

Scientific Paper Entitled: Strategies For Improving Work-Life Balance Among Healthcare Staff: A Narrative Review

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Abstract

The article discusses the issue of work-life balance among healthcare staff and its impact on their professional and personal lives. Burnout is a syndrome characterized by emotional exhaustion, depersonalization, and low personal accomplishment, which is prevalent among healthcare staff due to the changes in the healthcare system and added pressures. The article highlights the importance of work-life balance for healthcare staff and the need for organizations to develop good human resource practices to nurture behavior that is caring,

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emotionally intelligent, and sensitive. The article also discusses the impact of burnout on quality and safety in healthcare, and the need for organizations to address this issue to improve the quality of care and reduce medical errors.

Keywords: *Strategies - Improving Work-Life Balance - Healthcare Staff.*

Introduction

The healthcare system is undergoing rapid changes aimed at improving care, enhancing health outcomes, reducing costs, and addressing the needs of an aging population with high rates of chronic diseases and co-morbidities. These changes include new payment and delivery models, electronic health records, patient portals, and publicly reported quality metrics. As a result, the landscape of healthcare delivery, documentation, and reimbursement is evolving. The healthcare staff (HCSs) play a crucial role in navigating these changes and ensuring the success of healthcare improvement initiatives. However, the added pressures and demands associated with these changes have led to a significant number of HCSs experiencing burnout. Burnout is characterized by emotional exhaustion, depersonalization (cynicism), and a reduced sense of personal accomplishment (Shanafelt et al., 2012).

While the practice of medicine can be personally fulfilling, it is also demanding and stressful. Numerous studies have indicated that healthcare staff, including doctors, nurses, and other professionals, are prone to professional burnout. This syndrome involves a loss of enthusiasm for work, feelings of cynicism, and a diminished sense of personal achievement. Recent research suggests that burnout can negatively impact professionalism, affect the quality of care, increase the risk of medical errors, and lead to early retirement. Additionally, burnout has adverse personal consequences for healthcare staff, including strained relationships, problematic alcohol use, and even suicidal ideation (Shanafelt et al., 2015).

Initially, work-life balance was primarily associated with the challenges faced by working mothers. However, there is now a growing recognition that work-life balance is relevant to all employees, as reflected in the available literature. Modern employees have multiple responsibilities towards their families, organizations, social interests, and society as a whole. In the midst of these obligations, employees often overlook or neglect their own well-being. However, organizations have a different perspective on work-life balance (Mata et al., 2015).

Achieving the right balance between work and family is particularly challenging in the healthcare sector. Most healthcare services are perishable and require immediate utilization, which means that employees must be physically present to deliver care when it is needed. This makes it even more difficult for hospital employees to strike the right balance (L. Dyrbye & Shanafelt, 2016).

The healthcare sector is a knowledge-intensive industry that heavily relies on the services provided by doctors, nurses, therapists, lab technicians, and support staff. According to research, effective human resource management practices in hospitals contribute to high service quality in the healthcare sector. Factors such as the attentiveness of doctors and the quality of care provided by nurses and paramedical staff significantly influence customer satisfaction. The healthcare sector requires employees to be compassionate, emotionally intelligent, and sensitive. These behaviors are unlikely to be fostered in hospitals with poor work-life balance. Therefore, organizations must develop robust HR practices to promote such behaviors (L. N. Dyrbye et al., 2008).

Work-life conflict can have severe repercussions both professionally and personally. Balancing work and personal life is an ongoing challenge for many individuals. Striving to achieve this balance often leads to positive or negative spill-over effects, where one aspect of life impacts the other. Extensive research has been conducted to understand the concept of work-life balance, its causes, effects, and the practices that organizations can implement to promote work-life balance in employees' lives (L. N. Dyrbye et al., 2014).

Burnout is characterized by emotional exhaustion, depersonalization (cynicism), and a reduced sense of personal accomplishment. It is a syndrome commonly experienced by healthcare staff due to the demanding and stressful nature of their work. Numerous studies have demonstrated that burnout is prevalent among healthcare professionals and can have detrimental effects on both professional and personal levels. It can erode professionalism, affect the quality of care, increase the risk of medical errors, and contribute to early retirement. Additionally, burnout has adverse consequences for the well-being of healthcare staff, including strained relationships, problematic alcohol use, and even suicidal ideation (West et al., 2011).

Initially, work-life balance was considered a significant issue primarily affecting working mothers. However, there is now a growing recognition that work-life balance concerns all employees, as evidenced by various literature. Modern employees have multiple responsibilities towards their families, organizations, social interests, and society as a whole. In this cycle, employees often overlook or neglect their own self-care and well-being. However, the organizational perspective on work-life balance differs (Aiken et al., 2002).

