

The Impact of burnout in healthcare professionals on patient care quality: A review

Eftychia Dima *

Scrub Nurse, Postgraduate Student, Hellenic Open University.

World Journal of Advanced Research and Reviews, 2025, 25(02), 2706-2710

Publication history: Received on 16 January 2025; revised on 22 February 2025; accepted on 25 February 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.25.2.0633>

Abstract

Introduction: Burnout is a serious condition related to exhaustion and frustration caused by stressful workplace conditions. It can seriously impact healthcare professionals' mental and physical well-being and the quality of care they provide to their patients.

Purpose: To identify the impact of burnout in healthcare professionals on patient care quality.

Methodology: This narrative review was based on a bibliographic search of reviews and research studies drawn from international databases. The language other than English and Greek was the exclusion criterion for the articles.

Results: Excessive professional demands, overwhelming workloads, and insufficient support contribute to burnout among healthcare professionals. These professionals experience heightened stress levels, severe fatigue, and emotional detachment from patients. In extreme cases, they may suffer from physical issues such as headaches and insomnia. Burnout adversely affects the quality of care delivered and leads to increased medical errors due to decreased empathy and professional fatigue. Strengthening psychological support, enhancing the work environment, and providing training in pain management and empathy are essential strategies to address these issues.

Conclusion: Burnout is a critical issue for healthcare professionals, with serious consequences for their personal well-being and the quality of care they provide. Appropriate measures to support healthcare professionals and reduce the effects of burnout are urgently needed to ensure optimal care for patients.

Keywords: Burnout; Patient Quality of Care; Impact of Burnout; Health professional

1. Introduction

Burnout is a psychological and physical state of deep fatigue and frustration that impacts health professionals when they encounter prolonged pressure and stress in their work. This burnout leads to negative consequences not only for the mental and physical health of professionals but also for the quality of care they provide to patients. Under intense stress and with limited resources, health professionals often feel they cannot adequately meet the needs of their patients, which can result in burnout [1-3].

The nature of healthcare professionals' work, which often involves handling serious situations and operating under pressure, makes these workers particularly susceptible to burnout. Continuous and irregular working hours, psychological stress stemming from patients' illnesses, and demanding environmental and healthcare conditions can contribute to this issue. A study indicates that the lack of social support and challenges in establishing a robust collaborative network at work are significant factors that intensify burnout among healthcare professionals [4].

* Corresponding author: Eftychia Dima.

Various symptoms, such as increased mental and physical fatigue, decreased job satisfaction, and detachment from patients, manifest burnout. Health professionals affected by burnout have difficulty staying focused on their work and often experience reduced empathy, which may affect the quality of care they provide to patients. As demonstrated in a study, health professionals who are exposed to increased levels of job stress may experience negative feelings about their work, increasing the likelihood of errors such as neglecting meticulous hand hygiene and many other practices that should be implemented in clinical practice. This results in a decrease in their ability to provide high-quality care [5-8].

The negative consequences of burnout in healthcare professionals significantly impact the quality of patient care. Reduced empathy and disengagement from their work may result in poorer communication with patients and an increased risk of errors in diagnosis or treatment. Consequently, patients cared for by healthcare professionals experiencing burnout report higher levels of stress and dissatisfaction, which in turn worsens their health status [9].

Preventing and treating burnout is essential for safeguarding the health of healthcare professionals and maintaining the quality of care. Strategies like psychological support, stress management training, and improving social support within the workplace can help alleviate the detrimental effects of burnout [9-10]. Implementing preventive care programs and fostering a supportive work environment can enhance work quality and mitigate the negative impacts on the mental health of healthcare professionals. In summary, burnout among healthcare professionals detrimentally affects both the quality of care and patients' lives, making prevention essential for the well-being of professionals and patients. Adopting strategies that bolster healthcare professionals' support and well-being is crucial to combat burnout's adverse effects [10].

2. Methodology

The methodology followed was based on the bibliographic search of reviews and research studies drawn from the international databases Medline, Pubmed, and Google Scholar. The keywords used were Burnout, Patient quality of care, and Impact of burnout. The exclusion criterion of the articles was the language other than English and Greek.

