

The impact of Covid-19 on clinical administration and clinician burnout

Assessing results of the Nuance UK online survey conducted with over 900 NHS healthcare professionals from primary and secondary care.

Contents

- 3 – Introduction
- 3 – Exploring the survey findings
- 4 – Infographic
- 5 – Assessing the factors causing these issues
- 7 – Going forward – meeting the administrative challenge within the 'new normal'
- 8 – Conclusion
- 9 – Appendix – survey results

Previous research indicates that stress and burnout is prevalent amongst UK doctors, and the increasing burden of clinical administration is a major contributing factor. In this report Nuance examines the impact the pandemic has had on these issues within the NHS.

Introduction

The Covid-19 pandemic has forced many abrupt changes to working practices within healthcare and placed pressure on an already struggling system. Clinician burnout is a global phenomenon and there have been numerous studies showing this is a growing problem in the UK, with an ever-increasing number of doctors quitting practice citing burnout. It is important to understand the impact the recent pressures and challenges have had on the workforce in order to understand how clinicians might be better supported, so that they can continue to care for their local populations.

To investigate this, Nuance conducted an extensive online survey of over 900 NHS healthcare professionals from primary and secondary care. Overall, the survey found that many respondents' work-life balance has worsened, and stress levels have increased as a result of the pandemic. The majority of those surveyed believe both the general and administrative workload has increased. The results of the survey, which are revealed in more detail below, along with phone interviews and academic research, paint a concerning picture of wellbeing and resilience within primary and secondary care.

Note: The survey ran from September 16th until October 4th, before the regional lockdown system was introduced and prior to the second national lockdown.

Exploring the survey findings

On the topic of workload, 67 per cent of primary care respondents stated the pandemic has increased the amount of clinical admin at their practice. Additional comments provided during the survey indicate there are several causational factors, but the pivot to remote consultations appears to be a major contributor. 99.5 per cent of respondents' practices provide remote

consultations, and 78 per cent of respondents believe remote consultations have caused an increase in general workload.

78% of primary care respondents believe remote consultations have caused an increase in general workload.

When it comes to workforce wellbeing, 69 per cent of respondents in primary care believe their work-life balance has worsened and 75 per cent believe their stress and anxiety levels at work have increased since the pandemic started.

75% of primary care and **60%** of secondary care respondents said their stress and anxiety levels at work have increased since the pandemic started.

The results for secondary care are largely similar. 60 per cent feel more stressed or anxious at work since the pandemic started and 61 per cent believe their work-life balance is worse.

Overall, 85 per cent of survey respondents agreed that the burden of clinical documentation is a significant contributor to burnout.

85% of all survey respondents agreed that the burden of clinical documentation is a significant contributor to burnout.

In terms of working practices, the survey results indicated home working has increased, with 53 per cent of all survey respondents working from home more often as a result of the pandemic. 87 per cent of primary care and 78 per cent of secondary care also stated, however, that they currently conduct all or the majority of remote consultations from their workplace.

Disruption to working practices is ongoing, with 68 per cent of respondents working in primary care and 59 per cent in secondary care stating that at the time of completing the survey their working patterns had not returned to normal. Within secondary care, 49 per cent stated some services at their hospital were still on hold and 71 per cent stated their hospital had a large backlog that will take a long time to clear, although this

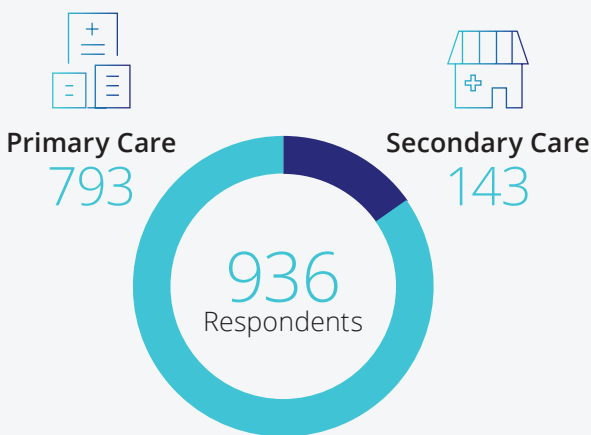
survey was conducted before the significant rise in Covid-19 hospital admissions¹ in October.