Achieving work-life balance is particularly challenging in the healthcare sector due to the nature of services that require immediate and continuous availability. Employees must be physically present to deliver care when it is needed, making it difficult to establish a balance between work and family life, especially for those working in hospitals (McHugh et al., 2011).

The healthcare sector is heavily dependent on the services provided by healthcare professionals such as doctors, nurses, therapists, and lab technicians. Effective human resource management practices in hospitals are essential for ensuring high service quality and customer satisfaction in the healthcare sector. Factors such as the caring attitude of doctors and the quality of care provided by nurses and paramedical staff significantly influence patient satisfaction. To foster such behaviors, organizations must prioritize and develop good HR practices that support work-life balance (Shanafelt et al., 2010).

Work-life conflict can have a profound impact on both professional and personal aspects of individuals' lives. Striving to balance work and personal life is a prevalent challenge in today's reality. This struggle often results in positive or negative spill-over effects, where one aspect of life impacts the other. Extensive research has been conducted to understand the concept of work-life balance, its causes, effects, and the practices that organizations can implement to promote work-life balance among employees (Welp et al., 2014).

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Statement of the problem

More than half of physicians in the United States are experiencing significant symptoms of burnout, with those in specialties at the forefront of patient care, such as emergency medicine, family medicine, general internal medicine, and neurology, being at the highest risk (Mata et al., 2015). When controlling for work hours and other factors, burnout is nearly twice as prevalent among physicians compared to workers in other fields. Between 2011 and 2014, the prevalence of burnout increased by 9 percent among physicians, while remaining stable among workers in other professions. Numerous studies have also found high rates of burnout and depression among medical students and residents, surpassing those found in individuals pursuing other careers at the same age (West et al., 2011).

Nurses also face a similarly high prevalence of burnout and depression. In a 1999 study involving over 10,000 registered inpatient nurses, 43 percent experienced a high degree of emotional exhaustion (McHugh et al., 2011). A subsequent study in 2007, which included approximately 68,000 registered nurses, reported that 35 percent of hospital nurses, 37 percent of nursing home nurses, and 22 percent of nurses in other settings experienced high levels of emotional exhaustion. The prevalence of depression among nurses may also exceed that of

workers in other professions. A study of 1,171 registered inpatient nurses found that 18 percent had depression, compared to a national prevalence of around 9 percent. While there is less available data on other healthcare team members, existing evidence suggests a similar prevalence of burnout among nurse practitioners and physician assistants (Benson et al., 2016). Pharmacy systems have evolved to encompass the full scope of a pharmacist's practice, including prescribing and vaccine administration (Bourne et al., 2016). With a global aging population and increasing cases of multimorbidity and polypharmacy, the role of pharmacists in managing complex care and medication regimes has become crucial. They are responsible for ensuring safe and efficient medication use, managing continuity of supply during shortages, compounding medications, and providing medication information.

Especially in community settings, patient-facing pharmacists are heavily relied upon by the public due to the convenience, accessibility, and free services offered by pharmacies. This results in high patient volumes, frequent clinical consultations, and patient education. The combination of increased workload and responsibility, compounded by the pressures of a pandemic on healthcare services, may impact pharmacists' physical and psychological well-being, leading to higher rates of burnout (Hayden & Parkin, 2020)

This review of highlights also a prevalence range of overall burnout among paramedics between 16% and 56% (Reardon et al., 2020). However The studies had lower response rates, unrepresentative samples, and were all single center projects. While it's known that burnout is a concern in paramedicine, the scope of the condition and its impacts on paramedics, their families, and patients remain less defined and should be the focus of ongoing well-designed research, including longitudinal studies.

A recent study revealed that the overall prevalence of burnout among lab technician was 73.3%, higher than many other healthcare professions during the COVID-19 pandemic. Inadequate staffing, pressure to complete tasks, and perceived lack of control were cited as potential causes of burnout among lab technician (Nowrouzi-Kia et al., 2022). These findings underscore the importance of improving the psychosocial work environment for MLTs to mitigate burnout.

Quality and safety

Cross-sectional studies conducted on physicians have indicated a significant impact of burnout on the quality of care and the risk of medical malpractice suits. In a study involving over 7,100 surgeons in the United States, burnout was identified as an independent predictor of both reporting a major medical error and being involved in a medical malpractice suit when controlling for other relevant factors (Balch et al., 2011; Shanafelt et al., 2010). The relationship between burnout and medical errors appears to be bidirectional. Longitudinal research conducted on internal medicine residents found that higher levels of burnout were associated with increased odds of reporting an error within the following three months. Additionally, self-perceived medical errors were linked to worsening burnout, depressive symptoms, and a decline in quality of life, suggesting a cyclical relationship between errors and distress (West et al., 2006).

