ADDRESSING BURNOUT IN HEALTHCARE WORKERS

WHAT CAN WE LEARN FROM MINDFULNESS-BASED APPROACHES IN KENT, SURREY & SUSSEX AND BEYOND?

INTRODUCTION

Healthcare workers play a critical role in the health of a nation, yet rates of healthcare worker stress are disproportionately high (Benavides-Gil et al., 2024). Healthcare-worker burnout is driven by sustained occupational demands and affects wellbeing, workforce sustainability and potentially quality of care. Mindfulness-based interventions have shown promising effects on stress, wellbeing and some dimensions of burnout, but results are not uniform. Mindfulness-Based Stress Reduction (MBSR) was developed to help people cope with stress, pain and illness (Strauss et al., 2021).

A Kent, Surrey and Sussex (KSS) funded study evaluated Mindfulness-Based Cognitive Therapy for Life (MBCT-L) intervention among NHS healthcare workers and demonstrated improvements in stress and psychological wellbeing, providing promising evidence that mindfulness may support healthcare-worker wellbeing. However, the study focused on a specific intervention and did not establish which mindfulness approaches are most effective for addressing burnout across different healthcare settings and workforce groups (Strauss et al., 2021). To address this gap, this study draws on established systematic reviews and wider healthcare research to identify mindfulness approaches, delivery methods and characteristics associated with improvements in burnout, stress and wellbeing.

The findings will be used to inform an evidence-based approach that could be adapted to the KSS context, with future work involving healthcare workers in co-designing, piloting and evaluating a practical, inclusive and sustainable intervention for burnout (Strauss et al., 2021).

AIM

To synthesize existing evidence on mindfulness-based approaches for healthcare-worker burnout, building on KSS research, and identify evidence-informed approaches that could be adapted to support healthcare workers in Kent, Surrey and Sussex. The KSS trial evaluated whether Mindfulness-Based Cognitive Therapy for Life (MBCT-L) could reduce healthcare-worker stress and improve secondary outcomes including wellbeing, mental health and work-related outcomes

OBJECTIVES

To identify mindfulness-based interventions evaluated in KSS and wider healthcare settings; examine their effects on burnout, stress and wellbeing; critically compare what improved and what remained unchanged; identify practical, implementation and equity considerations; and use these findings to develop an evidence-informed pathway for future adaptation and evaluation in KSS.

RESULTS:

The first systematic review and meta-analysis, Ong et al. (2024), included 27 studies about healthcare professionals. Mindfulness-based interventions—including stress-reduction programmes, meditation, training and digital/app-based approaches—showed benefits across burnout, stress, anxiety, depression, psychological distress and job strain, although longer-term benefits were inconsistent (Ong et al., 2024).

The second review, Dou et al. (2025), included 16 randomised controlled trials I which reported about burnout The meta-analysis demonstrated a significant improvement in burnout following mindfulness-based interventions. Improvements were also found in resilience and sleep quality, although substantial heterogeneity and concerns about risk of bias reduced confidence in the overall evidence (Alharbi and McKenna, 2025).

The third review, Alharbi & McKenna (2025), focused on ICU nurses and included eight studies. The review found evidence of reductions in burnout- and stress-related outcomes, but differences in intervention design, duration and outcome measures meant that the authors used narrative rather than statistical synthesis (Alharbi and McKenna, 2025).

METHODS

A secondary evidence synthesis was undertaken to address the gap identified in the KSS research: although the KSS MBCT-L trial demonstrated improvements in stress and psychological wellbeing, it did not demonstrate significant improvements in work-related outcomes, leaving uncertainty about the wider effectiveness of mindfulness for healthcare-worker burnout (Strauss et al., 2021) Existing systematic reviews and meta-analyses were therefore selected as the primary evidence source because they synthesise multiple intervention studies and provide a broader evidence base than a single local trial. Studies were considered relevant where they examined healthcare workers or nurses, mindfulness-based interventions, and burnout, stress, wellbeing or related psychological outcomes.

Three recent systematic reviews/meta-analyses were selected for focused synthesis: Ong et al. (2024), including 27 studies and 2,506 healthcare professionals; Dou et al. (2025), including 16 randomised controlled trials and 1,384 nurses; and Alharbi & McKenna (2025), including eight studies specifically examining ICU nurses.

Findings were extracted and compared according to population, intervention, delivery format, burnout/stress outcomes, duration, effectiveness, limitations and implementation considerations

CONCLUSION

The existing KSS trial provides local evidence that mindfulness-based cognitive therapy can reduce stress and improve psychological wellbeing among NHS healthcare workers, but its lack of significant effects on work-related outcomes left a gap concerning the broader management of healthcare-worker burnout (Strauss et al., 2021).

Therefore, secondary synthesis of three systematic reviews/meta-analyses provides broader evidence that mindfulness-based interventions can improve burnout, stress and related wellbeing outcomes, particularly among nurses and other healthcare professionals. However, variation between interventions and populations limits direct transferability (Alharbi and McKenna, 2025).

The proposed contribution is therefore to translate existing evidence into a KSS-relevant approach: identify what appears to work, adapt it with healthcare workers, and evaluate its feasibility, acceptability, sustainability and impact on burnout (Ong et al., 2024)..

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