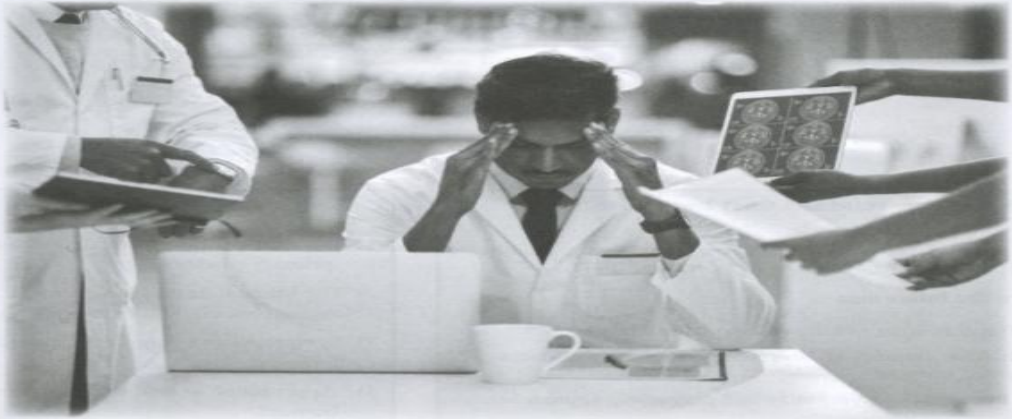
Opening Case study

Dr. Amina, a 38-year-old dentist, worked 12-hour days in a busy clinic. Over months she grew irritable, exhausted, and detached from patients. Chronic headaches and insomnia followed. One day, she broke down after a routine procedure—realizing she dreaded work. Colleagues noticed her declining performance. Was this just stress, or full burnout?



Dr. Amjad, a 40-year-old general surgeon, had always taken pride in his 60-hour workweeks. But after two years of pandemic pressures, his enthusiasm faded. He fully relay on nurses during routine procedures, made errors in patient notes, and began drinking coffee just to fight off afternoon exhaustion. His wife begged him to slow down after finding him asleep at the saloon sofa. "I'm fine," he insisted, it is just temporary fatigue. But when a junior resident asked why he seemed so angry lately! Amjad froze—realizing he couldn't remember the last time he had felt joy in medicine.

Burnout in Healthcare: Definition and Primary Causes

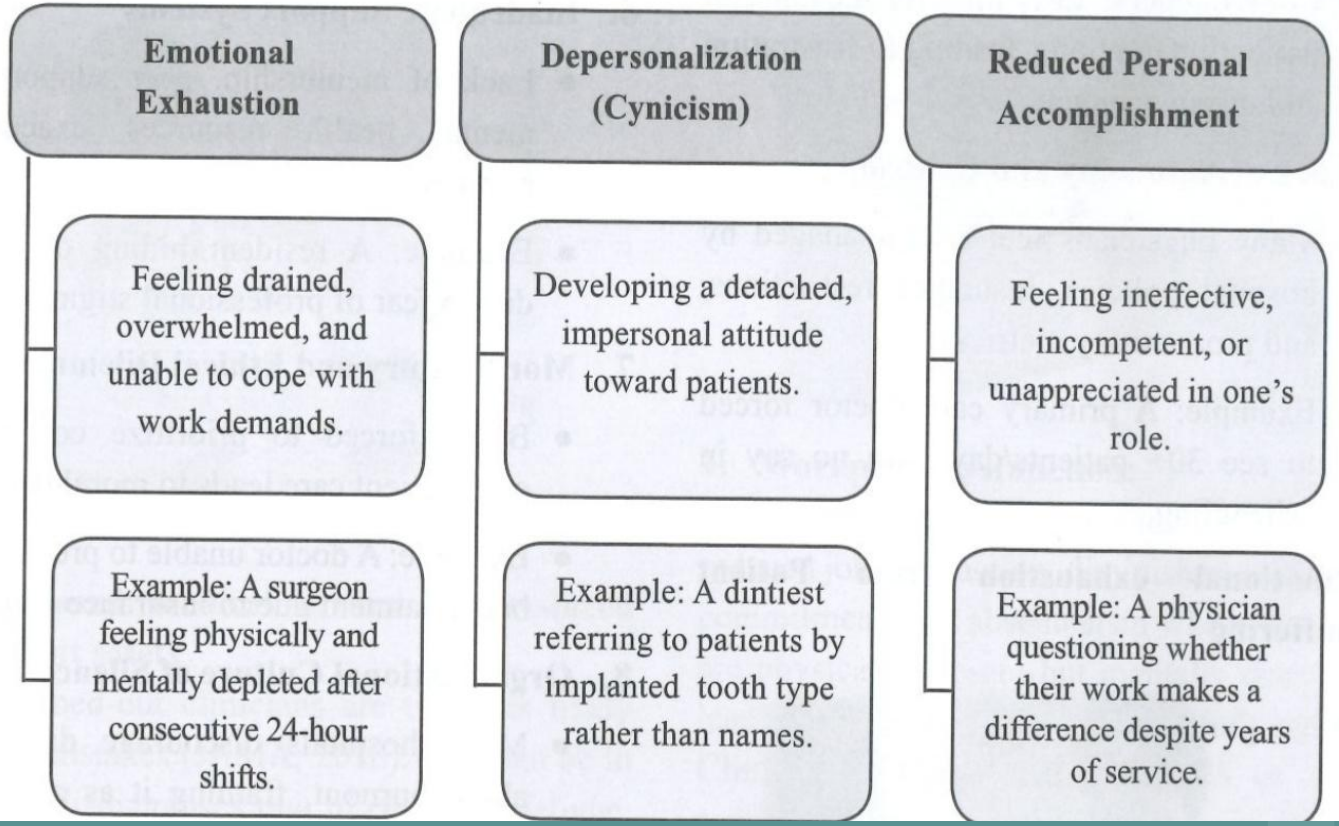
Definition:

