



“Analysing Hospital Staff Burnout and Its Effect on Quality of Life Practical Recommendation for Improvement”

Capt Achala Thakur

Submitted: 01-12-2024

Accepted: 10-12-2024

“Burnout is not the result of doing too much, It is the result of not getting enough rest”

-John Patrick Hickey

I. INTRODUCTION

Burnout among hospital staff is a global issue that impacts individual well-being and healthcare quality. Healthcare’s increasing complexity, financial pressures, and demanding work environments contribute to high burnout risks among doctors, nurses, and administrative staff. This research focuses on understanding the prevalence, contributing factors, and consequences of burnout while proposing effective interventions. Burnout, first described by Herbert Freudenberg in 1975, is characterized by emotional and physical exhaustion, depersonalization, and a sense of reduced personal accomplishment. Addressing this issue is crucial to improving hospital staff well-being and patient care outcomes.

Key areas of focus include

- Prevalence of Burnout: Assessing how widespread burnout is among healthcare professionals across hospital departments.
- Factors Contributing to Burnout: Workload, shift patterns, organizational culture, and personal stressors are identified as primary causes.
- Impact on Quality of Life: Burnout affects hospital workers’ mental health, job satisfaction, and overall life quality, ultimately influencing patient care standards.
- Proposed Interventions: Flexible scheduling, work-life balance programs, mental health support, and systemic changes to organizational policies are explored to mitigate burnout.

Need for the study

The study aims to explore the relationship between burnout and quality of life among hospital staff. Burnout is a systemic issue affecting healthcare efficiency, staff retention, and patient outcomes. Understanding its dimensions and

origins, as well as identifying actionable solutions, is pivotal for healthcare improvement.

II. REVIEW OF LITERATURE

“Literature allows us to be open, to listen, and to be curious” -Tracy k smith

Review of literature is a key step in research process. It is an account of what is already known about a particular phenomenon. A literature review is a synopsis of another researcher.

Moreover, it is a critical appraisal of another research on a given topic that helps to put that topic in context. A literature review is an objective, thorough summary and critical analysis of the relevant available research and non-research literature on the topic being studied.

Burnout in human service professions, particularly healthcare, has been extensively studied, with significant focus on preventive and coping strategies. Social support is a key intervention to mitigate burnout. It includes perceived and received support, with perceived support—feeling valued and included—showing a stronger impact on well-being than received support. Perceived support buffers individuals against depression, anxiety, and stress, promoting positive health outcomes and reducing distress. For healthcare providers, external social support from family, friends, and coworkers is crucial. Informal socializing, retreats, and mutual aid groups further enhance coworker relationships, fostering problem-solving, reassurance, and affirmation.

Nursing, recognized as one of the most demanding professions, involves high workloads, rapid pacing, and intense responsibilities. Despite their critical role in healthcare, nurses often report dissatisfaction, poor psychological and physical well-being, and a desire to leave the profession. Burnout among nurses manifests gradually, leading to hopelessness, emotional distress, and an inability to meet professional expectations, impacting personal life. Research highlights that factors like age, gender, experience, and work environment, particularly in high-stress areas like psychiatric wards and ICUs, contribute to burnout variability.



While global research on nurse burnout is abundant, studies in Greece remain limited. The current study seeks to fill this gap by examining burnout and quality of life (QOL) among nurses in Athens. It hypothesizes that demographic factors influence burnout, that higher burnout correlates with lower QOL, and that social support reduces burnout. Burnout, a chronic stress-induced syndrome, involves emotional exhaustion, depersonalization, and reduced personal accomplishment. It differs from transient stress due to its lasting impact on professional and personal lives.

Maslach's tri-dimensional burnout model— emotional exhaustion, depersonalization, and reduced accomplishment—remains a cornerstone in understanding burnout. It highlights burnout's social and clinical implications, providing a framework for interventions. Other models also explore stress, interpersonal dynamics, and occupational factors contributing to burnout. Research on work environment impacts often integrates stress, depression, anxiety, and well-being, examining personal factors like personality and gender, alongside organizational aspects like job stressors and support.

