

Clinician wellbeing: Challenges and solutions

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The healthcare workforce faces diverse and often interrelated challenges that have affected their wellbeing.

Challenging times for healthcare professionals

There is increasing demand for healthcare services driven by an [ageing population](#) and increasing chronic illnesses. There is also a global healthcare workforce crisis and [the WHO](#) estimates a projected shortfall of 18 million health workers by 2030. These global trends are exacerbated by issues ranging from financial constraints that impact staffing and workload, an increase in regulations and administrative tasks, to fast-paced technological changes. The pandemic has undoubtedly made this situation worse.

This white paper explores the challenges healthcare professionals face in the aftermath of the pandemic in the UK, Australia, France, the Nordic countries, Belgium and the Netherlands. It also showcases Dragon Medical One, an AI-powered solution from Nuance, which is supporting clinician wellbeing by reducing administrative burdens.

Pandemic hits the medic

COVID-19 was declared a pandemic in early 2020, impacting all of us, but hitting the clinical workforce especially hard. Serving on the frontline of the pandemic has impacted their physical and mental wellbeing and exacerbated existing problems in the clinical workforce.

The 2021 [HIMSS-Nuance study](#), "From overload to burnout. What clinicians think," revealed that 88% of the more than 400 doctors and nurses across ten countries participating in an online survey thought that COVID-19 exacerbated feelings of exhaustion and overload.

As the pandemic declines, clinicians' wellbeing remains on the edge

"That's really our second public health crisis. The first one was the pandemic, the second one is the backlog of work that needs to be done."

— [Professor Keith Willett](#), NHS England strategic incident director for Covid-19

Even after the pandemic has loosened its grip on healthcare systems, it continues to impact the work and wellbeing of healthcare professionals. Workforce shortages and a backlog of medical and surgical procedures add to the pressure on staff, resulting in high staff turnover, absenteeism, resignations, burnout, as well as an increased risk of potential errors in patient care. The long-term effects of the pandemic on the workforce create a set of new challenges, which can be observed in all the countries studied in this paper (and beyond) at various levels.

Immense backlog of medical and surgical procedures adds to long waiting lists

During the pandemic, many countries scaled back the delivery of non-urgent healthcare to increase capacities. Policies of cancelling non-urgent elective surgeries and reducing the length of hospitalisation were implemented by many [countries](#), including Belgium, Denmark, the Netherlands and the UK. In France, for example, ambulatory surgery fell by nearly [80% between 15 March and 11 May 2020](#) compared with same period in 2019. In Australia, surgical procedures were [cancelled](#) as hospitals redirect resources to face the pandemic wave. A [study](#) in the Netherlands estimated that the loss of healthy life-years due to postponed healthcare during the first wave of the pandemic amounted to 50,000 quality-adjusted life-years, with reduced quality of life representing a relatively large share compared with premature death.

Postponing non-urgent healthcare has led to a backlog of procedures and subsequent growing waiting lists.

The WHO Europe Report 2021 found an increase in elective surgery waiting times by as much as 30-45% in 2020, with some forecasting a possible doubling of waiting times in 2023.

[Data](#) from the NHS show waiting lists for elective care reaching the highest level since current records began and that 6 million fewer people completed elective care pathways between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers.

According to an Australian analysis, the overdue elective surgeries are to [triple](#) after pandemic backlog. With elective surgeries no longer on hold, there has been an increasing patient influx, putting additional strain on an understaffed workforce – worldwide.

Staff shortage has many causes

Clinician wellbeing is a global concern; fatigue, anxiety and burnout are common complaints. According to the International Council of Nurses [study](#) that investigated the ramifications of COVID-19 on nurses, the latter “have been at greater risk, and are more likely to report burnout and intention to leave, than other health workers”. A 2019 [survey](#) of doctors in the British Medical Association found out that 80% of doctors were at high or very high risk of burnout, with junior doctors most at risk, followed by general practitioner partners.” Burnout is also leading to more staff leaving employment, taking absence, or choosing early retirement.

Reports have shown clinicians in Australia [suffer](#) burnout as they struggle with increased COVID cases. The same situation has been noted in [France](#) and [Sweden](#).