Burnout was first introduced by Herbert Freudenberger in the 1970s. It describes physical and emotional exhaustion due to high-stress jobs, especially those requiring social interaction and full engagement (like teachers, police officers, and healthcare workers).

- **WHO Recognition:**

The World Health Organization (2018) formally recognizes burnout as an occupational phenomenon particularly relevant in medical settings — especially emergency units.

The Three Key Dimensions of Burnout are indicated in the following figure



• Burnout ≠ Stress
It’s a chronic condition caused by prolonged workplace strain without proper recovery.

• Burnout ≠ Depression
Unlike depression, which affects all life domains, burnout is specifically related to work.

• Why it matters:
Burnout affects physician performance and patient safety.
Studies show that burned-out doctors are twice as likely to make medical errors.

- The Solution Starts Here:

Tackling the root causes of burnout helps healthcare systems build sustainable environments where both providers and patients can thrive.

Burnout in Healthcare – Causes and Contributing Factors

Burnout in healthcare is a multifactorial crisis driven by systemic and emotional pressures. Kumar (2016) identified the following contributing factors:

Excessive Workload and Long Hours

Healthcare workers often work 60–80+ hours/week, especially in high-demand specialties (e.g., emergency medicine, surgery).

➤ Consequences: Sleep deprivation, impaired decision-making, and emotional fatigue.

Example: A JAMA study found that physicians working >60 hrs/week had 2.5x higher burnout rates than those working <40 hrs/week.

Administrative Burden & Electronic Health Records (EHRs)

Doctors spend 2+ hours on EHRs for every 1 hour of patient care.

➤ Impact: Less time for meaningful interactions → frustration & disengagement.

Lack of Autonomy and Control

Physicians often feel micromanaged by institutional policies and productivity metrics.

Example: A primary care doctor forced to see 30+ patients/day with no say in scheduling.

Emotional Exhaustion from Patient Suffering

Repeated exposure to trauma, death, and difficult prognoses leads to compassion fatigue.

Example: An oncologist experiencing grief after losing multiple cancer patients.

Poor Work-Life Balance

Shift work and unpredictable schedules disrupt relationships and self-care.

➤ Impact: Higher divorce rates among physicians (15% above national average).

