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EDITORIAL

PREVENTION OF THE EMPLOYEE BURNOUT – A PRIORITY OF THE MANAGERS OF HEALTHCARE FACILITIES

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The risk of professional burnout of employees in the field of medical care is discussed with increasing frequency in the literature (De Hert, 2020; Maslach et al., 2001), being much more frequently encountered compared to professionals from other fields (Yates, 2020). The consequences of burnout in healthcare workers have become a great threat to healthcare systems (Friganović et al., 2019; Aryankhesal et al., 2019). It is estimated that the US healthcare system loses \$4.6 billion per year due to lost clinical hours caused by medical staff suffering from burnout (Bruschwein & Gettle, 2020).

A 2018 survey on 15,000 US physicians found evidence of burnout in 42% of respondents. The highest incidence of burnout (50%) was among physicians aged 45-54, the age group in which work productivity should peak economically. The same study, repeated in 2019, found 44% overall rate of "feeling exhausted", and an alarming 14% of respondents who reported suicidal thoughts, of which only a third have asked for a treatment (Yates, 2020).

Depression is much more common among doctors compared to other professions. A study among general surgery residents identified a depression rate of 40%. More than 6% of surgeons reported suicidal ideation in the past 12 months (almost double the general adult population rate) and of these, only 26% sought help, either from limited time to seek medical care or from fear of stigma associated with mental illness treatment (Yates, 2020, Awa et al., 2010).

At the same time, the mental health of healthcare workers affects the quality of care given to patients. Less overburdened and overwhelmed medical staff will more likely be able to behave empathetically towards their patients. Overfatigue will increase the risk of medical errors (Edú-Valsania et al., 2022; Maslach & Leiter, 2016). There is compelling evidence that burnout is linked to serious errors and even deaths (Alsaqqa & Akyürek, 2019). A meta-analysis of 47 studies involving more than 42,000 physicians found that physician burnout doubled the risk of adverse patient safety incidents and resulted in poorer overall quality of care and decreased patient satisfaction (Yates, 2020). Therefore, in order to provide adequate care, the employees should be mentally healthy people (Rostami et al., 2021).

These arguments highlight the importance of the matter for the managers of medical institutions, who should understand burnout not only as a problem of employees, but also as a serious challenge for ensuring the quality of services provided by their institution, which can also be reflected in increased costs. Thus, the managers of healthcare facilities should be the initiators of programs and institutional strategies that identify and prevent situations that increase the risk of burnout among employees. First of all, managers must identify the factors that underlie the development of the burnout syndrome. The etiopathogenesis of burnout is multifactorial, but there are two large groups of factors that lead to the appearance of this phenomenon - external (environmental) and internal (connected to the personality) (De Hert,

2020). Internal factors are related to the psycho-emotional particularities of each individual, such as: very high self-expectations (idealistic) and the tendency towards perfectionism, the need to be appreciated and the permanent desire to satisfy others, overestimation of personal capacity of facing challenges and suppressing personal needs (Maslach et al., 2001) etc.

At the same time, situational and organizational factors play a much more important role in the development of burnout than individual ones. More than half (56%) of physicians reported external factors (the conditions that exist in the organization in which they work) as the cause of their professional burnout (Yates, 2020). Among such factors are: difficulties in leadership and internal communication, too high or unclearly formulated requirements, contradictory instructions, pressures, poor time management, unpleasant and conflictual climate, suppression of freedom to make decisions, poor opportunities, lack of positive feedback etc.

In the literature, various intervention strategies are proposed to reduce burnout. Some approach the problem only when it is found in employees (post-factum), while others focus on prevention of burnout at the workplace (Maslach et al., 2001)

Individual-centered interventions can only be effective when a person has at least some control over the stressors at work, otherwise they become ineffective. Among such interventions can be: change of workplace, thematic courses, development of effective coping and communication skills, learning relaxation techniques, access to consultations of a psychologist, etc.

At the same time, even if the interventions focused on the occupational environment are difficult to implement, it has been demonstrated that they are the most effective (Matsuzaki et al, 2021). But, unfortunately, the assumption that it is easier and cheaper to change people than organizations often prevails. (Maslach et al., 2001)

Interventions *focused on organizational changes* require more time and money to be implemented. Among such solutions can be: reducing working hours and changes in work schedule, reducing workload, organizing breaks with calming (group discussions), energizing (eg: gym, dance, etc.) or relaxing (eg: meditation) activities; participatory programs for the development of team building, positive communication and effective ways for team communication; clear opportunities for professional promotion; gratitude and appreciation events etc.

Managers of medical facilities must recognize the threat of employee burnout and initiate appropriate measures, taking an active role in promoting the interventions necessary to build an open dialogue based on trust. It is necessary to develop institutional procedures applied permanently for the identification and recognition of states of exhaustion among employees. Ensuring an appropriate ethical climate is a mandatory part of the set of actions to prevent emotional overload, by avoiding conflicts and dilemmas faced by employees daily (conflict of values, uncertainty in decisions, situations of double loyalty, etc.).

A key role in the prevention of professional burnout syndrome is the organisation of dedicated structures in the institution (team or office of psychologists) that should deal directly with both, the identification of risks and the recognition of burnout in its early stages, in order to be able to initiate interventions and prevent the serious and costly complications of this phenomenon in healthcare.

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