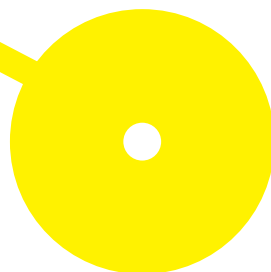




# Healthcare professionals' perspectives about burnout: A qualitative study

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## **Healthcare professionals' perspectives about burnout: A qualitative study**

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*"One day, in retrospect, the years of struggle will strike you as the most beautiful."*

**Sigmund Freud**

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## Resumo

Introdução: Os profissionais de saúde desempenham um papel fundamental na comunidade, enfrentando diariamente desafios significativos nas suas atividades profissionais. No entanto, a natureza exigente da sua profissão, aliada a condições de trabalho precárias sobretudo a nível organizacional, torna-os uma população suscetível ao desenvolvimento de doenças ocupacionais, entre elas, o *burnout*.

Assim, este estudo pretende explorar os principais fatores que levam ao burnout nos profissionais de saúde e compreender como estes lidam com eles tendo como objetivo principal identificar estratégias a implementar nos serviços de saúde.

Métodos: Este estudo qualitativo foi realizado através do uso de entrevistas semiestruturadas com 12 profissionais de saúde. As entrevistas foram submetidas a uma análise temática com recurso ao software WebQDA.

Resultados: Na análise temática foram identificados vários fatores que desempenham um papel significativo na prevenção/mitigação do *burnout*, promovendo assim o bem-estar dos profissionais. Destacando o apoio de familiares e amigos, suporte organizacional, participação em atividades promotoras de bem-estar e as competências pessoais para lidar com o stress.

Conclusão: Os resultados obtidos permitiram desenvolver orientações estratégicas para os serviços de saúde para a prevenção e mitigação do *burnout*.

**Palavras-chave:** Saúde Mental; Profissionais de Saúde; *Burnout*;

## **Abstract**

**Introduction:** Health professionals play a fundamental role in the community, facing significant challenges on a daily basis in their professional activities. However, the demanding nature of their profession, coupled with precarious working conditions, especially at the organizational level, makes them a population susceptible to the development of occupational diseases, among them burnout.

Therefore, this study aims to explore the main factors that lead to burnout in health professionals and understand how they deal with them, with the main objective of identifying strategies to implement in health services.

**Methods:** This qualitative study was carried out using semi-structured interviews with 12 healthcare professionals. The interviews were subjected to a thematic analysis using WebQDA software.

**Results:** The thematic analysis identified several factors that play a significant role in preventing/mitigating burnout, thus promoting the well-being of professionals. These include support from family and friends, organizational support, participation in activities that promote well-being and personal skills for dealing with stress.

**Conclusion:** The results obtained made it possible to develop strategic guidelines for health services to prevent and mitigate burnout.

**Keywords:** Mental Health; Health Professionals; Burnout

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## 1. Introduction

Situations of stress, depression, anxiety, or burnout are increasingly reported by a significant number of workers, given the enormous pressure to respond to the demands of the modern workplace (EU-OSHA, 2012; Matrix Insight, 2013; Sinclair et al., 2020; Trifiletti et al., 2017). According to the Mental Health in the Workplace Report by the World Federation of Mental Health, (2017), 10% of the population has already missed work due to depression-related problems and around 36 days of work are lost for each depressive episode. In Europe, around 25% of workers report that work negatively affects their mental health (EU-OSHA & Eurofound, 2014).

In Portugal, the scenario is no different as psychosocial risks at work, namely stress and burnout, represent a significant cost for both workers and organizations. Loss of productivity due to absenteeism and presenteeism caused by stress can cost Portuguese companies up to 5.3 billion euros a year (Portuguese Psychological Association, 2023).

Work activity is an area of great importance for a large part of the population, in which well-being, life satisfaction and engagement can emerge as protective factors. However, it can also be a source of less positive experiences (Vazquez et al., 2019). Society is currently witnessing a socio-economic transformation that is forcing workers to adjust and adapt to new paradigms and ways of working. These changes result in profound modifications in the way institutions, and the people who are part of them, are managed (Rigó et al., 2021).

Additionally, the health sector has also been influenced by socio-political factors, scientific and technological advances, a highly competitive organizational environment, recession, and a decline in the intrinsic value of work. These aspects lead to the search for extrinsic rewards, which have a strong influence on society and the labor landscape, bringing individual consequences for workers in this field and to those who depend on them (de las Heras-Rosas et al., 2021; Hakanen & Bakker, 2017). The repercussions on the mental health of healthcare professionals cannot be overlooked.

Health professionals are indeed a population susceptible to developing occupational illnesses, including burnout, given the demanding nature of their profession and work environment (Bridgeman et al., 2018; Edwards et al., 2018).

Burnout is an occupational phenomenon that has gained increasing prominence in modern society over the last few decades. It has been the subject of research since the 1970s, when the

American psychiatrist Herbert Freudenberger reported his experience and of other colleagues in a clinic for drug addicts, presenting for the first time a definition of this construct as an "internal fire, resulting from the exhaustion of energy and resources, which deteriorates the subjective relationship with work" (Freudenberger, 1974).

However, this syndrome gained greater visibility with the studies of social psychologist Christina Maslach, back in the 1970s, presenting a new definition of Burnout and approaching it as a three-dimensional phenomenon, made up of three central dimensions: emotional exhaustion, depersonalization (cynicism) and decreased personal and professional accomplishment/efficacy (Maslach et al., 2001). Looking in more detail, emotional exhaustion is seen as a basic dimension of the individual's reaction to stress and is characterized by the depletion of emotional and physical resources resulting from overwork. The component of depersonalization (cynicism) is understood as an interpersonal dimension, which emerges when the professional experiences feelings of indifference and/or detachment from others, work, and the organization. Finally, reduced professional achievement and effectiveness is a dimension in which there is a reduction concerning the feelings of competence and pleasure associated with professional activity, accompanied by visible manifestations of failure and low self-esteem (Maslach et al., 2001; Maslach & Leiter, 2008).

To study and analyze these three dimensions, Maslach and colleagues devised the Maslach Burnout Inventory (MBI). However, as the ongoing interest in understanding and assessing the phenomenon of work-related burnout persisted over the years, it became clear that the MBI had limitations in its effectiveness (Bianchi et al., 2013). This led some of the authors who made up the team that developed the MBI to design a new instrument called the Burnout Assessment Tool (BAT) (Schaufeli et al., 2020). This new version is composed by an inventory that has 4 dimensions, related to primary and secondary symptoms. Concerning primary symptoms, exhaustion is the most obvious symptom and corresponds to a significant loss of energy, both physically and mentally. Psychological disinvestment is linked to the cynicism/depersonalization dimension of Maslach's model. Cognitive problems correspond to a decrease in cognitive capacity to regulate cognitive processes, such as memory and attention. Finally, emotional problems refer to a reduced ability to regulate emotions, such as anger and sadness. In addition to these four primary symptoms, there are also three secondary dimensions: depressed mood, psychological distress/psychological complaints, and generalized psychosomatic complaints (Schaufeli et al., 2020; Sinval et al., 2022).

In the frenetic and competitive world we live in, psychosocial risks at work and mental health problems in organizations have become a persistent shadow for millions of workers. Several authors like EUROFOUND (2018); Hakanen & Bakker (2017); Maslach et al. (2001); Schaufeli et al. (2009) warn that stress at work and burnout may be on the rise, due to the incessant demand for productivity, competitiveness and individualization in the job market, as mentioned earlier. In addition, the mental overload of tasks, the advance of technology and the tendency to see work as the center of existence and personal identity, with blurred boundaries between work and personal life, also contribute to this scenario. The consequences of burnout are wide-ranging and affect not only the individual but also the organization where they work and society in general (Edú-valsania et al., 2022). Studies have shown that burnout is associated with increased absenteeism from work, loss of productivity, interpersonal conflicts, and mental health problems. In addition, the economic impact of burnout is significant, with substantial costs for health systems (Creedy et al., 2017; Edú-valsania et al., 2022; Maharaj et al., 2018; Maslach & Leiter, 2016).