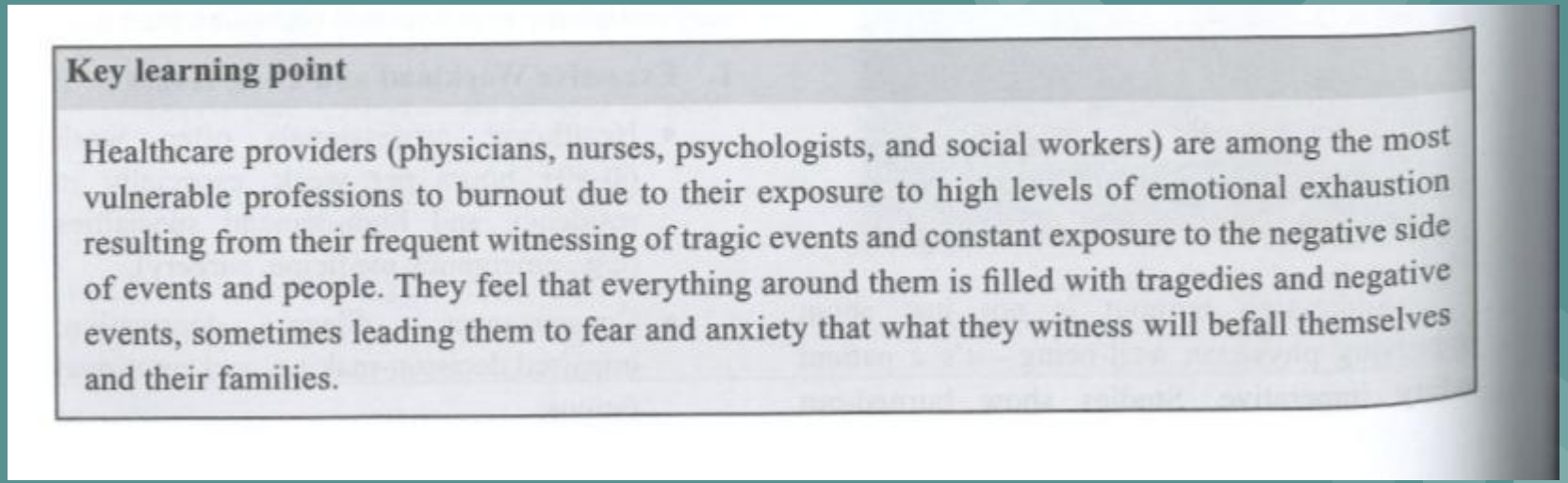
Inadequate Support Systems

Lack of mentorship, peer support, and mental health access worsens burnout.

Example: A resident hides depression due to fear of stigma.

Organizational Culture of Silence

Some hospitals discourage burnout discussions, treating it as a personal flaw.
Example: A nurse hides burnout to avoid appearing “weak”.



Key learning point

Healthcare providers (physicians, nurses, psychologists, and social workers) are among the most vulnerable professions to burnout due to their exposure to high levels of emotional exhaustion resulting from their frequent witnessing of tragic events and constant exposure to the negative side of events and people. They feel that everything around them is filled with tragedies and negative events, sometimes leading them to fear and anxiety that what they witness will befall themselves and their families.

Immediate Consequences of Burnout

1. Increased Medical Errors and Reduced Patient Safety

Burned-out clinicians are twice as likely to make mistakes (JAMA, 2018).

Errors may include misdiagnosis (due to cognitive fatigue) and medication dosing errors (from impaired concentration).

2. Poor Patient–Provider Communication

Exhausted doctors spend less time listening, leading to missed symptoms and lower patient satisfaction.

3. Rise in Unprofessional Conduct

Depersonalization fuels cynicism and rudeness.

Patients are labeled as “non-compliant” rather than “struggling.”

This may lead to hostile work environments due to physician irritability.

4. Short-Term Physical and Mental Health Crises

Burnout can cause insomnia, migraines, gastrointestinal problems, and even panic attacks before shifts.

There's also a higher risk of substance abuse and smoking.

Long-Term Consequences of Burnout

1. Workplace Dysfunction

Burnout leads to reduced job satisfaction, diminished professional commitment, and absenteeism (being physically present but mentally disengaged).

A study by Mayo Clinic (2021) found:
- 20% of doctors reduce clinical hours within 2 years of severe burnout
- 1 in 5 physicians plan to leave medicine due to burnout
- Fields like primary care and emergency medicine face the highest turnover

2. Chronic Health Conditions among Doctors

Burnout significantly increases the risk of:
- Cardiovascular diseases (e.g., coronary heart disease, hypertension)
- Metabolic disorders (e.g., obesity, high LDL, low HDL, type 2 diabetes, metabolic syndrome)

These are linked to:
- Chronic stress
- Poor self-care
- Physiological dysregulation from prolonged workplace exhaustion

3. Psychological Consequences

Burnout is associated with:
- Higher rates of insomnia
- Clinical depression
- Severe psychiatric symptoms requiring hospitalization

Leads to increased absenteeism and inability to cope with daily demands

4. Systemic Breakdowns in Care Delivery

Burnout reduces:
- Empathy
- Clinical efficiency
- Patient safety and outcomes

Ripple effect:
- Staffing shortages
- Remaining workers become overburdened
- Creates a vicious cycle of declining standards

Burnout is a public health threat.
Unaddressed burnout leads to worse care, higher costs, and more staff departures.

Key learning point

Mild stress is a good thing, but moderate stress requires managing and controlling. If stress gets out of control, it is called burnout, where the person feels like a candle burning out to light others!

