



1.1. Healthcare professionals who consider leaving the profession (% of respondents, Power to Care) (R-1)

1.1.1. Documentation sheet

Description	<p>Primary indicator</p> <p>Share of respondents to the Power to Care survey who have a high score for “considering leaving the profession”.</p> <p>Secondary indicators</p> <p>Share of respondents to the Power to Care survey who have a high score for chronic stress symptoms (feeling tired, being under pressure/stress, not being able to relax, lack of sleeping/waking up, difficulty concentrating).</p> <p>Share of respondents to the Power to Care survey who have a high score for acute stress symptoms (hyperalertness/increased alertness, feelings of anxiety).</p> <p>Share of respondents to the Power to Care survey who have a high score for other personal symptoms (reliving events at work outside of work, insufficient regularity in life, feeling unhappy and depressed, not recognising one's own emotional reactions).</p> <p>Share of respondents to the Power to Care survey who have a high score for negative symptoms (feeling alone, doubting one's own abilities, feeling insecure in the team).</p>
Calculation	<p>Numerator: number of respondents to the considered round of the Power to Care survey who have a score 7 or above (out of 10) for the considered item (e.g. “considering quitting the profession”).</p> <p>Denominator: number of respondents to the considered round of the Power to Care survey.</p>
Rationale	<p>It is largely acknowledged that the COVID-19 period exerted considerable pressure on healthcare professionals, in terms of increased workload, but also in terms of physical and psychological symptoms.¹⁻⁴ To counter that, countries have implemented various schemes to support the mental health of healthcare professionals and to offer financial and practical assistance.⁵</p> <p>To measure Belgian health system resilience regarding the wellbeing of healthcare professionals, we use data from the Power to Care survey carried out by Sciensano and LIGB – KU Leuven. This survey counts eight rounds (of which the first four do not include professionals from Wallonia) between April 2020 and September 2021. Respondents (ranging from around 700 to 2 800 depending on the round) were asked to self-assess their chronic stress symptoms (feeling tired, being under pressure/stress, not being able to relax, lack of sleeping/waking up, difficulty concentrating), acute stress symptoms (hyperalertness/increased alertness, feelings of anxiety), other personal symptoms (reliving events at work outside of work, insufficient regularity in life, feeling unhappy and depressed, not recognising one's own emotional reactions) and negative symptoms on a professional level (considering leaving the profession, feeling alone, doubting one's own abilities, feeling insecure in the team). Participation was on a voluntary basis and anonymous. Each round was publicly announced via social media and the communication of Sciensano, ZorgSamen and partner organisations.</p>
Data source	Sciensano



Technical definitions	<p>For each considered symptom (item), respondent were asked to give a score from 0 (never present) to 10 (always present) for the past week. A score of 7 or above is considered a "high score".</p> <p>Round 1 = April 2020, Round 2 = May 2020, Round 3 = June 2020, Round 4 = October 2020, Round 5 = December 2020, Round 6 = March 2021, Round 7 = June 2021, Round 8 = September 2021.</p>
International comparability	<p>Similar, but not identical, surveys were carried out in different OECD countries in 2020 and 2021. Results are summarised in OECD (2023).⁶</p>
Limitations	<p>Due to the absence of a number of important population data (e.g. number of people employed in the social protection sector, etc.), the representativeness of the sample cannot be guaranteed by applying statistical weighting methods. The sample is therefore not necessarily representative.</p> <p>The Power to Care survey is not a longitudinal study: the population studied in successive waves of the study differ from each other on a number of important characteristics. Therefore, evolution across time must be interpreted with caution.</p> <p>As none of the questions required a mandatory response, the number of respondents vary per symptom (item) considered. No interpretation can be given for missing values.</p> <p>The four first rounds of the survey were carried out by ZorgSamen, an initiative of Zorgnet-Icuro, the Flemish umbrella organisation of hospitals and other healthcare organisations, in cooperation with Te Gek!?, a Flemish organisation for promoting mental well-being. Responses are therefore limited to Flanders (and some respondents in Brussels). From the fifth round, the survey was carried out by Sciensano at the national level.</p>
Dimension	<p>Resilience</p>
Related indicators	<p>R-2 Number of hospital bed closures due to staff absenteeism or force majeure</p> <p>R-3 Number of nurses vacancies in hospitals</p>
Reviewers	<p>Bart Peeters (Sciensano)</p>



