

Coping Strategies Among Healthcare Workers With Burnout Syndrome In Ksa: A Narrative Review

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Abstract

Burnout syndrome is a distress to healthcare workers, presenting various negative implications to the healthcare providers, patients and even the healthcare organization. The situation in Saudi Arabia, where studies have reported high levels of burnout, calls for evidence-based coping strategies to steer up future interventions. This narrative review explored the various coping strategies among healthcare workers with burnout syndrome in KSA through the perspectives of transactional model of stress and coping. Insightful studies were reviewed. Accordingly, this review established that individual-level coping strategies like self-care practices and seeking social support were identified. The review further noted that limited research exists on organizational interventions within KSA. However, workload management and work-life balance initiatives were noted to be crucial. Religious practices, such as prayers and medications also emerged as prominent coping mechanisms, highlighting the potential importance of culturally-sensitive approaches.

Keywords: Burnout syndrome; Coping strategies; Occupational distress; Healthcare workers; Saudi Arabia.

Introduction

Burnout syndrome is a common phenomenon characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Bridgeman et al., 2018; Roy, 2018).

Physiologically, burnout exhibits feature of distress, manifesting physical and psychological exhaustion (Portero de la Cruz et al., 2015). Even though anyone can suffer from the syndrome, researchers in the field of healthcare have noted that burnout syndrome is a significant threat to the well-being of healthcare workers worldwide (Bridgeman et al., 2018; Raudenská et al., 2020; Thapa et al., 2021). A number of reasons have been cited for the high cases of burnout among the healthcare professionals. One of the commonly cited reason is the highly demanding nature of the healthcare profession, with its long hours, high-pressure situations, and emotional intensity (Ashipala & Nghole, 2022; Shah et al., 2021). The situation was even worsened by the outbreak of Covid-19 pandemic (Alsulimani et al., 2021).

In the Kingdom of Saudi Arabia (KSA), the healthcare sector is undergoing significant transformations that predispose the healthcare workers to more likelihood of feeling fatigued (Alasiri & Mohammed, 2022; Althumairi et al., 2023). While this growth and reforms present exciting opportunities, especially to the service users, it has been noted to negatively impact the quality of life, especially in terms of psychosocial wellbeing, among the healthcare workers (Abdelrazek & Higazy, 2023; Alzailai et al., 2021). Habadi et al. (2018) noted the prevalence of burnout syndrome among the healthcare workers was at 9.34%. In another study conducted by Alqahtani et al. (2020, p. 110), "...most of the participants (82.3%) had burnout, ranging from mild to very severe." Due to the persistent incidences, it becomes important to understand how healthcare workers in KSA cope with burnout syndrome so as to promote their well-being and ensuring the continued delivery of high-quality patient care.

Accordingly, this narrative review explores the coping strategies employed by healthcare workers in KSA to manage burnout syndrome. The review will focus on the various individual, organizational, and culturally-specific coping mechanisms, aiming to identify effective approaches and potential areas within the theory of transactional model of stress and coping by Lazarus and Folkman (1984).

Role of transactional model of stress and coping among healthcare workers adjustment

The Transactional Model of Stress and Coping of Lazarus and Folkman (1984) provides a valuable framework for understanding how healthcare workers in KSA appraise and

manage burnout syndrome. This model concentrates on the role of cognitive appraisal in dealing with stressors (Biggs et al., 2017). Cognitive appraisal is a process where individuals evaluate the threat or challenge posed by a situation in a given circumstance (Goh et al., 2010).

In the context of burnout, healthcare workers might look at various stressors, such as heavy workload as a threat to well-being or a challenge to demonstrate competence. By aligning with this mode, these healthcare workers would then make their selection on how to cope with the issue. Their means of coping with the issue can either be problem-focused, which aims to directly shift the stressful situation, such as advocating for workload reduction, or it can be emotion-focused, which aims at managing the emotional response to stress (Goh et al., 2010). For instance, these healthcare workers can decide to utilizing relaxation techniques to cope with the distress. The strength of this model lies in its focus on the individual's perspective (Cash & Gardner, 2011). By examining appraisal patterns and resource evaluations within the KSA healthcare context, this framework can help to understand how healthcare workers perceive burnout syndrome, the resources they believe are available, and the effectiveness of their chosen coping strategies. This knowledge can then inform the development of targeted interventions and support systems to bolster the resilience of healthcare workers facing burnout.

Coping Strategies

Various coping strategies have been reported in the literature, which have been clustered as individual, organizational and culturally specific coping strategies. From the literature articles, it was noted that individual coping strategies were the most widely used strategies of coping with stress and burnout syndrome among the healthcare workers in Saudi Arabia.

Diverse stress management techniques, such as relaxation exercises, mindfulness, self-care practices, including healthy sleep, exercise, and seeking social support from colleagues or family have been noted in the literature to help (Labrague et al., 2018; Filomeno et al., 2023). The studies done within the KSA have also noted various individual-level strategies, such as acceptance, and positive reframing, and self-distraction (AlJhani et al., 2021). In another study conducted by Almutairi and El Mahalli (2020), the emergency healthcare workers employed various individual-level coping strategies, including humor, talking to others, developing positive thoughts about

oneself, family and interests. The least used strategy was avoiding the thoughts.

