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Staffing crisis among physicians and nurses in European healthcare system and its impact on WLB and burnout syndrome¹

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Кадрова криза лікарів і медсестер в європейській системі охорони здоров'я та її вплив на баланс між роботою та особистим життям і синдром вигорання

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Introduction

Health personnel are a key aspect of health systems, fundamentally influencing the continuous improvement of the health status of patients and populations, as well as addressing the current challenges within the framework of universal health coverage and the Sustainable Development Goals. Health disparities within and between countries around the world, change in disease patterns, increasing rates of chronic diseases and non-communicable diseases, increasing life expectancy, health workforce shortages, geographical asymmetry and pervasive international population migration are challenges facing contemporary health systems globally [1]. Global health workforce shortages will become more pronounced in just a few decades. This global trend will have a negative impact on patients, citizens and society. Mark Britnell (2019) [2] proposes measures aimed at a more innovative, coherent and collaborative way of organising public policies.

The crisis of inadequate numbers in primary health care is gradually emerging as a global phenomenon. The Department of Human Resources for Health of WHO has provided an overview of the unevenly distributed population's access to primary health care, with the most affected areas, such as rural and remote areas characterized by adverse socioeconomic conditions [3]. According to Andah et al., 2021 [4]: «Critical shortages of health personnel in the disciplines of general medicine, psychiatry, or nursing, are manifested in different geographic locations».

Staff working in the health sector, as well as other professions and occupations, perceive challenges in establishing a work-life balance. Their work is accompanied by high levels of mental and physical strain due to excessive workloads requiring long working hours, night shifts and the inaccessibility of normal

holiday schemes. The consequences of the absence of work-life balance can manifest in reduced organizational commitment, early departures, burnout, increased job stress, intense job dissatisfaction, and impaired personal life [5]. According to Kumar (2016) [6]: «Physicians in many countries are experiencing great frustration in practicing their profession, whether because of limited resources, government and/or corporate micro-management of health care delivery, sensationalist media reports of medical errors and unethical physician conduct, or challenges to their authority and skills by patients and other health care providers». Health professionals have faced one of the greatest challenges in recent years in building work-life balance, during the period of the COVID-19 pandemic. The challenges in building WLB have been, and continue to be, manifold.

Purpose

The main objective of our research was to analyse the state of the healthcare workforce in Europe with regard to work-life balance and the prevalence and awareness of burnout syndrome among healthcare workers. The aim of the study is to identify key challenges and possible solutions through a review of existing statistical data and scientific literature.

Object, materials and research methods

The article follows the five-step process for developing a systematic literature review adopted by Senyo et al. (2019): (1) defining criteria for inclusion and exclusion of literature, (2) reviewing the literature, (3) refining the literature, (4) analyzing the selected literature, and (5) presenting the findings [7]. The aforementioned set of procedure allowed us to extract essential information

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from the available scientific literature and identify similarities and differences between them. Based on the literature review, we conceived the research question: «How do burnout syndrome, high workload and work-life imbalance affect the healthcare workforce in Europe?» The systematic literature review is complemented by statistical data linked to the issue under study from relevant sources such as Statista, Eurostat, WHO Reports and OECD Health Data.

In the first step, a systematic review of the literature from the scientific databases WoS, Scopus, PubMed was performed. The criteria for selecting the appropriate literature was a time frame between 2016–2025 to ensure that the emphasis was on the timeliness of the available data; furthermore, we limited the types of studies to systematic literature reviews, meta-analyses, and empirical research. We then combined the databases and identified articles unique to us that focused on the issue of low numbers of health professionals across countries in the European Union and the impact of poor work-life balance and burnout on the workforce under study. In particular, we looked

at the impact of workload, burnout syndrome and work-life imbalance among healthcare professionals. As part of the thematic analysis, we identified a number of key areas of research shown in the diagram below.

Part of the analysis included the use of statistical data from sources such as Eurostat, WHO and Statista, which provided a quantitative view of the scope and impact of the issues under study. This approach allowed us to identify new directions in research. The main results of the systematic literature review are presented in the results section and suggestions for future directions of the research area are presented in the conclusion section.