1.1.2. Results

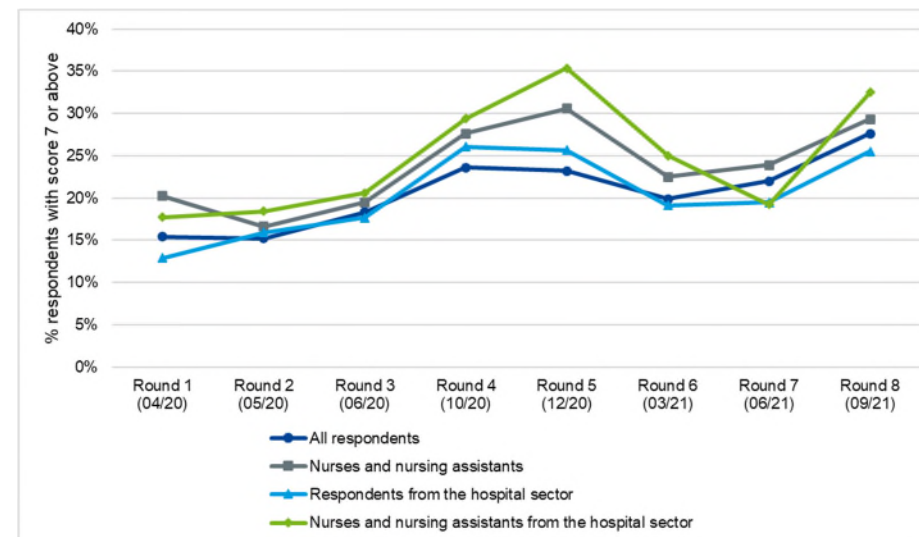
Belgium

During the first round of the survey (April 2020), 15.4% of the respondents had a score 7 or above for the item “considering leaving the profession” (Figure 1 and Figure 2). This share increased to 23.6% in October 2020 (round 4). In these four rounds only respondents from Flanders (and some from Brussels) were considered. From round 5 (December 2020), the survey became national. The share of respondents considering leaving the profession was still 23.2%. This share slightly decreased during rounds 6 and 7, but increased again in round 8 (September 2021) to reach 27.6%.

Nurses and nursing assistants working in hospitals

Compared to this, during the peaks (rounds 4-5 and round 8), the share of respondents considering leaving the profession was higher among the group of nurses and nursing assistants, the group of respondents from the hospital sector and in particular among the group of nurses and nursing assistants from the hospital sector (Figure 1). In the latter, the share of the respondents who had a score 7 or above for the item “considering leaving the profession” reached 35.4% in round 5 (December 2020) and 32.5% in round 8 (September 2021). However, one should note that only 80 respondents belonged to this specific group in round 8.

Figure 1 – Share of respondents with a high score for “considering leaving the profession”, Belgium (rounds 1-4 limited to Flanders and Brussels)



Number of respondents: N = 2115 (round 1), 2612 (round 2), 1642 (round 3), 957 (round 4), 2561 (round 5), 2209 (round 6), 814 (round 7), 684 (round 8). Number of nurses and nursing assistants respondents: N = 810 (round 1), 800 (round 2), 483 (round 3), 380 (round 4), 696 (round 5), 516 (round 6), 209 (round 7), 201 (round 8). Number of respondents from the hospital sector: N = 898 (round 1), 503 (round 2), 605 (round 3), 487 (round 4), 920 (round 5), 497 (round 6), 200 (round 7), 204 (round 8). Number of nurses and nursing assistants respondents from the hospital sector: N = 384 (round 1), 255 (round 2), 306 (round 3), 228 (round 4), 373 (round 5), 228 (round 6), 78 (round 7), 80 (round 8). Source: Sciensano, calculations: KCE.



