

Assignment 5: Healthcare Staff burnout: A Formal Literature Review

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Healthcare Staff burnout: Formal Literature Review

The global healthcare work force statistics (2017) presented by World Health Organization (WHO) shows two physicians and four nurses for 1000 people. This ratio shows the considerable imbalance in the healthcare staff and patient ratio which results in the significant increase in the workload of the existential healthcare staff. As per U.S. Bureau of Labor Statistics (BLS), the healthcare system consists of staff from both clinical and non-clinical competencies. Clinical staff includes physicians, surgeons, dentists, physiotherapists, paramedics, nurses and many more; non-clinical staff includes medical officers, community health workers, medical sanitation workers, medical transcriptionists, clinical receptionists and so on. BLS also stated that there would be a 13% rise in the number of healthcare employees from 2021 to 2031.

Over the years, it became evident that this rapidly advancing healthcare field is giving rise to exorbitant amount of psychological stress on healthcare workers leading to the condition of burnout (Portoghese et al., 2014). A German Psychologist based in U.S. Herbert Freudenberger was the first to introduce the concept of burnout. He attributed it to inefficient leadership where the person in the authority lacks that charisma of a leader and because of that followers succumb to mental agony (Freudenberger, 1974). It is defined by three components that includes extreme tiredness, disengagement from the job, and sense of unaccomplishment (Maslach & Leiter, 2016). The effect of burnout can be on an individual's mental and physiological health. Mentally, there are signs of disorientation, frustration, anxiety, and many others on the other side physiologically, there is extreme tiredness, soreness, debility, and sleeplessness (Freudenberger, 1974). This study is formulated to identify the role of leadership in

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preventing healthcare staff burnout through comprehensive literature exploration mapping causal factors, consequential impact, and leadership strategies.

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Literature Analysis

Contributing Factors in Healthcare Staff Burnout

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Several studies have analyzed that burnout has several reasons where the predominant factor can be individual or combination of several other personal or institutional factors (Bridgeman et al., 2018; Portoghese et al., 2014; Privitera et al., 2014; Xiaoming et al., 2014). A study conducted by Portoghese et al. (2014) linked the amount of workload on the healthcare fraternities and the resultant burnout based on cross sectional survey on 352 clinicians and nurses. It was discovered that there is a strong association between the amount of work and the fatigue experienced by a healthcare worker in a less controlled environment. Few authors have also suggested that the amount of workload is increasing tremendously with the advent of a new system in recording public health information that is Electronic Health Record (EHR) system (Bridgeman et al., 2018; Portoghese et al., 2014). The installation of these systems leads to poor clinical documentation that eventually becomes difficult to access health information, coordinate with other physicians and unsatisfactory technical resolution (Bridgeman et al., 2018).

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Prior research suggests that burnout syndrome is multifactorial and because of that many interrelated organizations has also direct or indirect role in elevating the stress level of healthcare workers (Bridgeman et al., 2018; Maslach & Leiter, 2016; Privitera et al., 2014). Numerous institutions like hospital regulatory departments, medical claim agencies, governmental institutions and other regional entities that lack coordination with each other impact healthcare groundworkers in a negative way (Privitera et al., 2014). All these interdisciplinary mismanagement causes burnouts that eventually affects the service provided to the patient and

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hampers individuals mental and physical health (Bridgeman et al., 2018; Portoghese et al., 2014; Privitera et al., 2014).

From all the cumulative studies holding an organization responsible for burnout, one of the contrasting study claims that the cause of healthcare burnout could be because of the physician's nature of being over compassionate with the patients (Slatten et al., 2020). This study focuses on the individual cause rather than organizational inconsistency leading to burnout in a healthcare setting. One of the studies postulated "healthcare employee is more likely to experience fatigue because of over compassionate behavior while dealing with patients" (Slatten et al., 2020, p. 26). They further added that empathizing with patients' tragic experiences and relating themselves in the scenario leads to mental exhaustion. Therefore, the above stance highlights all the possible factors responsible for adding workload and psychological imbalance that ends up becoming chronic stressors and induces the feeling of burnout in a healthcare employee.

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Repercussion of Burnout on Healthcare Employees and Healthcare System

Seminal studies have identified the outcome of burnout affected personals both on individual and institutional level (Lyndon, 2015; Portoghese et al., 2014; Willard-Grace et al., 2019). However, there are few studies performed by Privitera et al. (2014), Slatten et al. (2020), Weigel (2022) have focused on resultant outcome by burnout syndrome on an individual. On the other hand, some authors like Bridgeman et al. (2018), Portoghese et al. (2014), Xiaoming et al. (2014) determined to study the organizational impact of burnout.

On Healthcare Employees

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Healthcare workers suffering from burnout lacks focus, offer less attention to details, and poor memory that debilitates their performance and quality of service they provide (Lyndon,

2015). The author also stated that such individuals are more likely to make mistakes as their sense of detachment from the work decreases their job satisfaction and diminishes productivity. The study of Lyndon (2015) establishes a valid claim connecting burnout and job satisfaction. The aftermath of this study was analyzed by Weigl (2022) who exclaimed the above stated facts as being the main reason for increasing the turnover and unstable employment in a healthcare setting. The findings revealed that burnout affected physicians are three to four times more likely than normal physicians to think about switching jobs all the time and constantly question their choice of career.

