STAFF BURNOUT IN HEALTH SERVICES:
How human-centred design and technology can help address this growing crisis

Introduction

With the acute phase of the pandemic now over, the crisis of poor mental health continues to heave and swell in healthcare services across the world.

Already a concern long before Covid due to several factors including understaffing and the provision of complex care, burnout among health workers has increased exponentially as many thousands found themselves under a level of physical and emotional strain never experienced before.

The World Health Organisation (WHO) recognises burnout as an occupational phenomenon resulting from chronic workplace stress characterised by mental exhaustion, negative or cynical feelings about work and reduced productivity.

A survey by the British Medical Association (BMA) showed that 57% of doctors in 2021 were living with one or more mental health condition such as depression, anxiety or burnout as a result of work. Nurses, emergency services and care workers also reported increased levels of burnout following two years of battling the pandemic[1].
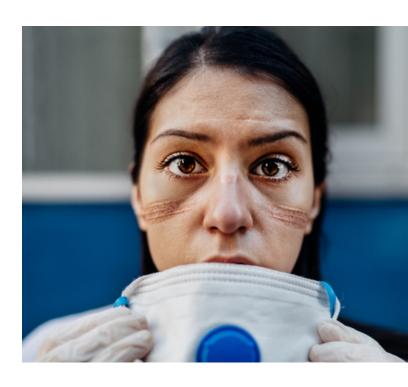
This article explores the complexities of the burnout problem and its impacts on capacity, performance and safety of care delivery. It also discusses how a rapid innovation approach combining system-wide, human-centred design, digital technology and business strategy can help address the issue.

An account of the burnout crisis in mental health services

In the U.K., workforce burnout has been described as the highest in the history of the NHS and care systems and as such, an "extraordinary dangerous risk to the future functioning of both services," according to a recent Parliamentary report.

Workers have already started to leave the NHS[2] at a record pace over the last year. This vicious circle of exhaustion and staff shortage is fuelling fears around care quality and patient safety, as well as worsening the elective care backlog.

A consultant health psychologist working for NHS England in the South West describes how a burnout crisis unfolded among fellow practitioners over the past few years.

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The longstanding issue of underfunding in mental health services meant many professionals were already stretched to near breaking point when Covid hit, the NHS consultant says. And while many managed to pull together at the start of the outbreak in a "call to arms" spirit, markers of burnout and stress in her team started to peak after one year of the pandemic.

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According to this professional, another trigger for burnout was moral injury – a general sense of frustration for not being able to provide the care health workers trained for and promised to give to their patients.

"That feeling of something that was crucial to be done wasn't done because of the way the system is designed or the overwhelming workload has been a major factor in leading to staff burnout."

Compounding this was workers' frustration with new technology – technology that was meant to alleviate stress but often only added to it. The NHS consultant notes that workers in her team had to quickly learn to use new IT systems that sometimes offered limited functionality.

While amplified and accelerated by the pandemic, this problem dates back from long before Covid. With tools such as electronic health records (EHR), chatbots, virtual wards, video consultations, apps and wearables becoming the norm in healthcare settings, technology with poor usability and limited human-centricity has forced doctors to spend more time on cumbersome admin rather than on what they find most meaningful – caring for people.

Clearly this situation where poor design as well as inadequate technical and systemic usability cause more pain for workers needs to change. We firmly believe that by collaborating and working together, achieving positive change, while hard, is possible.

Financial and human costs of staff burnout

The proportion of NHS staff reporting work-related stress increased[3] to 44% in 2020, with mental-health related absences costing the NHS £371.2 million between June 2020 and June 2021. Another effect of burnout at the institutional level is lower job satisfaction and increased employee turnover, exemplified by the recent exodus of NHS staff.

When those burnt-out workers remain on the ground, the impacts can be catastrophic. Fatigued staff are more likely to suffer from low engagement when performing their duties and, crucially, at increased risk of error-making.

A survey[4] by the Medical Defence Union (MDU) revealed that one in four doctors said tiredness had affected their ability to safely care for patients, including 40 near misses and seven cases in which a patient actually sustained harm. Too often these safety events create a tragic spiral of more stress and further burnout.

Importantly, fatigued teams have less capacity to learn about new methods and approaches that could improve their work overload and help deal with and prevent future burnout episodes.