Exploring clinician wellbeing in selected countries

“...it’s true that when doctors suffer from burnout and physical and emotional exhaustion, they leave the healthcare profession, and the healthcare system collapses. The truth is that doctors were burnt out way before COVID. [...] In 10 years, we are not going to have enough healthcare workers to support Australia’s healthcare needs.”

— [Dr Olivia Ong](#), pain physician, Melbourne

Although each country has its unique story to tell on how its healthcare workforce has been affected by the pandemic, the narratives sound much alike. Below are vignettes of selected countries on their clinicians’ wellbeing.

The Nordics: Staff shortage, heavy workloads, insufficient pay and exhaustion leading to burnout and protests

Sweden

A [survey](#) among Swedish healthcare professionals published in February 2022 revealed that six out of ten healthcare professionals consider changing jobs due to stress.

According to the study, “many are worried about their health and choose to take voluntary part-time work to cope.” However, this is not a new phenomenon, according to a 2020 [article](#), 81% of the members of the Swedish Healthcare Association stated their workload was high or very high and that was pre-pandemic.

Finland

A stressful work environment, low pay and COVID-19 burnout are some of the factors that have caused healthcare workers to seek employment elsewhere, often leaving the profession for good. It also led to complaints criticising the lack of improvement in working conditions and salaries, despite the demanding work and pressures endured by health workers during the pandemic. On [1 April 2022, 25,000](#) healthcare professionals went on strike in six hospital districts in Finland to protest for decent salaries and working conditions. According to Finland's primary trade union for health and social care workers, Tehy, the shortage of nurses forced several hospitals to reduce the number of vacant beds.

Norway

According to a [2021 survey](#) by the nurses' organisation's magazine Sykepleien, 72% of the 1,188 surveyed nurses stated they had considered quitting or changing jobs in the past 12 months, which the magazine describes as a significant increase compared to previous years.

The participants quoted

69% poor staffing

64% dissatisfaction with salaries

59% psychological strain

57% physical strain

as some of the reasons for their discontent.

Kenneth Sandmo Grip, regional head of the Norwegian nurses' organisation in Trøndelag, explained that there is a trend among Norwegian healthcare institutions to use staffing agencies, which allow nurses to gain better control of their own working hours, often at better conditions than full-time staff.

Denmark

In a [2021 survey](#), doctors and nurses voiced the view that the heavy workload and the lack of staff has the potential to affect patient outcomes negatively:

54% of the younger doctors who responded said that busyness or understaffing had contributed to patients' conditions having worsened. For chief physicians and nurses the figures were 47% and 46 %, respectively. According to the report, this situation could even contribute to patients' deaths. "[We are in a very critical situation](#)," said Annette Wandel, deputy director of Danske Patienter, an umbrella organisation for all societies for patients and their loved ones, who reckoned that the coronavirus pandemic and striking nurses have brought the health system under increasing strain.

The UK: Workforce burnout at emergency levels and long waiting lists

The COVID-19 pandemic has increased workforce pressures exponentially, which has taken its toll on NHS staff.

In the [2021 NHS Staff Survey](#) three-quarters of NHS staff said they were considering leaving the health service. Research from [Visiba Care](#) in May 2021 revealed that 45% of doctors, nurses and allied healthcare professionals considered leaving their job.

Junior doctors were the most likely to leave with 60% of them contemplating to do so, followed by 55% of nurses. The main causes for this were an insufficient work-life balance, a high workload and their own mental health.

The "[Workforce burnout and resilience in the NHS and social care](#)" report published by the Health and Social Care Committee in May 2021, warned that workforce burnout across the NHS and care systems had reached emergency levels and risked jeopardising the functioning of their services due to the effects of the pandemic. In the report, 92% of trusts told NHS Providers – the membership organisation for the NHS hospital, mental health, community and ambulance services – they were concerned about staff wellbeing, stress and burnout.

According to the King's Fund, quoted in the same document, NHS staff are 50% more likely to experience elevated levels of work-related stress compared with the general working population, which, in turn, was likely to damage their health and affect the quality of patient care.