71% of secondary care respondents stated their hospital had a large backlog that will take a long time to clear.

Infographic

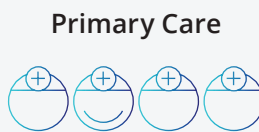
Highlights from the Nuance survey assessing the impact of Covid-19 on clinical administration and clinician burnout in the UK

Who responded?



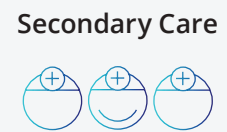
What they said

The majority of NHS working patterns remained impacted by the pandemic 3-4 months after the first national lockdown ended



1 in 4

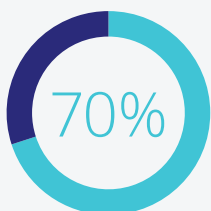
Respondents who said their working pattern had returned to be what it was before the pandemic



1 in 3

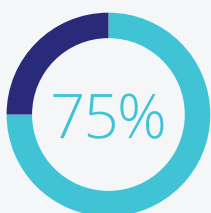
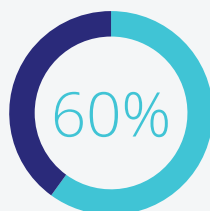
The pandemic has increased the risk of clinician burnout

Primary Care

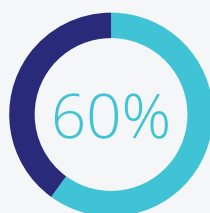


Said the pandemic had made their work-life balance worse

Secondary Care



Felt more anxious/stressed at work during the pandemic



78% in **primary care** said remote consultations have caused an increase in general workload



71% in **secondary care**, stated their hospital still had a large backlog that will take a long time to clear



85% of all respondents agreed that the burden of clinical documentation is a significant contributor to burnout

Assessing the factors causing these issues

The survey results offer a sense of diminished resilience for NHS staff, particularly for those in primary care. It is concerning that such a high proportion of primary care professionals have seen an increase in clinical administration and feel this is a strong contributor to burnout.

The most significant change to working practice around patients for many healthcare professionals was the move to digital-first appointments. A Royal College of General Practitioners (RCGP) analysis² of GP appointments data demonstrated that before the pandemic upwards of 70 per cent of consultations were face to face. This quickly shifted in a matter of weeks to 23 per cent. The rapid move to a digital-first approach appears to be a major contributory factor to administrative workload, and to stress and anxiety, for several reasons.

As noted by some survey respondents; remote consultations come with higher risk and more diagnostic uncertainty, so often require more safety netting. George Yardy, a Consultant Urological Surgeon, says the lack of opportunity to examine patients is a cause for anxiety. "By not seeing new patients face to face, you always worry you may be missing something."

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— George Yardy, Consultant Urological Surgeon

Teresa Graham is Practice Manager at Oxford Terrace and Rawling Road Medical Group. She explains: "It's a lot more difficult to assess somebody remotely when you can't go off body language and you have fewer diagnostic tools."

"Within the current set-up there's a lot of double handling – frequently even when you've had a telephone appointment, you'll then need to see the patient face to face."

— Teresa Graham, Practice Manager
Oxford Terrace and Rawling Road Medical Group

"Patients also need to be triaged via telephone, which is time consuming. Within the current set up there's a lot of double handling – frequently even when you've had a telephone appointment, you'll then need to see the patient face to face."

"Also, patients sometimes don't place the same value on a remote appointment, so they perhaps don't make the effort to be on time and the GP will need to chase them down or get in touch later on. This is on top of all the admin that still needs to be done. What should be a 10-minute appointment actually takes much longer than that."

Several interviewees believe the change itself is a key stressor. Professor Mike Holmes, a GP in Yorkshire and Vice Chair (Membership and International) for the RCGP, explains: "Much of the stress and challenge has come from consulting in a different way and getting used to that. Being on a virtual platform all day is quite intense."