Human diversity

Burnout is not universal—it mirrors personal and cultural norms around vulnerability and resilience

Examples of diverse burnout experiences:

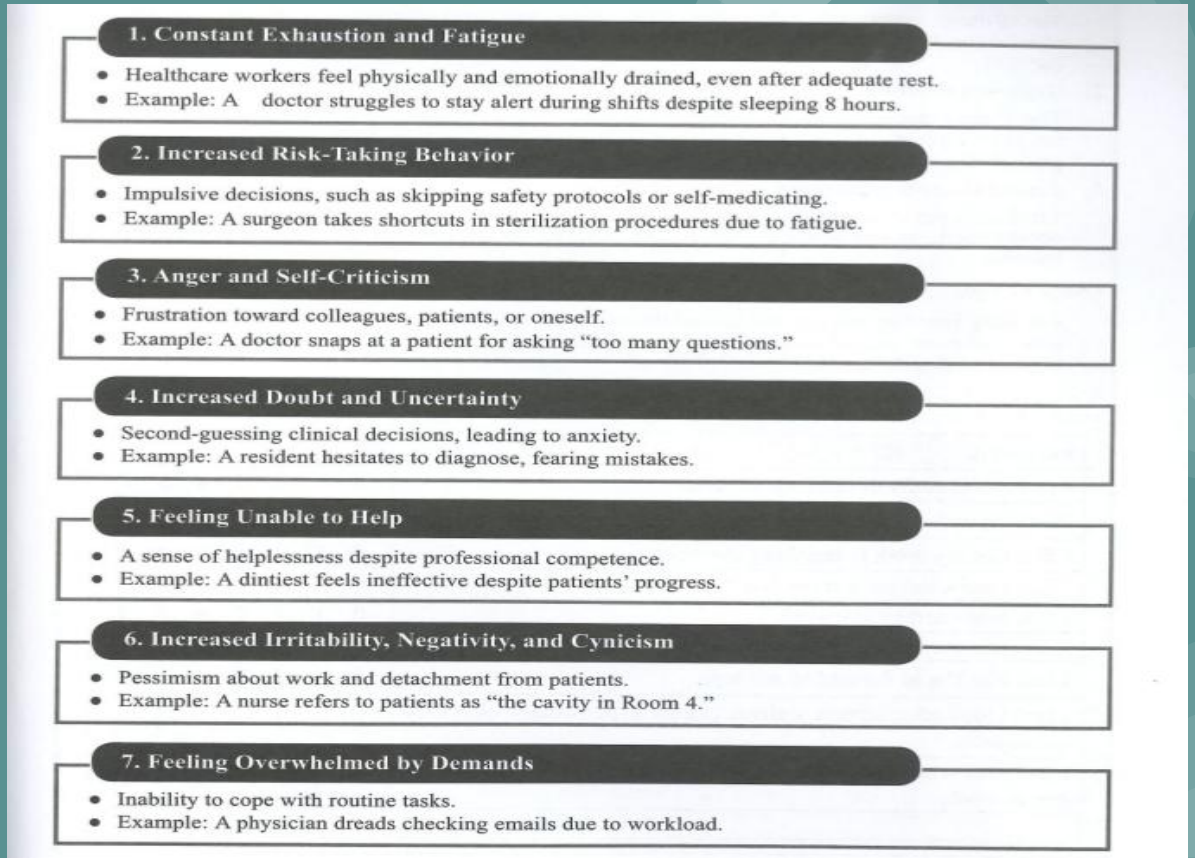
1. **Cultural**: A Japanese nurse hides exhaustion to avoid burdening peers, while an American doctor openly seeks therapy but fears career repercussions
2. **Gender:** Female physicians report fatigue and guilt over work-life imbalance; male counterparts mask stress with overwork or irritability.
3. **Personality:** A perfectionist surgeon fixates on errors, while an empathetic therapist grows numb to patient pain.
4. **Age**: Older clinicians endure silently, viewing burnout as weakness; younger staff demand systemic change but face pushback.
5. **Expression:** Some develop insomnia or headaches (internalized), others become cynical or absent (externalized).

Symptoms and Diagnostic Approaches of Burnout

Burnout is a progressive occupational phenomenon in healthcare, affecting physicians, nurses, dentists, and other professionals globally. According to the World Health Organization (WHO, 2018), burnout starts with subtle early symptoms and may escalate into severe, debilitating effects if left unaddressed.

This section highlights the early warning signs, the progression into advanced stages, and the consequences for both healthcare providers and patients. Understanding these phases is essential for early intervention and for preventing long-term damage to individuals and the broader healthcare system.

The initial signs of burnout are often dismissed as temporary stress, but they signal deeper systemic issues. According to WHO (2018), the seven key early symptoms listed in the following figure:



1. Constant Exhaustion and Fatigue

- Healthcare workers feel physically and emotionally drained, even after adequate rest.
- Example: A doctor struggles to stay alert during shifts despite sleeping 8 hours.

