

## THE IMPACT OF BURNOUT ON THE QUALITY OF PATIENT CARE: A COMPARATIVE ANALYSIS BETWEEN PHYSICIANS AND NURSES IN EMOTIONALLY DEMANDING HOSPITAL SETTINGS

**Eva Filaj**

University of Medicine of Tirana, Faculty of Dental Medicine, Tirana, Albania  
[filajeva@gmail.com](mailto:filajeva@gmail.com)

**Marinela Sota**

University of Tirana Faculty of Social Sciences, Tirana, Albania, [sotamarinela@yahoo.com](mailto:sotamarinela@yahoo.com)

**Abstract:** Burnout is an increasingly recognized issue in healthcare, particularly in hospital environments marked by intense emotional and clinical demands. This study aims to explore in-depth how burnout affects the subjective experience and professional performance of physicians and nurses working in high-stress departments such as emergency care, intensive care, and burn units. The study focuses on identifying how accumulated stress and emotional exhaustion affect empathy, clinical communication, decision-making, and moral sensitivity. Additionally, the study seeks to understand the extent to which the lack of institutional support exacerbates this situation and the consequences it has for the quality of care provided. A qualitative research design with a phenomenological-comparative approach was employed to analyze the lived experiences of healthcare professionals working in emotionally demanding clinical settings. The study involved 12 participants (6 physicians and 6 nurses) with more than five years of experience in the Emergency, ICU, and Burn Units at the University Hospital Center "Mother Teresa" in Tirana. Data were collected through semi-structured interviews, which were recorded and transcribed verbatim. Thematic analysis was conducted following Braun and Clarke's methodology. Thematic analysis revealed four main themes representing the core dimensions of the impact of professional burnout: professional burnout reduces empathy and increases emotional distancing from patients; it directly affects the quality of care and clinical decision-making; the relationship with patients is also affected, often causing feelings of guilt; interviewees emphasized the need for institutional support aimed at improving the psychological and emotional well-being of healthcare staff as an effective way to enhance patient care. Burnout in emotionally intense clinical settings directly threatens the quality of healthcare services and the well-being of medical staff. It manifests as a cycle of exhaustion, emotional detachment, and moral tension, which impairs professional effectiveness and creates conditions for systemic failure in patient care. If not addressed institutionally and structurally, burnout risks becoming a silent public health crisis. Based on the findings, it is recommended that Albanian healthcare institutions develop long-term mechanisms to prevent and manage professional burnout. Key interventions should include: Development of well-being and stress management programs; Regular emotional supervision for clinical staff; Confidential and accessible psychological support services; Reassessment of workload and organizational protocols; Cultivating a workplace culture that values emotional well-being as a core quality indicator. This study represents one of the first systematic efforts to empirically explore the impact of burnout on clinical care in the Albanian healthcare context. The results provide a valuable foundation for future research and for the development of evidence-based policies aimed at protecting healthcare professionals' well-being and improving patient care outcomes.

**Keywords:** burnout, quality of patient care, healthcare staff, empathy, clinical performance

### 1. INTRODUCTION

Professional burnout represents one of the greatest modern challenges in healthcare, particularly in clinical settings characterized by high emotional and physical demands. It is defined by the World Health Organization (2019) as a syndrome resulting from chronic workplace stress that has not been successfully managed, encompassing three main dimensions: emotional exhaustion, depersonalization, and a reduced sense of professional accomplishment (Maslach, Jackson, & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001; Salvagioni et al., 2017). This phenomenon affects not only the individual well-being of healthcare professionals but also the quality and safety of the care they provide (Dyrbye et al., 2017). In hospital settings, especially those characterized by high emotional burden such as intensive care units, emergency departments, and burn units, healthcare staff face continuous pressure to make rapid decisions and manage situations with significant human and clinical load (Poghosyan et al., 2010; Montgomery & Panagopoulou, 2011). Under these conditions, the prevalence of burnout is significantly higher, and experiences of emotional exhaustion, psychological distancing from patients, and feelings of helplessness are common (Ramírez-Elvira et al., 2021; Papazian et al., 2023). In the absence of institutional support, these experiences can negatively impact the therapeutic relationship, clinical performance, and medical decision-making (Shanafelt & Noseworthy, 2017; West, Dyrbye, & Shanafelt, 2018). Research shows that burnout can significantly reduce emotional sensitivity

towards patients, increase the frequency of medical errors, and worsen communication within multidisciplinary teams (Hall et al., 2016; Panagioti et al., 2018). This situation is particularly problematic in resource-limited countries, where organizational challenges and lack of support structures for healthcare staff are pronounced (WHO Regional Office for Europe, 2022). In Albania, literature systematically examining the link between professional burnout and healthcare quality remains limited, while the daily reality in hospitals indicates a pressing need for interventions, as noted by Zaka and Shehu (n.d.). This study aims to explore the experiences of physicians and nurses regarding the impact of burnout on their daily clinical practice, focusing on dimensions of empathy, communication, and performance. Based on a comparative analysis between the two professional groups, the study seeks to identify internal dynamics related to roles, responsibilities, and specific challenges each group faces in hospital environments with high emotional load. The results of this research aim to contribute to a better understanding of the factors compromising patient care quality and to support the development of sustainable policies for maintaining the mental and professional health of healthcare personnel.