Mitigating burnout with the help of technology and design-thinking

The 'wicked' problem of health workers burnout demands systemic solutions. Design thinking, which applies multidisciplinary, human-centred and agile techniques at a systemic level to problem-solving, can help organisations combat this issue.

The approach starts by asking a few good, Socratic-style questions and developing a hypothesis – 'What are we trying to achieve? Why? Who for? What do we think will work? What ideas do we want to test? What assumptions are we making? and then creates solutions by validating ideas that solve problems across three bases – desirability, viability and feasibility. We do this so that ideas don't fall foul of being unusable and creating (more) frustration for healthcare workers.

Desirability

Does the idea meet an unmet need? What specific pain point does it connect to? What's the unique value proposition? Do people want this product or service? Will it change behaviour not just for a few weeks but for months and years?

Viability

Will the idea scale? Can we build this in way that's economically sustainable? What has to be true for the idea to work? What are the costs and efforts? How will it be paid for?

Feasibility

Does the idea work with the existing technology? Is it functionally possible to deliver it in the foreseeable future?

Our experience

A&M's practitioners have worked on a range of projects that combine innovative human-centred approaches and technology to tackle a series of problems associated with healthcare provider burnout and ultimately transform the healthcare worker experience.

Using design thinking to set out a blueprint to address backlogs and burnout

- We conducted collaborative workshops with healthcare professionals, technologists, business strategists and data scientists to set out solution ideas to get through many of the complex challenges of healthcare provision.

- Several of the ideas addressed the burnout issue including an AI-based referral and routing system to be used to prioritise and route elective procedures, an air traffic control style pathway to improve patient readiness in surgeries and a buddy device that would enable HCPs to check in on each other, monitor stress levels, hours worked and breaks taken.

- In total, 30 ideas were stress-tested and validated in intensive sessions that involved discarding unnecessary elements and pivoting to different priorities.

- The findings were shared with the NHS and helped inform its February 2022 'Delivery plan for tackling the Covid-19 backlog of elective care' report.

Mental health management for health and 'blue light' workers during Covid

- Design, health and technology specialists at A&M have worked with a number of healthcare and emergency service providers to understand what, in relation to mental health and resilience, workers are being offered by employers, to identify gaps and opportunities in their current offering.

- Through a comprehensive landscape study (survey and interviews) with emergency services & NHS workers, we identified a vacuum in mental health services for healthcare and blue light workers and identified the key reasons for this.

- We also created a set of insights for the client that could be used to design and deliver more accessible, usable and viable improvements to mental provision for workers.

Design project to help businesses rethinking their work propositions

- Our practitioners have run projects using design thinking techniques that produced evidence-based insights to help businesses create more desirable work propositions around mental health.

- This resulted in clients having a clear understanding of what a future employee value proposition looks like, as well as a view on what types of work model and tools could support the desired proposition.

- Outcomes included invitations to speak at a number of industry events and 'closed door' sessions with private businesses as well as direct impact on several businesses' employee value proposition design.

We acknowledge that these are small steps towards a huge goal. However, they show the impact and value added by design thinking in transforming the work experience of healthcare staff -- not only by devising more usable digital tools that unburden them but also by creating more attractive employee value propositions that can help prevent burnout and stop the costly talent exodus in the sector.

A&M design specialists will continue to convene and discuss this and other pressing issues for health and care practitioners in the months ahead, aiming to advance the debate and deliver positive outcomes for patients, workers and organisations.

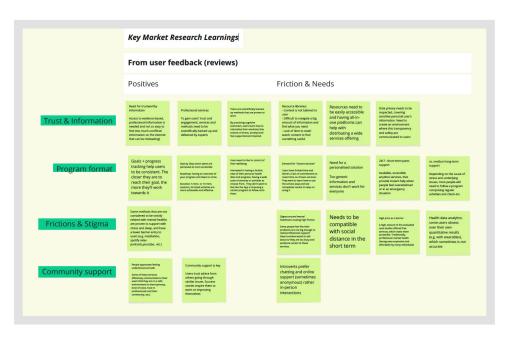If you're interested in these ideas and want to know how they can impact your organisation, please contact
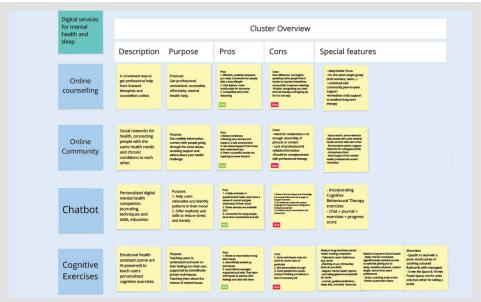
Ray Berglund at rbergland@alvarezandmarsal.com, **David Champeaux** at dchampeaux@alvarezandmarsal. com, **Alex Barclay** at abarclay@alvarezandmarsal.com. If you are in the US and interested in our Healthcare Workforce capability, please contact **Bianca Briola** at bbriola@alvarezandmarsal.com.

