

Introduction:

“Factors such as staff shortages, high workload, and pressures to maintain high-quality patient care all contribute to burnout in NHS staff.” (NHS Employers, 2025) This report examines NHS workforce shortages, evaluates relevant research methods and considers how the issue could be further investigated.

Task 1:

The issue of workplace shortages within the NHS has been widely documented. The NHS Support Federation (2025, para. 1) states that “shortages of staff are widespread within the NHS and exist across all disciplines. The NHS has too few nurses, midwives, GPs, hospital doctors and mental health workers. Staff are leaving the service due to low pay, work-related stress and reduced job satisfaction, whilst recruitment and retention continue to be a problem.” This demonstrates the scale of the staffing crisis and highlights the direct relationship between workforce shortages and increased occupational stress.

In recent years, vacancy rates across nursing, general practice and social care roles have continued to rise, placing significant strain on the existing workforce. This relationship threatens both staff wellbeing and the long-term sustainability of the NHS. If the work shortages continue to rise, they have the potential to lead to higher turnover rates and reduced staff morale, thus worsening the already widespread burnout (NHS Support Federation, 2025, para. 4).

These shortages affect not only healthcare professionals but also patients and healthcare organisations. Staff experiencing prolonged stress may suffer emotional exhaustion, reduced motivation, and decreased job satisfaction. This can increase the likelihood of clinical errors and reduce the continuity and quality of care delivered to vulnerable patients. For service users, workforce shortages often show as longer waiting times, reduced access to special services and reduces patient satisfaction (Care Quality Commission, 2022).

I have chosen this topic because workforce wellbeing is central to the distribution of the highest quality of healthcare. As someone currently studying Health and Social Care, understanding the structural challenges faced by the NHS is extremely important for my professional development. Exploring this issue will help me to develop a deeper understanding of how workforce pressures have the potential to impact both staff wellbeing and the overall quality of patient care.

Task 2:

In order to gain a deeper understanding of workforce shortages and the resulting staff burnout within the NHS, a range of credible information sources were reviewed. These sources include organisational guidance, statistical data and policy research reports from established health organisations. Sources from NHS Employers, Statista and research produced by The King's Fund, The Health Foundation and Nuffield Trust provide valuable insight into the sheer scale and depth of workforce shortages in the NHS, their impact on staff wellbeing, and the implications and potential consequences for the NHS in the long term. Analysing these sources helps me to identify the key themes and gaps in current research surrounding this issue.

According to a guidance report from NHS Employers (2025), burnout is defined as a state of physical and emotional exhaustion caused by prolonged workplace stress. The guidance report highlights workforce shortages, increasing workload and pressure placed on staff as key contributing factors to burnout. This source is valuable and reliable because it uses data from national surveys and research from verified organisations such as The King's Fund and The British Medical Journal to support its information. Due to being produced by NHS Employers, an organisation which supports NHS workforce management, the information is very likely to be informed by real workforce data. However, while the guidance report provides strong evidence in addition to statistics to support its information regarding burnout, it focuses on organisational guidance rather than exploring the personal experiences of the NHS staff deeply.

According to data published by Statista (Mikulic, 2025), the NHS in England reported over 106,000 staff vacancies, including approximately 27,000 in nursing roles. Although vacancies have shown some signs of improvement in comparison to the previous years, the number of healthcare professionals leaving the workforce has continued to steadily rise. The data highlights how burnout and mental health challenges are a major contributing factor to staff absences. This source is useful because it provides recent statistical evidence that showcases the sheer scale of staff shortages and their relation to the well-being of the workforce. However, while the statistics provide valuable numerical data, the source only offers a limited explanation of the underlying causes of burnout or the personal experiences of healthcare workers.

Research conducted by The King's Fund, The Health Foundation and Nuffield Trust highlight the long-term risks posed by the NHS workforce shortages. The paper predicts that NHS

staffing shortages in England could increase from around 100,000 vacancies to almost 250,000 by 2030 if these challenges are not addressed properly. The analysis also warns about shortages having the potential to reach up to 350,000 if the NHS continues to lose staff through early retirement and job dissatisfaction caused by burnout. The report described how these shortages could significantly undermine the NHS in the long term by increasing waiting times for patients, reduce the quality of the care given, and limiting the overall ability of NHS services to meet the growing demands of patients. This source is valuable as it draws on expert policy analysis from leading UK health research organisations. However, the report mainly focuses on workforce planning and policy recommendations rather than providing detailed insight into the personal experience of the NHS staff members experiencing burnout.

Task 3:

To investigate the issue of workforce shortages and staff burnout within the NHS more effectively, many different research methods could be used. Research methodologies allow researchers to collect reliable data and gain a deeper understanding of the experiences of an NHS healthcare professional. Both qualitative and quantitative research methods can be used to explore the scale of NHS workforce shortages as well as the personal impact burnout has on NHS staff.

Quantitative research methods are methods which collect and analyse numerical data in order to identify patterns and trends, they could be used in order to measure the scale of workforce shortages and burnout within the NHS workforce. For example, large scale surveys such as the NHS Staff Survey collect statistical data from across the UK. This kind of research allows researchers to identify any patterns, trends and any overall areas where burnout is prevalent within different healthcare roles. Quantitative data like this is useful since it provides measurable evidence that can be used to inform workforce planning and policy decisions.

Qualitative research methods are methods which focus on non-numerical data such as personal experience and opinions, they could also be used to carry out this investigation in order to gain deeper insight into the personal experiences of NHS staff experiencing burnout. Methods such as interviews or focus groups allow healthcare workers to describe the emotional and psychological effects of prolonged workplace stress placed on existing staff due to workforce shortages. This type of research provides detailed insight that statistical quantitative data alone cannot capture, helping researchers understand the effect of workforce shortages on staff morale, job satisfaction and wellbeing.

By combining qualitative and quantitative research methods, researchers could get a more comprehensive understanding of workforce shortages in the NHS and their direct impact of workplace burnout, they could then identify effective strategies to improve staff wellbeing, retention and job satisfaction.

Task 4:

In Health and Social Care research, data can be collected via both primary and secondary sources. Primary data is information collected directly by a researcher, for example through interviews, questionnaires and focus groups. Secondary data is information which has already been collected and published by other researchers or organisations, for example reports, statistics and published works from organisations such as NHS England.

For this research, I would choose to collect my own primary data. It would allow me to gather information directly from healthcare professionals currently working within the NHS. I believe methods such as questionnaires and interviews could result in personal answers regarding how workforce shortages affect staff stress levels and job satisfaction.

An advantage of collecting primary data would be that the information is specific to the research question. Researchers are able to get firsthand experiences from participants, providing deeper insight into burnout. Additionally, researchers themselves can design questions focusing directly on workforce shortages and their effects. However, collecting primary data can be extremely time-consuming. Additionally, staff may be reluctant or hesitant to discuss workplace stress and burnout openly, which has the potential to limit the accuracy of responses. Despite this, primary data collection would provide valuable insight into the real experiences of NHS staff.

Conclusion:

In summary, workforce shortages remain a significant challenge within the NHS and the wider UK health and social care sector and are closely linked to increasing levels of staff burnout. This report has explored how shortages across healthcare roles place pressure on existing staff, affecting their wellbeing and potentially impacting the quality of care provided to patients. It also examined relevant research sources, research methods and data collection approaches used to investigate this issue. Overall, continued research into workforce wellbeing and staffing levels is essential to support the sustainability of the NHS and maintain high-quality patient care.

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