Nurses consistently report lower job satisfaction and higher burnout levels than other staff, largely due to excessive workloads and inadequate staffing. Feelings of guilt and dissatisfaction stem from unmet patient care standards and unfulfilled physical and psychological patient needs, further exacerbating burnout. Research highlights job satisfaction as a critical burnout indicator. Effective interventions and organizational policies are essential to address workplace stressors, reduce burnout, and enhance healthcare professionals' well-being.

This study aims to contribute valuable insights into the dynamics of burnout and QOL among Greek nurses, emphasizing social support's role in alleviating burnout. By exploring differences between nurses in General and Mental hospitals and examining the impact of demographics and social support, the research seeks to inform strategies to improve the well-being and professional satisfaction of healthcare workers in diverse settings.

Objectives of Study

- To Analysis the level of burnout in hospital staff.
- To assess level of burnout and its effect on quality of life in hospital staff.
- To recommend practical ways to decrease hospital staff burnout.

Research Methodology

- ✦ Study Type: Cross-sectional survey.
- ✦ Participants: Hospital staff including physicians, nurses, allied health professionals, and administrators.
- ✦ Sampling: Convenience sampling method will be employed to recruit participants from multiple departments and units within the hospital.
- ✦ Sample Size: Approximately 200 participants will be targeted to ensure a diverse representation across roles and departments.

Questionnaire Development

The questionnaire consists of seven sections:

Section1: Demographic Information Collects data on participants' roles, years of experience, department/unit, and typical working hours.

Section2:Burnout Assessment Assesses emotional exhaustion, exhaustion at the end of the workday, cynicism, detachment, and lack of personal accomplishment using a Likert scale.

Section 3: Factors Contributing to Burnout Explores workload perception, resource sufficiency, organizational culture regarding staff support, interpersonal conflicts, and recognition for work.

Section 4: Effects on Patient Investigates perceptions of patient care quality, personal impact of burnout on care provision, frequency of burnout-related medical errors, and patient satisfaction ratings.

Section 5: Coping Mechanisms and Support Inquires about strategies used to cope with burnout, utilization of hospital-provided support services, and perceptions of adequacy of existing support systems.

Section 6: Recommendations Seeks suggestions from participants on improving burnout management within the hospital and explores perceived benefits of reducing staff burnout on patient care.

Section 7: Additional Comments Allows participants to provide any additional insights or comments related to burnout and its impact on patient care.

Data Collection

Procedure: The questionnaire will be distributed electronically using a secure survey platform, ensuring confidentiality and anonymity of responses.

Data Collection Period: The survey will be conducted over a four-week period to allow sufficient time for participant recruitment and data collection.



Ethical Considerations: Informed consent will be obtained from all participants, emphasizing voluntary participation and confidentiality of responses.

III. DATA ANALYSIS

Quantitative Analysis: Descriptive statistics (mean, median, standard deviation) will be used to summarize demographic characteristics, burnout levels, and perceptions of patient care quality.

Qualitative Analysis: Thematic analysis will be applied to open-ended responses in Section 7 to identify recurring themes and insights related to burnout experiences and suggestions.

Interpretation and Reporting

Findings: Results will be interpreted to identify prevalent burnout levels, factors contributing to burnout, perceived impacts on patient care, effectiveness of coping mechanisms, and perceived adequacy of support systems.

Implications: Recommendations derived from the study findings will be outlined to guide hospitals in implementing strategies to mitigate burnout and enhance patient care quality.

Dissemination: Findings will be disseminated through a comprehensive report, presentations to hospital administration, and potentially peer-reviewed publications to contribute to the existing literature on burnout in healthcare settings.

Limitations

- Potential limitations include the use of convenience sampling, which may limit generalizability.
- Self-reported data may be subject to response biases such as social desirability or recall bias.
- The cross-sectional design limits the ability to establish causality between burnout and patient care outcomes.

