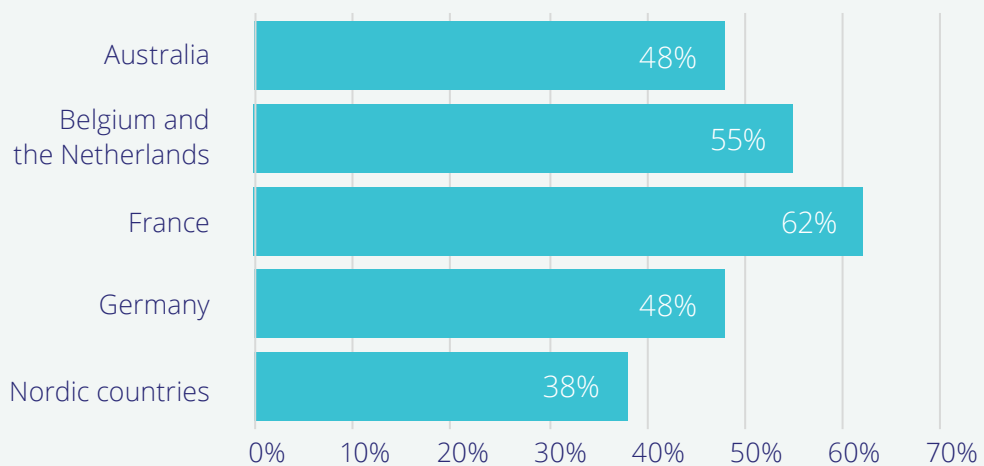


Feeling 'overloaded'

Overload and burnout feeling in the workplace is at an all-time high among the surveyed clinicians.

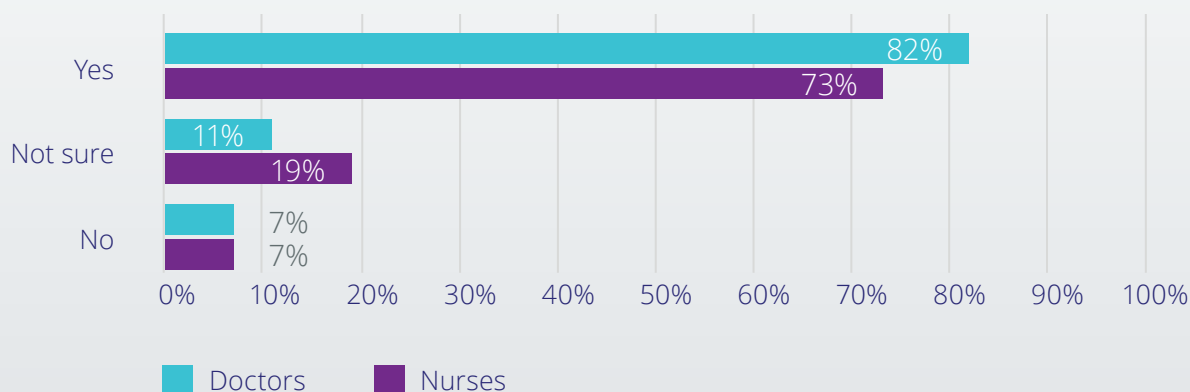


The COVID-19 pandemic was pointed out by Australian and European surveyed clinicians as exacerbating their overload feeling.



Clinicians' overload

82% of the surveyed doctors and 73% of the nurses identified documentation burden as a key driver contributing to their overload.



Clinicians surveyed in Australia and Europe believe that government and healthcare organisations could help prevent burnout by taking the following actions:

- **Government:** (17%) adapt to technological changes and implement new solutions (Germany, Australia), reduce over-documentation (Australia, Belgium, France and Germany), increase the number of beds (France, Netherlands), and improve the communication in general (Australia, Belgium, France and Germany)
- **Healthcare organisations:** (83%) should hire more healthcare workers, improve the patients-staff ratio, increase salaries and invest in new technologies (all regions/countries).

“The organisation should invest into digital tools and processes to streamline bureaucracy, e.g., reduce the documentation workload.”

- Dr Clair Sullivan, Associate Professor UQ and Chief Digital Health Officer, Metro North Hospital and Health Service, Australia
-

Enforcing measures to alleviate work overload, both by increasing the ratio of medical and nursing staff, streamlining procedures and implementing solutions that help complete daily tasks to save time and get the job done safely is the concern of surveyed countries around the world.



Dictating is 3 times faster than typing on a keyboard

“Collecting data should be made as simple as possible”.