Research results

In the results section, we present the key findings of a systematic literature review where we examine the impact of workload, burnout syndrome and work-life imbalance on the shortage of health professionals globally, with an emphasis on countries within the European Union. The results are divided into five sub-chapters,

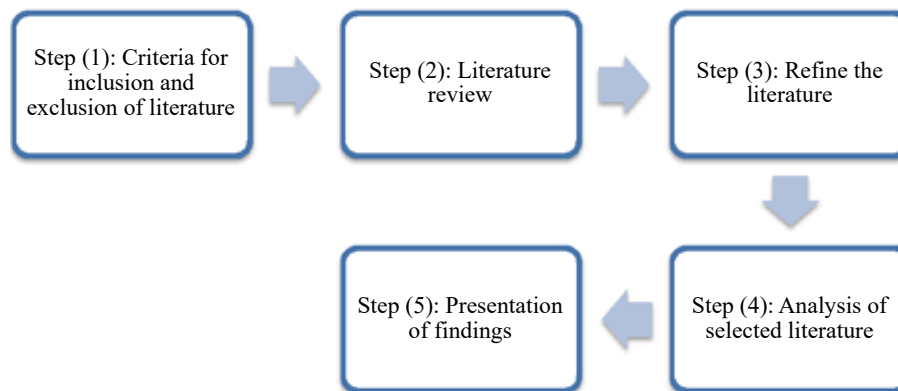


Fig. 1. A five-step process for creating a systematic literature review

Source: own elaboration based on Wegner et al., 2023. Doi: <https://doi.org/10.1007/s11846-023-00695-0>

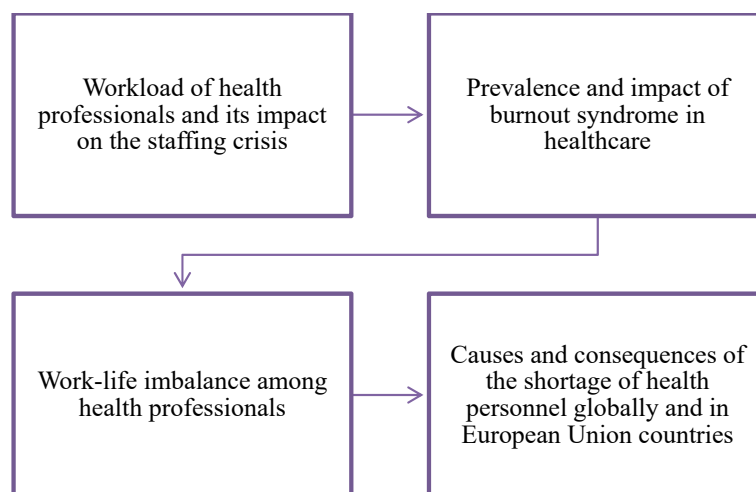


Fig. 2. Key research areas

Source: own elaboration

with each chapter addressing one of the identified key research areas: (1) *Workload of health professionals and its impact on the staffing crisis*, (2) *The prevalence and impact of burnout syndrome in the health sector*, (3) *Work-life imbalance in health professionals*, (4) *Causes and consequences of the shortage of health professionals globally and in European Union countries*.

2.1 Workload of health professionals and its impact on the staffing crisis

Despite the crisis facing the health sector, global figures show significant progress, with health workforce numbers increasing over the past 20 years and the total number of health workers almost doubling in low- and middle-income countries. On the other hand, this progress masks regional inequalities and fails to address the underlying problems. The current crisis in health workforce numbers requires new approaches and strategies in the face of new and growing needs caused by population ageing, demographic changes and changing disease patterns [8]. The shortage of health personnel is not only a crisis in the European Union but worldwide. This problem negatively affects the quality and availability of health services [9]. In the European Union, this crisis has a disproportionate impact on female staff, who make up almost 80% of the health workforce. Shortages, long-term sickness absence, burnout, pay gaps and poor career prospects mark just a small number of the problems that have long plagued the health sector in the European region, which includes 53 countries in Europe and Central Asia [10]. According to the studies, there were 6,500 GPs registered under the ideal number in England in 2016 and this was set to increase exponentially to 12,100 GPs by 2020. Switzerland is facing a similar crisis due to an ageing population, with up to almost half of GPs set to retire in the next decade. Similarly, in OECD countries

and among European Union member states, the workforce crisis at the primary care level is so enormous that in 2011–2013, a significant proportion of emergency department visits were due to the unavailability of primary care physicians [11].