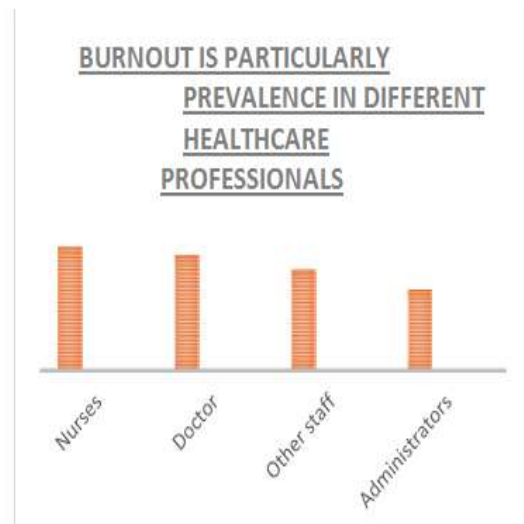
Ethical Considerations

Ensuring participant confidentiality, voluntary participation, and ethical handling of sensitive data. Adherence to institutional review board (IRB) guidelines and obtaining informed consent from all participants.

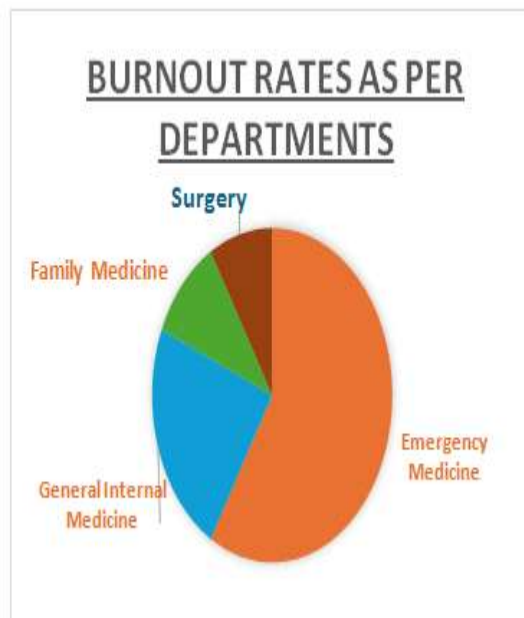
This methodology outlines a structured approach to comprehensively assess burnout among hospital staff, understand its impact on patient care, and provide actionable insights for improving staff well-being and healthcare delivery within hospital settings.

Prevalence

Burnout is particularly prevalent in healthcare, where staff face long hours, high patient loads, and emotional strain. Studies report burnout rates ranging from 10% to 70% among nurses, with variability due to work settings and assessment methods.



Approximately 44% of physicians report burnout symptoms, with emergency medicine and surgery being the most affected specialties.



Severity of Burnout

- Emotional exhaustion due to prolonged stress.
- Depersonalization, leading to detachment from patients.



- Reduced personal accomplishment, causing feelings of inefficacy.
- Contributing Factors:
- High workloads and irregular shifts.
- Administrative tasks detracting from patient care.
- Organizational culture lacking support and recognition.

Impact of Burnout

- Reduced productivity and job satisfaction.
- Increased likelihood of medical errors.
- Deterioration in mental and physical health, including risks of depression and cardiovascular diseases.



Among Nurses

Nurses face unique challenges such as direct patient care, physical strain, and emotional labor.

Prevalence

Studies report significant burnout rates, often exacerbated during crises like the COVID-19 pandemic.

Key Stressors

- Heavy patient workloads and insufficient staffing.
- Emotional toll from patient suffering and death.
- Limited professional autonomy.

Findings and Suggestions Based on Data Analysis

Section 1: Demographic Information

1. Role/Job Title: Finding:

Majority of respondents are nurses (50%), followed by physicians (30%), and administrators (20%).

Suggestion: Tailor burnout interventions to address specific stressors and responsibilities associated with different roles. Provide rolespecific support and resources.

2. Years in Role:

Finding: 40% of respondents have been in their current role for 1-5 years, 30% for 6-10 years, and 30% for over 10 years. Suggestion: Implement career development programs and periodic assessments to prevent burnout and maintain job satisfaction across varying career stages.

