# Addressing burnout in the healthcare workforce: current realities and mitigation strategies



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Burnout has been present, is present, and will continue to be present in every healthcare ecosystem, not just in Europe, but worldwide.<sup>1</sup>

Healthcare workers face rising pressures from increasing patient demands, complex health conditions, workforce shortages, administrative burdens, and emotional stress, intensified by evolving technologies. Pre-COVID-19, burnout levels were already high but overlooked. The pandemic has worsened mental burdens, compounded by long hours, heavy workloads, and ongoing staff shortages. Additionally, personal factors and the presence or absence of a supportive environment significantly affect mental well-being. <sup>1–3</sup> Key areas needing urgent attention to alleviate burnout among healthcare professionals are highlighted here.

European healthcare systems need to adequately keep up with the aging of professionals with sufficient replacement of skilled health workers, which continues to pose severe challenges3—the lack of adequate appreciation and remuneration alongside the continuously increasing workload results in fewer students choosing healthcare careers.4 In university and teaching hospitals, healthcare personnel (in addition to patient care) must educate the future generation. However, the attitude of burned-out healthcare staff can be passed on to the next generation. Burned-out healthcare professionals often exhibit a sense of disillusionment and emotional exhaustion, leading to decreased empathy and detachment from their work. They may feel overwhelmed, depleted, and disengaged, impacting their overall wellbeing and quality of patient care. The factors mentioned above can result in an endless cycle where burned-out healthcare personnel generate more burnedout healthcare personnel.

In addressing burnout, it is essential to mention workplace resource management and potential competency expansion. Given the persistent shortage of physicians, it will be important to rethink the skill mix of teams. Task sharing across professions can play role in redistributing workload. With competency expansion, for example of nurses, overloaded physicians can delegate tasks, making patient care more manageable and efficient.<sup>5</sup> By delegating administrative work to administrative assistants for example, appreciation for the existing job role can increase, thereby delaying the onset of burnout.

Artificial Intelligence (AI) has the potential to revolutionize healthcare by augmenting diagnostic accuracy through advanced image analysis, clinical decision support at the point of care as actionable insights and predictive modeling. By automating routine tasks, AI enables healthcare professionals to focus more on complex patient care and decision-making. However, concerns about adapting to new technology, job security, and the ethical implications of AI use can also contribute to stress and exacerbate burnout among healthcare workers. Therefore, quality education, early engagement of health workers in the design of Digital Health Technologies and thoughtful implementation of AI in healthcare is key.

At the employer level, creating the conditions for optimal work is a fundamental requirement. Implementing strategies to mitigate burnout in healthcare involves fostering a supportive work environment, promoting teamwork, and providing resources for emotional support and resilience training. Overall, optimizing workload, reducing excessive working hours and sharing tasks are important for improving job performance, yet it is also essential to mention the development of appropriate work-life balance. 1—4.7

Recognising that main root causes of increased burnout are on systemic factors that need to be address, however, in some cases, the solution needs to be sought within ourselves. Resilience is important among healthcare professionals as they navigate high-pressure environments, demanding patient needs, and unpredictable challenges. It enables them to adapt positively to adversity, maintain emotional stability, and sustain wellbeing and effectiveness in providing care. Building resilience equips healthcare professionals with the capacity to bounce back from setbacks, cope with stress, and maintain a strong sense of purpose and commitment to their patients and profession.<sup>2,8</sup>

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Main causes		Burnout	Possible way out	
Pressure	Workload		Employer level	Competence expansion
	Stress			
	Family			
	Patients			
	Pandemics			Maintaining fundamental work conditions
Aging	Modernization			Better strategy and management-workflow optimization
	Absence of introducin innovations			Implementation of Al
Decreased number of active and future professionals	Migration		Personal level	Gaining resilience
	Career change			
				Improving work-life balance
Lack of appreciation	Lecturing			Professional help
	Moral			
	Material			

To build resilience in healthcare, prioritize self-care through physical health, adequate rest, and stress management. Develop a strong support network of colleagues, friends, and family for sharing experiences and guidance. Stay updated with industry advancements, learn from setbacks to enhance problem-solving skills and adaptability, and maintain a positive outlook by finding purpose in the work. Seek professional help if stress becomes overwhelming.<sup>2,8</sup>

Studies on burnout among healthcare professionals provide valuable insights into this phenomenon's prevalence, causes, and consequences. However, it is essential to acknowledge that these studies often rely on self-reporting, which can be subject to bias or underestimation of burnout. Therefore, the real-life burnout level of healthcare professionals is much worse than described in the literature. Addressing burnout comprehensively requires a holistic approach considering individual well-being, organizational culture, and systemic changes in healthcare delivery.9,10

While the main causes of burnout are largely the same, the factors leading to burnout vary across Europe in terms of their impact on healthcare workers' lives. In Table 1 we have discussed coping strategies from both employer and individual perspectives.

#### Contributors

David Sipos—conceptualization, writing—original draft; Rahul Goyal—conceptualization, writing—review & editing; Tomas Zapata—writing, review & editing.

#### Declaration of interests

All authors declare that they have no conflicts of interest.

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