ICU nursing staff

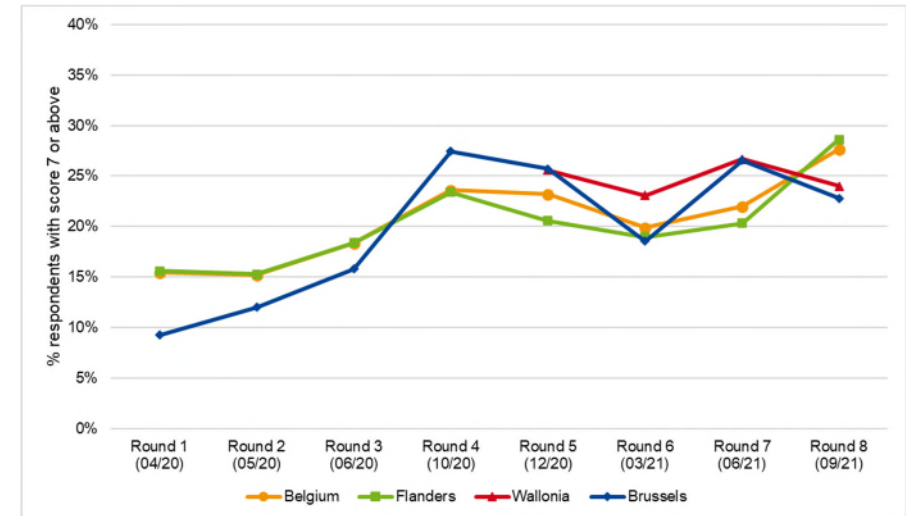
In a survey carried out between December 2021 and February 2022 among 2 183 nurses working in intensive care units (1 161 in Flanders, 747 in Wallonia and 275 in Brussels), Van den Heede et al. (2022)⁷ found that 43.9% of them had the intention to leave their job and 26.5% had the intention of leaving the nursing profession. This percentage was higher in Wallonia (37.5%) and Brussels (34.9%) than in Flanders (17.4%).

Regional comparison

As rounds 1 to 4 only includes respondents from Flanders (and some from Brussels), national results shown in Figure 2 and Table 1 are largely driven by the results in Flanders. From round 5 regional comparison is possible. The share of respondents considering leaving the profession was constantly higher in Wallonia and lower in Flanders, compared to national results, except in the last round. Due to the small number of respondents, results for Brussels should be interpreted with caution.

The regional differences may be driven by differences in age, gender, profession or sector in the respondents groups. In June 2021 for instance, the regional difference was not significant after adjustment for these elements.⁸

Figure 2 – Share of respondents with a high score for “considering leaving the profession”, Belgium and its three regions



Belgium: N = 2115 (round 1), 2612 (round 2), 1642 (round 3), 957 (round 4), 2561 (round 5), 2209 (round 6), 814 (round 7), 684 (round 8). Flanders: N = 2061 (round 1), 2562 (round 2), 1604 (round 3), 906 (round 4), 1225 (round 5), 1531 (round 6), 600 (round 7), 552 (round 8). Wallonia: N = 1087 (round 5), 511 (round 6), 150 (round 7), 75 (round 8). Brussels: N = 54 (round 1), 50 (round 2), 38 (round 3), 51 (round 4), 249 (round 5), 167 (round 6), 64 (round 7), 57 (round 8). Source: Sciensano, calculations: KCE.



Table 1 – Share of respondents with a score 7 or above for “considering leaving the profession”

	Belgium*	Flanders	Wallonia	Brussels
Round 1 (04/20)	15.4%	15.6%		9.3%
Round 2 (05/20)	15.2%	15.3%		12.0%
Round 3 (06/20)	18.3%	18.4%		15.8%
Round 4 (10/20)	23.6%	23.4%		27.5%
Round 5 (12/20)	23.2%	20.6%	25.6%	25.7%
Round 6 (03/21)	19.9%	18.9%	23.1%	18.6%
Round 7 (06/21)	22.0%	20.3%	26.7%	26.6%
Round 8 (09/21)	27.6%	28.6%	24.0%	22.8%

* Rounds 1-4 limited to Flanders and Brussels. Belgium: N = 2115 (round 1), 2612 (round 2), 1642 (round 3), 957 (round 4), 2561 (round 5), 2209 (round 6), 814 (round 7), 684 (round 8). Flanders: N = 2061 (round 1), 2562 (round 2), 1604 (round 3), 906 (round 4), 1225 (round 5), 1531 (round 6), 600 (round 7), 552 (round 8). Wallonia: N = 1087 (round 5), 511 (round 6), 150 (round 7), 75 (round 8). Brussels: N = 54 (round 1), 50 (round 2), 38 (round 3), 51 (round 4), 249 (round 5), 167 (round 6), 64 (round 7), 57 (round 8). Source: Sciensano, calculations: KCE.