It should be noted that burnout can affect individuals regardless of their age group (Abate et al., 2018; Borges et al., 2021; Hakanen & Bakker, 2017; Vinnikov et al., 2019). However, the professional category related to the provision of services, particularly health professionals, stands out in this regard (Faria et al., 2019).

This growing concern about the adverse effects of stress and burnout in the workplace has led to significant action by the World Health Organization (WHO) (WHO, 2019). As a result of the recognition of this syndrome, the WHO declared burnout a public health problem and, in May 2019, it was included in the International Classification of Diseases (ICD-11) as an occupational phenomenon.

Since burnout is a condition that develops gradually as a result of an inadequate response to chronic stress at work, it is important to understand that changes in the work environment can play a significant role in its development, both positively and negatively (Maslach et al., 2001). The COVID-19 pandemic has proved to be a phenomenon of major change in recent years, causing numerous modifications, with new demands, and it has been imperative to adapt at work, family and social levels. Poor management of these areas could have harmful consequences for mental and psychological health (EUROFOUND, 2020). With the pandemic, there has been an increase in substance use, an increase in reports of anxiety and depression, stress and other physical and mental problems (Borges et al., 2021; Olff et al., 2021; Phiri et al., 2021).

In some particular cases, health professionals have high levels of burnout due to various stress factors, including frequent exposure to patients' physical and emotional suffering, conflicting hierarchical and interpersonal relationships, excessive workloads, lack of time for adequate rest, irregular shifts, lack of resources, among others. In these cases, burnout can compromise productivity, the quality of the service provided, relationships with co-workers, loss of empathy, as well as patient satisfaction and the entire social network involved (Birk & Samuel, 2022; Garcia et al., 2020; Gonçalves et al., 2019; Pospos et al., 2018).

That said, it is essential to recognize that health professionals are vulnerable to burnout, not only because of the conditions imposed by the pandemic (when it has manifested itself most), but also because of the intrinsically challenging and emotionally demanding nature of their work. The pandemic has only exacerbated a pre-existing problem, emphasizing the imminent need for attention and support (Kitaoka & Masuda, 2013; Marôco et al., 2016; Marques et al., 2018).

Therefore, it is imperative to address the factors underlying burnout, which can be classified into two broad categories: organizational factors including the workload and emotional demands involved, and individual factors including personality and coping strategies (West et al., 2018).

About organizational factors, comprehensive analyses of the scientific literature indicate that, in general, both the nature of the tasks and the way they are structured, as well as the relationship dynamics between colleagues, bosses and/or clients are potential burnout triggers or risk factors (West et al., 2018).

Concerning individual factors, it is important to recognize that there are personal characteristics that can be correlated with higher levels of burnout. These include traits such as an altruistic personality, a low ability to deal with frustration, an obsession with perfection and control, difficulty in delegating tasks, a low level of resilience, low self-esteem, a tendency to attribute control of circumstances to external factors (external locus of control), the adoption of avoidant coping strategies and excessively high work-related expectations (Leiter & Maslach, 2017; Maslach et al., 2001). In addition, sociodemographic characteristics such as age, gender, marital status, and level of education can also be considered as predisposing or facilitating factors for the development of burnout (West et al., 2018).

It is also worth mentioning, in addition to these factors, the concept of engagement. It emerges as a protective factor against burnout, as a positive state associated with vigor, dedication, and absorption (Vazquez et al., 2019). Vigor refers to a disposition marked by high levels of energy and resilience, allowing for greater resistance to physical and emotional wear and tear. Dedication

is related to deep involvement in work, accompanied by feelings of accomplishment, pride, and inspiration. On the other hand, absorption is characterized by a pleasant immersion in work, manifested through the feeling that time passes quickly and a desire to remain connected to work tasks (Salanova et al., 2011).

Thus, engagement at work contributes positively not only at an individual level, promoting personal growth and development, but also at an organizational level. This positive mental state is strongly associated with strengthening ties between employees and the organization, as well as improving professional performance. This is because engagement favors the effective use of available resources (Bakker et al., 2008; Ginbeto et al., 2023).

According to Bakker & Oerlemans (2016), professionals with higher levels of engagement and, at the same time, lower levels of burnout are more likely to satisfy their basic psychological needs and experience higher levels of well-being and positive affections, such as pleasure and enthusiasm, in their professional activity.

In recent years, several interventions have emerged with the aim to reduce or prevent burnout, not only at an individual level, but also at a group and organizational level. These include participation in stress management programs, providing literacy and training in burnout prevention, psychosocial support, mutual support with the creation of support groups, employee participation in work decisions, reducing workloads, and improving working conditions, among others (Queirós, 2018).

Although interventions at an individual level have been the most common ones, it is important to highlight that the approach to this problem should not be limited to an individualistic perspective but should be understood as a collaborative effort that requires the participation of both employees and organizations in the search for effective strategies (Ramos et al., 2020). This multidisciplinary approach is extremely important as it ensures that workers experiencing burnout do not feel stigmatized, guilty, or ashamed, avoiding the mistaken association that burnout is a personal weakness (Montgomery et al., 2019).

Occupational therapy comprehensively recognizes the challenges faced by health professionals, as they are often deprived of several meaningful occupations due to work. One specific approach to occupational therapy that is pertinent in this context is lifestyle redesign. This approach aims to modify and restructure an individual's daily activities in order to promote healthier and more balanced lifestyle choices. In the context of health professionals, this approach can be applied to

identify and mitigate the risk factors associated with burnout, as well as promoting self-care and resilience (Pyatak et al., 2022).

It is true that concern around the issue of burnout, especially in a post-COVID-19 scenario, has been growing, and so have intervention strategies (as mentioned above). However, given the magnitude of the problem, it is necessary to understand the reality of the health panorama. Are health professionals really more vulnerable to mental health problems? What factors underlie health professionals' vulnerability to mental health problems? What skills do they have to deal with stress and burnout? What strategies do they adopt? Research on burnout in health professionals has focused mainly on doctors and nurses, and on the prevalence and risk factors of burnout. For example, in Portugal, a study carried out by Marôco et al. (2016) sought to analyze the levels of burnout in doctors and nurses in different professional contexts and found that 47.8% had high burnout at a national level and that poor working conditions were the main predictor of the occurrence of burnout. Another study carried out by Faria et al. (2019), in Portugal, analyzed the levels of burnout and engagement in a sample of nurses and their interrelationship and variation according to sociodemographic/work characteristics, and found that 9% of the sample had high levels of burnout.

However, it is important to consider that the process of developing burnout can also have functional implications and play a significant role in understanding the well-being and mental health of healthcare professionals (Johnson et al., 2018; Maslach & Leiter, 2016). This highlights the need for a comprehensive analysis that encompasses all health professionals to better understand the extent of this problem and develop effective prevention and intervention strategies.

The importance of this issue cannot be underestimated, so this study aims to explore the main factors that lead to burnout in healthcare professionals and understand how they deal with them, with the main objective of identifying strategies to implement in healthcare services.

## **2. Methodology**

### **2.1. Study Design**

This study uses a qualitative methodology, as it is an empirical research method that allows us to study a social or human problem in depth from the subjective perspective of those who experience it in a specific context (Pathak et al., 2013). In addition, the qualitative approach gives us the flexibility to adopt theories more freely when conceptualizing and carrying out a study. It

also has the advantages of having a direct application in practice and improved internal validity, since researchers can clarify concepts directly with the participants (Busetto et al., 2020; Muylaert et al., 2014; Neergaard et al., 2009).

To carry out the study, it has been considered the "Consolidated criteria for communication of qualitative research (COREQ)" by Tong et al. (2007) and the Ecuador Network guidelines for qualitative research by O'Brien et al. (2014).

## **2.2. Participants**

Participants were selected through a non-probabilistic convenience sample. As health professionals are the focus of this research, the following inclusion criteria were defined: being a health professional working in Portugal and being professionally active at the time of data collection.

