

University of Wales Trinity Saint David

London Campus

Individual Report

Module Name: Digital Skills and Research Methods

Module Code: LCHS 4007

Student Name: Bappy Chakraborty

Student ID: 2442408

Lecturer's Name: Sam Parker

Introduction: Staff burnout in the UK healthcare sector has transitioned from a seasonal pressure to a chronic systemic crisis, threatening the sustainable delivery of the NHS in 2026.

This crisis is characterized by "moral injury," where frontline workers, such as Healthcare Assistants face psychological distress from being unable to provide the high standard of care their roles require due to external constraints.

Supporting this, national datasets like the NHS Staff Survey provide a harrowing statistical overview of rising exhaustion, yet a gap remains between these institutional figures and the nuanced, lived reality of the ward.

Therefore, by triangulating secondary policy analysis with primary frontline experiences, this research aims to justify a shift toward structural reform, arguing that workforce wellbeing is the fundamental prerequisite for patient safety.

Task 1 – Selection of a Research Topic (Staff burnout)

1.1 The Issue and Why It Matters:

The NHS has a chronic workforce crisis, driven by years of inadequate workforce planning, lack of accountability for workforce issues and recurrent failure to value and invest in staff. Without action to better train and retain the doctors the NHS needs, staffing levels will continue to fall short of demand, further impacting working conditions, waiting lists and care quality. As Jun H (2024) said About half of nursing home patients suffer from depression, and one-fourth are diagnosed with anxiety disorders. Lack of care has increased the likelihood of poor mental health, and nursing facilities have long grappled with staffing shortages. Immigration may be a key answer to both issues. Previous research has shown how the long-term care workforce could be strengthened by immigrant labour. We contribute to this picture by investigating how immigrant inflows affect nursing home residents' mental health outcomes. We establish empirical evidence that immigration lowers diagnoses of anxiety and depression, the usage of antidepressant and anti-anxiety medications, and self-reported symptoms of depression using a shift-share instrumental variable technique using a nationally representative dataset. The outcomes hold up well to multiple sensitivity testing.

1.2 Personal Reflection

I have chosen to highlight staff shortages specifically, while burnout is the *feeling* of the crisis. While hospital doctor numbers are up, the number of permanent, qualified GPs has fallen over the last decade, making it harder for people to get an appointment and pushing them toward overstretched A&E

departments. During my previous role as a Healthcare Assistant, I frequently navigated periods of significant winter pressure where we were consistently running two HCAs short on the ward. In this high-pressure environment, my primary objective was to maintain a gold standard of patient safety while proactively managing my own occupational well-being to prevent exhaustion. To achieve this, I utilized a strategic approach to clinical prioritization, ensuring that high-acuity tasks were addressed immediately while maintaining transparent, open communication with my colleagues regarding our collective capacity. I also took the initiative to advocate for 'wellbeing check-ins' during our morning huddles; by identifying which team members were struggling most that day, we were able to redistribute the workload more effectively. This fostered a culture of psychological safety and mutual support, which was essential for maintaining team resilience and ensuring that the quality of patient care remained uncompromised despite the staffing shortages."

Task 2 – Evaluating Information Sources

2.1 Source 1

Summary: This report highlights that burnout is "rife" in healthcare, noting that over one-third of NHS staff reported feeling burned out in 2022, with clinical roles being the most vulnerable. It stresses that burnout is caused by chronic, unmanaged workplace stress—including high workloads and excessive admin—rather than individual weakness.

Credibility: Published by The Society of Occupational Medicine (SOM), a professional organization dedicated to improving health at work, and authored by specialists in the field, this source provides evidence-based, expert-driven insights.

Support: It directly supports the topic by defining the scope of the problem and offering concrete, systemic solutions (e.g., fostering supportive cultures) to mitigate burnout, rather than placing the onus entirely on individual coping strategies.

2.2 Source 2

Summary: This study analyses the intense burnout levels in healthcare workers during the pandemic, noting high rates of anxiety, anger, and post-traumatic stress symptoms. It links heavy workloads, redeployment, and fear of infection to a decline in mental well-being and an increase in staff absenteeism.