As a consequence of those pressures, healthcare professionals are increasingly choosing to leave their jobs: A [2022](#) report by John Hall, a former strategy director at the Department of Health and Social Care, confirmed that after having suffered from burnout and post-traumatic stress disorder during the last two years, "more than 400 workers in England have left the NHS every week to restore their work-life balance over the last year". According to the King's Fund, NHS hospitals, mental health and community providers reported a shortage of nearly [94,000](#) full-time equivalents of which 39,000 were in nursing, with recent projections suggesting a need for [69,000](#) more nurses by 2024/25 to meet the growing demand.

The Netherlands: Young doctors distressed

A national [survey](#) of 726 ICU nurses in September 2020 detected

27% symptoms of anxiety

18,6% depression

22,2% post-traumatic stress disorder

among respondents as a by-product of the COVID-19 pandemic.

Young doctors were also particularly affected by the pandemic, with one quarter of them considering quitting their training. This was mainly due to the high workload and the training climate in the hospital says a 2020 [survey](#) in which over 1,500 young doctors took part.

Belgium: Topped work-life balance

In Belgium, the pandemic has contributed to healthcare professionals feeling more pressurised by the work conditions than before. A [study](#) published in January 2021 found that 22% of healthcare professionals were thinking of retiring, a sentiment that has doubled during the pandemic. A [survey](#) by the Dutch-speaking organisation of doctors in training (Vaso) discovered that 53% of them claimed to suffer from mental problems and almost 20% considered interrupting their training, which is twice as many as before the pandemic. The situation for nurses is similar.

An online [survey](#) among 1,135 intensive care nurses conducted in the 2020/21 period found out that two-thirds of them were at risk of burnout, whereby that risk was associated with their working conditions during the first wave of the COVID-19 pandemic.

France: Absenteeism and temporary closing of hospital units on the rise

In France, a [2021](#) study conducted by Jean-François revealed that almost 20% of available beds in public hospitals were closed mainly due to a shortage of nurses and doctors who had suffered from exhaustion in the aftermath of the pandemic. This was on top of the closure of 5,800 beds in 2020 and a decrease in bed capacity of 6.5% or 27,000 beds between 2013 and 2020, says another [study](#) published in September 2021.

The results of a [study](#) among 60,000 nurses conducted in autumn 2020 confirmed the strained state of nurses: Two-thirds of the participating nursing professionals stated that their working conditions had deteriorated since the beginning of the crisis; 43% of them did not know if they would still be nurses in 5 years' time and 37% of them said the pandemic has made them want to change profession.

Dr. Patrick Goldstein, head of emergency at the University Hospital of Lille describes the serial departures of healthcare professionals and the difficulties of recruiting them as a "massive malaise". The French Minister of Health, Olivier Véran, confirmed in an interview with the newspaper [Libération](#) that there were a number of units in hospitals that were forced to close temporarily, or to reduce a wing, for lack of clinicians, especially due to difficulties in hiring. This creates more pressure for the staff, which also leads to growing levels of absenteeism.

Australia: Pressure on healthcare professionals and emotional strain

The clinical workforce in Australia has suffered considerable emotional distress during the pandemic. It has emerged to be more vulnerable to mental health and wellbeing issues compared to the general population. This was caused by a myriad of factors, including “uncertainty about educational opportunities, training pathways and academic stressors, alongside the impacts of the pandemic more generally, such as economic pressures, social isolation, and caring responsibilities”, a 2022 [study](#) found out.

As a result, the rates of suicide and attempted suicide among the healthcare workforce are substantially [higher](#) compared to other professions, especially for those, who were directly caring for COVID-19 patients. A 2020 [study](#) revealed that nurses and midwives were particularly affected, as they suffered from “significantly higher levels of anxiety, depression and stress during the pandemic than general Australian adult population norms”. They also developed significantly more severe anxiety symptoms than medical and allied health staff.

The International Council of Nurses survey conducted between August and October 2020 among 11,000 nurses detected that 46.74% of them felt their workload had significantly or moderately increased, 44.11% were moderately or extremely concerned for their personal health and safety and 16.63% had sought mental health or wellbeing support from external providers. The pressure on healthcare professionals has led many of them to resign; in nursing alone, it is estimated Australia will have a shortage of 100,000 by 2025.

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Supporting clinician wellbeing

With increasing pressures on healthcare globally, system-wide changes will be needed to improve clinician wellbeing and to prevent or mitigate burnout. IT solutions are just part of the puzzle, but these solutions often have a critical role in helping to boost resilience, improving efficiency and productivity.

