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DOCTORAL THESIS

**THE IMPACT OF THE BURNOUT PHENOMENON ON THE PERFORMANCE OF
EMPLOYEES IN THE HEALTH SYSTEM**

Doctorand

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Summary.

In a context marked by rapid changes and structural challenges in the Romanian healthcare system, the thesis tackles the issue of burnout among healthcare workers. Burnout, defined by emotional exhaustion, depersonalization, and a decrease in personal achievement, affects both the wellbeing of employees and organisational performance, as well as the quality of medical care. The study proposes a mixed methodology, including both quantitative and qualitative techniques, to explore the dynamics of burnout and its impact on professional efficiency.

Chapter 1 of the doctoral thesis delves deeply into the current framework of research in the field of human resource management (HRM) and performance, highlighting the strategic importance of efficient HR management in organisations, including the healthcare sector. It focuses on the theoretical and conceptual evolution of the field, emphasising the shift from an administrative approach to HRM, typical of the industrial era, to a more strategic one, essential in the context of modern organisations.

In the first part of the chapter, the author clarifies the fundamental definitions of human resource management and employee performance. Human resource management is defined as a set of integrated and coherent practices aimed at attracting, developing, motivating, and retaining an organisation's human capital. Employee performance is conceptualised as the extent to which employees meet the objectives set by the

organisation, having a direct impact on its outcomes. This section highlights the importance of employees as strategic resources essential for achieving organisational success.

The chapter continues with a detailed overview of the historical development of human resource management, starting with the pre-industrial era, when workforce management was informal and decentralised, and leading up to the Industrial Revolution, which marked a turning point in the organisation and supervision of employees. As factories and companies grew in size and complexity, the need for formal structures to manage human resources emerged, leading to the development of the first administrative HR functions, such as recruitment and payroll.

A key point in the evolution of HRM was the contribution of the scientific management movement, initiated by Frederick Taylor in the early 20th century. Taylor championed the idea of a rational and systematic approach to work, emphasising efficiency, productivity, and the division of labour. This model dominated the early development of HRM, laying the foundation for the concepts of Taylorism and Fordism.

Later, in the 1920s and 1930s, research into human relations and organisational behaviour began to emerge, largely thanks to the Hawthorne studies conducted by Elton Mayo and his colleagues. They found that psychosocial factors, such as morale and interpersonal relationships, significantly influence employee productivity and satisfaction. This paradigm shift marked the beginning of recognising human

resources as critical elements not just in terms of technical skills, but also interpersonal and emotional competencies, laying the groundwork for the later development of motivational theories and the concept of leadership.

In the second part of the chapter, fundamental theories and models in HRM are analysed, which have played a key role in transforming this field. These include the Harvard, Michigan, Warwick, and Guest models, each offering different perspectives on the relationship between HRM and organisational performance. While each model has its own particularities, they all emphasise the essential role of human resources in achieving a sustainable competitive advantage for organisations. The Harvard model views HRM as an integrated process that must align organisational practices with employees' individual needs, recognising the importance of employee involvement in strategic decisions. The Michigan model, on the other hand, highlights the need to align HR policies with the organisation's overall strategy, stressing the importance of recruitment, selection, performance, and reward as key elements in achieving organisational objectives.

A key contribution of this chapter is the exploration of current trends in HRM, including the impact of globalisation, technological advances, and demographic shifts on how organisations manage their human resources. In the context of globalisation, HRM must adapt to manage an increasingly culturally and geographically diverse workforce. Organisations are compelled to develop diversity and inclusion policies to

fully harness the potential of a global workforce. At the same time, technological advancements like automation and artificial intelligence have fundamentally changed the way recruitment, selection, and employee development are carried out. These technologies allow for increased efficiency in decision-making processes and performance management optimisation, using data analytics and human resource information systems (HRIS) to improve internal processes.