According to Jenny Yang, (2024) [12] we can identify that the satisfaction of health care employees is quite low in selected European Union countries according to statistics conducted through responses from 9,526 respondents, from 2022. The highest job satisfaction is achieved by healthcare staff in Switzerland, up to 57.9%, while the lowest percentage is in the United Kingdom, where it is only 23.6%. This difference may be related to various factors such as working conditions, financial remuneration, workload or support from the employer on the one hand and the government on the other [12].

2.2 The prevalence and impact of burnout syndrome in the health sector

Physician burnout is a worldwide phenomenon. Doctors are a vulnerable group who may experience burnout on a regular basis. In addition to providing poorer health outcomes, burnout can also contribute to reduced quality of care provided to patients, increased errors and reduced chances of retaining employment. Increasing medical staff resilience and work engagement, as well as creating a positive work environment, can help physicians to achieve work-life balance and prevent burnout ([13; 14]). Burnout syndrome is a salient problem for healthcare professionals and is characterized by emotional exhaustion, depersonalization, and decreased personal accomplishment ([15; 16]). It has a negative impact on anyone in the healthcare workforce, but particularly in critical care and nursing [17]. Factors that contribute to the prevalence of burnout syndrome include high

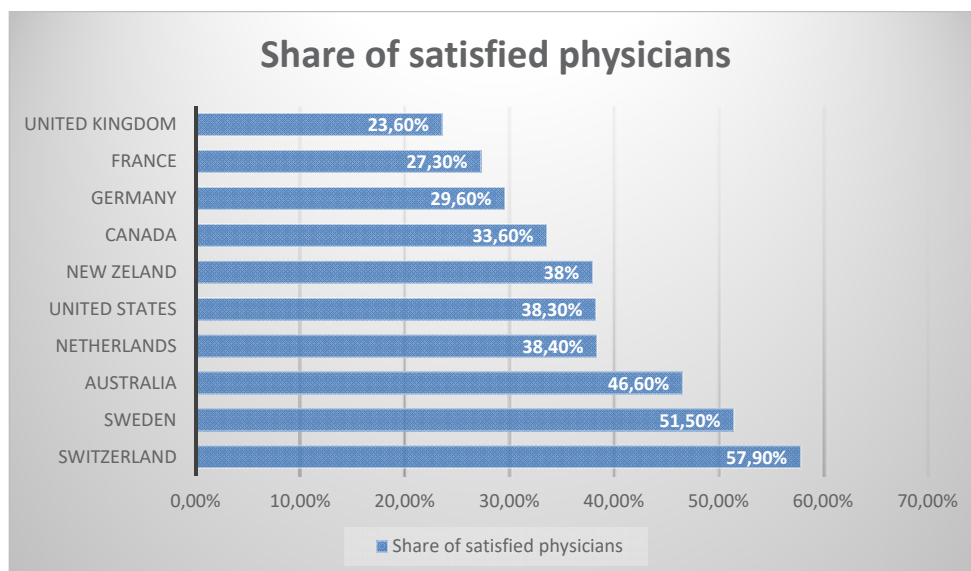


Fig. 3. Healthcare staff satisfaction with practice

Source: own elaboration based on Jenny Yang, (2024), available at: Practice satisfaction among doctors worldwide 2022 | Statista. Cit. [24.02.2025].

workload, ethical dilemmas and limited job autonomy [18] and nurses leaving the profession early [19].

In the graphic below, we can observe the level of burnout syndrome among general practitioners in a dozen countries from around the world and Europe, such as Australia, France, Germany, Canada, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom and America. The survey by Jenny Yang, (2024) [20] was conducted in 2022 on a sample of 9,526 respondents over the age of 18. The level of burnout was rated on a five-point scale: (1) No symptoms of burnout, (2) Occasionally stressed and not always full of energy, no feeling of burnout, (3) Feeling burnout with one or more symptoms and emotional exhaustion, (4) Constant symptoms of burnout, frustration at work, and (5) Absolute feeling of burnout and frequently questioning the ability to persist with the need for change.

The survey results show that there are significant levels of stress and perceived symptoms of burnout among primary health care workers, while differences between the countries surveyed may also reflect the conditions of the work environment and the functioning of health care systems.