The UK government is also keen to accelerate digitisation of their healthcare system, setting a recent target for 90% of NHS Trusts to have [electronic patient records in place by 2023 as well as introducing various funding initiatives including the 2021-22 Unified Tech Fund](#).

It is essential that digitisation and new technology is not a burden to healthcare professionals, and this is also fuelling the global demand for assistive technologies such as AI-powered clinical speech recognition.

[Dragon Medical One supports clinician wellbeing: Releasing more time to care.](#)

“The advantage of using Dragon Medical One is the better quality of notes and their [faster availability](#). It improves the discharge and hand over to GPs and gives me time back. Dragon Medical One give clinicians the ability to structure their day, be in command again and go home and feel I done everything possible for the patient today and I can go and spend some time with my family and switch off.”

— Pieter Nel, Chief Digital Director Medical Services, Mackay Hospital, Australia

“Removing the burden of completing the documentation task later in the evening removes that cumulative worry and stress of an endless mountain of admin to finish. Being able to ‘give back time’ for patient care is important, but also protecting quality time for family and friends is priceless, because time is the most valuable thing we have.”

— Dr Simon Wallace, Chief Clinical Information Officer, Nuance UK, Australia, Ireland & New Zealand

A 2020 UK [study](#) by Nuance showed that 85% of NHS healthcare professionals said the burden of clinical documentation is a significant contributor to burnout. The international HIMSS-Nuance study similarly found clinical documentation to be a burdensome and stress-inducing task and about one-third of participants in the online survey thought that AI-powered speech recognition technology could help ease this burden.

Dragon Medical One is a conversational AI documentation companion solution. It is used to speech-enable EHR platforms and other clinical information systems but can also be used to generate voice-driven content outside the patient record. Dragon Medical One users have commended the solution on its ability to enhance care givers' wellbeing as well as the safety, quality and efficiency of patient care. This is particularly due to the time savings, the real-time availability of data and the level of detail as well as structure of the documentation it enables. This, in turn, supports a better-connected patient journey and improved health outcomes.

Here is a list of the main benefits associated with the use of Dragon Medical One as showcased by some of our Nuance healthcare and customer thought-leaders:

Time saved

“By decreasing time spent on documentation, this frees up time for clinical tasks and taking care of patients – something that clinicians value above all other tasks. Reducing the administrative load is the number one priority to improve clinician wellbeing, while simultaneously corresponding to better care.”

— Dr Jesper Hessius, CMIO, Nuance Nordics

“Dragon Medical One gave us quite considerable time back and we talk about at least 2min per patient being given back to every clinician which is a 30% reduction of time spent in documentation. Now at the end of the day it can count up to quite considerable time you as a clinician can get back.”

— Pieter Nel, Chief Digital Director Medical Services, Mackay Hospital, Australia

“For me, it had a big impact on the efficiency of getting my letters done for any clinic. I am now able to send my letters within 24 hours - or even instantaneously if there are no blood results to wait for - as compared to the pre-Dragon Medical One era where the letters could take up to 2 weeks or even longer to be done.”

— Nephrology Consultant, Oxford University Hospitals NHS FT, UK

“A key benefit of reducing time spent documenting is ‘releasing time for what matters’, which not only means seeing more patients but providing better care and being able to go home on time.”

— Dr Simon Wallace, CCIO, Nuance UK, Australia, Ireland & New Zealand

“We could immediately see the advantage of voice-to-text versus typing at 30 words per minute with a lot of mistakes versus 170 words a minute with Dragon Medical One – who could compete with that?”

— Pieter Nel, Chief Digital Director Medical Services, Mackay Hospital, Australia

“Speech recognition plays a role in reducing the symptoms of stress exhaustion: it saves time in creating documentation, reduces delays and improves the flow of communication and the quality of the patient record.”

— Philippe Leca, Director of Digital Resources and Information System, Lille University Hospital, France

Ease and flexibility of use

“Dragon Medical One has helped our staff pivot to remote working due to coronavirus. As a cloud-based solution it’s playing a vital role in supporting our doctors conducting clinics from home.”