International comparison

Similar, but not identical, surveys were carried out in different OECD countries in 2020 and 2021. Results are summarised in OECD (2023).⁶ In particular, in Canada, 50% of the 4 467 nurses who responded to a survey carried out in November-December 2021 reported that they were considering leaving their job over the coming year and 20% that they were considering leaving the profession altogether. In France, 40% of 30 000 nurses reported in April-May 2021 that the pandemic had made them consider changing their profession. In a more recent survey from December 2021 on 60 000 nurses, 15% of them said they wish to change professions over the coming year. In October 2021 in the United Kingdom during a survey where 9 577 members of the Royal College of Nursing responded, 57% of nurses reported considering or planning to leave their job in the coming year. This percentage was 36% a year earlier. In the United States

in 2021 (survey of 5 000 nurses and nurse managers), 11% of nurses and nurse managers reported their intention to leave their job, while another 20% reported being undecided about keeping their job. In another survey (400 frontline nurses), 22% of frontline nurses indicated they may leave their current positions and 60% reported they were more likely to leave since the pandemic began,

Other symptoms

Figure 3, Figure 4, Figure 5 and Figure 6 present the share of respondents to the Power to Care survey who had a high score for other symptoms than “considering leaving the professions”.

Feeling of stress and tiredness were common chronic symptoms among Belgian respondents (Figure 3). In April 2020, 62.3% and 55.7% of the respondents had a high score for these symptoms, respectively. Globally, the share of respondents experiencing these symptoms stayed high during the pandemic. In the first round 38.7% of the respondents experienced an inability to relax, but this share increased to 46.5% and 48.6% in round 5 and 6 (December 2020 – March 2021).

The share of respondents experiencing difficulty concentrating increased from 22.9% in April 2020 to 30.3% in September 2021. The share of respondents with high score for the symptom “lack of sleeping/waking-up” decreased over time (from 44.1% in April 2020 to 36.2% in June 2021), but increased again in September 2021 (44.6%).

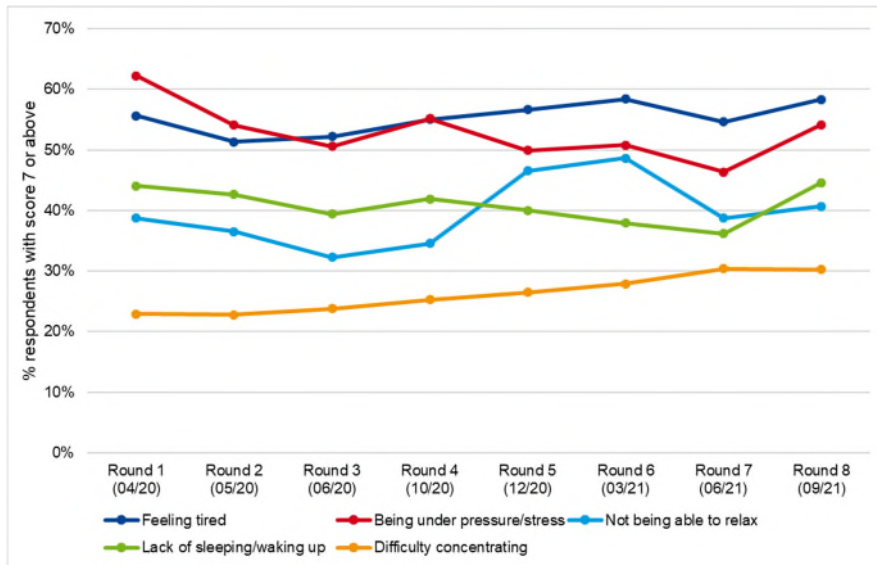
Acute stress symptoms (Figure 4) were prevalent at the beginning of the pandemic (62.5% of the respondents had high score for hyperalertness/increased alertness in round 1), but decreased over time. Although it also decreased over time, the share of respondent feeling anxiety increased again in round 5 (December 2020).