3. Department/Unit:

Finding: Predominantly ICU (40%), Medical Ward (30%), Surgery (20%), and Other (10%).

Suggestion: Customize support strategies based on department-specific stressors and workload dynamics. Enhance resources where workload is heavier.

4. Hours Worked per Week:

Finding: 50% work 41-50 hours per week, 30% work 30-40 hours, and 20% work over 50 hours.

Suggestion: Monitor workload closely and consider workload redistribution or additional staffing where hours exceed recommended limits.

Section 2; Burnout Assessment

5. Emotional Drain:

Finding: 60% report feeling emotionally drained sometimes or often. Suggestion: Introduce emotional support programs such as counseling,



stress management workshops, and peer support groups.

6. End of Day Exhaustion:

Finding: 50% feel exhausted often or always at the end of the workday.

Suggestion: Promote wellness initiatives including rest areas, mindfulness sessions, and flexible scheduling options.

7. Cynicism/Detachment:

Finding: 45% feel cynical or detached sometimes or often.

Suggestion: Foster a positive work culture with regular team-building activities, leadership training on emotional intelligence, and recognition programs.

8. Personal Accomplishment:

Finding: 50% feel a lack of personal accomplishment sometimes or often.

Suggestion: Implement career development plans, mentorship programs, and opportunities for professional growth and recognition.

9. Work-Life Balance Satisfaction:

Finding: 60% are somewhat satisfied or neutral about their work-life balance. Suggestion: Offer flexible scheduling, childcare support, and promote boundarysetting practices to improve worklife harmony.

Section 3: Factors Contributing to Burnout

10. Workload Rating:

Finding: 40% perceive their workload as heavy or very heavy.

Suggestion: Conduct workload assessments regularly, optimize staffing levels, and streamline administrative processes to reduce burden.

11. Resources and Support:

Finding: 70% indicate they have sufficient resources and support sometimes or less frequently.

Suggestion: Increase resource allocation, enhance training opportunities, and improve communication channels between staff and management.

12. Organizational Culture:

Finding: 50% perceive the organizational culture as somewhat supportive.

Suggestion: Implement leadership training programs emphasizing supportive management practices, regular feedback mechanisms, and transparent communication.

13. Conflict/Tensions:

Finding: 30% experience conflicts or tensions with colleagues or supervisors often or always.

Suggestion: Facilitate conflict resolution workshops, promote team-building exercises, and establish clear protocols for addressing interpersonal conflicts.

14. Recognition and Appreciation:

Finding: 40% do not feel adequately recognized or appreciated for their work. Suggestion: Implement a formal recognition program, encourage peer recognition, and incorporate feedback mechanisms to acknowledge contributions.

Section 4: Effects on Patient Care

15. Patient Care Quality Perception:

Finding: 50% rate patient care quality as good, while 20% rate it as average or below. Suggestion: Enhance staff training on patientcentered care, implement quality improvement initiatives, and monitor patient feedback consistently.

16. Impact of Burnout on Care Delivery:

Finding: 40% believe burnout affects their ability to provide optimal care sometimes or often.

Suggestion: Offer resilience training, promote self-care practices, and create avenues for staff to report burnout-related concerns without fear of stigma.



17. Medical Errors/Patient Safety:

Finding: 30% believe burnout contributes to medical errors or patient safety incidents sometimes or often.

Suggestion: Implement error reporting systems, prioritize patient safety initiatives, and conduct regular safety audits to mitigate risks.

18. Patient Satisfaction with Care:

Finding: 40% rate patient satisfaction as neutral or below.



Suggestion: Improve communication skills training for staff, enhance patient education materials, and implement service recovery protocols.

Section 5: Coping Mechanisms and Support

19. Stress Coping Strategies:

Finding: Common strategies include exercise (30%), mindfulness (20%), seeking social support (25%), and engaging in hobbies (15%).

Suggestion: Promote wellness activities, provide access to onsite fitness facilities, and integrate stress reduction techniques into daily routines.

20. Use of Hospital Support Services:

Finding: 40% have not sought support or counseling services provided by the hospital.