## 2.MATERIALS AND METHODS

This study employed a qualitative research methodology with a phenomenological-comparative approach aimed at gaining an in-depth understanding of the subjective experiences of physicians and nurses regarding the impact of professional burnout on the quality of care provided (Creswell & Poth, 2016 ; Smith, Larkin, & Flowers, 2021). Twelve participants were purposively selected from three hospital departments at the University Hospital Center “Mother Teresa” in Tirana: the Emergency Department, Intensive Care Unit, and Burn Unit. The sample included six physicians (surgeons, intensivists, and emergency doctors) and six nurses, all working in the same clinical units. The primary inclusion criteria were a minimum of five years of professional experience in the respective department and active involvement in treating critically ill patients. This sampling aimed to ensure deep and well-informed perspectives on the impact of burnout in emotionally and clinically demanding contexts. A total of 12 semi-structured interviews were conducted between February and May 2025, each recorded with the participants’ prior consent (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). Each interview lasted between 30 and 50 minutes and was guided by a thematic interview guide designed to explore different dimensions of the experience of professional burnout. Interview questions focused on: the impact of burnout on the patient relationship; changes in communication style and levels of empathy; experiences of emotional exhaustion symptoms during work shifts; perceptions of the quality of care provided; and moments when participants felt unable to give their maximum commitment to patient care. A total of 12 semi-structured interviews were conducted, recorded with the prior consent of the participants, using the thematic analysis approach described by Braun and Clarke (2006), supported by NVivo software for data organization and coding. Theme development was conducted inductively through an iterative process involving initial coding, continuous comparison of meaning units, and in-depth interpretation of recurring patterns within the data. All participants were informed in advance about the study’s purpose and provided written informed consent. All ethical principles concerning anonymity, confidentiality, and voluntary participation were respected. Data were securely stored and used exclusively for research purposes.

## 3.RESULTS

The results present the findings from the thematic analysis of semi-structured interviews with physicians and nurses working in hospital departments with high emotional demands. Following an inductive approach (Thomas, 2006), the themes were developed based on the direct experiences of the participants and reflect their perceptions, feelings, and coping strategies related to professional burnout and its impact on clinical practice and patient relationships. The results aim to shed light on how symptoms of emotional exhaustion, professional distancing, and feelings of lack of institutional support translate into concrete changes in professional behavior and the quality of care provided. The identified themes represent recurring cognitive structures within the participants’ narratives and contribute to a deeper understanding of the psychosocial dynamics influencing professional experience in environments characterized by high emotional and clinical pressure.

- **Reduced empathy and emotional distancing:** Both professional groups, physicians and nurses, reported that professional burnout significantly affects the reduction of sensitivity and empathy toward patients. This phenomenon manifests as emotional distancing, which serves as a protective mechanism to cope with the high emotional demands of their work. A female physician working in the Emergency Department emphasized: *“It’s not that I don’t feel sorry for them... but sometimes I just can’t feel anymore. It’s like putting up a wall.”* This quote illustrates how emotional exhaustion creates a psychological “wall” that limits the ability to emotionally connect with patients, reducing the staff’s sensitivity to their suffering. Nurses, for their part, described emotional fatigue so intense that many felt they were “operating on autopilot.” This mechanical behavior, which appears as a way to manage stress and workload, leads to

treating patients as “numbers” or “clinical cases” rather than individuals with emotional and physical needs. This emotional distancing is concerning because, according to the nurses, it weakens the quality of interaction with patients and hinders the provision of compassionate and holistic care.