Current challenges and opportunities in HRM are also discussed. Digitalisation has transformed not only how employees are managed but also how their performance is evaluated. Today, organisations use real-time data and predictive analytics to identify employees' development needs and optimise resource allocation. At the same time, the concept of work-life balance has become increasingly important in the context of the COVID-19 pandemic, and HRM plays a crucial role in implementing flexible work strategies and supporting employees in maintaining a balance between their professional and personal lives.

Chapter 2 of the doctoral thesis provides an in-depth analysis of the burnout phenomenon and its impact on the professional performance of healthcare workers, offering a comprehensive view of the determining factors and measures for prevention and management. Burnout is described as a syndrome resulting from prolonged exposure to occupational stress, characterised by three major dimensions: emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment. This chapter examines not only the

manifestations of burnout but also how they directly affect the quality of medical care and organisational efficiency.

Burnout in the medical context is defined as a psychological reaction to chronic stress, with a heightened presence in professions involving continuous interaction with people and constant pressure to perform. Emotional exhaustion, the first major component, refers to the state of chronic fatigue caused by overwork and the inability of employees to replenish their emotional resources. In the healthcare sector, this exhaustion manifests as a reduced ability to cope with daily demands, which can lead to decreased focus and decision-making capacity, directly impacting patient safety.

Depersonalisation is the second key component of burnout and refers to the attitude of emotional detachment and cynicism towards patients. Healthcare staff may start treating patients like objects or cases, losing the empathy and personalised care that are essential in medical treatment. Depersonalisation leads to the deterioration of professional relationships, which affects team cohesion and the quality of collaboration between members—critical for managing complex cases in hospitals.

The final component, reduced personal accomplishment, refers to the feeling of ineffectiveness and frustration that arises as employees feel they can no longer meet expected performance levels. This feeling is worsened by the heavy workload and lack of resources in the healthcare system, leading to demotivation, stalled

professional development, and an overall decline in the quality of medical care.

The chapter highlights the strong correlation between burnout and the decline in professional performance among healthcare employees. Medical staff affected by burnout experience a decrease in focus, which leads to a higher risk of medical errors, impacting not only patient safety but also the employees' self-confidence. Studies cited in the chapter suggest that burnout significantly reduces the ability to make quick and accurate decisions, particularly in emergency situations where every minute is crucial for patient health. Additionally, burnout syndrome diminishes employees' intrinsic motivation, reducing their desire to improve their performance and engage in continuous professional development.

The chapter emphasises that in the healthcare context, continuous stress caused by heavy workloads, constant interaction with patients, and a lack of resources (both human and material) are major factors contributing to burnout. In this regard, stressors specific to the medical field, such as the emotional burden of managing patient suffering and the immense responsibility for their lives and health, are particularly influential in triggering the syndrome.

Chapter 2 also delves into the analysis of burnout prevention and management strategies, organised on two levels: individual and organisational. At the individual level, the chapter discusses stress self-management techniques, such as physical exercise, meditation, and cognitive-behavioural therapy, which can help employees

better manage stress and avoid burnout. Specific interventions for healthcare staff are also highlighted, including resilience training programs and stress management workshops, which assist employees in developing more effective coping mechanisms.

At the organisational level, the chapter highlights the crucial role of leadership in preventing burnout. Healthcare managers must create a work environment that provides emotional support and adequate resources, thereby reducing the pressure on employees. Effective management involves recognising early signs of burnout and implementing proactive interventions such as redistributing tasks, offering flexible work schedules, and ensuring regular breaks to allow staff to recover. The chapter also stresses the importance of open communication between employees and leadership, which can facilitate the identification of problems and the swift implementation of corrective measures.

A central aspect of organisational interventions is the implementation of work-life balance policies. In healthcare, where long shifts and weekend work are common, adjusting work schedules is recommended to prevent the build-up of stress and chronic fatigue. Teamwork and promoting a supportive organisational culture are also identified as essential for reducing the incidence of burnout.