The personal symptom “insufficient regularity of life” (Figure 5) also decreased overtime despite a rebound in December 2020. Overall the share of respondents with a high score for other personal symptoms (reliving events at work outside of work, feeling unhappy and depressed, not recognising one’s own emotional reactions) remained more stable over the period, and stayed below 30%. The same applies to negative symptoms on



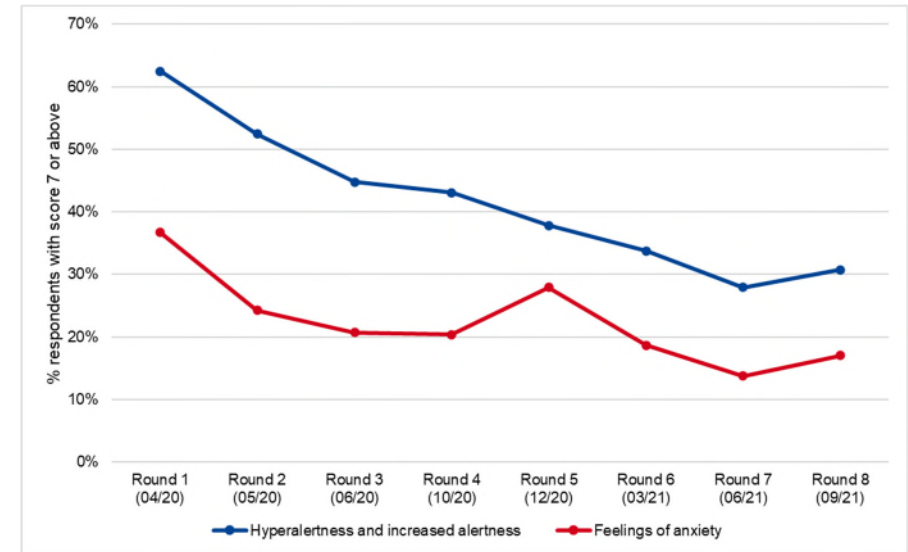
a professional level (feeling alone, doubting its own abilities, feeling insecure in the team) (Figure 6)

Figure 3 – Share of respondents with a high score for five chronic stress symptoms, Belgium (rounds 1-4 limited to Flanders and Brussels)



Source: Sciensano, calculations: KCE.

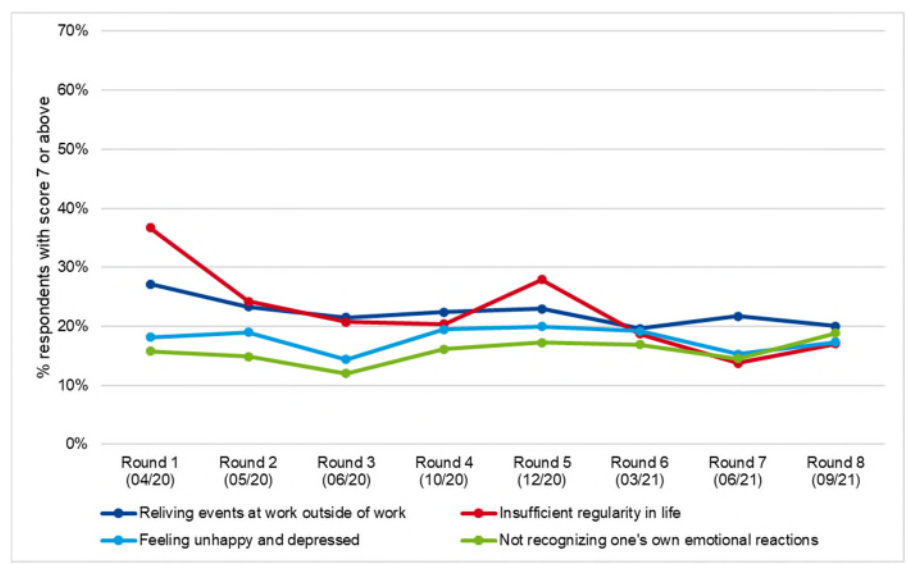
Figure 4 – Share of respondents with a high score for two acute stress symptoms, Belgium (rounds 1-4 limited to Flanders and Brussels)



Source: Sciensano, calculations: KCE.