Twelve health professionals were interviewed, aged between 24 and 56 ( $\pm 36,33$ ,  $SD=11,71$ ), 11 of whom were female (91.7%). In terms of the professional category, the sample consisted of 6 nurses and 6 allied health professionals. In terms of educational qualifications, 7 professionals had a bachelor's degree, 4 a master's degree and 1 a doctoral degree. A description of the participants can be found in **Table 2**.

## **2.3. Data Collection**

Considering the importance of exploring in detail the perspective of health professionals about burnout, this research used interviews as a data collection technique, as they allow us to gather information about the reality experienced by individuals (Pathak et al., 2013). The semi-structured interview script was constructed based on the literature analyzed on the subject, to expand on the most relevant issues. By using the semi-structured interview, the interviewer was free to conduct the interviews as she saw fit, as well as having the opportunity to ask new questions when she deemed it relevant. This technique stands out for its flexibility both for the interviewer, who can adapt the process as necessary, and for the interviewee, since open-ended questions allow individuals to express themselves freely in their own words and not through a pre-established set of questions (Sampieri & Torres, 2018).

To ensure adequacy and relevance, the script was submitted to a panel of experts in the field of burnout, allowing for better delimitation, clarity, and improvement in the wording of the questions (Quivy & Campenhoudt, 1998). After approval by the panel of experts, a pilot interview was

conducted, and changes were made to the script based on these two procedures. Finally, the final script was drawn up (**Appendix 1**), consisting of a set of questions that served as a list to guide the flow of the interview and as a way of introducing the topics to be discussed.

The interview script consists of 6 parts: 1) Socio-demographic questions, namely questions about age, educational qualifications, years of professional experience, type of contract, type of working hours, number of years at the institution and location of the institution; 2) General questions about function and responsibilities; 3) Questions related to the characterization of the participant from a personal and professional point of view; 4) Questions related to organizational support; 5) Questions related to individual competencies and stress; 6) Questions about prevention strategies and training for dealing with burnout.

Finally, to better characterize the sample of this study in terms of burnout levels, the Burnout Assessment Tool (BAT) scale, an instrument validated for the Portuguese population, was applied for a comprehensive assessment of the symptoms and manifestations of burnout in individuals. The BAT consists of 23 items organized into four different subscales: Exhaustion; Mental distance; Cognitive Impairment; Emotional Impairment. Psychological Complaints and Psychosomatic Complaints, constitute the secondary symptoms. Participants were asked to respond using a 5-point Likert scale, where 1 corresponds to "Never" and 5 corresponds to "Always". The Cronbach's alpha value was 0.89 indicating good internal consistency (Schaufeli et al., 2020; Sinval et al., 2022).

The scale was adapted for use on the Google Forms platform, ensuring an accessible and convenient approach for participants.

### **2.3.1. Procedures**

This study began with a literature review to check the "state of the art" and what kind of studies have been carried out to contextualize current knowledge about burnout and health professionals and the semi-structured interview script was developed. After this, the script went through two procedures (validation of the interviews by the panel of experts and conducting the pilot interview) until the final script was drawn up.

Data was then collected between January and April 2023. The study was made public on social media groups on the Internet. Only those interested professionals who used the offered link to complete the sociodemographic survey and the Burnout Assessment Tool (BAT) were invited to an interview in the second round. The Informed Consent Form was given to those who expressed

a willingness to participate, and the interview was planned using Zoom. To respect the ethical standards of research, the objectives of the study were clarified, and the anonymity and confidentiality of the data collected were guaranteed. The participants were also asked for their informed consent to audio record the interview.

To this end, the participants were informed that they could refrain from answering any question that they considered inappropriate or intrusive, as well as if they wished to end the interview at any time.

Once the researcher had made sure that the professionals were clear and informed, the audio recording of the interviews began. The conversations lasted an average of 46 minutes (minimum of 30 minutes and maximum of 85 minutes) and were mediated by one of the principal investigators. In addition, given the nature of the interviews, an attempt was made to guarantee suitable conditions for the interviews, namely the privacy of the participant throughout the interview.

The interviews were then transcribed in full so that data could be analyzed using thematic analysis (Braun & Clarke, 2006).

Ethical approval was sought for the present study by the Ethics Committee of the Escola Superior de Saúde do Politécnico do Porto (CE0107C). The study procedures were carried out following all the guidelines of the Declaration of Helsinki (2013). The consent form contained an explanation of the purpose of the study, as well as the participant's confidentiality and commitment to the data being measured for scientific use only. In addition, the data was stored in an encrypted database to which only the researchers responsible had access and was processed into statistical aggregates. The data was processed using WebQDA®.

## **2.4. Data Analysis**

Thematic analysis plays a crucial role in qualitative research, as it offers an extremely useful and flexible approach that produces a rich and detailed set of data. It aims to identify, analyze, and present themes from qualitative data (Braun & Clarke, 2006). To carry out a good thematic analysis, six fundamental stages were considered: familiarization with the data, producing initial codes, researching themes, reviewing themes, naming themes and, finally, producing the report. The first stage involved familiarizing the investigators with the data, i.e. getting to know the data we were going to work with. In the second stage, the most relevant aspects of the data collected were coded. The third stage involved searching for themes, where the codes generated in the

previous stage were combined to create possible themes. In the fourth stage, the themes identified were reviewed to ensure that they adequately reflected the patterns found in the data. In the fifth stage, the themes were described in detail. This procedure resulted in the creation of themes shown in **Table 1**. The final stage was the production of the report, which can be found in the following chapter (Braun & Clarke, 2006).

In this qualitative investigation, criteria of excellence were considered to obtain more reliable results and a more comprehensive understanding of the subject under study. To this end, the triangulation method was adopted, which consists of requesting an external researcher (peer reviewer) familiar with the subject matter, research process and analysis of the data obtained, to carry out an inter-researcher reliability assessment (Creswell, 2008).

**Table 1. Definition of Themes.**

<b>Themes</b>	<b>Definition</b>
<b>Organizational Factors</b>	It refers to the conditions present in the work environment that can influence the occurrence and intensity of burnout, namely work overload, resources, and support, autonomy, inequity, and injustice.
<b>Professional factors</b>	It refers to personal, relational, and contextual characteristics in the work environment.
<b>Personal factors</b>	The individual experience of each professional and their ability to face professional challenges effectively. These factors include strategies for dealing with stress and burnout, engagement and building a support network.
<b>Measures to Implement in Health Services</b>	Measures to be implemented in health services to improve the quality of care, the well-being of professionals and the overall effectiveness of the system.

### **3. Interpretative Task**

In the next phase, the focus is intended to be directed towards on some elements of the results obtained, based on theories and research relevant to the subject in question (Ghiglione & Matalon, 1997; Lessard et al., 2013).

After analyzing the interviews, it was possible to see that the most prominent themes were organizational factors, professional factors, personal factors and measures to implement in the health services.

**Table 2. Sample sociodemographic characterization.**

Participant	BAT	Gender	Age (years)	Academic degree	Occupation	Type of institution	Professional experience (years)	Type of timetable
P01	2.21*	Female	28	Bachelor's degree	Nurse	Public Hospital	2	Shifts
P02	3.39***	Female	52	Bachelor's degree	Nurse	Public Hospital	25	Shifts
P03	1.97*	Female	26	Master's degree	AHP	Public Hospital	2	Fixed
P04	2.43*	Female	48	Master's degree	Nurse	Public Hospital	18	Shifts
P05	2.00*	Female	25	Master's degree	AHP	Public Hospital	2	Fixed
P06	1.48*	Female	56	Master's degree	Nurse	Public Hospital	31	Fixed
P07	2.74**	Female	40	Doctoral degree	AHP	Public Hospital	17	Fixed
P08	2.35*	Female	51	Bachelor's degree	Nurse	Public Hospital	30	Shifts
P09	2.21*	Female	31	Bachelor's degree	AHP	Public/Private Institution	8	Shifts
P10	2.48*	Male	24	Bachelor's degree	AHP	Private Hospital	2	Fixed
P11	2.17*	Female	32	Bachelor's degree	AHP	Public/Private Institution	8	Shifts
P12	2.30*	Female	24	Bachelor's degree	Nurse	Public Hospital	2	Shifts

**Note:** AHP – Allied Health Professionals; Burnout risk: \*Green (no risk of burnout) (1.00 – 2.58); \*\*Orange (at risk of burnout) (2.59 – 3.01); \*\*\*Red (very high risk) (3.02 – 5.00) (Schaufeli et al., 2023).