Dr Ellen-Merete Hagen, Consultant Neurologist and Clinical Director for Digital Healthcare at Queen Square, echoes these sentiments. She explains that, with many staff now working from home, where previously you would get up and walk to ask a colleague a quick question, this interaction is now conducted via email. "All those little breaks from the computer have gone. Apart from ward rounds, I'm on my phone or computer the entire day from the early morning. It's very draining – the day is more intense and you are more tired at the end of it."

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President for the National Association of Primary Care, Dr Johnny Marshall believes that much of the admin increase is down to the nature of the patient-clinician interaction changing. He says: "By moving to different ways of supporting our patients other than face to face, we have had a big shift towards questions and emails coming in – it's shifted the way work would've been done."

“There is less face-to-face contact, more phone calls, more emails, more texts, so admin has increased, but perhaps it’s just a different way of meeting a health need.”

It’s not only the nature of the assessments themselves that has changed, as George Yardy observes – the administrative tasks that accompany remote consultations are often now completed at home, too. “For us to be able to work from home efficiently, we need systems that allow that. When remote access to notes and pathology reports and x-rays is smooth and works well, that decreases stress and anxiety, but often that is not the case.”

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Continually evolving Covid-19 regulations have also seen the clinical administrative burden rise. Dr Hagen describes a “constant flood of information from WhatsApp groups, video conference meetings, and emails”.

Over two-thirds of respondents in primary care reported an increase in administration as a result of Covid-19, predominantly in the form of emails containing updated information or instructions that have to be implemented or actioned in some way. As a practice manager, Teresa Graham says this kind of administrative workload played a big role in reducing her work-life balance. “At the beginning of the pandemic that side of it was absolutely huge. I felt like I didn’t have a home life because I was working such long hours. Researching guidelines and reading the bulletins that were coming in each day was a job in itself.”

The influx of regulations and abrupt changes to working practices are a contributor to anxiety because they are a symptom of how uncertain things are, says George Yardy. “We are receiving emails saying things are going to be changing next week and that adds to the stress – we don’t know where we will be in a week’s or a month’s time.”

Another cause of the increase in administrative workload is the pressure that has been placed on the interface between primary and secondary care. With patients experiencing delays in secondary care, having elective surgeries cancelled, or being discharged from hospital earlier to free up capacity, it is perhaps inevitable that there is more delivery of care taking place in the community.

In additional comments provided during the survey, primary care respondents indicated part of their increased workload can be attributed to the transfer of work from secondary care. Approximately one third of primary care survey respondents cited issues with secondary care were increasing the amount of clinical administration at their practice. The survey also highlighted feelings of frustration around this point. One respondent, for example, described the work being sent to primary care as “inappropriate”, and a further two used the term “offloading”.

Professor Holmes says that good communication across the different sectors will be vital to “getting through” the pandemic. He is involved in local joint system briefings in his region, which sees GPs, consultants, community nurses and others come together virtually to hear the challenges that different people are facing. He says: “It builds understanding and allows us to work together to create solutions.”

Several interviewees suggested that the pandemic has simply accelerated the trajectory towards burnout that many clinicians were already on before the virus hit. This is evidenced by numerous studies that took place before the pandemic. Research³ conducted by the Society of Occupational Medicine in 2018, for example, estimated that between 30 and 40 per cent of UK doctors were experiencing burnout and work-related stress, and found that UK doctors are at greater risk of this than the rest of the population, with GPs reported to be most at risk.

Similarly, the administrative burden has been known to play a key role in burnout for clinicians since before the pandemic. A 2018 survey by Medscape⁴ found the most common reason – at 47 per cent – for burnout cited by UK doctors was having too many bureaucratic tasks (such as note-keeping and paperwork).

Dr Marshall believes that, pre pandemic, the amount of admin was growing “incessantly”. Graham agrees: “The admin has been bad for some time and it’s something that is not taken into account. You don’t see all of the work that goes on around the appointments – the lab results, the letters, etc.”