The chapter highlights that transformational leadership is the most effective leadership style in preventing burnout. Transformational leaders focus on creating a positive and inspiring work environment where employees feel supported and valued. They encourage

continuous professional development and ensure that the necessary resources are provided, allowing staff to perform their tasks efficiently without excessive stress.

Additionally, empathetic leadership is crucial in the early recognition of burnout signs and in providing personalised support for employees showing symptoms of exhaustion. The chapter emphasises the importance of fostering an organisational culture where employee wellbeing is a priority and where there is ongoing dialogue between staff and management about their needs and professional challenges.

The chapter details the specific stress factors in the healthcare field, such as the pressures from heavy workloads, the critical responsibilities tied to patient health, staff and resource shortages, as well as extended working hours. All these aspects contribute to the onset and intensification of burnout, particularly in a context where healthcare systems often face underfunding and inadequate infrastructure.

The chapter highlights that healthcare staff face extremely high psychological and physical demands, making burnout an endemic issue in this sector. The emotional exhaustion caused by the constant management of suffering and death, combined with the pressure to make quick and accurate decisions under high stress, increases their vulnerability to burnout.

Chapter 3 of the doctoral thesis presents an in-depth comparative analysis of the impact of burnout on the healthcare system in Romania and other European countries, highlighting both the similarities and differences in the prevalence and management of this

phenomenon. The main objective of the chapter is to explore how different health systems across Europe address burnout, the factors that contribute to it, and its implications for the performance of healthcare workers.

The chapter employs a comparative research methodology that involves analysing data from several European countries, including Romania, to provide a broad perspective on the prevalence and management of burnout. The data sources used are presented, such as national statistical reports, case studies, and data collected from questionnaires administered in various countries. The selection of countries for comparison was based on socio-economic factors and the structural characteristics of healthcare systems, ensuring a representative sample for evaluating policies and interventions in burnout management.

A central part of the chapter is the prevalence of burnout among healthcare staff in Romania, which is compared to the rates reported in other European countries. Romania faces a high rate of burnout, influenced by systemic issues such as chronic underfunding of the healthcare sector, a lack of material and human resources, and poor working conditions. The heavy workload, long shifts, and staff shortages contribute to the emotional and physical overburdening of employees, increasing the risk of burnout.

In comparison, European countries that have implemented proactive policies to support healthcare staff, such as Germany, Sweden, and France, report relatively lower rates of burnout. These countries have invested in adequate resources, modernised

infrastructure, and psychological support programs for healthcare workers, which have contributed to reducing the prevalence of this syndrome.

The chapter highlights the determinants of burnout at both the organisational and individual levels, analysing how these factors vary between Romania and other European countries. In Romania, the primary determinants of burnout include a lack of resources, constant pressure on healthcare staff, and inefficient leadership within medical institutions. Another major factor is the migration of healthcare professionals in search of better working conditions abroad, which further exacerbates staff shortages and increases the workload for those who remain.

On the other hand, in European countries with better-funded healthcare systems, the determinants of burnout are often related to technological pressure and high performance demands. However, the impact of these factors is mitigated by the presence of support structures and well-implemented policies that facilitate a healthy work-life balance.

The chapter also explores the impact of burnout on the performance of healthcare systems, showing how professional exhaustion affects not only the health of medical staff but also the quality of services provided to patients. In Romania, burnout has serious consequences for the quality of care and patient safety, leading to an increase in medical errors, reduced patient satisfaction, and, in some cases, high absenteeism among healthcare workers.

In more developed healthcare systems, such as Denmark and the Netherlands, the impact of burnout on performance is better managed through early interventions and well-structured employee support programs. These interventions include workplace mental health programs, reducing administrative burdens, and offering flexible work schedules, all of which help lower stress levels and improve performance.