3. The Definition of Burnout and Its Components

In 1974, Freudenberger was the first to report the syndrome of "professional burnout." He documented the symptoms of physical and mental fatigue, observed not only in healthcare professionals but also in individuals from other fields where the practice of the profession involves interactions and dependent relationships with others [11]. Burnout describes a state of intense physical, emotional, and mental fatigue that occurs when an individual is subjected to prolonged occupational stress and pressure. This exhaustion typically accompanies withdrawal from professional work and a decline in effectiveness. Research has shown that this condition often stems from excessive workload, lack of recognition for one's efforts, and the psychological pressures associated with professional duties [12]. Burnout is usually analyzed through three main components, according to Maslach's 1982 model, which is widely used to assess the phenomenon. The first component is emotional exhaustion, which pertains to the feeling of mental and physical fatigue resulting from sustained professional pressure. Health professionals, for instance, may feel they lack the strength to handle the continuous demands of their jobs. The constant workload can diminish their ability to manage their daily challenges [11-13].

The second component is alienation. This refers to the psychological distance between professionals and their patients or colleagues. Particularly in healthcare, workers experiencing burnout may perceive patients as "objects" or "cases," leading to reduced empathy and less effective care. This results in losing an emotional connection to their work and hampers patient communication. The third component is a decline in the sense of personal accomplishment. This refers to feelings of failure or the perception that goals are unmet. Professionals experiencing burnout often feel their efforts do not yield the anticipated results or that the value of their work remains unrecognized. This frustration results in diminished personal satisfaction and a deeper disengagement from their professional roles [12-14].

However, the Edelwich and Brodsky model outlines the phenomenon of burnout, which progresses through four stages. In the first stage, the employee feels enthusiastic about their professional field and sets high goals and expectations. However, when these expectations are unmet, the second stage begins, characterized by doubts and inertia, where employees perceive their contributions as unrecognized. Disappointment and a sense of failure lead to the third stage, marked by frustration and disillusionment [15-16]. According to Cherniss, in 1980, he argued that the growing trend of individualization that existed at that time had placed more pressure on social service workers. Additionally, the

financial cuts made by governments in these sectors have increased the workload, as the number of available workers has decreased [17].

Another theory that explains the phenomenon of burnout is Pines' (1993) psychodynamic existential theory, which examines how an individual's psychological and existential states impact the development and progression of burnout. This theory integrates psychodynamic approaches that explore unconscious emotional and psychological issues with existential concerns such as self-esteem and interpersonal connection. Pines argues that burnout is not solely caused by excessive work but is also closely linked to the worker's internal contradictions and unresolved issues, along with their need to find meaning and fulfillment in their work [17].

4. The impact of health professionals' burnout on patient care

Burnout among healthcare workers seriously undermines the quality of care they provide to patients, impacting both healthcare outcomes and patients' mental health. When healthcare professionals experience burnout, they suffer from physical and emotional exhaustion, feelings of isolation, and a sense of failure, leading to mental breakdowns that diminish their capacity to deliver quality care. Research shows that healthcare professionals dealing with burnout may grow emotionally distant from their patients, making it difficult for them to respond adequately to patients' needs [4,6]. This alienation can result in limited communication and negatively affect the quality of relationships with patients, which in turn fosters feelings of frustration and anxiety in those patients. Additionally, burnout can contribute to a rise in errors in diagnosis and treatment; the physical and emotional fatigue experienced by healthcare professionals hinders their ability to perform their medical duties effectively. This may lead to serious health consequences for patients, including delayed recovery or deterioration of their conditions. Furthermore, burnout can make patients feel as though they are not receiving the care they require, eroding their trust in the healthcare system. Consequently, burnout not only jeopardizes the well-being of healthcare professionals but also initiates a negative cycle that diminishes the quality of care and impacts patients' health [9-10, 14].

According to the research by Almodibeg and Smith [18], nurses in operating rooms in Saudi Arabia experience burnout due to factors like excessive workloads and psychological pressure, which affect the effectiveness of the care they provide. Additionally, Jarzynkowski et al. [19] suggest that working conditions and colleague support are crucial in mitigating burnout. This, in turn, impacts healthcare professionals' ability to deliver quality care to their patients. Furthermore, the study by Zakeriafshar et al. [20] emphasizes the connection between moral resilience and burnout, demonstrating that a decline in moral resilience due to burnout negatively affects the quality of healthcare services, particularly in operating rooms. These findings underscore the importance of supporting healthcare professionals to ensure patient care [19].