Table 2 shows the sociodemographic characteristics of the 12 participants. There are two participants at risk of burnout, a nurse and an allied health professionals, aged 52 and 40

respectively. This data challenges the trends observed in the current literature. Several studies point to an inverse relationship between age and burnout, indicating that as people get older, the likelihood of experiencing lower levels of burnout tends to increase (Daryanto et al., 2022; Edú-valsania et al., 2022).

### **3.1. Theme 1 – Organizational Factors**

In the complex and challenging scenario of the health sector, the well-being of professionals plays a crucial role in providing quality care. When analyzing the underlying determinants of burnout, several organizational factors emerge that play a significant role in promoting or mitigating this condition. Thus, this topic directs the focus toward a comprehensive analysis of these factors, exploring performance management, work management and organizational support.

One of the significant conclusions that emerged from the interviews was health professionals' concern about the mostly reactive approaches used by institutions *"I think we still work a bit on the basis of acting when there is an error and not acting even if there isn't one" (P10); "I think we work a bit later rather than sooner"(P07)*, the reports shared suggest the need for a change in organizational mentality, emphasizing the importance of proactive evaluations and continuous improvements to minimize the negative impact on the well-being of professionals.

Health professionals also emphasized the increasing pressure imposed by institutions. The ambition to increase productivity and quality with less time and resources, to the detriment of the specific needs of users, creates a stressful working environment, *"We're exposed to high levels of stress, because the demands of the institution are getting higher and higher, you want people to do more with fewer resources... We're dealing with people, we're not dealing with numbers. And the manager or administrator, the chairman of the board of directors is dealing with numbers" (P04); "It's a bit due to human resources and material resources that we often end up not being able to do what's ideal"(P01); "It's not always easy, and it generates stress, but I don't think we ever stop doing anything, for I don't know, imagine a lack of material, we always try to make up for these shortcomings" (P09)*. **The conflict between a humanized approach and institutional goals often puts professionals in a difficult position, which can contribute to an environment conducive to burnout** *"It's very important to humanize care, to look at people as individuals and as users, each with their own needs, and sometimes we look at the person with a disease" (P06)*.

**Another recurring concern is the lack of human resources, which affects the fair distribution of responsibilities and the quality of care provided** *"Lack of staff, for example, in the afternoons I usually do more afternoons and evenings because my service has a lot of people who are breastfeeding, that is, they only do mornings and in the afternoons there are fewer of us, [...] it's very complicated and that ends up creating a bad atmosphere in the team and I think that's the worst part" (P12); "The workload is high, we have very few days off" (P04); "I'm the only therapist in the service at the moment. There are around 130 of them. So it's very difficult to reach everyone, you can't do everything you need to" (P03).*

**Work overload is also a reality that many professionals face daily. The need to perform multiple tasks simultaneously is emphasized as an additional source of stress. The lack of time to carry out basic procedures and provide quality care results in a race against time. This pressure for efficiency, the effort to meet deadlines, can exacerbate professional burnout** *"The workload, stress, intense work, lots of things to do, stress, people running from place to place to do everything they have to do, that causes stress day after day" (P07); "The pace of work is high, we have little time off" (P04) "Especially in relation to work overload, tiredness and exhaustion, there are colleagues who end up taking time off" (P09); "The need to do extra shifts at the hospital happens a lot or, for example, never leaving on time for a shift. For example, yesterday I was supposed to leave at midnight and I got home at two in the morning, which ends up having an impact on the following day" (P12); "Work overload, the need to carry out various tasks at the same time... we often end up not having time to carry out all the tasks, often we even end up having to get all the tasks done" (P01).*

**According to the literature, work overload, lack of human resources and the associated pressures can have a direct effect on the mental health of health professionals (De Kock et al., 2021; Hosseini Moghaddam et al., 2022; Johnson et al., 2018).**

**When asked about organizational support, participants emphasized the importance of two aspects: training and emotional support. Professionals recognize the importance of training as a crucial tool for continuous learning and professional development. However, the perception is that, despite the availability of training, the frequency and scope may be insufficient. Some professionals said that the training available did not cover essential topics and was sometimes repetitive or inappropriate for their daily responsibilities** *"I think we should do more training in addition to the ones we do, but colleagues have been doing it for years and they do it often, sometimes they even say oh I'm not going to this one because I went a year ago or two years ago...."*

We should try to innovate, try to expose them to more" (P01); "In terms of training, some training is advertised, but I confess that in recent years, I haven't even attended, the topics are repetitive and out of line with my day-to-day needs, so I don't attend" (P08). **Professionals working in the private sector said that the organization's lack of offers or incentives for training was evident, and that they had to opt for training on their own** "They don't offer any, we haven't had any, the ones I go to are on my own initiative and paid for by me" (P09); "At the moment, I haven't even received any training" (P11).

Undoubtedly, the literature states that health institutions must adequately fund and make accessible continuing professional development through training (Mlambo et al., 2021).

Regarding emotional support, there is a clear convergence of opinions. However, the professionals highlight the need for more training in the prevention of burnout "More training in the prevention of stress and burnout, psychological support too" (P09) **Professionals express a feeling of abandonment about the emotional support offered by organizations. The lack of concrete initiatives to meet the psychological needs of professionals is perceived as a shortcoming** "I think a psychologist would be important. But I think it would be important because we deal with complicated situations" (P12); "A psychologist, because we deal with very debilitated people daily, I think it would be an asset for us to be able to talk, I think it would be important" (P11); "In terms of emotional support, I don't think I can point to anything, because there isn't any" (P10); "In emotional terms, we don't have much support" (P07).

Participants' opinions highlight the urgent need for organizational action to provide adequate training and emotional support. The implementation of an emotional support system, with access to psychologists or other mental health professionals, contributes significantly to a healthy working environment (Richardson & Rothstein, 2008).

### **3.2. Theme 2 – Professional Factors**

The second theme under analysis deals with aspects such as satisfaction and well-being at work, relationships between colleagues as well as the dynamic with the manager. This analysis aims to explore how these elements influence the working environment and how they directly affect the quality of care provided.

The perception of a healthy working environment, where professionals feel supported and valued, has an impact on their own experience and is also reflected in the care provided (Dopelt et al., 2021; Gubler et al., 2017; Jeleff et al., 2022).

Within this complex web of factors, salary recognition and professional appreciation emerge as crucial elements addressed by health professionals.

The analysis of the answers provided by the participants expresses the desire for their area of work to be more recognized and respected, both by society in general and by the institution in which they work where their superiors are included *"Performing our work in such a way as to be well understood, both by the users and by the manager, is sometimes not easy either." (P01); "As time goes by, I just have to work, in other words, to pay the bills because I don't feel professional fulfillment. I'm not fulfilled at the moment." (P11); "Not being thanked, or often being insulted or devalued is the part that causes the most discomfort" (P01).*

**A study carried out by Dyrbye et al. (2022) report that a lack of professional recognition can lead to burnout.**

**Given the emotional burden inherent in all health professions and perceived by the study participants, it is clear that these professionals face significant challenges** *"We end up having a lot of responsibility, because we're the ones who are there 24 hours a day, we're the first face the patient sees when they need help and so the responsibility is very big " (P06); "I even found it distressing in a way and I would go to sleep with it and often go home thinking about situations such as how the patient is or how I'm going to face it tomorrow" (P01)* **these accounts reflect the pressure and responsibility they experience daily, as well as the worries and emotional challenges that affect their well-being and are transported outside the work context.**

It should also be noted that when asked about their perception of the emotional strain of the profession, a large proportion of the participants were apprehensive.

In short, as far as satisfaction and well-being are concerned, we can see that there is widespread dissatisfaction among the participants in the study. This highlights the importance of adopting measures to develop and subsequently increase employee satisfaction in the healthcare sector (Afulani et al., 2021).