The chapter discusses a range of effective policies implemented in various European countries that have successfully prevented and managed burnout. For example, in Sweden, the focus is on continuous training for healthcare staff in stress management techniques, while France has developed a mentoring system that supports the integration of new employees and provides ongoing emotional and professional support. Another relevant example is Germany, where measures have been introduced to reduce working hours for healthcare employees without compromising the quality of care. These policies are particularly relevant for Romania's healthcare system, which could benefit from adopting similar measures to reduce burnout levels among medical staff.

The chapter concludes with a discussion on the relevance of these policies for Romania, highlighting the need for structural reform in the Romanian healthcare system to address the issue of burnout. Key recommendations include improving working conditions, increasing investments in infrastructure, and developing psychological support programs for employees. The importance of transformational leadership in medical

institutions is also emphasised, along with the need for a shift in mindset regarding the mental health of healthcare staff.

Chapter 4 of the doctoral thesis is dedicated to a detailed empirical study on the impact of burnout on the professional performance of healthcare staff in Romania. This chapter aims to provide a comprehensive view of how burnout affects personnel in the Romanian healthcare system, identifying the prevalence of the syndrome and the main factors contributing to its development. The chapter also examines the consequences of burnout on performance and the quality of medical care, using a mixed methodology that includes quantitative methods (questionnaires) and qualitative methods (interviews).

The study employs a mixed methodology to capture both the quantitative and qualitative dimensions of the burnout phenomenon. On the one hand, standardised questionnaires were administered to measure the level of burnout among healthcare staff. These questionnaires were distributed to a representative sample of doctors, nurses, and auxiliary staff from various hospitals and clinics in Romania, allowing for the measurement of the three main dimensions of burnout: emotional exhaustion, depersonalisation, and reduced personal accomplishment.

On the other hand, to gain a deeper understanding of the phenomenon, semi-structured interviews were conducted with a selected group of healthcare workers. These interviews explored the participants' subjective experiences, focusing on how

they perceive burnout and its impact on their professional performance and relationships with patients and colleagues. This qualitative approach allowed for a detailed exploration of the emotions and thoughts of medical staff, capturing not only the obvious effects of burnout but also the more subtle factors that contribute to its onset and persistence.

The chapter analyses the data obtained from the questionnaires and provides a clear picture of the prevalence of burnout among Romanian healthcare staff. The results indicate a high prevalence of burnout, with a particularly high incidence among employees working in critical departments such as emergency, intensive care, and oncology. These departments often involve a heavy workload, continuous contact with patients in severe conditions, and constant pressure on staff to make rapid and crucial decisions.

Staff in public hospitals report higher levels of burnout compared to their colleagues in the private sector, where working conditions are generally better, and resources are more plentiful. In public hospitals, the chronic lack of resources, high patient volumes, and inadequate medical infrastructure significantly contribute to increased stress and, consequently, higher levels of burnout.

The study reveals that emotional exhaustion is the most prevalent dimension of burnout among healthcare staff. This reflects the level of mental and physical fatigue experienced by personnel working under extremely demanding conditions, negatively impacting their ability

to focus and their interpersonal relationships with patients and colleagues.

The chapter provides a detailed analysis of the determinants of burnout in the Romanian healthcare system. These factors include poor working conditions, high workloads, long and exhausting shifts, and a lack of emotional and professional support from management. Healthcare staff face daily challenges such as inadequate equipment, insufficient human resources, and constant pressure to treat a large number of patients in a short amount of time.

The migration of healthcare staff is another key factor contributing to the rise in burnout levels. As many doctors and nurses leave for other countries in search of better working conditions, those remaining in the Romanian healthcare system face increased overwork. The staff shortage leads to a higher workload for those left behind, further exacerbating the burnout syndrome.

The study shows that burnout has a significant impact on the professional performance of healthcare staff. Employees affected by burnout report a considerable decline in motivation and focus at work. They are more prone to medical errors, which can have serious consequences for patients. Additionally, interpersonal relationships between healthcare workers and patients suffer, as emotionally exhausted staff are less able to provide support and empathy to patients, ultimately affecting the quality of care and patient satisfaction.