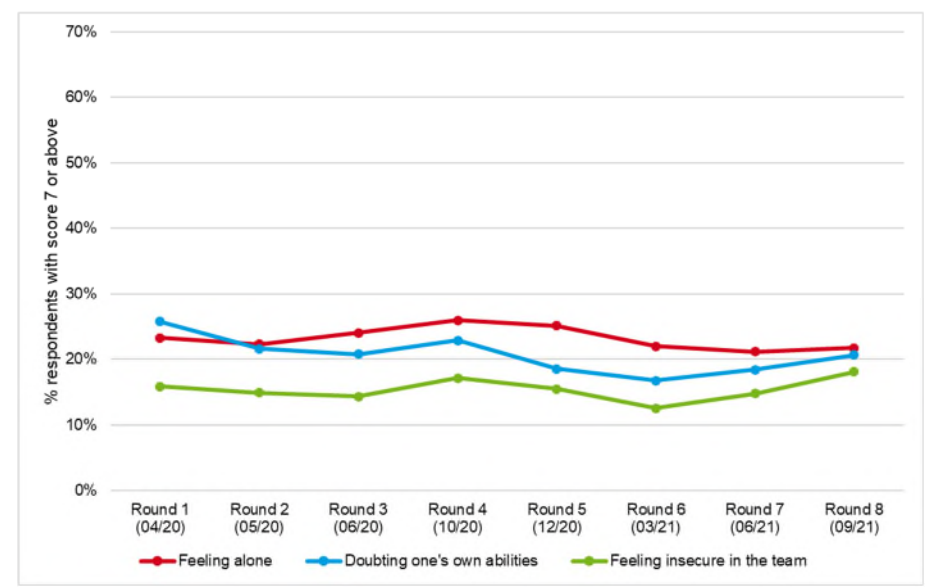


Figure 5 – Share of respondents with a high score for four other personal symptoms, Belgium (rounds 1-4 limited to Flanders and Brussels)



Source: Sciensano, calculations: KCE.

Figure 6 – Share of respondents with a high score for three negative symptoms on a professional level, Belgium (rounds 1-4 limited to Flanders and Brussels)



Source: Sciensano, calculations: KCE.



Key points

- The share of healthcare professionals with a high score for the item “considering leaving the profession” increased from 15.4% in April 2020 to 23.6% in October 2020. This share was still 23.2% in December 2020, then slightly decreased but increased again to reach 27.6% in September 2021.
- Among nurses and nursing assistants working in hospitals, the share of healthcare professionals with a high score for the item “considering leaving the profession” reached 35.4% in December 2020 and remained important in September 2021 (32.5%, last round available).
- The share of healthcare professionals with a high score for the item “considering leaving the profession” was constantly higher in Wallonia and lower in Flanders, compared to national results, except in the last round.
- In a survey carried out between December 2021 and February 2022 among 2 183 nurses working in intensive care units 43.9% of them had the intention to leave their job and 26.5% had the intention of leaving the nursing profession. This percentage was higher in Wallonia (37.5%) and Brussels (34.9%) than in Flanders (17.4%).
- The share of healthcare professionals with a high score for specific chronic stress symptoms (in particular being under pressure and feeling tired) stayed high between April 2020 and September 2021.
- The share of healthcare professionals with a high score for the item “not being able to relax” was higher in December 2020 and March 2021 than in other periods of the pandemic.
- The share of healthcare professionals with a high score for acute stress symptoms (hyperalertness/increased alertness and feeling of anxiety) was quite high at the beginning of the crisis but then largely decreased between April 2020 and June 2021 (although the feeling of anxiety increased in December 2020).

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