- *Impact on care quality and clinical decision-making:* Professional burnout not only affects the emotional well-being of healthcare staff but also has direct consequences on the quality of care provided to patients. Some physicians admitted that during periods when they feel exhausted, especially at the end of long shifts or in situations with insufficient resources, their ability to make accurate and careful clinical decisions significantly deteriorates. A critical care physician explained: *"When you're emotionally tired, you don't analyze things properly anymore... you lose the patience to look at everything carefully."* This indicates that burnout affects cognitive capacity and the attention needed to assess the patient's condition and make precise decisions, increasing the risk of medical errors. Nurses also reported that burnout leads to small mistakes such as negligence, forgetting to administer medications, or drowsiness during night shifts. These phenomena are directly linked to the emotional and physical fatigue caused by burnout and negatively impact patient safety and the effectiveness of care.
- *Relationship with patients and feelings of guilt:* Another important dimension of the impact of burnout relates to interpersonal relationships between healthcare staff and patients, as well as the feelings of guilt that often accompany decreased sensitivity and emotional distancing. Interviewees frequently described a deep sense of guilt due to their inability to provide the care and empathy they wished to offer, feeling that they fail to meet their professional and moral expectations. A nurse shared: *"There are days when I feel bad about how I talk to patients, but I feel empty. I have nothing left to give."* This expresses a mixture of powerlessness and guilt, common among emotionally burdened and exhausted staff, showing that burnout not only causes emotional distancing but is also accompanied by internal distress and moral conflict. Physicians, on the other hand, often described their behavior during burnout periods as “cold” or “robotic,” a defense mechanism to maintain emotional control and prevent over-involvement that could lead to exhaustion. However, this behavior often creates tension and difficulties in building warm and empathetic relationships with patients, negatively affecting communication quality and how care is perceived by patients.
- *Demand for institutional support as a way to improve care:* Both groups, physicians and nurses, emphasized the urgent need for institutional interventions aimed at improving the psychological and emotional well-being of healthcare personnel. They stressed that only through organizational support can burnout be reduced and the quality of patient care enhanced, positively influencing clinical performance and patient relationships. In this context, participants suggested several concrete and feasible measures, such as regular emotional supervision, which would provide staff with a safe space to reflect on their experiences, manage stress, and improve their coping skills for dealing with emotional burden. Furthermore, psychological wellness programs including stress management training, psychotherapy, or support groups were requested to help improve the mental health of healthcare workers. Support from institutional leadership was also identified as a key factor, as leaders play a decisive role in creating a supportive work environment and implementing sustainable policies for staff well-being. These demands reflected a clear understanding of the direct connection between their professional well-being and the quality of care they provide to patients, highlighting the need for sustained investment in institutional support as part of long-term strategies to improve the healthcare system.

#### 4.DISCUSSIONS

This study offers an in-depth analysis of the impact of professional burnout on the quality of patient care, focusing on the experiences of physicians and nurses working in high-emotional-demand hospital settings at the University Hospital Center “Mother Teresa.” The findings align with international literature, reflecting similar realities of emotional exhaustion and its effects on various dimensions of clinical practice. The reduction of empathy and emotional distancing reported by both professional groups are key elements of burnout, widely described in the literature as core components of this phenomenon (Maslach & Jackson, 2013; Maslach & Jackson, 2016). This protective mechanism often manifests as an “emotional wall” that helps workers manage ongoing stress but simultaneously undermines relationships with patients and the quality of care provided (Pines & Aronson, 1988; Sharifi, Asadi-Pooya, & Mousavi-Roknabadi, 2020; Patel et al., 2019). Other researchers have highlighted that this distancing is closely linked to a reduction in warm and empathetic interactions, decreasing the effectiveness of communication and sensitivity to patients' needs (Krasner et al., 2009; Shanafelt et al., 2005). Regarding care quality and clinical decision-making, our findings confirm that professional burnout negatively affects performance, especially in high-pressure situations or resource-limited environments, where decision-making becomes rushed and

less thoughtful (Shanafelt, Dyrbye, & West, 2017; Dyrbye et al., 2020). This is concerning, as previous studies have shown that burnout is a major factor in increasing clinical errors and reducing patient safety (Trinh, Saito, Nomura, & Yagi, 2024; Tawfik et al., 2018). Nurses reported issues such as medication forgetfulness and negligence during night shifts, phenomena that correspond with studies related to fatigue and burnout in nursing (Aiken, Clarke, Sloane, & International Hospital Outcomes Research Consortium, 2002; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Another important aspect of the results is the feeling of guilt that accompanies the inability to provide optimal care to patients. This condition is described in the literature as “caregiver guilt,” a severe psychological consequence of burnout that negatively affects motivation and professional engagement (Dyrbye et al., 2017; West et al., 2018). The “cold” and “robotic” behavior described by physicians is a defensive strategy to maintain emotional control but also contributes to the loss of the human dimension of healthcare (Toppinen-Tanner, Ojajarvi, Väänänen, Kalimo, & Jäppinen, 2005).

## 5. CONCLUSION

This study confirms that professional burnout constitutes a serious challenge in hospital settings with high emotional demands, significantly impacting the quality of patient care. The reduction of empathy and emotional distancing are common protective mechanisms that, nevertheless, compromise interpersonal relationships and the effectiveness of clinical communication. Furthermore, burnout has a detrimental effect on clinical decision-making and increases the risk of medical errors, ultimately compromising patient safety. The feeling of guilt experienced by physicians and nurses highlights the psychological burden accompanying professional burnout and its consequences on professional commitment. To address these challenges, integrated institutional interventions are required, including programs for psychological well-being, emotional supervision, and ongoing support from leadership. The implementation of these measures is essential to preserve the well-being of healthcare staff and to ensure more humane and effective healthcare. In the Albanian context, where studies on this phenomenon are scarce, these findings provide a foundation for institutional policies aimed at improving working conditions and the quality of healthcare services. In conclusion, addressing professional burnout must be a priority for healthcare institutions to ensure not only the health of workers but also the safety and well-being of patients.

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