5. The impact of health professionals' burnout on patients' quality of life

Burnout among healthcare professionals significantly impacts patients' quality of life, affecting both the care they receive and their overall hospital experience. Due to burnout, healthcare professionals tend to be less compliant with several factors contributing to quality care, including adherence to hand hygiene [21-22]. Research has shown that healthcare professionals experiencing burnout often become emotionally distant from their patients, negatively affecting empathy and communication quality, which can lead to experiences that cause anxiety and frustration for patients [4]. The sense of neglect and detachment from healthcare professionals creates gaps in empathy and attention to patients' needs, potentially harming their emotional and psychological well-being [6-10]. Furthermore, burnout among healthcare professionals can diminish their ability to provide comprehensive and effective care, which is especially vital for patients with chronic or serious conditions such as frailty syndrome, post-intensive care syndrome, and post-COVID-19 syndrome that arose following the pandemic [23-25]. It is also crucial for patients with cardiovascular diseases, who undergo multiple procedures, to receive the highest level of care from healthcare professionals to optimize their quality of life. However, healthcare professionals' burnout also affects patients' quality of life. As a result, patients may experience delayed recovery or even deterioration of their condition, while the overall quality of care they receive is adversely impacted. This interaction underscores the importance of providing support to healthcare professionals to maintain their well-being, which directly affects patients' quality of life and treatment effectiveness [26].

6. The connection between patients' quality of life and the care provided by health professionals

The quality of life for patients is directly linked to the quality of care provided by healthcare professionals. When these professionals experience burnout, their ability to deliver quality care diminishes, negatively impacting patients' well-

being. Burned-out healthcare providers display diminished empathy and communication skills, making it harder to effectively interact with patients. This emotional detachment leads to a decline in patients' trust, resulting in emotional distress and anxiety, as they feel they are not receiving the necessary attention and support [27-28]. The psychological state of patients, along with their emotional well-being, largely depends on the quality of care they receive. When healthcare professionals are exhausted, they may struggle to meet patients' needs appropriately, which can slow the recovery process and impact their quality of life. Quality care, encompassing both emotional support and direct assistance, is essential for patients' mood and overall well-being [4,6]. Furthermore, burnout affects professionals' ability to provide high-quality care, increasing the risk of delayed or inadequate treatment, which can lead to deterioration in patients' health. As reported by Theofilou et al. [8], the mental and professional well-being of health workers is directly linked to enhancing patients' quality of life and improving the effectiveness of treatment and medical procedures. Therefore, supporting and empowering health professionals is crucial for enhancing patient care and quality of life [8].

7. Conclusion

Burnout among healthcare professionals has serious consequences for their mental and physical well-being and the quality of care they provide to patients. Emotional and physical exhaustion, detachment from others, and a diminished sense of personal achievement are indicators of burnout. These issues lead to decreased job satisfaction and an increased risk of errors in care delivery. A lack of empathy and emotional distance from patients reduce communication and hinder the ability to meet their needs. This results in heightened anxiety and frustration for patients, alongside an increased risk of diagnostic and treatment errors. Additionally, the lack of trust that patients have in the healthcare system can further deteriorate their emotional and mental health. This issue can be mitigated by preventing and addressing burnout early on. It is crucial to safeguard the mental health of healthcare professionals and ensure high-quality patient care. Enhancing social support, implementing stress management strategies, and fostering a positive and supportive work environment are essential steps to combat burnout.

References

- [1] Giournta AM, Alikari V, Platis C, Oikonomopoulou G, Alefragkis D, Theofilou P. Assessing the quality of life and depression among patients with heart failure and heart attack. *Health Psychology Report*. 2020 Jun 1;8(3):211-8
- [2] Bakker AB, Demerouti E. The job demands-resources model: State of the art. *Journal of managerial psychology*. 2007 Apr 3;22(3):309-28
- [3] Mullen PR, Gutierrez D. Burnout, Stress and Direct Student Services Among School Counselors. *Professional Counselor*. 2016;6(4):344-59
- [4] Theofilou P, Rousta E, Alefragkis D, Zyga S, Tzavella F, Tsironi M, Alikari V. Burnout syndrome and social support in Greek nursing professionals. *Int J Adv Res Nurs*. 2020 Jan;3(1):18-23
- [5] Alefragkis D, Tousoulis D, Toutouzas K, Kyritsi E, Papageorgiou D, Polikandrioti M. Quality of life in patients with coronary heart disease before and six months after coronary artery bypass grafting (CABG). *Nosileftiki*. 2024 Jul 1;63(3)
- [6] Chastali-Sitara M, Alikari V, Platis CH, Tsironi M, Zyga S, Alefragkis D, Theofilou P. Association between perceived social support and occupational burnout in Greek nurses: A preliminary study. *Progress in Health Sciences*. 2020 Dec 7;10(2):22-8
- [7] Tawfik DS, Profit J, Morgenthaler TI, Satele DV, Sinsky CA, Dyrbye LN, Tutty MA, West CP, Shanafelt TD. Physician burnout, well-being, and work unit safety grades in relationship to reported medical errors. In *Mayo Clinic Proceedings* 2018 Nov 1 (Vol. 93, No. 11, pp. 1571-1580). Elsevier
- [8] Theofilou P, Matalliotakis A, Alefragkis D. Investigation of the quality of life among mental health professionals: The contribution of counseling. *World Journal of Advanced Research and Reviews*. 2022;15(2):417-23
- [9] Kumar A, Bhat PS, Ryali S. Study of quality of life among health workers and psychosocial factors influencing it. *Industrial Psychiatry Journal*. 2018 Jan 1;27(1):96-102
- [10] Theofilou P, Platis C, Madia K, Kotsiopoulos I. Burnout and optimism among health workers during the period of COVID-19. *South Eastern European Journal of Public Health*. 2023 Jan 24