According to De Dreu & Weingart, (2003) help and peer relationships are beneficial for the work environment and even for work outcomes. When asked about this matter, the study participants emphasized the importance of this relationship and its need for a healthy working environment that allows the effectiveness and efficiency of the work to be carried out and the provision of care *"I value a good relationship. I think that a team that gets on well and works together is a happy team and automatically the work goes better when the team has a good relationship" (P10) "Um, what I value most... team spirit. I think we're a profession that has to work as a team and we have to trust*

our colleagues" (P04). **On the other hand, although the need for teamwork and collaboration is practically unanimous, several participants report that this is not the case in their institutions** "I sometimes say that it's more complicated dealing with colleagues and professionals than with patients" (P07).

**One of the reasons why this difficulty in the relationship between colleagues arises can be explained, as mentioned by the participants, by the disparity in age and professional experience.**

"There are no younger or older people. There are nurses. That's it. There are colleagues. That's it. And I think that when you're working in a large organization, that gets pushed aside a bit and this issue of younger and older people is very noticeable, it's very pronounced and I think it should make us all rethink" (P04); "Another challenge is dealing with the team itself, isn't it? And so very mixed, very heterogeneous teams, in terms of age, years of service, working methods and when we don't all have the same methodologies" (P06), **as well as negative agency relationships often related to personal issues between professionals and which reflect on the well-being of the team** "We found it very difficult to talk to each other, whether about trivial things unrelated to work, to the point where we didn't even pass on information to each other about the users. At that time, going to work was a real sacrifice" (P09).

**The existing evidence is in line with what professionals perceive regarding the quality of interpersonal relationships and effective collaboration between health professionals as a way of promoting well-being. A study carried out by (Nichols & Walton, 2011) showed that teams that cultivate a collaborative working environment tend to provide better service.**

**The negative agency relationships that sometimes occur can be a starting point or even a trigger for burnout (Maslach et al., 2001). In addition, it should not be forgotten that the work pyramid includes managers, and that their role about employees is extremely important for the functioning of the team (Bang & Midelfart, 2017; Sfantou et al., 2017).**

**Factors such as two-way, non-paternalistic communication and mutual respect in the working environment are highlighted by the participants in the study** "It's the same with bosses, communication is essential, but more than that I think that having a boss who listens to you, who allows you to say what isn't going so well at work or even with a colleague, is very important. At the moment, I feel that we have someone who listens to us, but then the next part also fails, which is implementing measures so that things improve and don't just hang in the air, so to speak" (P09); "A leader should treat everyone equally and sometimes I don't see that being the case" (P04); "Having a participative attitude towards the service, I think I value someone who is present, who wants to

listen to what the employees have to say, who accepts their opinions and tries to improve" (P10). **There are also reports of virtually non-existent management and what can be the negative consequences of this** "I can't remember, I haven't had a valid manager for so long, I can't even remember what to value more" (P08). "Managers have their merit when they are, when they develop this role in favor of the team's service, of what is our focus and our final product." (P08).

**Establishing the importance of the role of the manager, as reported in the available evidence, highlights the importance of the constant evolution in which regards to the training of the managers themselves, so that employees are stimulated and involved in the decision-making process, trying to minimize what are the hierarchical levels highlighted and which contribute to the feeling of not belonging (Anwar & Abdullah, 2021; Guest, 1997).**

### **3.3. Theme 3 – Personal Factors**

In the comprehensive analysis of the elements that shape health professionals' experience of burnout, personal factors emerge. These factors are intrinsically linked to the individual characteristics of professionals. By understanding the influence of personal factors, it is possible to gain valuable insights into how to mitigate the risks associated with burnout and promote the well-being of healthcare professionals.

Regarding the conceptualization of occupational stress, the participants in the study highlight the view that occupational stress is a characteristic present in various professions, varying in intensity "Occupational stress is the stress that comes from the weight of our profession, which exists in all professions but in some more than others, I believe" (P10); "For me it has to do with the stress related to our work, in professional terms" (P09). **Equally pertinent is the fact that the participants conceptually defined stress as factors that interfere with professional performance** "For me, it's wanting to provide care and not being able to provide quality care" (P12); "I feel that stress ends up influencing my work performance" (P05); "It even makes it difficult for me to concentrate on my work because then all I can think about is the situation that is causing me stress" (P07), **as well as saying that it interferes on a physical and psychological level** "Stress encompasses a whole psychological process" (P02); "Stress interferes with my physical and psychological well-being" (P04); "Stress, for me, is something that makes me very anxious, makes me nervous..." (P06).

**These aspects seem to be important as the participants in the study see occupational stress as something intrinsic to their profession and, therefore, something they need to deal with while carrying out their professional activities. In addition, they refer to occupational stress as**

something that has an impact on both a physical and psychological level and that simultaneously interferes with their professional performance. This suggests that the participants in the study have a simplified and restricted understanding of the phenomenon of occupational stress, although they can recognize it when they are exposed to it. These aspects corroborate the study conducted by Aguiar et al. (2006), in which they reported that the participants in the study had a very simple idea of what occupational stress is.

Concerning the conceptualization of burnout, professionals say that burnout is perceived as a **state of exhaustion** "*Burnout is what every health professional fears... feeling that we can no longer do well for others because we're not doing well for ourselves*" (P10); "*People are saturated, they're emotionally exhausted... they don't feel well in the workplace...*" (P07); "*It's when we reach a limit at work on an emotional and psychological level*" (P05), **also report that burnout can have a negative impact on professional performance** "*Burnout for me is when a professional reaches a stage where stress prevents them from doing their job to the best of their ability, with quality, when they feel demotivated and don't want to go to work. I think it can also manifest itself in physical symptoms*" (P09), **affecting the quality of care provided. In addition to the aspects mentioned above, they refer to burnout as an advanced stage of stress** "*It's stress, let's say taken to the extreme, it's what we feel over time, in practice when, for example, we do so much rotation, people are at home and they can't sleep, they stop paying attention to little things, they go into forbidden places, they become completely oblivious to their surroundings*" (P04).

The analysis of the participants' reports highlights that burnout is a complex phenomenon with an impact on physical and mental well-being and professional performance. According to the professionals' reports, burnout is perceived as a state of emotional and psychological exhaustion, characterized by demotivation and an inability to deal effectively with stress. The literature supports this view, highlighting that burnout is a chronic response to prolonged stress in the professional environment (Maslach & Leiter, 2008).

Regarding strategies for dealing with stress and burnout, the participants in the study show an active search for these to deal with stress and burnout. The strategies include physical exercise "*Going to the gym eases my mind a bit*" (P11); "*Physical activity mainly, it helps...*" (P05); "*I like exercising, running, walking, going to the gym*" (P03), **meditation and mindfulness**. "*I like meditating, being alone with myself*" (P06); "*I do mindfulness*" (P04); "*In my case [...] meditation, I'm less stressed if I do it regularly*" (P09), **involvement in positive activities** "*Whenever there's an after-work activity to unwind*" (P10); "*Listening to music, doing things I like, like reading or watching a series*" (P03),

**connection with nature** "Listening to the sound of running water, the sounds of nature, I put them on regularly [...] and I'm able to be quieter, less agitated" (P04); "Seeing the sea" (P03) **and social activities** "Being with friends and colleagues to share situations" (P01); "I always have to go to a café, a terrace, talk to people, it does me a lot of good" (P07); "Being with friends and family" (P03). **After analyzing the subjects' reports, it was possible to see that the strategies most used by the participants are symptom management strategies. Although these strategies are not directly related to the individuals' life situations, they are intended to help improve their quality of life and well-being (Labrague et al., 2017). According to the literature, professionals' preference for symptom management coping strategies over avoidance strategies is an interesting point. Symptom management strategies, as mentioned in the professionals' reports, may be more useful and effective for dealing with stress in the long term, since these strategies promote finding solutions and resources to deal with problems, rather than trying to avoid them (Edúvalsanía et al., 2022; Lazarus & Folkman, 1984).**

When asked about their support network, the study participants attached great importance to social relationships, both in the workplace and in the personal sphere. The professionals' support network includes colleagues, friends and especially family, who play a fundamental role in providing a safe space to share experiences and face the complexities of the job.