2. Increased Risk-Taking Behavior

- Impulsive decisions, such as skipping safety protocols or self-medicating.
- Example: A surgeon takes shortcuts in sterilization procedures due to fatigue.

3. Anger and Self-Criticism

- Frustration toward colleagues, patients, or oneself.
- Example: A doctor snaps at a patient for asking "too many questions."

4. Increased Doubt and Uncertainty

- Second-guessing clinical decisions, leading to anxiety.
- Example: A resident hesitates to diagnose, fearing mistakes.

5. Feeling Unable to Help

- A sense of helplessness despite professional competence.
- Example: A dintiest feels ineffective despite patients' progress.

6. Increased Irritability, Negativity, and Cynicism

- Pessimism about work and detachment from patients.
- Example: A nurse refers to patients as "the cavity in Room 4."

7. Feeling Overwhelmed by Demands

- Inability to cope with routine tasks.
- Example: A physician dreads checking emails due to workload.

Key learning point

Burnout is not an individual failure but a systemic issue requiring urgent attention. From early exhaustion to severe dehumanization, its progression harms both healthcare workers and patients.

Evaluate Yourself

Maslach Burnout Inventory (MBI)

Description

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. The original form of the MBI was constructed by Christina Maslach and Susan E. Jackson with the goal to assess an individual's experience of burnout.

MBI consists of 22 items pertaining to occupational burnout. The three dimensions are easured as follows:

1. **Emotional Exhaustion**

   The 9-item emotional exhaustion (EE) scale measures feelings of being emotionally overextended and exhausted at one's work. Higher scores correspond to greater experienced burnout.

2. **Depersonalization**

   The 5-item depersonalization (DP) scale measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. Higher scores correspond to greater degrees of experienced burnout

3. **Personal Accomplishment**

   The 8-item personal accomplishment (PA) scale measures feelings of competence and successful achievement in one's work with people. Lower scores correspond to greater experienced burnout.

Usage of Tool

For each question, put a circle around the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

0 = Never; 1 = A few times per year; 2 = Once a month; 3 = A few times per month; 4 = Once a week; 5 = A few times per week; 6 = Every day

Section A	
I feel emotionally drained by my work.	0 1 2 3 4 5 6
Working with people all day long requires a great deal of effort.	0 1 2 3 4 5 6
I feel like my work is breaking me down.	0 1 2 3 4 5 6
I feel I work too hard at my job.	0 1 2 3 4 5 6
I feel frustrated by my work.	0 1 2 3 4 5 6
It stresses me too much to work in direct contact with people.	0 1 2 3 4 5 6
I feel like I'm at the end of my rope.	0 1 2 3 4 5 6
I feel I look after certain patients/clients impersonally, as if they are objects.	0 1 2 3 4 5 6
I feel tired when I get up in the morning and have to face another day at work.	0 1 2 3 4 5 6
Total Score – Section A	

Section B	
I have the impression that my patients/clients make me responsible for some of their problems.	0 1 2 3 4 5 6
I am at the end of my patience at the end of my workday.	0 1 2 3 4 5 6
I really don't care about what happens to some of my patients/ clients.	0 1 2 3 4 5 6
I have become more insensitive to people since I've been working.	0 1 2 3 4 5 6
I'm afraid that this job is making me uncaring.	0 1 2 3 4 5 6
Total Score – Section B	

Section C	
I accomplish many worthwhile things in this job.	0 1 2 3 4 5 6
I feel full of energy.	0 1 2 3 4 5 6
I am easily able to understand what my patients/ clients feel.	0 1 2 3 4 5 6
I look after my patients'/clients' problems very effectively.	0 1 2 3 4 5 6
In my work, I handle emotional problems very calmly.	0 1 2 3 4 5 6
Through my work, I feel that I have a positive influence on people.	0 1 2 3 4 5 6
I am easily able to create a relaxed atmosphere with my patients/ clients.	0 1 2 3 4 5 6
I feel refreshed when I have been close to my patients/clients at work.	0 1 2 3 4 5 6
Total Score – Section C	

Scoring and Interpretation

Section A: Burnout

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Burnout (or depressive anxiety syndrome) is marked by fatigue at the very idea of work, chronic fatigue, trouble sleeping, and other physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

Section B: Depersonalization

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

"Depersonalization" (or loss of empathy) is rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism and negative attitudes about patients or colleagues, feelings of guilt, avoidance of social contacts, and withdrawing into oneself. The health care provider blocks the empathy he/she can show to his patients and/or colleagues.

Section C: Personal Achievement

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

When there is a reduction of personal achievement, and individual assesses him-/herself negatively, feeling unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his/her genuine abilities to accomplish things. This aspect is a consequence of the first two.