Furthermore, studies have demonstrated a correlation between the mean stress levels of hospital employees and the number of malpractice suits filed against the hospital. Additionally, among hospital nurses, higher levels of burnout have been identified as an independent predictor of healthcare-associated infections. In the context of intensive care units, research has shown that as the mean emotional exhaustion levels of physicians and nurses increased, so did standardized patient mortality ratios, indicating a negative impact on patient outcomes. Moreover, perceived quality of interpersonal teamwork deteriorated as levels of emotional exhaustion rose (Welp et al., 2016).

Patient satisfaction

Several cross-sectional studies with limited sample sizes have demonstrated significant associations between a physician's depersonalization and patient satisfaction with hospital care. Similarly, physician job satisfaction has been linked to patient satisfaction with healthcare and adherence to medical advice. Additionally, nurse job satisfaction has shown an inverse relationship with emotional exhaustion, with higher satisfaction being associated with better patient satisfaction ratings across various domains (Vahey et al., 2004).

reduction of work effort

Studies conducted on physicians have revealed that burnout is independently related to job dissatisfaction and a more than 200 percent increased likelihood of intending to leave the current practice for reasons other than retirement. Similar associations have been found in studies involving nurses, where burnout and job dissatisfaction were linked to plans of leaving the current job or the nursing field entirely. This dissatisfaction and intent to leave often translate into action. A longitudinal study on physicians indicated that each 1-point increase in emotional exhaustion or 1-point decrease in job satisfaction was associated with a 28 percent and 67 percent greater likelihood, respectively, of reducing professional effort, as evidenced by a reduction in work hours over the following year. This reduction in work effort has resulted in a loss of productivity at a national level, estimated to be equivalent to eliminating the graduating classes of seven medical schools. Other studies also support the relationship between burnout and leaving clinical practice. While leaving one's current job or reducing work hours may offer individual relief, these actions further strain an already overburdened healthcare system struggling to meet access needs (L. N. Dyrbye et al., 2013).

Health care cost

The turnover of healthcare professionals has financial implications for healthcare organizations. The cost of turnover among registered nurses (RNs) is estimated to be 1.2 to 1.3 times their salary, resulting in substantial costs per RN. The costs of replacing physicians vary depending on specialty, location, and length of vacancy, with estimates ranging from hundreds of thousands to over a million dollars. Several small studies suggest that burnout or high workloads among physicians may lead to increased referrals and diagnostic tests. Burnout can also indirectly contribute to higher healthcare expenditures through its association with medical errors, malpractice claims, absenteeism, and lower job productivity (Hilton et al., 2009).

Personal consequences

Healthcare professional burnout represents significant suffering among individuals dedicated to alleviating the suffering of others. Cross-sectional studies on physicians have shown that burnout is independently associated with a 25 percent increased likelihood of alcohol abuse/dependence and a 200 percent increased likelihood of suicidal ideation. Longitudinal research on medical students has found that burnout predicts the development of suicidal thoughts over the following year, irrespective of depressive symptoms. Compared to the general US population, physicians are at a higher risk of suicide, with male physicians having a 40 percent higher suicide rate than other males and female physicians having a 130 percent higher suicide rate than other females (Benestad et al., 2021).

Factors Contributing to Work-Life Imbalance:

Work-related factors

Numerous studies have consistently shown that work-related stress plays a significant role in fueling burnout and job dissatisfaction among healthcare staff (HCSs). Factors such as inefficiencies in work processes (e.g., computerized order entry and documentation), excessive workloads (e.g., long work hours, frequent overnight calls, nurse-patient ratios), work-home conflicts, and organizational climate (e.g., management culture, lack of collaboration between physicians and nurses, limited opportunities for advancement and social support) have been strongly associated with burnout among physicians and nurses.

For example, studies have found that longer work hours, night or weekend calls, increased time spent on work-related tasks at home, and work-home conflicts are all independently linked to higher odds of burnout among physicians. Similarly, higher patient-to-nurse ratios have been associated with increased emotional exhaustion and job dissatisfaction among inpatient nurses. Moral distress, stemming from factors like perceived powerlessness and ethical challenges, is also a significant predictor of burnout among nurses. Nurses working in nursing homes may face a higher risk of burnout and lower job satisfaction compared to those in other healthcare settings.

Physician specialty has consistently emerged as an independent predictor of burnout, with certain specialties, such as dermatology, having lower odds of burnout, while others like emergency medicine, general internal medicine, and neurology have significantly higher odds. This suggests that there are unique work-related factors within these specialties that contribute to increased burnout risk. Physicians in private practice also face higher odds of burnout, regardless of specialty or work hours, indicating distinct drivers within this work environment. Factors such as incentive pay, career stage, career fit, and the use of computerized systems have been associated with increased odds of burnout among physicians. The burden of administrative tasks and leadership behaviors within healthcare organizations also play a role in burnout, with supportive leadership and involvement positively impacting career satisfaction and burnout levels of physicians.