One of the professionals reported that "Sharing experiences with my other colleagues/friends helps a lot" (P12), emphasizing the importance of having social ties with people who understand the nuances of the job.

Other reports emphasize the importance of family support, highlighting "I get a lot of support from my family and friends too, but mainly from my family" (P11); "Family support, relationship support, with all this, we get a strong base, in that respect everything gets through" (P10); "The family understands and gives me my space, and also tries to understand what happened to try to help my mood" (P03). **The professionals emphasize how solid support, especially from the family, plays a central role in strengthening their ability to deal with adversity at work.**

In addition, the participants reported that "We leave and don't think about it again. It's not like that, we just go home and think about it and, although it doesn't look like that, it affects our personal lives" (P01); "At the dinner table we sometimes talk a lot about what happened and examples of situations come up, many of them very rewarding, others not so much, even traumatic, but some of them I like to share" (P08); "Unfortunately, when we have stressful situations [...] I take it home with me and sometimes, well, they're the ones who put up with me the most, and I take it out on them through

*no fault of their own" (P07). These reports highlight the complex interconnection between the professional and the personal fields, making the support network even more crucial.*

Existing literature consistently highlights the importance of the support network for health professionals, recognizing it as an important factor in emotional well-being, resilience, and the ability to face the challenges inherent to the profession. According to several studies, the support network plays a significant role in preventing burnout and promoting the mental health of healthcare professionals. The presence of colleagues, friends, and family as sources of emotional support can reduce levels of stress and anxiety, as well as enabling professionals to face challenges with a more positive and balanced outlook (De Kock et al., 2021; Labrague, 2021; Ruisoto et al., 2021).

**When asked about social activities, participants said that they have social activities and that they are important** *"Whenever I can, I'm with friends and family" (P11); "I always try to be with my family, even after work, or at least once a week, to get together and have lunch or dinner" (P01); "I try, I try, I even try to arrange a lot of get-togethers to force myself. In fact, when I'm very tired, unlike some people who want to go to sleep, I want to decompress and for me that means having a good dinner with friends and family, and I think I manage to do that on a very regular basis, I'd even say almost every weekend I manage to have a dinner with family or friends. So I think that's what fuels me and gives me energy for the week ahead" (P07).*

**Managing personal life and work emerges as a complex challenge in the participants' accounts. Working hours, especially when they involve weekends or shifts, are a clear point of tension** *"The fact that I work weekends, is because normally when people have the weekend they take the opportunity to spend time with their families, and as I also work weekends it's complicated to deal with the family" (P11), this challenge also extends to situations in which children are involved, as mentioned by another professional* *"The timetable, without a doubt, it's very difficult to reconcile a rotating timetable with children, more than with the house itself, with children it's very, very, very complicated, with the children's timetables, it takes a lot of coordination to reconcile this. It's definitely the main difficulty" (P04).*

**The search for an occupational balance is also evident** *"It would be good for me to rest, to have more free time for myself, but unfortunately I'm also involved in a lot of projects, so I'm still not at the stage where I should switch off. I think we should have an off and on button to turn on and off whenever we leave or enter work" (P07). Another professional report that* *"I don't always have time for my husband, because we work shifts and because we don't sleep at home or because we're*

*always away from home, because it's the shifts, the shifts themselves end up influencing family life and all levels of our lives" (P02) this account illustrates the complexity of the interaction between professional and personal life, highlighting how a lack of balance and occupational deprivation can affect the quality of life and relationships of health professionals.*

The challenge of reconciling irregular and demanding working hours with personal life is an example of how it can affect the quality of life of professionals, interfering with various occupations, namely rest and sleep, instrumental activities of daily living, social participation and leisure. Occupational balance plays a crucial role in this context. When professionals fail to maintain a proper balance between their professional and personal activities, occupational imbalance can occur. This can lead to decreased well-being and increased stress, thus affecting the mental health of professionals (Güney Yılmaz et al., 2021; Pattnaik et al., 2022).

That said, it is imperative to recognize that policies and interventions that promote occupational balance not only benefit the individual, but also contribute to building a healthy and resilient workforce. According to the literature, if healthcare institutions recognize the negative effects of occupational imbalance and implement effective strategies to promote work-life balance, they can create a working environment that prioritizes both the well-being of professionals and excellence in the care provided. This highlights the importance of seeing the search for an occupational balance not only as a personal goal, but also as a collective need (Pattnaik et al., 2022; Salyers et al., 2017; Shanafelt et al., 2015).

Considering the work activity of health professionals, they are a group that is vulnerable to burnout, since they have close contact with users and their families and poor working conditions that often arise at a physical, organizational and relational level (Andela et al., 2016; Stelnicki et al., 2020). However, engagement can appear as a protective and positive factor against burnout (Vazquez et al., 2019; Watanabe & Yamauchi, 2018).

**Participants express a strong connection with their work,** *"I love what I do, I really enjoy it. Sometimes people say to me, 'You're a workaholic'. Not me, I like being with people, I like caring, I like talking, I like teaching. I couldn't see myself without working" (P06); "I like working, I like my profession" (P05); "It's an area that I really like, so it's quite important" (P03) and they show satisfaction in contributing to the well-being of patients* *"I'm happy when we see that there's a change in the patient's state of health" (P04); "I think it's very rewarding in my profession, to get someone walking, breathing, weaning off ventilators, and so on [...] eliminating someone's pain. So I think it's very rewarding to contribute directly to someone's quality of life" (P06); "Knowing that we*

can help someone" (P01). These feelings of connection to the profession and satisfaction can act as a protective factor against burnout, and are included in the concept of engagement.

Another aspect worth highlighting in the professionals' reports is the evidence of resilience. The professionals spoke about their ability to deal with daily challenges and manage demanding situations "I think everyone is a challenge, every procedure is a challenge, but I actually cope well, I like challenges" (P06); "The pace of work is high, we have very few days off, contrary to what colleagues sometimes think, our patients aren't always asleep at night, on the contrary, some don't sleep the whole night, and I think that from an emotional and psychological point of view, it's probably one of the most stressful services there is" (P04); "Stressful because of the emergent situations that can occur, stressful because patients are not all the same, so sometimes it's not easy, even because of personality issues, to deal with people and provide care and have the same capacity for everyone" (P08) "I think it's a daily challenge to be able to rehabilitate these people and often in very acute cases, to get someone back on their feet" (P07).

The participants in the study also report that the experience gained over time gives them more tools to deal with adverse situations "I think that experience forces us to grow and we need it" (P06); "There are things that I might have said I couldn't handle, even with cancer patients, and then we end up gaining strength and managing everything" (P02); "If we don't have obstacles, we can't grow as people either, it's all part of learning and the evolution of each one of us" (P07).

According to the literature, professionals with more professional experience are less prone to high levels of burnout compared to professionals with less professional experience (Marôco et al., 2016). Using resilience skills, professionals can adapt to adverse conditions in their workplace, transforming them into positive experiences that can lead to personal and professional growth, contributing not only to their well-being and mental and physical health, but also to the quality of the services provided (Belancieri & Kahhale, 2011; Guo et al., 2018).

The literature has shown a positive relationship between resilience and engagement. A study of healthcare professionals by Bakker (2018) showed that professionals with high levels of engagement can cope satisfactorily with the high demands of the job. Another study carried out by Hetzel-Riggin et al. (2019) with healthcare professionals revealed that those with higher levels of resilience and engagement will have lower levels of burnout.

Ultimately, the accounts given by the professionals reinforce the connection between engagement, resilience, and job satisfaction. According to the literature, these characteristics

seem to act as buffers against the effects of burnout, contributing to a more positive and healthy professional experience (Borges et al., 2017; Hemşirelerinin et al., 2019).

Therefore, it is extremely important to promote healthy work practices, emotional support, and resilience in healthcare environments to mitigate the adverse effects of burnout.