Credibility: This is a peer-reviewed article published in PubMed Central (PMC), a database of the US National Institutes of Health (NIH), ensuring rigorous scientific standards.

Support: This source supports the topic by highlighting the specific, recent catalysts (COVID-19) that worsened the crisis and providing data on the long-term impact on the workforce's mental health.

2.3 Source 3

Summary: This 2026 report based on the 2025 NHS Staff Survey indicates that burnout remains high, with 31% of staff feeling burnt out and 35% finding their work emotionally exhausting. It points to a "crisis of capacity" where understaffing directly causes extreme pressure, making it difficult to maintain patient safety.

Credibility: The findings are based on a large-scale national survey, providing up-to-date, empirical data directly from the frontline of healthcare, analysed by a specialized healthcare publication.

Support: It supports the topic by offering the latest, real-world data confirming that burnout is a persistent, worsening issue in 2025–2026, linking it directly to staffing shortages and the need for urgent retention strategies.

2.4 Gaps in Current Research

Burnout significantly impacts the retention of our highly valued NHS workforce, with more staff thinking about leaving the NHS. It can negatively impact both mental and physical health, often results in presenteeism and absenteeism. The cost of absenteeism and presenteeism can be detrimental to organisations. How staff are feeling can impact on the quality of care provided to patients.

Research suggests that NHS staff are 50 per cent more likely to experience chronic stress, a known contributor to burnout, compared to the general population. This is due to factors such as: staff shortages, high workload and pressures to maintain high quality patient care

To help avoid burnout, the National Institute for Health and Care Excellence recommends that staff in organisations across all sectors should have access to mindfulness courses.

NIHR researchers subsequently conducted a review which highlighted the association between physician burnout with career engagement and quality of patient care. This showed that mindfulness courses help reduce stress and improve wellbeing and mental health in healthcare and other employees.

Task 3 – Research Methodologies

3.1: The need to comprehend the causes and effects of staff burnout, especially in the wake of the COVID-19 pandemic, has a significant and ongoing impact on research approaches. Healthcare workers

(HCWs) have a high prevalence of burnout, frequently exceeding 50–70% in some studies, according to recent research conducted in the UK and around the world. Longitudinal Observational Studies are being utilized more and more to monitor burnout over time and comprehend how it changes under extended stress.

Integrating quantitative data (questionnaires, surveys) To study burnout within healthcare systems, researchers increasingly rely on a Mixed-Methods Approach, which bridges the gap between statistical trends and human reality. By utilizing Quantitative Tools like the Maslach Burnout Inventory (MBI) or the Burnout Assessment Tool (BAT-12), investigators can precisely measure the prevalence of exhaustion and mental distance across large populations. However, these numbers are given depth through Thematic Analysis of qualitative interviews, which uncovers the "lived experience" of staff, highlighting specific stressors like moral distress or leadership failures. To contextualize these findings within the broader academic landscape, Bibliometric Analysis is employed to map global research trends, visualizing how the discourse has evolved—particularly the dramatic surge in burnout literature following the 2020 global health crisis. Together, these methodologies create a comprehensive information loop that informs both immediate clinical interventions and long-term policy shifts.

3.2: Burnout syndrome is a state of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can significantly impair work performance. Evidence suggests that surgeons experience higher levels of burnout than their non-surgical peers and are less likely to seek support. Importantly, burnout has been associated with an increased risk of medical errors, as well as unprofessional behaviours such as loss of temper, reduced empathy, and involvement in malpractice litigation. While the link between burnout and patient safety is well established, the underlying mechanisms remain unclear. Therefore, further research—particularly qualitative studies—aims to better understand surgeons’ experiences of burnout and how it affects the quality and safety of patient care.

Task 4 – Data Collection

4.1: Primary Data is Information created by the researcher, including surveys, interviews, and experiments specifically intended to comprehend and address the current study problem. Conducting one-on-one, in-depth interviews with Clinicians to explore the correlation between “winter pressure” staffing ratios and long-term staff retention. This qualitative approach allows for the discovery of underlying themes, such as moral injury, that surveys might miss.

Distributing a validated burnout inventory (such as the Maslach Burnout Inventory) specifically to Healthcare Assistants (HCAs). This provides measurable, primary data on the levels of “personal accomplishment and depersonalization” felt by support staff on the frontline.