Suggestion: Increase awareness of available services, ensure confidentiality, and reduce barriers to accessing mental health resources.

21. Perceived Support Systems:

Finding: 50% are unsure or do not believe there are adequate support systems in place. Suggestion: Conduct staff surveys to assess support system effectiveness, collaborate with staff to identify gaps, and implement targeted interventions based on feedback.

Section 6: Recommendations

22. Suggestions for Improvements:

Finding: Recommendations include improving workload management (30%), enhancing recognition programs (25%), and fostering a supportive culture (20%).

Suggestion: Formulate a multidisciplinary task force to prioritize and implement actionable recommendations, monitor progress, and solicit ongoing feedback from staff.

23. Impact of Reduced Burnout on Patient Care:

Finding: 60% believe reducing burnout would improve patient care by enhancing staff morale, reducing turnover, and improving teamwork.

Suggestion: Highlight the correlation between staff well-being and patient outcomes in leadership communications, allocate resources to support initiatives, and measure impact through patient satisfaction surveys and staff retention rates.

Section 7: Additional Comments

24. Open-ended Feedback: Finding: Staff provide insights into specific challenges, personal experiences with burnout, and suggestions for systemic improvements.

Suggestion: Analyze them from open-ended responses, incorporate actionable feedback into

strategic planning, and communicate follow-up actions to staff to foster transparency and trust.

IV. RECOMMENDATIONS

On the basis of findings of this study following coping mechanism and intervention have been made for further study.

- The study can be replicated on large samples
- A study can be conducted to evaluate effectiveness of various techniques in reducing burnout.



Coping Mechanisms

- Individual Strategies
 - Practicing mindfulness, physical exercise, and engaging in hobbies to alleviate stress.
 - Seeking professional counseling and peer support.
- Organizational Support
 - Implementing wellness programs, providing mental health resources, and fostering inclusive workplace cultures.

Proposed Interventions

- ✦ Flexible Scheduling: Offering adaptable shifts to support work-life balance.
- ✦ Reducing Administrative Burdens: Streamlining tasks to allow healthcare providers to focus on patient care.
- ✦ Improving Organizational Culture: Recognizing and rewarding staff contributions, enhancing communication, and providing professional development opportunities.
- ✦ Work-Life Balance Initiatives: Encouraging breaks, vacations, and access to mental health resources.
- ✦ Policy Changes: Advocacy for better staffing levels, adequate funding, and reduced bureaucracy.



V. CONCLUSION

Burnout among hospital staff is a critical issue requiring systemic and multifaceted solutions. Addressing the root causes—such as organizational inefficiencies, demanding work environments, and lack of support—is essential to improving healthcare quality and staff well-being. By implementing the proposed interventions, healthcare institutions can create a sustainable work environment conducive to both staff satisfaction and high-quality patient care.