Burnout also contributes to high absenteeism among healthcare staff, as well as increased turnover,

leading to instability and higher costs for medical institutions. Staff affected by burnout are more likely to make decisions to leave their jobs, further deepening the personnel crisis in Romania's healthcare system.

The chapter provides a detailed analysis of the demographic and professional patterns associated with burnout. The results indicate that younger healthcare staff and those with less professional experience are more prone to burnout, particularly due to the pressure to quickly adapt to the intense demands of the medical profession. Additionally, women are more susceptible to burnout than men, partly due to the additional challenges they face in balancing personal and professional life.

Staff in critical departments—such as emergency and intensive care—show the highest levels of burnout due to the demanding nature of their work and the need to make rapid decisions, often under uncertain conditions. The study shows that organisational support plays a key role in reducing burnout, with institutions that offer access to psychological support programs and professional development opportunities reporting lower burnout rates among their staff.

Chapter 5 of the doctoral thesis presents a comprehensive synthesis of the research findings, focussing on general conclusions, original contributions to understanding the burnout phenomenon in the Romanian healthcare system, research limitations and future directions for the further development of this topic. The main objective of this chapter is to highlight the impact of burnout on medical personnel and to propose

solutions for improving human resource management to reduce this syndrome.

The conclusions emphasise that burnout is a widespread problem among medical personnel in Romania, with significant negative effects on both the emotional wellbeing of employees and their professional performance. The high prevalence of this syndrome is determined by a series of systemic factors, such as lack of resources, high workload, prolonged shifts and poor working conditions in public hospitals. In particular, the results show that emotional exhaustion, one of the main components of burnout, leads to a significant decrease in professional performance, with direct consequences on the quality of care provided to patients. Additionally, depersonalisation and reduced personal accomplishment contribute to the deterioration of interpersonal relationships and an increase in absenteeism and turnover among medical personnel.

The research has made important contributions to the understanding of the burnout phenomenon in Romania, providing valuable empirical data on its prevalence and on the specific factors that determine it. By using a mixed methodology, which combines both questionnaires and interviews, the study was able to provide a complex picture of burnout, capturing both the objective aspects and the subjective dimension of employees' experiences in the healthcare field. A significant contribution of the research lies in proposing an integrated framework for the prevention and management of burnout, which includes interventions at individual and organizational level, highlighting the crucial

role of leadership and human resources policies in this process. The author acknowledges the limitations of the research, among which is the fact that the study focused on a specific sample from the Romanian health sector, which limits the generalization of the results. Also, the lack of a longitudinal analysis reduces the ability to observe the evolution of burnout over time and to evaluate the long-term effectiveness of the measures implemented to prevent it. The author suggests that extending the research to other sectors of the health system, such as the private sector or home care, would be useful to provide a more complete perspective on the burnout phenomenon in the entire Romanian medical system.

Regarding future research directions, the author proposes longitudinal studies to follow the evolution of burnout over an extended period of time and to assess the impact of organizational interventions on reducing it. Comparative studies between different types of medical institutions and between various European countries are also suggested, in order to identify good practices that could be adapted and implemented in Romania. In the context of the increasing digitalization of the health system, the author emphasizes the importance of assessing the impact of technology on burnout, including the use of telemedicine and new health monitoring technologies.

The chapter concludes with a series of practical recommendations for improving human resources management in the Romanian health system. These include the creation of a supportive work environment,

through the implementation of psychological support programs for medical staff and the flexibility of the work schedule, as well as investments in infrastructure and modernization of equipment. These measures could significantly contribute to reducing staff overwork and preventing burnout.

The research highlights the importance of strategic management in preventing and managing burnout, proposing a series of viable solutions to improve working conditions and create a healthier working environment in the health system. The contributions of this research are valuable both theoretically and practically, paving the way for new studies and interventions to support the development of an efficient and sustainable health system in Romania.

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