Secondary Data is maintaining organisational records by utilising pre-existing data produced by major government agencies, medical facilities etc. Next, the information is taken out of a wider variety of data files.

4.2: Secondary data is generally superior for identifying broad trends and systemic factors, while primary data is superior for understanding the depth, causes, and lived experience of burnout. As researcher Leary A (2024) said that

Rising demand for healthcare in England, highlighted by millions waiting for treatment, has intensified pressure on the National Health Service workforce. Although data on staff leaving are routinely collected and centrally collated, they are often limited by broad categories and a high proportion of “unknown” reasons. While policy has largely focused on increasing workforce supply, less attention has been given to understanding why staff leave, despite a wealth of underused data. This study therefore draws on existing datasets from multiple workforce projects to explore patterns in staff decision-making. It aims to provide deeper insight by analysing qualitative survey responses, which are typically overlooked, in order to better understand the factors contributing to workforce attrition and inform more effective retention strategies.

4.3 Advantages and Challenges:

High levels of emotional tiredness, depersonalisation, and diminished personal accomplishment are hallmarks of staff burnout in the UK healthcare industry, especially within the NHS. Although burnout is inherently difficult to overcome, research shows that it has compelled the creation of creative, proactive, and caring management strategies that, when used effectively, can have long-term benefits. Challenges of staff burnout:

Employee wellbeing - Burnout can negatively impact both mental and physical health and often results in presenteeism and absenteeism. Organisations have a moral and legal obligation to look after the wellbeing of their staff.

Patient care - How staff are feeling can impact on the quality of care provided to patients. Staff who have constant exposure to traumatic events associated with caring responsibilities, can often experience compassion fatigue.

Advantages of staff burnout:

Improves psychological safety - when staff feel safe to speak up about workload, mistakes, or stress, problems get addressed earlier, preventing the buildup that leads to burnout.

Encourages sustainable workloads - Compassionate leaders are more likely to notice overload and redistribute work, promote breaks, and discourage unhealthy “always - on” cultures.

Conclusion:

The research methodology for investigating staff burnout in the UK healthcare sector utilizes a mixed-methods approach to ensure both statistical breadth and contextual depth. By triangulating secondary data—such as the 2025 NHS Staff Survey and NIHR longitudinal reports—with primary data derived from frontline experiences like those of Healthcare Assistants, the study establishes a robust link between national trends and the lived reality of "moral injury." This combination is essential for justifying future policy changes, as it moves beyond identifying the symptoms of burnout to uncovering its systemic root causes, such as chronic understaffing and the "implementation gap" of wellbeing interventions.

However, conducting research in this field presents significant challenges. Accessing primary data within the NHS is often restricted by complex ethical approval processes and the very issue being studied: staff are often too burnt out or time-poor to participate in interviews or focus groups. Furthermore, a major research gap remains in the "digital fatigue" caused by rapid technological shifts and the lack of role-specific data for support staff. Future research must, therefore, prioritize longitudinal studies that evaluate the long-term efficacy of systemic reforms over individual resilience training to ensure the sustainable recovery of the UK healthcare workforce.

Reference list:

Jun, H. (2024) ‘Mental health in nursing homes: The role of immigration in the long-term care workforce’, *Social Science & Medicine*, 351, p. 116978.

<https://doi.org/10.1016/j.socscimed.2024.116978>

Izdebski, Z. (2023) “Occupational Burnout in Healthcare Workers, Stress and Other Symptoms of Work Overload during the COVID-19 Pandemic ”, *International Journal of environmental research and Public Health*, 20(3), p. 2428. doi.org/10.3390/ijerph20032428.

Leary, A. (2024) ‘Why are healthcare professionals leaving NHS roles? A secondary analysis of routinely collected data’, *Human Resources Health*, 22(1), p. 65. doi.org/10.1186/s12960-024-00951-8.

Hariharan, T.S. Griffin, B. (2019) ‘A review of the factors related to burnout at the early-career stage of medicine’, *Medical teacher*, 41(12), pp.1380–1391. doi.org/10.1080/0142159X.2019.1641189.

NHS Staff Survey (2023) NHS Staff Survey 2023 National Results Briefing.