Note: A high score in the first two sections and a low score in the last section may indicate burnout.

Approaches to Deal with Work-Related Burnout

Burnout in the medical field arises from a complex interplay between systemic healthcare challenges and personal vulnerabilities. It is influenced by both organizational factors and individual characteristics, especially among physicians and dentists.

There are two types of interventions highlighted:

First: Organizational interventions

Kumar (2016) identified critical organizational factors particularly relevant to healthcare that may increase job related burnout; however, dealing with these organizational factors has proven to reduce work related burnout:

1. Reducing excessive workloads: for example the cardiologist managing 30+ daily patients experiences both quantitative overload (patient volume) and qualitative strain (complex diagnoses).

2. Increasing autonomy: for example pediatric residents restricted from altering standardized treatment plans despite knowing individual patient needs often express frustration.

3. Increasing recognition: for example the oncology team working consecutive 12-hour shifts receives neither overtime compensation nor verbal acknowledgment from administration.

4. Resolving dysfunctional workplace dynamics: for example, bad relationships between colleagues and unresolved conflicts creates a hostile environment.

5. Minimizing procedural injustice: for example, a hospital promote junior doctor over more experienced candidates without transparent criteria.

6. Resolving ethical misalignment issues: for example, family physicians forced by insurers to reduce visit times for a child or forced to use cheap medicine to reduces expenses!

Second: Individual interventions

Self-care strategies are individual intentional, proactive practices that individuals adopt to maintain and enhance their physical, emotional, and psychological well-being—particularly crucial for healthcare providers facing high-stress environments. These evidence-based techniques help prevent burnout, improve resilience, and sustain professional performance. For doctors, dentists, and other medical professionals, self-care is not indulgence but a professional necessity that directly impacts patient care quality.

Key learning point

Self-care is far from being selfish—it's an essential practice that renews our capacity to care for others effectively. Remember: No one takes care of yourself like yourself. At times, putting yourself first is not selfishness but a necessity—allowing you to recharge, regain motivation, and return with the mental and emotional strength needed to give your best.

Self-care strategies can be classified into five dimensions as shown in the following figure:

1. Physical Self-Care Strategies:

Sustaining bodily health to manage demanding workloads.

Examples for clinicians:

Prioritizing 7–8 hours of sleep (e.g., an ER doctor enforcing a “no late-night charting” rule).

Short movement breaks between patients (e.g., a dentist doing 2-minute stretches after each procedure).

Meal prepping to avoid skipping meals during shifts.

2. Psychological Self-Care strategies:

Managing stress and maintaining cognitive sharpness

Clinician applications

Mindfulness meditation (e.g., a surgeon practicing 10-minute breathing exercises pre-operatively).

Cognitive reframing (e.g., a pediatrician replacing “I must save everyone” with “I provide my best care within limits”).

Learning to say “no” to non-essential tasks.

3. Emotional Self-Care strategies:

Processing work-related emotions healthily

Healthcare-specific practices:

Debriefing with peers after traumatic cases (e.g., ICU nurses holding weekly support circles).

Journaling to unpack difficult patient interactions.

Setting boundaries (e.g., a family physician not checking EHRs after 7 PM).

4. Spiritual Self-Care strategies:

Reconnecting with purpose and meaning

For medical professionals:

Reflective practices (e.g., an oncologist writing “meaning memos” about impactful patient stories)

Volunteering in low-stress clinical settings to rediscover joy in medicine

5. Functional Self-Care strategies:

Optimizing work processes to reduce strain

Practical implementations:

Time-blocking for charting (e.g., a dentist reserving 30-minute slots for notes)

Delegating tasks when possible (e.g., a senior resident training interns to handle discharge summaries)

Critical thinking

The Overworked Surgeon

Dr Ahlam, a skilled cardiac surgeon, routinely works 80-hour weeks, skipping meals and sacrificing sleep to manage her overflowing patient load. Despite colleagues' concerns, she dismisses self-care as "selfish," believing her duty is solely to patients. Over months, her performance declines: she snaps at OR staff, makes near-miss errors during procedures, and develops hypertension.

Critical Thinking Questions:

- Patient Safety: How might Dr. Ahlam's rejection of self-care directly endanger her patients? Consider fatigue's impact on surgical precision.
- Systemic Factors: What hospital policies enable this unsustainable workload? Should institutions mandate self-care for high-risk specialties?
- Ethical Dilemma: Is self-care a professional obligation or personal choice in healthcare? Debate using the "oxygen mask principle" (secure your own first).
- Cultural Shift: How could the hospital leadership model and incentivize self-care without stigmatizing it as weakness?
- Data-Driven Argument: Research shows burned-out surgeons have 2.3x higher complication rates (Annals of Surgery). How would you present this to resistant clinicians?