Key Frameworks:

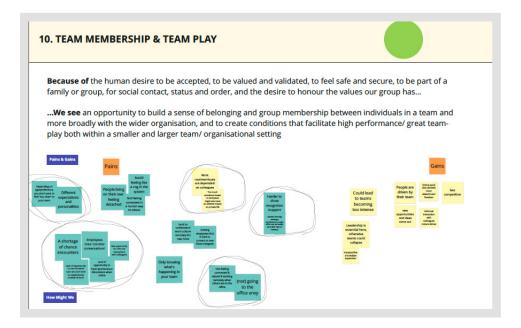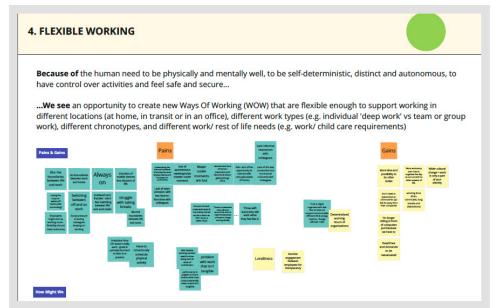## Generating insights through end user & market research

Key Market Research Learnings

From user feedback (reviews)

	Positives			Friction & Needs		
Trust & Information	Need for trustworthy information — Access to evidence-based, professional information is needed and not so easy to find (too much unofficial information on the internet that can be misleading)	Professional services — To gain users' trust and engagement, services and methods need to be scientifically backed up and delivered by experts	There are scientifically backed-up methods that are proven to work — By practicing cognitive exercises, users learn how to rationalise their emotions (the science of stress, anxiety) and feel supported and inspired	Resource libraries: - Content is not tailored to user - Difficult to navigate a big amount of information and find what you need - Lack of time to read/ watch content to find something useful	Resources need to be easily accessible and having all-in-one platforms can help with distributing a wide services offering	Data privacy needs to be respected, covering sensitive personal user's information. Need to create an environment where this transparency and safety are communicated to users
Program format	Goals + progress tracking help users to be consistent. The closer they are to reach their goal, the more they'll work towards it	Step by Step action plans are perceived as more accessible — Roadmap: having an overview of your progress and steps to come — Duration: 5 mins or 10 mins sessions, bit-sized activities are more achievable and effective	Users want to feel in control of their wellbeing — Interested in having a holistic view of their personal health data and progress, having a wide suite of services or activities to choose from. They don't want to feel like the App is imposing a certain program to follow onto them	Demand for "instant services" — Users have limited time and there's a lack of commitment to invest time on chosen services. They want to learn how to use the service asap and see immediate results to keep on using it	Need for a personalised solution — Too generic information and services don't work for everyone	24/7 : short-term panic support — Available, accessible anytime services, that provide instant help when people feel overwhelmed or in an emergency situation — vs. medium-long-term support — Depending on the cause of underlying issues, most people will need to follow a program comprising regular activities and check-ins
Frictions & Stigma	Some methods that are not considered to be strictly related with mental healths are proven to support with stress and sleep, and have a lower barrier entry to users (e.g. meditation, spotify relax podcasts, youtube, etc.)			Stigma around mental healthcare causing high friction — Some people feel like their problems are not big enough to need professional support/ they're embarrassed to talk about it/ they are too busy and postpone access to these services.	Needs to be compatible with social distance in the short term	High price as a barrier — A high amount of the evaluated case studies offered free services, which make them accessible. Traditionally, professional mental health therapy was expensive (not affordable by many individuals) — Health data analytics: some users obsess over their own quantitative results (e.g. with wearables), which sometimes is not accurate
Community support	People appreciate feeling understood and safe — Some of these services effectively communicate to their users that they are in a safe environment to share (privacy, tone of voice, trust in professionals and their community, etc.)	Community support is key — Users trust advice from others going through similar issues. Success stories inspire them to work on improving themselves	Introverts prefer chatting and online support (sometimes anonymous) rather in-person interactions			