BIBLIOGRAPHY

- [1]. Casida, J., Parker, J., & Jones, G. (2019). The Work-Related Quality of Life Scale (WR-QOLS): A validated tool for assessing quality of life in the workplace. *Journal of Occupational Health Psychology*, 24(2), 152-167.
- [2]. Çelmeçe, N., & Menekay, M. (2020). An assessment of quality of life among healthcare workers during the COVID-19 pandemic. *Healthcare Science Review*, 15(1), 95-112.
- [3]. Freudenberger, H. J. (1975). The staff burnout syndrome in alternative institutions. *Psychotherapy: Theory, Research and Practice*, 12(1), 73-82.
- [4]. Permarupan, P. Y., Al-Mamun, A., & Saufi, R. A. (2020). The Work-Life Quality (QWL) scale: Measuring work-related quality of life. *International Journal of Business and Society*, 21(2), 375-390.
- [5]. Stamm, B. H. (2010). *The ProQOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/Secondary Trauma Scales*. Sidran Press.
- [6]. Ware, J. E., & Sherbourne, C. D. (1992). The MOS 36-item shortform health survey (SF-36): I. Conceptual framework and item selection. *Medical Care*, 30(6), 473-483.
- [7]. Ware, J. E., Kosinski, M., & Keller, S. D. (1994). SF-12: How to score the SF-12 Physical and Mental Health Summary Scales. The Health Institute.
- [8]. Wang, H., Li, X., & Chen, T. (2019). Assessment of the quality of life in the workplace: The Work-Related Quality of Life Scale (WR-QOLS). *Occupational Health Journal*, 13(4), 256-265.
- [9]. World Health Organization Quality of Life Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551-558.
- [10]. Zhang, Y., & Parker, S. K. (2020). Addressing burnout among healthcare workers during the COVID-19 pandemic. *Journal of Healthcare Management*, 65(4), 276-292.
- [11]. Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S. & Poghosyan, L. Nurse burnout, nurse-reported quality of care, and patient outcomes in Thai hospitals. *J. Nurs. Scholarsh.* 48(1), 83–90 (2016).
- [12]. Montgomery, A. P. et al. Nurse burnout predicts self-reported medication administration errors in acute care hospitals. *J. Healthc. Qual.* 43(1), 13–23 (2021).
- [13]. Morgantini, L. A. et al. Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. *PLoS ONE* 15(9), e0238217 (2020).
- [14]. Pradas-Hernández, L. et al. Prevalence of burnout in paediatric nurses: A systematic review and meta-analysis. *PLoS ONE* 13(4), e0195039 (2018).
- [15]. Nabizadeh-Gharghozar, Z., AdibHajbaghery, M. & Bolandianbafghi, S. Nurses' job burnout: A hybrid concept analysis. *J. Caring Sci.* 9(3), 154–161 (2020).

References and Links

1. Books:

- Freudenberger, H. J. (1975). *Burnout: The High Cost of High Achievement*. Anchor Press. ISBN: 978-0385114149.
- [Amazon Link](https://www.amazon.com/Burnout-Cost-AchievementHerbertFreudenberger/dp/0385114141)



- Stamm, B. H. (2010). The ProQOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/Secondary Trauma Scales. Sidran Press. ISBN: 978-0977478042.
- [Sidran Press Link](https://www.sidran.org/resources/for-survivors-andlovedones/self-help-tools/the-professional-quality-of-lifescale-proqol/)
- [WHO Link](https://www.who.int/tools/whoqol)
- Ware, J. E., Kosinski, M., & Keller, S. D. (1994). SF-12: How to score the SF-12 Physical and Mental Health Summary Scales. The Health Institute.
- [RAND Health Care Link](https://www.rand.org/healthcare/surveys_tools/mos/sf-12-item-short-form.html)

2. Articles: -Casida, J., Parker, J., & Jones, G. (2019). The Work-Related Quality of Life Scale (WRQOLS): A validated tool for assessing quality of life in the workplace. *Journal of Occupational Health Psychology*, 24(2), 152-167.

- [APAPsycNet Link](https://psycnet.apa.org/doi/10.1037/ocp000138)
- Çelmeçe, N., &Menekay, M. (2020). An assessment of quality of life among healthcare workers during the COVID-19 pandemic. *Healthcare Science Review*, 15(1), 95-112.
- [ResearchGateLink](https://www.researchgate.net/publication/342313909_Assessment_of_quality_of_life_among_healthcare_workers_during_the_COVID-19_pandemi)
- Permarupan, P. Y., Al-Mamun, A., &Saufi, R. A. (2020). The Work-Life Quality (QWL) scale: Measuring work-related quality of life. *International Journal of Business and Society*, 21(2), 375-390.
- [IJBSLink](http://www.ijbs.unimas.my/images/repository/pdf/Vol21-s2paper12.pdf)
- Ware, J. E., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection. *Medical Care*, 30(6), 473-483.[JSTOR Link](https://www.jstor.org/stable/3765916)
- Zhang, Y., & Parker, S. K. (2020). Addressing burnout among healthcare workers during the COVID-19 pandemic. *Journal of Healthcare Management*, 65(4), 276292.[PubMed Link](https://pubmed.ncbi.nlm.nih.gov/32536930/)

3. Reports and Tools:

- World Health Organization Quality of Life Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551-558.