Outcome: After a preventable adverse event, Dr. Ahlam realizes her neglect of self-care harmed others. The hospital implements mandatory wellness check-ins and protected break times..

5. Self-care techniques

Find below easy to do self-care techniques that you can practice daily , weekly or even yearly. Here are some key points to consider when using self-care techniques:

- Self-care programs don't have to be expensive or involve high expenditures. They should be something the person enjoys and that gives them a positive sense of self.
- Toxic self-care programs, which provide a temporary sense of happiness but lead to future harm, should be avoided, especially those related to addiction, food, or expensive shopping.
- Self-care programs are pre-planned actions, meaning the person must have planned the program in advance and not be a coincidence.
- Programs should be scheduled periodically—weekly, monthly, semi-annually, or annually—and should not be abandoned based on the changing circumstances.
- Self-care programs should be routine, consistent, and repetitive according to a known, pre-determined pattern.
- The program must be implemented, adhered to, and explained to those around the person, as the surrounding environment may discourage a person from implementing it for financial, social, or familial reasons.

The following table shows some methods that can help an individual readjust from psychological stress and burnout, especially if it is mild to moderate. Not all of these methods may be suitable for all individuals. Individuals should choose what they like and what gives them a sense of happiness, breaks the routine, and releases the negative energy generated by it (Al-Zoubi, 2025).

	Practice meditation, such as yoga or deep breathing		Practice relaxation regularly
	Exercise		Practice mildly tiring exercises, as they distract the mind and release tension
	Set boundaries and preferable ways of interacting with colleagues,		Get a good night's sleep for 6-8 hours daily
	Strengthen your religious and spiritual side and practice religious rituals regularly		Enjoy positive, supportive social relationships and avoid negative people
	Watch your favorite movies regularly		Drink enough water regularly
	Listen to your favorite songs at a specific time. Regularly		Practice shopping, but break it up into regular intervals, not all at once, provided it doesn't negatively impact your budget

	Regular social interaction with friends		Adding some aesthetic touches to your office that give you a sense of comfort
	Strengthening social relationships with family and close friends		Taking annual or semi-annual vacations on a regular basis
	Setting a specific time to read daily or weekly		Taking a hot bath daily upon returning from work or before bed
	Exercising laughter, whether with colleagues or by watching comedy shows		Spending time with nature, such as going camping, observing the mangroves and stars, or visiting green spaces with a high visibility area
	Going on regular trips with family or friends		Building positive social relationships with coworkers and interacting with them in the coffee room or in the hallways on a regular basis
	Consulting a psychologist		Eating your favorite foods regularly or when feeling stressed, provided they don't have negative health effects, and avoiding unhealthy foods as much as possible

6. Practical Tips!

Do	Avoid
• **Assess Burnout Regularly**: Conduct anonymous staff surveys (e.g., Maslach Burnout Inventory) to track burnout levels.	• **Ignoring Early Warning Signs**: Dismissing complaints like "I'm just tired" without investigation.
• **Promote Work-Life Balance**: Enforce reasonable shift lengths and mandatory time-off policies.	• **Overloading High-Performers**: Assigning extra tasks to competent staff until they burn out.
• **Provide Mental Health Support**: Offer free, confidential counseling and peer-support groups.	• **Stigmatizing Mental Health Needs**: Labeling staff as "weak" for seeking therapy.
• **Reduce Administrative Burden**: Hire scribes or use AI tools to minimize EHR documentation time.	• **Expecting Constant Availability**: Requiring 24/7 email/phone responsiveness outside shifts.
• **Encourage Team-Based Care**: Distribute workloads fairly to prevent individual overload.	• **Neglecting Fair Compensation**: Underpaying or denying overtime for excessive work hours.
• **Recognize and Reward Efforts**: Implement appreciation programs (e.g., "Employee of the Month").	• **Tolerating Toxic Work Environments**: Allowing bullying, favoritism, or unresolved conflicts.
• **Create Safe Reporting Channels**: Allow staff to voice concerns without fear of retaliation.	• **Prioritizing Productivity Over Well-Being**: Measuring success only by patient volume, not care quality.
• **Train Leaders in Supportive Management**: Teach supervisors to recognize burnout signs and respond empathetically.	• **Skipping Breaks**: Normalizing "no lunch breaks" due to workload.
• **Designate Quiet Spaces**: Provide break rooms for relaxation and mental resets.	• **Blaming Individuals for Systemic Issues**: Telling staff to "just meditate more" instead of fixing workload problems.
• **Model Wellness from the Top**: Hospital leaders should prioritize their own self-care to set an example.	• **Delaying Action Until Crisis Hits**: Waiting for resignations or medical errors before addressing burnout.