The constant state of burnout is a rising issue and that is adversely affecting the healthcare workforce. Therefore, some are leaving the field of medicine and choosing an alternative career, few choose to retire early from their profession and the worst-case scenario is attempting suicide as a result from the adverse workplace condition (Lyndon, 2015; Privitera et al., 2014; Weigl, 2022; Willard-Grace et al., 2019).

On Healthcare System

An Ireland based general practitioner Dr. Paul O'Connor conducted a cross sectional study along with his peers to identify errors caused by junior doctors suffering from burnout syndrome. The study identified that 64% of residents who suffered from burnout were reported making medical errors compared to 22% of residents who did not suffer from burnout (O'Connor et al., 2017). To support the above claim several researchers also has comprehensive findings interlinking medical errors and physician burnout (Bridgeman et al., 2018; Lyndon, 2015; Portoghese et al., 2014; Xiaoming et al., 2014). The consequences of quality treatment provided to the patient can have a direct impact on the reputation and integrity of an organization.

Willard-Grace et al. (2019) conducted a longitudinal study from the previously collected data from 2013 to 2017 which aimed to study the prevalence of burnout and the rate of turnover in two hospitals of San Francisco. However, the initial findings reported in 2017 suggested that 53% of both clinical and non-clinical staff showed signs of symptoms and were most likely to find different employment. A few years down the line, it was reported in 2019 that out of 53% employees, 30% clinicians and 41% staff are no longer working with that organization (Willard Grace et al., 2019). Staff turnover bills a hefty price on the organization as the vacant position of a staff loses on the revenue numbers and recruiting a replacement for that position is billed from the revenue funds of an organization (Willard Grace et al., 2019). Thus, organization will have several repercussions if the staff burnout is not curtailed.

Table 3

Moderator Analysis: Types of Measurement and Study Year

Effect	Estimate	SE	95% CI		p
			LL	UL	
Fixed effects					
Intercept	.119	.040	.041	.198	.003
Creativity measurement ^a	.097	.028	.042	.153	.001
Academic achievement measurement ^b	-.039	.018	-.074	-.004	.03
Study year ^c	.0002	.001	-.001	.002	.76
Goal ^d	-.003	.029	-.060	.054	.91
Published ^e	.054	.030	-.005	.114	.07
Random effects					

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Within-study variance	.009	.001	.008	.011	<.001
Between-study variance	.018	.003	.012	.023	<.001

Note. Number of studies = 120, number of effects = 782, total $N = 52,578$. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

^a 0 = self-report, 1 = test. ^b 0 = test, 1 = grade point average. ^c Study year was grand centered. ^d 0 = other, 1 = yes. ^e 0 = no, 1 = yes.

Self-Assessment

To identify my personality traits and moral compass, Birkman assessment was the most accurate tool that assessed my functioning in different scenarios (Fink & Capparell, 2013). According to my Birkman report (Figure 1), a few key characteristics include encouraging individuals to work until they reach their breaking point, structuring and organizing the workflow, and valuing the atmosphere where everyone succeeds.

Interests. I prefer doing things in collaboration. Also, methodizing, evaluating and strategizing forms the basis of the executing task. Networking with different individuals, understanding different perspectives, experimenting with different ideologies, and counseling for the synergizing are my core areas of interests.

Usual Behavior. I tend to be assertive, competitive, and spontaneous. I am enthusiastic about learning new things from different sources. Innovating and promoting various approaches enhances my skill set and upgrades my knowledge consistently.

Personal and Professional Needs. Personally, I am inclined towards working with people that are straightforward yet polite while speaking, are objective and sensible in their

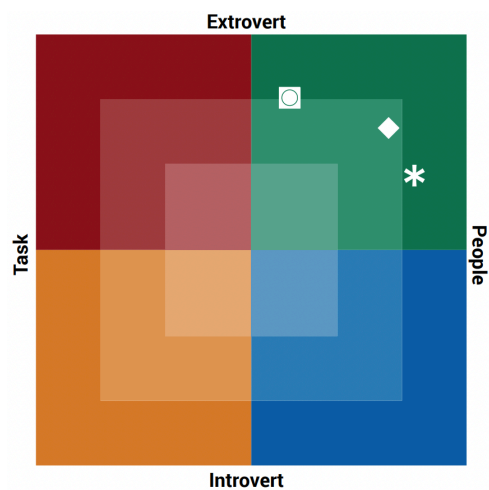
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approach, and give clear-cut decisions. I collaborate with likeminded individuals with efficient leading abilities who keep superfluous regulations to a minimum.

Stressors. Under situational crisis, I become domineering and combative. When the strategized plan is jeopardized, I become callous and impatient.

Figure 1

Birkman report



Note. The specific parameters of my personality are mentioned in the form of symbols in the colored quadrant.

^a Color quadrant- red signifies doer; green signifies communicator; blue signifies thinker and yellow signifies analyzer; Axis- my preferred method of handling work or people is represented by the left and right sides of the map (horizontal axis). The top and bottom (vertical axis) indicate my style, which is more outgoing or introverted; Symbols- asterisk denotes interests, diamond denotes usual behavior, circle denotes need and square denotes stress behavior

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Conclusion

The purpose of the current study is to determine the role of healthcare leadership in preventing burnout syndrome in healthcare employees. This study helped to understand the problem's depth and its adverse effects on the healthcare workforce. These results add to the rapidly progressing healthcare field and a need to prevent this problem before it gets out of hand. This study has reviewed most relevant articles and the sources used as a reference are not older than a decade. Even though the problem of burnout is common in every setting, healthcare is the field where employees work round the clock offering health services and burnout compromises the quality of care that is being provided.

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