### 3.4. Theme 4 – Measures to Implement in Health Services

Based on the participants' accounts of their experiences in the workplace and considering the relationship between organizational, personal and professional factors, the fourth theme focuses on some strategic guidelines that health services can implement to effectively improve their services and therefore achieve higher levels of quality and satisfaction for both users of health services and health professionals.

**Figure 1. Measures to implement in health services.**



The first strategic guideline focuses on psychological support and well-being activities. The main points highlighted by the participants are presented below.

The participants' accounts highlight the need for psychological support to deal with the complexities and emotional challenges inherent in the work context "I think a psychologist would be important. But I think it would be important because we deal with complicated situations" (P12); "Having a psychologist, because we deal with very debilitated people on a daily basis, I think it would be an asset for us to be able to talk, I think it would be important" (P10).

Existing literature supports the relevance of initiatives provided by professionals. Studies show that psychological care for health professionals is directly related to reducing the psychological impact experienced (Herraiz-Recuenco et al., 2022; Hosseini Moghaddam et al., 2022; Varela et al., 2023).

However, the stigma associated with mental health is a latent issue that also affects health professionals, as evidenced by the accounts of the participants in the study, "*Making people aware that mental illness isn't so bad, there shouldn't be so much stigma and that it's no problem going to a psychologist, for example*" (P03); "*The stigma of mental health is also on the health professional. It's always difficult to recognize that you have a mental problem, whatever it may be. Stress is a trend that people still recognize, isn't it? But it's still difficult, isn't it? And so it all starts when we realize that having a mental illness, whatever it may be, is the same thing as having a cold, having diabetes, having hypertension, it's a point disease, paragraph*" (P04). **Easier access to health services was mentioned as a measure that could help to reduce stigma and encourage help-seeking** "*Psychological and psychiatric support, easy access to these kinds of services, reducing the stigma a bit in relation to this too*" (P10). **A recent report by the US National Academy of Medicine (2019) highlights the importance of health institutions taking concrete steps to reduce the stigma of health professionals seeking help for psychological distress and to facilitate access to mental health care. In this way, managers should set an example and work to reduce stigma and promote a work culture of transparency, trust, respect, openness, equality, empathy and support (Gray et al., 2020; Søvold et al., 2021).**

Relaxation sessions are suggested as a practical approach to relieving stress. The creation of spaces to hold relaxation sessions is seen as an opportunity for professionals to better manage the emotional impact of their work "*A relaxation group in the hospital created every Thursday at that time is available and those who want to go, those who don't, don't. So don't force people but make yourself available for those who want to go. So don't force people, but make them available, not just because they're looking, but to be available for anyone who goes*" (P04); "*I think relaxation sessions would be interesting*" (P11), **as well as the integration of moments of relaxation at the beginning or end of the shift** "*Some moments of relaxation, which can be provided at the beginning or end of shifts, which can help, if taken seriously, by the team*" (P08).

**The idea of promoting well-being initiatives is also highlighted** "*Some kind of leisure program because leisure is also part of people feeling good and being able to relax. Those who want to go, go. Those who don't want to go, don't go*" (P04).

According to the literature, programs that include essential resources for dealing with occupational stress, such as relaxation sessions and leisure time integrated into the work context, are effective in promoting well-being, resilience, self-care and preventing burnout (Motahedi et al., 2021; Ruotsalainen et al., 2014).

A study by Shanafelt & Noseworthy (2017) states that employees who are committed to self-care and work-life integration are better prepared to care for the user and fulfill the organizational mission.

Overall, the professionals' reports highlight the need to implement approaches that promote mental health. Integrating psychological support, relaxation practices and leisure opportunities can make a significant contribution to preventing burnout and promoting a healthier and more balanced working environment.

The professionals also suggest implementing interdisciplinary or multidisciplinary meetings to share experiences and strategies for dealing with stress *"Interdisciplinary, multidisciplinary type meetings, we have experiences, we share over time as if it were a support group, I'm not saying once a week, but at least once a month, we try to have a team meeting and understand what we're doing, how other people act, how other people defend themselves and maybe this sharing of knowledge would help us all a bit to try to understand what strategies each of them uses"* (P01).

Sharing experiences between professionals is mentioned as a potentially effective strategy for better understanding the factors that trigger stress *"Sharing other people's experiences also helps us to understand what is causing us stress, and how we could reduce it"* (P09) *"I think that team strategies and starting with that, encouraging the creation of moments of sharing, would be the first step"* (P08).

In addition, health professionals also mentioned the need to have a support group available *"A group to talk to about the symptoms we're feeling"* (P03); *"Group sessions to share things that cause us stress"* (P09).

The literature reinforces the suggestions made by health professionals. Participation in support groups can result in reduced levels of occupational stress and improved resilience among professionals. Support groups provide healthcare professionals with a safe space to share challenges, concerns and coping strategies, allowing individuals to feel heard and understood by their colleagues (Carbone et al., 2022; Ripp et al., 2011).

In addition, the literature reinforces the idea that creating a cohesive and supportive community in the workplace has a positive impact on reducing burnout and promoting the mental health of

professionals (Öhman et al., 2017; West et al., 2018). Therefore, the convergence between the perspectives of healthcare professionals and the literature reinforces the importance of cultivating a supportive community in the workplace, where sharing experiences and mutual support can make a significant contribution to managing stress, promoting mental well-being, and reducing stigma among healthcare professionals.

The reports from healthcare professionals also highlight the ongoing need for training to deal with occupational stress and mental health issues. Professionals mention that healthcare organizations should invest more in practical training in areas such as stress management, conflict management and relaxation strategies, and that this should be carried out regularly *"Very regular training, not compulsory, but training that caught people's attention and was really important. I think we do a lot of training, but then in practice it comes to nothing, we really need to teach strategies" (P04); "More training in stress prevention" (P09); "Promoting stress management, conflict management and relaxation strategies" (P05). In addition, they say that training could be given by psychologists to teach coping strategies and how to deal with stressful situations at work "I think it would essentially be training with psychologists to teach us some way of coping, other than in sessions with them or when they leave work, some method I think it would be more like that" (P12).*

They also highlight the need for lectures and workshops to better understand issues related to mental health and promote preventive actions, *"Yes, I think we should be better educated in this area and there should be, I don't know, maybe some lectures to try to understand what help we can have to avoid this type of situation" (P11). Additionally, participants said that professionals should be trained to better understand mental health issues and promote preventive actions "More therapeutic education, more knowledge about mental illness, literacy, teaching workers relaxation and occupational balance strategies" (P03). Another significant aspect mentioned by the health professionals is the importance of including training in stress management during their degree "We have internships, we deal with the situation from then on, we have integrated internships, that is, we do internships and over the years, right from the first year we have internships, so right from the first year we are faced with stressful situations, because just the simple fact that we are being assessed already generates stress. And then it's a whole new world. We don't know what we're going to encounter. So I think it would be very important to have stress management training during the course" (P01).*

According to the literature, burnout prevention training is a fundamental strategy for protecting the mental health and well-being of health professionals. This type of training aims to enable professionals to recognize the early signs of burnout and adopt preventive measures (Panagioti et al., 2017; Rushton et al., 2015).

That said, training to prevent burnout should be a priority in healthcare institutions, to ensure the well-being of professionals and excellence in the care provided.

Regarding the well-being of healthcare professionals in the workplace, the study participants emphasize the need for appropriate measures to ensure well-being. First of all, the professionals emphasize the need to respect each employee's rest periods *"At an institutional level, I think that people's rest times should be respected more, sometimes it's also the service that asks us to do them and they are very demanding workloads and then sometimes there is no proper rest from these loads, that is, when we go back to work we still haven't managed to replenish the energy from the other excessive shifts"* (P04). The literature corroborates this concern, showing that fatigue resulting from long and exhausting working hours can have a negative impact on both the physical health and performance of health professionals (AL Ma'mari et al., 2020).

Prolonged fatigue can compromise professionals' ability to make safe clinical decisions, compromise the quality of care provided to the patient and increase the risk of errors (AL Ma'mari et al., 2020; Gaba & Howard, 2002). It should be noted that nurses are a particularly vulnerable group, with a higher prevalence of fatigue among health professionals (Zhan et al., 2020).

