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## Battling burnout

The future of global health care is at risk. The pandemic, along with overwhelming workloads and record waiting lists, has exacerbated existing barriers to ensuring the wellbeing of health-care workers, leading to fatigue, stress, and poor mental health. As a result, health-care workers are leaving their jobs in droves, citing exhaustion and burnout. What will it take to avert further crisis?

Burnout was already a problem before COVID-19 struck, with nearly half of physicians in the USA and a third of those in the UK reporting burnout. By the end of 2020, 44% of NHS England staff reported feeling unwell as a result of work-related stress (up from 40% in 2019), as did a staggering two-thirds of UK nurses surveyed in October 2021. Health-care absentee rates, fuelled by the omicron wave, could triple those seen in earlier COVID-19 waves, according to a recent modelling study, with one in six of UK doctors and nurses projected to take sick leave in 2022 due to burnout and the long-term effects of COVID-19. In nursing, COVID-related absences could turn an already perilous situation into a full-blown crisis. A Jan 24 report from the International Council of Nurses estimated that the global shortage of nurses—which already stood at 5.9 million before the pandemic—could reach 13 million by 2030, unless action is taken to tackle burnout, reduce attrition, and recruit sustainable numbers of nurses into the profession.

Rheumatology is also feeling the effects of burnout. Even before the pandemic, 51% of rheumatology practitioners in the USA reported experiencing burnout. These numbers have risen since the onset of the pandemic, with 60% of rheumatologists in Latin America reporting burnout and 81% of rheumatologists in Germany reporting high or very high levels of occupational stress. Nearly half of paediatric rheumatologists in Latin America reported having symptoms of anxiety, and a third of those in North America said that dissatisfaction with telehealth contributed to their burnout.

Beyond the individual toll of burnout is the impact on health systems. Record levels of attrition are compounding already chronic staff shortages in rheumatology, leading to what the British Society of Rheumatology (BSR) recently called a “crisis in numbers”. A 2021 BSR report revealed the extent of the problem—the current numbers of rheumatologists and specialist nurses are insufficient to provide the level of patient care

recommended by the UK National Institute for Health and Care Excellence, and access to specialists within the multidisciplinary team is inadequate. Only 48% of patients referred to a rheumatologist for early inflammatory arthritis in England and Wales are seen within the target of three weeks, and 36% of patients wait more than 6 weeks from diagnosis to be prescribed DMARDs.

Governments and policy makers in many countries are making efforts to mitigate the problem. In the USA, for example, the Biden administration has allocated US\$103 million in grants to help curb health-care burnout and staffing shortages and to support training and development. This boost in funding has been widely applauded, but some have criticised it as insufficient, amounting to less than US\$5 per person in an industry that employs 22 million individuals. In the UK, NHS England has specified supporting the health and wellbeing of staff as a priority for 2021–22, including rapid access to psychological support.

But to elicit meaningful change, it is essential to address the root causes of the problem and to not lay the burden of responsibility on individuals. Interventions like stress management and mindfulness are welcome, but they run the risk of compounding excessive workloads. Health-care workers in the UK are already working unpaid hours on a regular basis—74% of UK nurses work more than their contracted hours at least once a week—and many have expressed feelings of guilt about taking time off while leaving overstretched colleagues to cover in their absence. What is needed is system-wide organisational change.

A 2021 report by the UK House of Commons Health and Social Care Committee demanded a complete overhaul of workforce planning, outlining ambitions to address failings in the culture of the NHS, with a focus on systemic solutions rather than the resilience of individuals. Similarly, the need for strategic workforce planning was among the central priorities outlined by the London School of Economics-Lancet Commission on the future of the NHS, which noted that strategies should focus on achieving the optimal composition of multidisciplinary teams—a sentiment echoed by the BSR workforce report.

Repairing health-care systems to mitigate burnout and attrition is a daunting challenge, but it's one that must be tackled with success to ensure the future health of populations worldwide. ■ *The Lancet Rheumatology*



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For the **NHS staff survey** see <https://www.nhsstaffsurveys.com/static/afb76a44d16ee5bbc764b6382efa1dc8/ST20-national-briefing-doc.pdf>

For the **Royal College of Nursing survey** see <https://www.rcn.org.uk/professional-development/publications/employment-survey-2021-uk-pub-010-075>

For more on **health-care absentee rates** see <https://www.independent.co.uk/news/health/burnout-nhs-staff-sickness-tripling-b1982032.html>

For the **International Council of Nurses report** see <https://www.icn.ch/system/files/2022-01/Sustain%20and%20Retain%20in%202022%20and%20Beyond-%20The%20global%20nursing%20workforce%20and%20the%20COVID-19%20pandemic.pdf>

For the **study of burnout in US rheumatology practitioners** see *J Rheumatol* 2020; 47: 1831–34

For the **study of burnout in rheumatologists in Latin America** see *Clin Rheumatol* 2022; 28: 1–6

For the **BSR workforce report** see <https://www.rheumatology.org.uk/Portals/0/Documents/Policy/Reports/BSR-workforce-report-crisis-numbers.pdf?ver=2021-06-16-165001-470>

For the **House of Commons Health and Social Care Committee report** see <https://committees.parliament.uk/publications/6158/documents/68766/default/>

For the **London School of Economics-Lancet Commission** see *Commission Lancet* 2021; 397: 1915–78