Overall, the work-related factors contributing to burnout among healthcare professionals are multifaceted and encompass various aspects of workload, organizational culture, work-home balance, and specialty-specific challenges. Understanding and addressing these factors are crucial for mitigating burnout and promoting well-being among healthcare professionals.

Demographic profile of higher risk for work-life imbalance

Several demographic factors have been linked to an increased risk of burnout among physicians. Studies have found associations between burnout and physician sex, age, relationship status, age of children, and the occupation of the spouse/partner. While the relationship between gender and burnout is not consistently significant after adjusting for other factors, some studies have shown that female physicians have higher odds of burnout compared to male physicians. Younger physicians are also at a higher risk, with those under 55 years old having a significantly increased risk of burnout. Having young children and a spouse/partner working in a non-physician healthcare profession further contribute to burnout risk. Ethnic and racial differences in burnout prevalence among practicing physicians have not been extensively studied, although research in medical students suggests potential variations. It is worth noting

that the choice to become a physician does not inherently make individuals more vulnerable to stress and burnout, and individual characteristics and experiences play a role in how healthcare professionals cope with stress and adapt to their work environments.

Strategies and Interventions

Several strategies can be implemented to address and prevent burnout among healthcare professionals. Firstly, organizations should provide access to professional development opportunities, training, and educational resources. This can enhance workers' confidence, engagement, and motivation, ultimately reducing burnout [9, 19]. Secondly, autonomy and control over the work environment are crucial protective factors against burnout [20]. Empowering employees and giving them a sense of control can contribute to their well-being. Additionally, doctors who have supportive and effective leadership from their supervisors tend to experience lower levels of burnout, higher professional fulfillment, and reduced intention to leave their job.

Creating a supportive work culture is essential. Colleagues and healthcare managers play a significant role in promoting well-being. Group activities and discussions can be beneficial if employees perceive leadership as approachable, supportive, and responsive to their needs. Peer support and community-building activities, such as virtual book clubs or mentoring programs, can also foster a sense of connection and reduce burnout.

The workplace should be viewed as a space for recharging, motivation, and inspiration, rather than solely expending energy. Encouraging a healthy and balanced life includes providing regular meal breaks, rest periods, paid time off, and flexible work schedules. Organizations should also support employees in cultivating personal interests outside of work. Furthermore, promoting psychological safety is crucial for staff well-being. Creating a culture that encourages seeking help without stigma or negative consequences is essential.

While individual resilience training can have some impact on reducing burnout, it is important not to solely rely on this approach. Focusing on systemic support programs and addressing wider workplace issues is necessary to create a supportive and safe environment. Healthcare systems and individual physicians should share the responsibility for addressing burnout.

Identify the departments with higher stress levels and implement effective HR practices to mitigate burnout and stress. This includes providing small breaks during work, improving facilities like changing rooms and providing amenities like water and coffee dispensers. Additionally, organizing periodic fun activities such as solving puzzles and celebrating birthdays can help employees relax.

Consider exploring flexible working hours for certain departments, even though it might be challenging in service organizations.

Develop departments into self-managed teams to foster a greater sense of belonging and teamwork. This approach allows team members to support each other during times of need, such as covering shifts for colleagues requiring leave or urgent time off.

Offer regular health check-ups and wellness programs to support employees' mental and physical well-being, thereby reducing stress levels.

Recognize and celebrate important milestones in employees' lives, such as anniversaries and their children's achievements, at the workplace. This helps employees feel valued and appreciated, even if they miss out on events at home.

Implement a reward system to incentivize employees for putting in extra hours when necessary.

Organize annual gatherings for employees and their families to promote a healthy work-life balance. Additionally, involve employees and their families in corporate social responsibility (CSR) activities to strengthen bonds and enhance overall happiness.

Recommendation

Based on the findings, recommendations can be made. Healthcare organizations should regularly assess and monitor employees' work-life balance, as it has numerous positive outcomes. Employers and decision-makers should implement initiatives and legislation to support a healthy work-life balance. Evaluating fundamental activities within healthcare organizations, such as work schedules and job responsibilities, is crucial. Government administrators can encourage the establishment of daycare centers and elderly care zones to reduce work-family conflicts. Internal and external factors affecting work-life balance should be recognized, and efforts should be made to minimize imbalances. Implementation of regular work-life balance programs can raise awareness among employees. Finally, further research, including qualitative studies, should be conducted to gain a deeper understanding of the identified problems.

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