- [11] Muheim F. Burnout: History of a phenomenon. Burnout for experts: Prevention in the context of living and working. 2012 Sep 5:37-46
- [12] Maslach C, Jackson SE. The measurement of experienced burnout. *Journal of organizational behavior*. 1981 Apr;2(2):99-113
- [13] Dall’Ora C, Ball J, Reinius M, Griffiths P. Burnout in nursing: a theoretical review. *Human resources for health*. 2020 Dec;18:1-7
- [14] Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of internal medicine*. 2012 Oct 8;172(18):1377-85
- [15] Bakker AB, Killmer CH, Siegrist J, Schaufeli WB. Effort–reward imbalance and burnout among nurses. *Journal of advanced nursing*. 2000 Apr;31(4):884-91
- [16] Cherniss C, Sarason SB. Professional burnout in human service organizations. (No Title). 1980 Jun.
- [17] Pines, A.M. (2002). Teacher burnout: A psychodynamic existential perspective. *Teachers and teaching; Theory and practice*, 8:2, 121-140
- [18] Almodibeg BA, Smith H. A cross-sectional survey to explore the prevalence and causes of occupational burnout syndrome among perioperative nurses in Saudi Arabia. *Nursing Open*. 2021 Jan;8(1):364-71
- [19] Jarzynkowski P, Piotrkowska R, Mędrzycka-Dąbrowska W, Książek J. Areas of work life as predictors of occupational burnout of nurses and doctors in operating theaters in Poland—Multicenter studies. In *Healthcare* 2021 Dec 24 (Vol. 10, No. 1, p. 26). MDPI
- [20] Zakeriafshar M, Torabizadeh C, Jamshidi Z. The relationship between occupational burnout and moral courage in operating room personnel: A cross-sectional study. *Perioperative Care and Operating Room Management*. 2023 Sep 1;32:100339
- [21] Manomenidis G, Panagopoulou E, Montgomery A. Job burnout reduces hand hygiene compliance among nursing staff. *Journal of patient safety*. 2019 Dec 1;15(4):e70-3
- [22] Alefragkis D, Alikari V, Kelesi M. The importance of hand hygiene in health care settings Dimitrios Alefragkis. *International Journal of Midwifery and Nursing Practice*. 2019;2(1):102-105
- [23] Papageorgiou D, Kosenai K, Gika E, Alefragkis D, Keskou D, Mandila C. Quantification of frailty syndrome in ICU patients with clinical frailty scale. *Folia Medica*. 2020 Dec 31;62(4):655-61
- [24] Alefragkis D. Post intensive care syndrome prevention and impact of COVID 19. *Progress in Health Sciences*. 2021 Jun 14;11:112-7
- [25] Alefragkis D, Kaba E, Mastorakis G, Narliotis G, Evgenikos K, Biagkis N, Papageorgiou D. Post COVID – 19 syndrome. *Rostrum of Asclepius/Vima tou Asklipiou*. 2023 Jan 2;22
- [26] Johnson-Coyle L, Opgenorth D, Bellows M, Dhaliwal J, Richardson-Carr S, Bagshaw SM. Moral distress and burnout among cardiovascular surgery intensive care unit healthcare professionals: A prospective cross-sectional survey. *Canadian Journal of Critical Care Nursing*. 2016 Dec 1;27(4)
- [27] Stojanov J, Malobabic M, Stanojevic G, Stevic M, Milosevic V, Stojanov A. Quality of sleep and health-related quality of life among health care professionals treating patients with coronavirus disease-19. *International Journal of Social Psychiatry*. 2021 Mar;67(2):175-81
- [28] Harris K, Chow E, Zhang L, Velikova G, Bezjak A, Wu J, Barton M, Sezer O, Eek R, Shafiq J, Yee A. Patients’ and health care professionals’ evaluation of health-related quality of life issues in bone metastases. *European journal of cancer*. 2009 Sep 1;45(14):2510-8.