— Nicole Mercier, Nurse Manager, Hospital de Fourvière, Lyon, France

Harnessing new technology to better serve clinicians—all around

Technological advancements in the health sector continue to emerge to improve patient care, assist clinicians in their daily tasks and help them adopt clinical information systems to meet the challenge of completing patient documentation and providing timely information.

This approach is in line with a dynamic to constantly improve patient care and to optimise the quality of care. Providing solutions that are compatible with leading electronic medical record systems and applications is a necessary step to serve and optimise existing end-users' workflows without adding to the overload.

“IT systems should present information in the current clinical workflow to maximise benefit and minimise extra steps.”

— Dr Steve Hambleton, Deputy Chair of the Primary Healthcare Reform Steering Committee, Adjunct Professor, University of Queensland and General Practitioner, Australia

Switching between different solutions, searching for information, navigating through a list, checking for a previous history, clicking, selecting, documenting, re-searching for details in a scanned letter or data in a previous report/letter, closing, reopening a document, saving, copying, validating, etc. ...this is the daily routine when trying to collect and enter relevant information into medical records. The average typing speed on a computer keyboard is about 40 words per minute. A professional typist can reach 90 words per minute, but people can speak between 125 and 150 words per minute and dictating is 3 times faster than typing on a keyboard.

“Relieving the burden of administrative tasks is important.”

— Dr. med. Markus Vogel, Head Physician of the Clinic for Paediatrics and Adolescent Medicine, Neuwerk Hospital Germany

37%

of surveyed clinicians in Australia and Europe believe that clinical speech recognition can help ease the administrative burden.

AI-powered technology

Better serving clinicians with “intelligent” technology that can be accessed from anywhere, at any time, helps in

- reducing the time spent in front of a screen searching and typing
- saving time to spend with patients and for themselves

Artificial Intelligence (AI)-powered solutions assist healthcare teams on a daily basis and ease the workflow while avoiding burnout.

“I am a firm believer that a doctor who uses AI will replace a doctor who does not in the next 10 years. We need to socialise those thoughts and early successes as soon as possible. Rather than feeling like or “complaining” that my clinical autonomy has been curtailed - we need to understand that my decision making has been “enhanced” and that my decisions are “more precisely aligned to my patient’s needs”. This will take leadership and a shared vision of the future.”

- Dr Steve Hambleton, Deputy Chair of the Primary Healthcare Reform Steering Committee, Adjunct Professor University of Queensland and General Practitioner, Australia
-

Leveraging the power of artificial intelligence, neural networks and deep learning, Dragon Medical One is a cloud-based speech recognition platform for healthcare professionals.

Clinicians can harness AI-powered technology to securely capture the patient’s story within the EMR or any other healthcare application, improving its quality and completeness simply by speaking. 37% of surveyed clinicians in Australia and Europe believe that clinical speech recognition can help ease the administrative burden.

Write just by speaking

[Dragon Medical One](#), cloud-based speech recognition, enables clinicians to use their voice to capture efficiently and securely the patient data, anytime, anywhere.



Quality

Clinicians can dictate in real time with 99% accuracy, select/apply preconfigured auto-texts according to the patient's pathology and navigate more easily through the EMRs. This results in less time spent on documenting, less administrative burden and therefore less overload.



Security

Dragon Medical One offers an optimal experience, with high availability, anytime, anywhere. Microsoft Azure, the hosting infrastructure is ISO 27001 certified. All communications are encrypted.



Mobility

Clinicians can create and complete patient notes anytime, anywhere, while turning their personal smartphone into a [secure wireless microphone](#). Cleaning a smartphone is even easier than a keyboard, lowering the the risk of handheld infections.



Gateway to the future

Dragon Medical One is the precursor to DAX (Dragon Ambient eXperience), the exam room of the future where doctor-patient conversation is automatically written in the EMR.

“Digital technology assists with improving working conditions in increasing access to information and reducing cognitive load.”

— Dr Clair Sullivan, Associate Professor UQ and Chief Digital Health Officer, Metro North Hospital and Health Service, Australia

LEARN MORE

australia.nuance.com/overload



About Nuance Communications, Inc.

[Nuance Communications](#) (NUANCE) is a technology pioneer with market leadership in conversational AI and ambient intelligence. A full-service partner trusted by 77 percent of U.S. hospitals and 85 percent of the Fortune 100 across the globe, we create intuitive solutions that amplify people's ability to help others.

© 2021 Nuance Communications Ireland, Ltd. All rights reserved.
HC_5062_01_B, March 24, 2021_EN_Australia