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Dr Hagen says that even before the pandemic she felt there was an expectation for her to be online, or accessible, 24/7. “It was expected that I would respond to emails on Saturday evening, or Sunday morning. This was the experience for a lot of my colleagues, too. The pandemic has put extra pressure on us to be available all the time. People are overstretched.”

She describes a vicious cycle of exhaustion: “I was working every Saturday for four months before the pandemic, so when the virus hit I was already exhausted. I’m now working seven days a week, but this could stem from the fact that I’m exhausted, so I’m less effective and the work takes longer.”

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Going forward – meeting the administrative challenge within the ‘new normal’

The NHS Long Term Plan⁵, published in 2019, detailed the aim for ‘digital-first primary care’, giving ‘every patient the right to online digital GP consultations’ by 2024. The pandemic has accelerated the movement towards this target but is also showing that there are problems with this digital-first approach that need to be addressed.

Professor Holmes says: “There’s lots of benefits to using digital, but we do need that human-to-human contact – that’s where GPs add real value. We need to get the

balance right and ensure we are seeing the right people face to face.”

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Beyond the pandemic, the proportion of in-person appointments is likely to rise again, but perhaps not to the same level as before as digital practices become more embedded. In the shorter term, however, the current digital-first approach looks to be in place for the foreseeable future as the UK continues to tackle the spread of the virus. This means healthcare professionals must be better supported to continue operating in the current environment.

Dr Marshall says: “If we want general practice to continue to function and provide a high level of support, we absolutely have to take on board that the pandemic has a negative impact on everybody, and that the supporting professions are just as susceptible.

“Understanding how we can support clinicians and strengthen resilience is acutely important. National bodies need to think through any actions they might take and what impact this is going to have on the mental health of clinicians. It’s only going to get tougher over the next few months, and you can’t pour from an empty cup.”

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— Dr Johnny Marshall, President
National Association of Primary Care

This sentiment is evidenced by a British Medical Association survey⁶, carried out in October, that found 56 per cent of clinicians in primary care are worried about their personal health and wellbeing in the coming months. This figure rises to 62 per cent in secondary care.

These worries are not unfounded – the usual winter pressures and cancellation of hospital services during the second national lockdown will place further strain on overstretched staff. Additionally, the government has announced that GPs will be called upon to administer Covid-19 vaccinations to the public, with rollout expected to begin by the end of December 2020. Doctors and professional bodies have expressed concern⁷ about how surgeries will cope with the increased responsibility and workload, and have voiced the need for more support, both locally and nationally, for staff.

Dr Amit Bhargava is a GP Partner at Southgate Medical Group in Crawley. He says that burnout amongst doctors has consequences for the wider population: “As healthcare professionals, when patients come to us, they want something from us, to feel like we actually care. If you are working in a burned-out state, you have nothing to give. Burnout is not a disease, there is no cure, you can’t prescribe a pill for it. So, we must find resilience.”

“Burnout is not a disease, there is no cure, you can’t prescribe a pill for it. So, we must find resilience.”

— Dr Amit Bhargava, GP Partner,
Southgate Medical Group

Just as the pandemic offered an opportunity to accelerate digital advances and habits in healthcare, it is perhaps also an opportunity to consider how the administrative burden on healthcare professionals can be reduced. The RCGP echoed this in its recent report,⁸ believing that ‘while some of the administrative requirements and processes in general practice will need to resume, we have an important opportunity to rethink regulation and make it more proportionate for GPs, whilst still useful for patients’.

Promisingly, a parliamentary committee inquiry⁹ into workforce burnout and resilience in the NHS and social care is under way, to examine the toll the pandemic has taken on the wellbeing of healthcare professionals, and the causes and impact of burnout. The results of Nuance’s survey were submitted to the inquiry on 29th October.

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- The results of this Nuance survey have been submitted to a parliamentary committee inquiry into workforce burnout and resilience in the NHS and social care.
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Additionally, a project to develop a new appraisal process that reduces the documentation and administrative burden, and focuses more on maintaining the health and wellbeing of doctors, has been launched, led by the Chair of the Academy of Medical Royal Colleges Professional Development Committee and RCGP Medical Director for Revalidation, Susi Caesar.