Digital services for mental health and sleep	Cluster Overview				
	Description	Purpose	Pros	Cons	Special features
Online counselling	A convenient way to get professional help from licensed therapists and counsellors online.	Purpose: Get professional, convenient, affordable, mental health help.	Pros: 1. Effective, available whenever you need. Convenient for people with a busy lifestyle 2. Chat feature, more comfortable for introverts 3. Compatible with social distancing	Cons: time difference, not English-speaking native people find it harder to express themselves, some prefer in-person meetings -Friction: recognising you need (formal) therapy and signing up for it is not easy	- sleep better focus - for the same target group (NHS workers, teens...) - combined with community peer-to-peer support - immediate crisis support vs medium-long term therapy
Online Community	Social networks for health, connecting people with the same health needs and chronic conditions to each other.	Purpose: Get credible information, connect with people going through the same issues, receiving support and advice about your health challenge	Pros: 1. Reduce loneliness 2. Sharing your worries and needs in a safe environment 3. Get advice/support from those who understand you 4. Peers' successful stories are inspiring to move forward	Cons: - Need for moderators: not enough censorship of pictures or content - Lack of professional & reliable information -Should be complemented with professional therapy	- issue-centric: some networks help people with same medical issues connect with each other - Environment-centric: support networks for colleagues (NHS) - Anonymous chats - Extra support from mental health professionals and/or volunteers
Chatbot	Personalised digital mental health companion. Journaling, techniques and skills, education	Purpose: 1. Help users rationalise and identify patterns in their mood 2. Offer methods and skills to reduce stress and anxiety	Pros: 1. A daily reminder or questionnaire helps users have a sense of control and gain awareness of their mood 2. These services are available 24/7 3. Convenient for busy people, since time commitment is small	Cons: 1. Some of the techniques and knowledge are oversimplified and not enough to support the users 2. AI limitations to deal with natural language and respond accordingly (as a therapist would do) 3. Limited to small conversations and interactions	- Incorporating Cognitive Behavioural Therapy exercises - Chat + Journal + exercises + progress score
Cognitive Exercises	Emotional health assistant (some are AI-powered) to teach users personalised cognitive exercises	Purpose: Teaching users to understand and work on their feelings (on their own, supported by scientifically-proven techniques). Teaching them about the science of mental issues	Pros: 1. Works to treat medium-long term issues 2. Scientifically-backed up techniques 3. Users feel encouraged supported and safe. They learn techniques to express their feelings and deal with them	Cons: 1. Some techniques may not work for some users in particular 2. Not personalised enough 3. Some people find certain content irritating and there's a lack of humanity (AI)	Medium-long term/Daily mental health tracking companion - Tailored to users' daily focus (e.g. work) - Checking on you 3x/everyday (how do you feel) - Regular mental health reports - journaling general and specific (for work) - courses, guided meditations, sleep aids, and other resources — Medium-long term Sound based: - Sleep: Human composed, algorithmically remixed sounds to optimize getting you to sleep, variable voiceover, custom length, learns from users' preferences - Stress: coaching audio tracks - Online course with videos — Short-time - Specific to deal with a panic attack (series of soothing coloured flashcards with messages) - 5-min Me Space & 10-min Pause Space, not for crisis only but rather for taking a break

Key Frameworks (continued):

Understanding unmet human needs & how to meet those needs

10. TEAM MEMBERSHIP & TEAM PLAY

Because of the human desire to be accepted, to be valued and validated, to feel safe and secure, to be part of a family or group, for social contact, status and order, and the desire to honour the values our group has...

...We see an opportunity to build a sense of belonging and group membership between individuals in a team and more broadly with the wider organisation, and to create conditions that facilitate high performance/ great team-play both within a smaller and larger team/ organisational setting

4. FLEXIBLE WORKING

Because of the human need to be physically and mentally well, to be self-deterministic, distinct and autonomous, to have control over activities and feel safe and secure...

...We see an opportunity to create new Ways Of Working (WOW) that are flexible enough to support working in different locations (at home, in transit or in an office), different work types (e.g. individual 'deep work' vs team or group work), different chronotypes, and different work/ rest of life needs (e.g. work/ child care requirements)

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