2.3 Work-life imbalance in health professionals

According to Rotenstein et al., (2023) [21] there is a direct relationship between the burnout syndrome and poor work-life balance. Low level of feeling WLB lead to higher employee fluctuation in the healthcare sector, with overwork being a major factor preventing them from achieving a better feeling WLB [22].

Lack of perceived work-life balance is a significant contributor to increased turnover of healthcare staff. Hospital doctors in Ireland struggle to achieve WLB and see high work overload as a key issue [22]. In the UK,

three times as many staff left the health sector in 2021 due to low WLB than did in 2011, with satisfaction with having enough free time declining faster for medical staff than in any other sector [23]. Achieving WLB can be achieved by creating appropriate conditions such as standard wages, accommodation, transport, increased work flexibility, reduced work overload or better health insurance [24]. A study by Aiken et al., 2024 [25], which was conducted in six European countries (Belgium, England, Germany, Ireland, Sweden and Norway), on a sample of 2,187 doctors and 6,643 nurses, and suggests that up to 57% of doctors experience poor work-life balance, with the highest rate reported in Ireland (73%) and the lowest in Belgium (40%). At the same time, 40% of nurses reported experiencing low WLB in the same way, with the highest rate recorded in Germany (49%) and conversely the lowest rate recorded in Belgium (29%) [25].

2.4 Causes and consequences of the shortage of health professionals globally and in European Union countries

The main causes contributing to the shortage of health professionals across Europe and the rest of the world include job dissatisfaction, lack of career development opportunities and poor WLB [26]. According to Heczková & Bulava (2018) [27], over the last decade, several studies have been conducted in the European Union and the Czech Republic addressing the issue of health care staff attrition. The main reasons for nurses' departure included work environment factors, high workload, management and leadership style, lack of opportunities for career development and further education, professional status, financial remuneration or personal characteristics of nurses.

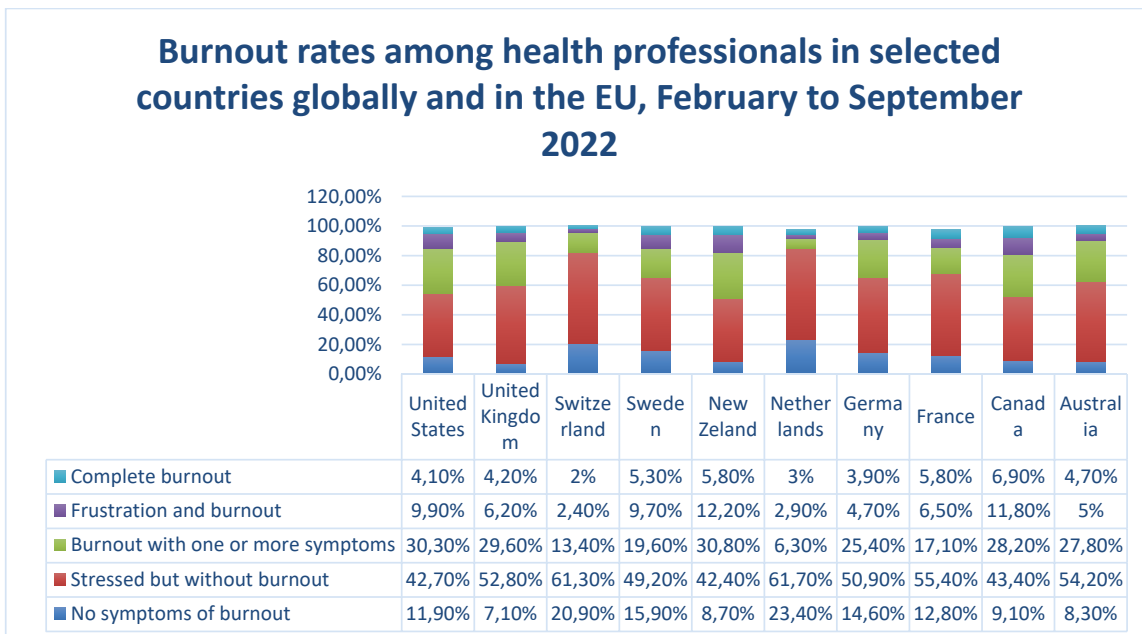


Fig. 4. Percentage burnout rates of healthcare staff in selected countries

Source: own elaboration based on Jenny Yang, 2024. Available at: Burnout rate among doctors worldwide 2022 | Statista, Cit. [25.02.2025].