Conclusion

The administration clinicians were tasked with before the pandemic, combined with the increased levels of administration surrounding Covid-19, is evidently placing an unsustainable strain on the wellbeing of the UK’s healthcare workforce. If nothing changes, we are likely to see many staff, particularly in primary care, suffering from burnout. Clinician burnout is not an individual issue – it has serious repercussions for the entire population.

There is a role for technology in helping ease the administrative burden that should be explored but, given the current environment and persisting stress factors, perhaps the immediate focus should be on considering, or reconsidering, what we ask of clinicians.

Public bodies should determine why the administrative burden has continued to rise and, in the context of rising stress and burnout, reassess the importance of bureaucratic tasks and where it is essential for information to be recorded.

Building resilience within the workforce, increasing access to mental health support, and reducing the emphasis on targets will allow clinicians to focus on where they deliver the most value: caring for their patients.

LEARN MORE

Nuance has compiled more resources and events on the topic of UK clinician burnout at: nuance.com/en-gb/healthcare/campaign/reduce-clinician-overload

Appendix – Survey Results

Question	Answer	%	Count
Q1 - 1. Please tell us where you work:	Primary care	84.72%	793
	Secondary care	15.28%	143

Primary Care:

Q2 - 2. How have your working patterns changed due to the Covid-19 pandemic? Please indicate whether you agree or disagree with the following statements:

Question	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
I have increased home working because of the pandemic	28.52%	170	23.99%	143	11.07%	66	22.32%	133	14.09%	84
I plan to work more from home in the future, even after the pandemic eases	7.55%	45	20.47%	122	23.15%	138	31.71%	189	17.11%	102
My working pattern has returned to be what it was before the pandemic	10.57%	63	14.26%	85	6.88%	41	34.23%	204	34.06%	203
I have felt more anxious/stressed at work during the pandemic	37.08%	221	37.92%	226	15.44%	92	7.38%	44	2.18%	13
The pandemic has made my work-life balance worse	38.59%	230	30.03%	179	19.80%	118	8.89%	53	2.68%	16

Question	Answer	%	Count
Q3 - 3. Does your practice provide remote consultations (e.g. phone, online chat, video)?	Yes	99.50%	593
	No	0.50%	3
	Not sure	0.00%	0
Q3a - 3a. Approximately what percentage of your remote consultations (e.g. phone, online chat, video) are conducted from home or work?	0% at home, 100% at work	58.95%	349
	25% at home, 75% at work	28.38%	168
	50% at home, 50% at work	4.90%	29
	75% at home, 25% at work	4.22%	25
	100% at home, 0% at work	3.55%	21
Q3b - 3b. How do you think remote consultations have impacted the GENERAL WORKLOAD of your practice?	Significantly more	44.75%	264
	Slightly more	33.05%	195
	No difference	13.05%	77
	Slightly less	5.25%	31
	Significantly less	1.86%	11
	Don't know	2.03%	12
Q4 - 4. Has the Covid-19 pandemic increased the amount of clinical ADMINISTRATION at your practice?	No	10.23%	61
	Not sure	22.99%	137
	Yes - please briefly describe	66.78%	398
Q4 - 3. TEXT - Yes - please briefly describe	[anonymous free text answers available on request]		
Q5 - 5. Do you think the administrative burden of clinical documentation significantly contributes to clinician burnout? (Burnout is characterised by overwhelming exhaustion, depersonalisation, and reduced personal efficiency)	Yes	87.08%	519
	No	6.38%	38
	Not sure	6.54%	39

Secondary Care:

Q2 - 2. How have your working patterns changed due to the COVID-19 pandemic? Please indicate whether you agree or disagree with the following statements:

Question	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
I have increased home working because of the pandemic	28.89%	39	24.44%	33	6.67%	9	15.56%	21	24.44%	33
I plan to work more from home in the future, even after the pandemic eases	14.81%	20	26.67%	36	18.52%	25	17.04%	23	22.96%	31
My working pattern has returned to be what it was before the pandemic	14.07%	19	18.52%	25	8.89%	12	37.04%	50	21.48%	29