In addition to this concern, the professionals also mention the need to increase human resources to reduce the workload *"I think there should be more colleagues working, also so that the work is more divided, I think that all the services, if we look at the ratios, they should be done according to the degree of dependence of the patients and not according to the number of patients"* (P04); *"For the service to improve, they would have to hire more professionals"* (P09). Therefore, increasing human resources can help not only to reduce work overload but also long working hours.

Studies have shown that increasing human resources in the health sector is an effective approach to reducing the burden on professionals and improving not only the quality of care provided but also increasing levels of job satisfaction (Barpanda & Saraswathy, 2023; Deriba et al., 2017; Hellín Gil et al., 2022).

The participants in the study believe that health institutions should help health professionals to have time to do meaningful activities to increase their well-being and reduce occupational stress *"There are companies that have stress relief programs right in their workplace, from gyms, from*

*yoga classes, from music [...] I think that the company or the institutions thinking a little more about the emotional part and well-being of the employee would be very important" (P06).*

Current literature states that workplace wellness programs, as mentioned by the participants, can contribute to reducing stress and increasing job satisfaction (Richemond & Needham, 2020; Song & Baicker, 2019).

Furthermore, according to the literature, investing in employee well-being can result in long-term savings for healthcare institutions. This is because if healthcare institutions invest in promoting employees' mental health, they can reduce absenteeism and increase productivity (Gubler et al., 2017; Oliveira et al., 2023).

#### **4. Conclusion**

This study aimed to explore the main factors that lead to burnout in healthcare professionals and to understand how professionals deal with them with the main objective of identifying strategies to implement in healthcare services.

Throughout this research, it was possible to observe that health professionals are one of the most vulnerable groups to different stress phenomena due to various factors of a professional and personal nature. The lack of human resources, the increase in workload, the lack of organizational support and the appearance of occupational imbalance are among the factors that significantly affect the mental health and well-being of health professionals.

Based on the analysis of the reports of the healthcare professionals who took part in this study, several factors were identified as they play a significant role in preventing burnout, thus promoting the well-being of professionals.

Support from family and friends plays a crucial role in promoting emotional well-being. Organizational support has also been identified as a key factor in preventing burnout; when healthcare professionals feel that they are supported and valued by the institution and their colleagues, they are less likely to experience burnout. Participation in wellness-promoting activities such as physical exercise, meditation, yoga, and personal hobbies was also considered an important factor. The ability to deal effectively with stress was also considered; professionals who have solid personal skills are better able to manage stress in the workplace.

These factors demonstrate the complexity of burnout prevention, which involves personal, social, and organizational aspects.

Considering the factors mentioned before, this study culminated in the development of a set of recommendations and guidelines. These guidelines cover various areas, such as promoting continuous training to improve stress management skills, promoting physical and emotional well-being, support groups, improving organizational support and raising awareness about the importance of mental health in the workplace.

Implementing these recommendations offers considerable benefits for healthcare institutions on several levels. Firstly, the implementation of these recommendations is associated with an increase in the productivity of healthcare professionals. Health professionals who are mentally well are more effective when carrying out their duties. In addition, preventing burnout and investing in the well-being of health professionals is closely linked to reducing absenteeism. Professionals who feel supported and valued in their workplace are less likely to take sick leave. Increasing the job satisfaction of healthcare professionals is another positive point. Professionals who perceive that their needs are taken seriously and who receive mental health support tend to have greater job satisfaction. These measures not only improve the quality of care provided but also bring benefits to healthcare institutions. Increased productivity, reduced absenteeism, and increased satisfaction among healthcare professionals are all factors that contribute to the success and effectiveness of the care provided. Therefore, investing in the mental health and well-being of healthcare professionals is not only an ethical responsibility but also a smart strategy for improving the overall functioning of healthcare institutions.

Still, about preventing burnout in health professionals, occupational therapy can be a key element in the context of burnout prevention. It is a profession that focuses on occupations and meaningful activities and plays a significant role in promoting occupational balance. Through the creation of lifestyle redesign programs, occupational therapists can help healthcare professionals identify and incorporate meaningful activities into their daily routine. In addition, by encouraging involvement in meaningful occupations, the occupational therapist can help find a balance between work and personal life (American Occupational Therapy Association, 2003; Gomes et al., 2021).

Nevertheless, it is possible to identify some factors that limited this study. Firstly, social desirability bias cannot be ruled out, due to the sensitivity of some of the topics covered. Participants may have been influenced to respond in a socially acceptable way. In addition, the size of the sample was another limitation of this study. The sample size may not have been sufficient to capture the diversity of experiences and perspectives of health professionals.

Finally, despite the limitations identified above, it is worth highlighting the contributions and practical implications of this study. This research reflects on the factors that influence the occupational and psychological health of health professionals, but also highlights the ongoing need to adopt preventive and protective measures to mitigate burnout. Understanding the complex interactions between professional and personal life emphasizes the importance of holistic approaches to managing burnout. It is therefore extremely important to implement organizational policies and practices aimed at promoting the health of professionals.

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## Supplementary Material

### Appendix 1 – Interview script

#### Interview Script

Thank you for taking the time to participate in our study with this interview today. For about 45 minutes, I would like to understand your perspective on burnout, your professional role and what helps you deal with it. I'll start recording this interview if you agree. Is there anything that isn't clear to you or that you'd like to ask beforehand?

- 1. Socio-demographic questions**, namely questions about age, educational qualifications, years of professional experience, type of contract, type of working hours, number of years at the institution and location of the institution.
  
- 2. General questions about function and responsibilities;**
  - What is your role and what are your responsibilities in your organization?
  - How long have you been in this position?
  
- 3. Questions related to the characterization of the participant from a personal and professional point of view;**
  - What is the most positive thing about your job? What is the most negative thing about your job?
  - What are the biggest challenges you face in your job and how do you deal with them?
  - How important is work in your life?
  - What makes you feel satisfied at work? And what generates dissatisfaction?
  - Do you feel satisfied in your job? What would you change if you could?
  - In your work, what makes you uncomfortable? And well-being?
  - How have these situations affected your work?
  - Have you experienced situations at work that have caused you suffering?
  - Do you consider your job to be stressful and emotionally draining? Or can you name a

situation in which your work is more emotionally demanding?

- When you face situations of conflict/pressure at work, how do you feel?
- When you feel exhausted at the end of the working day, what do you usually do? And what do you think was good for you?
- How have you overcome your worst professional experiences?

From your point of view, what aspects of work influence family life?

- Do you usually make time for social activities (being with family/friends)?
- Do you feel you have the leisure time you need? If not, what is the reason for this lack of time?
- Do you feel that the way you relate to others (friends/family) in a social environment is important in dealing with occupational stress and burnout?

#### **4. Questions related to organizational support;**

- In your opinion, how does your organization deal with adverse situations?
- What kind of support do you get from your organization? (Emotional, Training)
- What kind of additional support would you like to receive from your organization?

#### **5. Questions related to individual competencies and stress;**

- What does occupational stress mean to you?
- What about burnout?
- Do you consider it important to have the skills to deal with occupational stress and burnout?
- In your opinion, what are the most important skills for dealing with stress and burnout?
- Do you feel you have the skills to adequately manage the symptoms associated with burnout?
- In your opinion, could stress management programs be beneficial for your professional preparation?
- To what extent do you consider it important to use personal strategies to deal with stress? What kind strategies do you use? In your view, are they effective?
- Do you feel that your work has influenced your personal life?

**6. Questions about prevention strategies and training for dealing with burnout.**

- What would you implement in the health services to prevent burnout? Both at an organizational, group and individual level.
- Have you had any training on how to deal with stress and burnout? If so, how useful was the training? Did you feel the need for such training?
- What kind of training could be useful for individuals and organizations to deal adequately with burnout?

**Final Questions**

- To conclude, is there anything else you'd like to add?
- Is there anything else important that I haven't mentioned?

*Thank you very much for the interview!*