In the Slovak Republic, these are salary incentives, poor motivation and high levels of job dissatisfaction. However, the departure of doctors and nurses abroad is not only because of higher salaries but also the vision of optimal work engagement, feeling of support in practice and quality education [28]. The following graph shows the number of health professionals per 1,000 inhabitants in selected countries according to the 2020 OECD survey:

The average number of doctors from 2020 indicates 3.93 doctors per 1,000 inhabitants, with the highest value recorded in Austria, where the number was 5.35 doctors per 1,000 inhabitants, while the lowest number of doctors was recorded in the United Kingdom, where the number was 3.03 doctors per 1,000 inhabitants.

Discussion of research results

A strategic prerequisite to mitigate the impact of the staffing crisis is to monitor employee WLB to see how healthy WLB improves productivity, work engagement, dignity at work, healthy lifestyles, and resilience to stressful working conditions. Subsequent reassessment of work schedules, duties, service quality and patient care outcomes. It is also essential to recognize the internal and external factors altering employees' WLB to minimize their negative impact on WLB [29]. There is also a need to mitigate the prevalence of burnout syndrome, which requires multidimensional approaches including personal coping strategies and organisational interventions to reduce work demands and promote autonomy-supportive management styles [30; 31]. Shifting work activities

and a flexible leadership approach can positively impact the number of health care workers during emergencies [32]. Similarly, the current use of artificial intelligence tools can increase efficiency in, for example, radiology departments, which may compensate in small part for workforce shortages [33].

The steady decline of healthcare staff has long been a problem in Europe. There was a shortage of 4.3 million doctors worldwide in 2016 and 5.9 million nurses by 2020. The World Health Organization reports that by 2030, the global shortage of health workers will be 14 million. Job demands and job satisfaction have been found to play a positive role in the intention to stay in the profession. On the other hand, lack of job satisfaction is a negative factor. Other negative influencing factors on the intention to leave a profession include burnout symptoms, emotional exhaustion, reduced personal fulfilment, dissatisfaction, ethical dilemmas, or psychological stress and high moral burden [34].

Statistical surveys of health professionals' job satisfaction in the EU [35] show varying levels across EU countries. The main factors influencing this satisfaction are mainly working conditions, financial remuneration or support from the state and employer. High workload causes the occurrence of symptoms of burnout syndrome, which is now a relatively common problem among healthcare professionals ([36]; [37]). The burnout syndrome itself subsequently leads up to the individual's emotional exhaustion, depersonalisation and low personal fulfilment, which in turn can cause increased turnover rates among healthcare staff and a deterioration in the quality of healthcare [38].