Question	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
I have felt more anxious/stressed at work during the pandemic	21.48%	29	38.52%	52	18.52%	25	11.85%	16	9.63%	13
The pandemic has made my work/life balance worse	25.19%	34	36.30%	49	13.33%	18	18.52%	25	6.67%	9
Question	Answer			%		Count				
Q3 - 3. Does your hospital provide remote consultations (e.g. phone, online chat, video)?	Yes			91.85%		124				
	No			1.48%		2				
	Not sure			6.67%		9				
Q3a - 3a. Approximately what percentage of your remote consultations (e.g. phone, online chat, video) are conducted from home or work?	0% at home, 100% at work			53.33%		48				
	25% at home, 75% at work			24.44%		22				
	50% at home, 50% at work			6.67%		6				
	75% at home, 25% at work			4.44%		4				
	100% at home, 0% at work			11.11%		10				
Q4 - 4. We know in many hospitals some services were stopped or put on-hold due to the Covid-19 pandemic. Have normal services resumed at your hospital?	Yes, none of our services were ever stopped			6.73%		7				
	Yes, all our services have now resumed			34.62%		36				
	No, some services are still on-hold			49.04%		51				
	Not sure			9.62%		10				
Q5 - 5. Does your hospital have a backlog of work due to Covid-19?	Yes, and it will take a long time to catch up			71.15%		74				
	Yes, but we can catch up quickly			14.42%		15				
	No			2.88%		3				
	Not sure			11.54%		12				
Q6 - 6. Has the Covid-19 pandemic increased the amount of clinical ADMINISTRATION at your hospital?	No			5.77%		6				
	Not sure			45.19%		47				
	Yes - please briefly describe			49.04%		51				
Q6 - 3. TEXT - Yes - please briefly describe	[anonymous free text answers available on request]									
Q7 - 7. Do you think the administrative burden of clinical documentation contributes to clinician burnout? (Burnout is characterised by overwhelming exhaustion, depersonalisation, and reduced personal efficiency)	Yes			70.19%		73				
	No			5.77%		6				
	Not sure			24.04%		25				

- 1 GOV.UK Coronavirus (COVID-19) in the UK. (November 2020). <https://coronavirus.data.gov.uk/details/healthcare>
- 2 Martin Marshall, Amanda Howe, Gary Howsam, Michael Mulholland and Jonathan Leach. (June 2020). British Journal of General Practice Vol. 70, Issue 695 "COVID-19: a danger and an opportunity for the future of general practice" <https://bjgp.org/content/70/695/270>
3. Gail Kinman and Kevin Teoh. (September 2018). Society of Occupational Medicine "What could make a difference to the mental health of UK doctors? A review of the research evidence" https://www.som.org.uk/sites/som.org.uk/files/LTF_SOM_mental_health_of_doctors_0.pdf
4. Medscape UK Doctors' Burnout & Lifestyle Survey 2018. (December 2018). <https://www.medscape.com/slideshow/uk-burnout-report-6011058>
5. NHS Long Term Plan. (January 2019). <https://www.longtermplan.nhs.uk/>

6. BMA. (October 2020). "COVID-19: analysing the impact of coronavirus on doctors" <https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-analysing-the-impact-of-coronavirus-on-doctors>
7. Chloe Chaplain. (November 2020). inews.co.uk "Covid vaccine: Doctors warn of coronavirus vaccination challenges for GPs already under pressure" <https://inews.co.uk/news/health/covid-vaccine-coronavirus-vaccination-doctors-gps-challenges-pressure-755541>
8. Royal College of General Practitioners. (July 2020). "General practice in the post Covid world" <https://www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en>
9. UK Parliament. (November 2020). Inquiry: "Workforce burnout and resilience in the NHS and social care" <https://committees.parliament.uk/work/494/workforce-burnout-and-resilience-in-the-nhs-and-social-care/>



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 90 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.