Psychology on the ground

Success Story: How Cleveland Clinic Reduced Burnout by 30% in 2 Years

The Challenge:

In 2017, Cleveland Clinic faced a crisis—45% of physicians reported burnout symptoms, including emotional exhaustion and cynicism. Nurses and residents struggled with 80-hour workweeks, leading to high turnover and near-miss medical errors.

The Intervention:

The hospital launched a multidisciplinary wellness program with four key strategies:

1. **Protected Time:**
   - Mandated 30-minute breaks between surgeries/clinic blocks.
   - Eliminated non-urgent messages after shifts.
2. **Mental Health Support:**
   - Free, confidential counseling with psychologists specializing in clinician burnout.
   - Peer-support groups for high-stress departments (e.g., ICU, oncology).
3. **Workload Redistribution:**
   - Hired physician assistants to handle routine paperwork.
   - Implemented team-based care to share patient loads.
4. **Recognition Culture:**
   - Monthly "Gratitude Rounds" where staff acknowledge colleagues' contributions.
   - Financial bonuses for units with sustained wellness metrics.

The Results (2019 Evaluation):

- Burnout rates dropped from 45% to 15% among participating staff.
- Nurse retention improved by 25%, saving $6M in recruitment costs.
- Patient satisfaction scores rose 18%, with fewer medication errors reported.

Key Takeaways:

1. **Systemic Change > Individual Coping:** Structural adjustments (like protected time) had greater impact than self-care workshops alone.
2. **Data-Driven Decisions:** Regular staff surveys identified the most burdensome tasks for targeted solutions.
3. **Leadership Commitment:** CEO Dr. Tomislav Mihaljevic modeled work-life balance by leaving by 6 PM unless emergencies arose.

Cleveland Clinic's success proves that **burnout is fixable** when institutions prioritize caregiver well-being as rigorously as patient outcomes.

Source:

- Shanafelt, T.D. et al. (2019). Impact of Organizational Leadership on Physician Burnout. Mayo Clinic Proceedings.

Quick review

- Burnout is a pervasive issue in healthcare, particularly among physicians, dentists, nurses, and other medical professionals.
- Burnout characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.
- The demanding nature of medical practice—long hours, high-stakes decision-making, and emotional strain—makes healthcare workers particularly vulnerable.
- Burnout among healthcare professionals is not just an individual struggle—it has far-reaching consequences for patient care, workforce stability, and healthcare systems.
- When left unaddressed, burnout leads to immediate risks (medical errors, patient dissatisfaction) and long-term damage (physician attrition, systemic inefficiencies).
- Burnout considered as a threat to public health. Unaddressed burnout creates a vicious cycle: exhausted providers deliver substandard care, leading to worse outcomes, higher costs, and more staff departures.
- There are seven early symptoms to burnout which are:
  1. Constant Exhaustion and Fatigue
  2. Increased Risk-Taking Behavior
  3. Anger and Self-Criticism
  4. Increased Doubt and Uncertainty
  5. Feeling Unable to Help
  6. Increased Irritability, Negativity, and Cynicism
  7. Feeling Overwhelmed by Demands
- There are two types of intervention to deal with work related burnout as indicated below. Organizational interventions and individual intervention (self-care strategies)
- Organizational intervention includes the following:
  - Reducing excessive workloads
  - Increasing recognition
  - Resolving dysfunctional workplace dynamics
  - Minimizing procedural injustice
  - Resolving ethical misalignment issues
- Self-care strategies can be classified over five categories as follows:
  1. Physical Strategies: Sleep hygiene, nutritional optimization, and exercise regimens
  2. Psychological Strategies: Cognitive-behavioral techniques and mindfulness practices
  3. Emotional Strategies: Therapeutic interventions and social support networks
  4. Spiritual Strategies: Meaning-making activities and value-realignment exercises
  5. Functional Strategies: Time management systems and boundary-setting strategies

في ختام هذا الحديث، لا يسعنا إلا أن نتوجّه بكل مشاعر الدعم والتضامن لأهلنا في غزة، الذين يعيشون يوميًا تحت وطأة القصف، والحصار، والحرمان، ويعانون من أوجه الإرهاق التي لا توصف – ليس فقط كعاملين صحيين، بل كآباء وأمهات وأبناء وأرواح صابرة.

الإرهاق في غزّة ليس مجرّد ظاهرة مهنية، بل معاناة يوميّة تتجدّد مع كل شروق، ويكافح الأطباء والممرضون هناك وهم يحملون مسؤولية إنقاذ الأرواح بموارد شحيحة، ونفوس أنهكها الوجع.