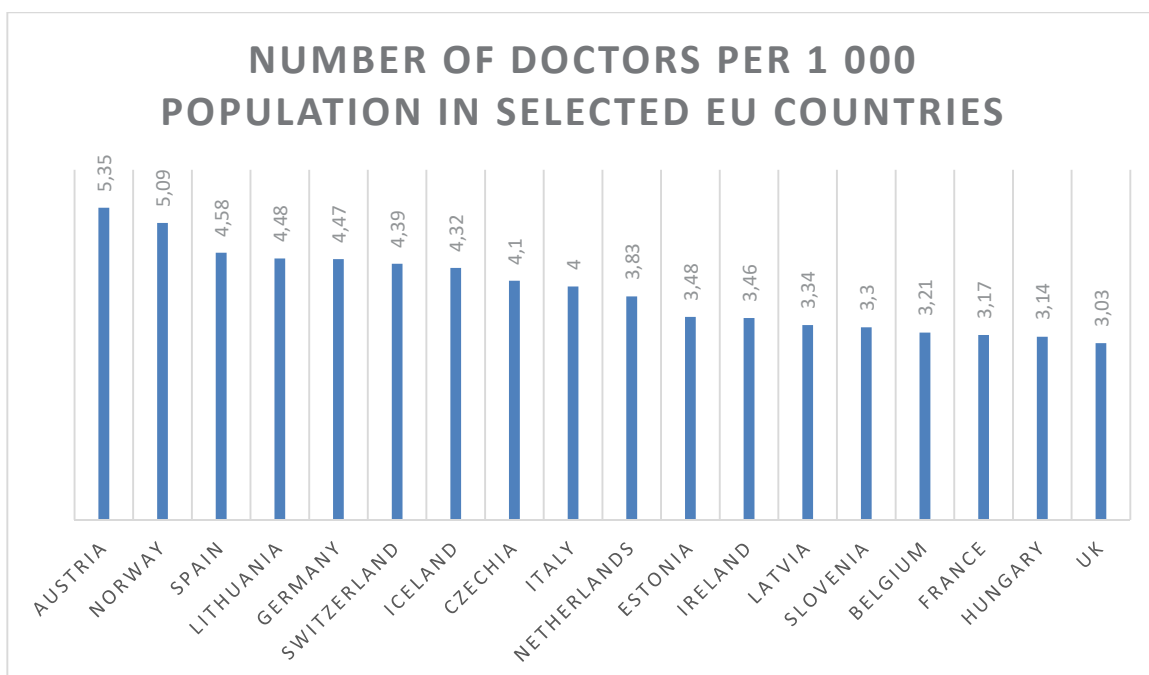


Fig. 5. Number of doctors per 1 000 population in selected EU countries

Source: own elaboration based on: Doctors per 1,000 people in Europe | TheGlobalEconomy.com. Cit. [25.02.2025].

Prospects for further research

Based on the findings, we can conclude that future research should focus on evaluating the effectiveness of specific strategies for reducing employee turnover and on organizational interventions designed to mitigate burnout across healthcare staff. Despite the current good documentation of the personnel crisis, there is still a need for additional empirical evidence on successful HR policies that positively influence the work-life balance of these employees in practice. Another appropriate focus for future research could be to explore the potential of digitalization and artificial intelligence in reducing administrative burdens, which would directly impact workloads and increase healthcare staff satisfaction. Finally, a comparative analysis between the public and private sectors could reveal different patterns in staff stability and WLB among employees.

Conclusions

The research has confirmed that excessive workload, burnout syndrome and poor work-life balance have a major

impact on the job stability of healthcare professionals in the European Union.

The lack of feeling the WLB among health staff may therefore have long-term negative consequences within the healthcare system, as the lack of supportive staffing arrangements may further exacerbate the already existing staffing crisis in the health sector. Thus, the results of the study suggest that one of the most important steps to eliminate the staffing crisis in the health sector will be to implement strategies to reduce workload, promote mental health and improve working conditions. These factors lead to increased employment fluctuations and a deterioration in the quality of healthcare provided. It is therefore important to take action to mitigate the occurrence of these factors. Measures need to be put in place to support mental health and sanity, improve working conditions in regard to strategically managed staff. Furthermore, promoting policies and workforce planning and management will be equally essential steps to increase the level of sustainability of workforce in the healthcare industry.

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Purpose. The study aims to analyse the state of the healthcare workforce in Europe with regard to work-life balance and the prevalence and awareness of burnout syndrome among healthcare workers. The aim of the study is to identify key challenges and possible solutions through a review of existing statistical data and scientific literature.

Materials and methods. The study used statistical data from international sources such as WHO, Eurostat, OECD, Statista and national health reports. These data were complemented by a systematic literature search of relevant scientific studies retrieved from the WoS, Scopus and PubMed databases. A comparative analysis was conducted focusing on workforce shortages, working conditions and burnout rates. Key indicators include the ratio of physicians to patients, average number of hours worked, burnout rates based on self-assessment surveys, and job satisfaction levels. We contextualized subsequent findings through a literature search of recent studies on the well-being of healthcare professionals.

Results. The results suggest a shortage of health workers within the European Union, with increasing work stress and burnout rates, particularly among nurses and hospital doctors. Countries with higher doctor-to-patient ratios tend to demonstrate better work-life balance, while regions facing staff shortages register markedly higher rates of burnout and job dissatisfaction.

Conclusions. The findings highlight the need for systemic changes in healthcare workforce management, including a more balanced distribution of workload, enhanced mental health support and legislative measures aimed at improving work-life balance. Addressing these issues is essential for the long-term sustainability of healthcare systems and for preventing workforce outflows.