— Dr Paul Altmann, CCIO, Oxford University Hospitals NHS FT, UK

“Dragon Medical One is smooth, instantaneous, and easy to use. Powered by cloud and AI technology, the solution is accessible and usable at any time. As a result, a clinician can save up to 1.5 hours a day and focus on patients or on personal activities.”

— Dr Arnaud Wilmet, CMIO, Nuance France

“The cloud has allowed greater flexibility, particularly being able to work remotely because of the pandemic. Using the microphone on their smartphones has been immensely popular with doctors as it complements other functionality on the phone that they use every day as part of their job.”

— Dr Simon Wallace, CCIO, Nuance UK, Australia, Ireland & New Zealand

“We’ve invested in the latest proven technology. The Dragon Medical One speech recognition engine is super-fast and accurate making life for our clinicians easier.”

— Paul Adams, Head of Clinical Information Systems, Homerton University Hospital NHS FT

“Thanks to simplifying the documentation process in an easy-to-use manner, conversational AI reduces the mental load and gives back time to doctors.”

— Dr Arnaud Wilmet, CMIO, Nuance France

Improving care outcomes

“Doctors have the possibility to document more contextual information about the patient that they would not have written otherwise due to lack of time. This information is invaluable during the follow-up of the patient and facilitates patient care.”

— Dr Arnaud Wilmet, CMIO, Nuance France

“The improved quality of the clinical content is underpinned by the accuracy of the speech recognition, particularly with complex clinical terms and drug names.”

— Dr Simon Wallace, CCIO, Nuance UK, Australia, Ireland & New Zealand

“When you come back to a patient’s notes years after they last visited, it can be incredibly difficult if they’re hard to understand, but by using Dragon Medical One, my notes are accurate, clear, and complete with the right medical terminology.”

— Dr Ahmad Moukji, NHS GP

“With real-time documentation clinical information becomes available immediately to other clinicians, leading to a higher quality of care and empowers patients to take an active role in their care.”

— Dr Jesper Hessius, CMIO, Nuance Nordics

Reducing administrative burden

“AI-powered speech recognition reduces the stress of documentation by speeding up the workflow and providing a ‘return on wellbeing investment’ for the clinician. The cumulative benefit of shaving off a few minutes for each note creation adds to the overall wellbeing of clinicians with the inevitable knock-on benefit to the patient in the better care they receive.”

— Dr Simon Wallace, CCIO, Nuance UK, Australia, Ireland & New Zealand

“Dragon Medical One helps me get home on time!”

— Dr Zoë Hutchinson, NHS GP Partner, UK

“Dragon Medical One has had a significant impact on my clinical time and work-life balance. The Homerton really are light years ahead of neighbouring hospitals.”

— Dr Robyn Carter-Wale, Homerton University Hospital NHS FT, UK

“The doctor can refocus on the consultation with his patient and go home with the satisfaction of finding the meaning of his job: care and treating patients.”

— Dr Arnaud Wilmet, CMIO, Nuance France

LEARN MORE

To learn more about our conversational AI solution supporting clinician wellbeing, please visit nuance.com/en-gb/healthcare/campaign.nuance.com/healthcare



About Nuance Communications, Inc.

[Nuance Communications](https://www.nuance.com) 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 companies worldwide, Nuance creates intuitive solutions that amplify people's ability to help others. Nuance is a Microsoft company.

“Increase in clinician satisfaction as clinical documentation is created 3 to 4 times faster versus typing, enabling clinicians to leave work on time and have a better work-life balance.”

— Pieter Nel, Chief Digital Director Medical Services, Mackay Hospital, Australia

“The wide use of speech recognition frees up time from medical secretaries and enables a transfer of administrative tasks away from clinicians, which helps them with providing more and better care.”

— Dr Jesper Hessius, CMIO, Nuance Nordics

“Reducing the daily pressures, having quality time for self-development and mentorship, as well as simply getting home on time highlight the range of opportunities that can result from harnessing speech recognition. It makes for a better quality of life.”

— Dr Simon Wallace, CCIO, Nuance UK, Australia, Ireland & New Zealand

“Our collaboration with Nuance will enable clinicians to create accurate, high-quality patient records more efficiently and freeing them to do what they do best – improving outcomes for patients.”

— Robyn Tolley, Apollo Program Director, Guy's and St Thomas' NHS FT, UK