Key words: healthcare, burnout, work-life balance, physicians, healthcare workforce.

Мета. Метою дослідження є аналіз стану робочої сили в галузі охорони здоров'я в Європі з точки зору балансу між роботою та особистим життям, а також поширеності та обізнаності про синдром вигорання серед медичних працівників; є виявлення основних викликів та можливих рішень шляхом аналізу існуючих статистичних даних та наукової літератури. Це дослідження є реакцією на сучасну ситуацію, в якій європейський сектор охорони здоров'я стикається з нестачею персоналу. Ця ситуація призводить до перевантаження існуючих співробітників, що має наслідком вигорання і подальший відхід з сектора охорони здоров'я. Таким чином, криза постійно поглиблюється. У дослідженні ми наголошуємо на необхідності розглянути ці проблеми в ширшому контексті демографічних змін, старіння населення та наслідків пандемії COVID-19, які суттєво випробовують стійкість систем охорони здоров'я та їхню здатність підтримувати якість медичного обслуговування.

Матеріали та методи. У дослідженні використовувалися статистичні дані з міжнародних джерел, таких як ВООЗ, Євро-стат, ОЕСР, Statista та національні звіти про стан охорони здоров'я. Ці дані були доповнені систематичним пошуком літератури з відповідних наукових досліджень, отриманих з баз даних WoS, Scopus та PubMed (опублікованих у період з 2016 по 2025 рік). Було проведено порівняльний аналіз, зосереджений на нестачі робочої сили, умовах праці та рівні вигорання. Ключові показники включають співвідношення лікарів до пацієнтів, середню кількість відпрацьованих годин, рівень вигорання на основі опитувань самооцінки та рівень задоволеності роботою. Ми контекстуалізували подальші висновки шляхом пошуку літератури з останніх досліджень щодо добробуту медичних працівників.

Результати. Результати свідчать про нестачу медичних працівників у Європейському Союзі, а також про зростання рівня стресу та вигорання на роботі, особливо серед медсестер та лікарів лікарень. Аналіз підтвердив прямий зв'язок між рівнем укомплектованості персоналом та благополуччям працівників. Країни з вищим співвідношенням лікарів до пацієнтів, такі як Австрія (5,35 лікарів на 1 000 жителів) і Норвегія (5,05 лікарів на 1 000 жителів), як правило, демонструють кращий баланс між роботою та особистим життям, тоді як регіони, що стикаються з нестачею персоналу, такі як Велика Британія (3,03 лікарів на 1 000 жителів) або Франція (3,17 лікарів на 1 000 жителів), мають значно вищі показники вигорання та незадоволеності роботою. Регіони, що стикаються з нестачею персоналу, мають значно вищі показники вигорання та незадоволеності роботою. Наприклад, тоді як 57,9% персоналу в Швейцарії були задоволені своєю роботою, у Великій Британії таких було лише 23,6%. В іншому дослідженні ми виявили не менш тривожні відмінності в поганому балансі між роботою та особистим життям серед працівників охорони здоров'я. Ірландія мала найвищі показники WLB (73%), а Бельгія – найнижчі (40%). Результати вказують на те, що медичний персонал у багатьох країнах стикається з дедалі більшою незадоволеністю своєю роботою та можливим синдромом вигорання.

Висновки. Висновки вказують на необхідність системних змін в управлінні робочою силою в галузі охорони здоров'я, включаючи більш збалансований розподіл робочого навантаження, посилену підтримку психічного здоров'я та законодавчі заходи, спрямовані на поліпшення балансу між роботою та особистим життям. Вирішення цих питань є необхідним для довгострокової стійкості систем охорони здоров'я та запобігання відтоку робочої сили. Тому ми хотіли б наголосити на необхідності переходу від суто економічного управління людськими ресурсами до стратегій управління людськими ресурсами, орієнтованих на людей, які також включатимуть використання цифрових технологій для зменшення адміністративного навантаження на медичний персонал. Лікарі та медсестри матимуть більше часу на відпочинок, що зменшить ризик синдрому вигорання.

Ключові слова: охорона здоров'я, вигорання, баланс між роботою та особистим життям, лікарі, медичні працівники.

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