Another study with a more insightful results about the coping strategies was done by Alosaimi et al. (2018) to identify the coping strategies among the consultant physicians in the KSA. Accordingly, the researchers found out that the most frequently employed personal-level adaptive strategies included taking relevant actions to improve the situation, and accepting reality. Interestingly, seeking emotional support from others, getting advice from others, and using humour were less commonly used. Among maladaptive strategies, self-distraction through activities like movies or TV, focusing on work to avoid the stress, and self-criticism were most frequent. Substance use for coping, such as alcohol or drugs, was the least common strategy.

Alharbi and Alshehry (2019) also noted various coping strategies for stress and burnout management, including the adaptive strategies, like positive reframing (reframing the situation in a more positive light), active coping (taking direct steps to address the stressor), acceptance, use of emotional support (seeking comfort and understanding from others), use of instrumental support (seeking practical help from others), and planning (organizing and strategizing to manage stress). At the same time, the study noted different maladaptive strategies like substance abuse, self-blame, behavioral disengagement (withdrawing from the situation or social activities), denial, and humor (used in an unhealthy way to avoid facing the stress).

The adaptive strategies were also noted by Białek and Sadowski (2019), who focused on stress and burnout among the healthcare workers, notably physicians in the KSA. The study noted that the utilization of adaptive stress-coping strategies surpassed that of maladaptive ones. Planning, active coping, and seeking support emerged as the predominantly cited stress-coping mechanisms, whereas denial, religious recourse, activity suppression, and substance reliance were less frequently employed. Dando et al. (2023) also noted that self-care activities, as part of the adaptive strategy, helped healthcare workers deal with burnout and distress. Nevertheless, pieces of empirical evidence show that mindfulness intervention to improve self-care activities significantly lowered the level of occupational burnout among a sample of healthcare workers (Othman et al., 2023).

Shbeer and Ageel (2022) focused on identifying strategies for coping with burnout by healthcare workers in Saudi Arabia, and note that taking breaks and vacationing rank as the most effective coping strategies for managing occupational burnout. However, the participants also reported other coping mechanisms, such as engaging in physical activity, engaging in relaxing activities, smoking, and use of medication as a strategy for addressing occupational burnout. Interestingly, some researchers, such as Alyaemni (2019) have also noted that, despite the high level of stress and burnout, physicians were unable to practice any coping strategy.

Regarding the organizational factors, a few literature articles have noted the inclination among healthcare workers. Nevertheless, there are diverse workplace interventions to reduce workload, improve work-life balance, provide access to mental health resources. Almadani et al. (2023) noted that the amount of support offered at work helped the various healthcare workers deal with fatigue and burnout. In another study, Toscano et al. (2022) noted that social support from the management helped them cope with burnout and stress, especially during Covid-19.

Culturally and religious-specific strategies in KSA have also been noted in the literature articles; however, to lower extent compared to the other coping strategies. These strategies explore how cultural aspects like collectivism or religious beliefs influence coping mechanisms used by healthcare workers in KSA. In one of the studies, AlJhani et al. (2021) noted that some healthcare workers rely on religious approaches to help them overcome the distress. Further, Alharbi and Alshehry (2019) reported that religious practices were the leading coping strategies for managing stress and burnout among the healthcare workers in Saudi Arabia. According to a study conducted by Alosaimi et al. (2018), the most frequently employed adaptive strategies included finding solace in religion or spirituality, prayer or meditation. However, religious practices and social gathering factors have been noted to help healthcare workers deal with distress and burnout in Saudi Arabia (Alosaimi et al., 2018; Alruwaili et al., 2022; Muathen, 2022; Nopa & Siregar, 2021). However, there are only a few studies specific to burnout syndrome.

Recommendations

Recommendations for policy and practice change

Based on the findings of this narrative review on coping strategies among healthcare workers with burnout syndrome in KSA, several recommendations can be made to promote their well-being and create a more supportive healthcare environment. These recommendations have been classified under the individual, organizational and religious and cultural factors.

Regarding the individual level, there is a need to promote self-care practices, such as prioritizing healthy sleep habits, regular physical activity, and relaxation techniques like mindfulness meditation (Dando et al., 2023). Educational workshops and resources can be provided to equip them with these skills. Empirical evidence confirmed that educational training significantly improved wellbeing among nurses with burnout (Magtibay et al., 2017). Moreover, Chen et al. (2020) expressed that the healthcare management team need to come up with programs to enhance peer support, such as establishing a sense of community and belonging within healthcare teams. This can be achieved through team-building activities, mentorship programs, or peer support groups where healthcare workers can share experiences and offer emotional support to one another.

At the organizational level, the healthcare management need to come up with strategies to help health workers deal with extreme workload (Umansky, & Rantanen, 2016). The healthcare leadership should conduct regular workload assessments and implement strategies to reduce workload or improve staffing ratios. This could involve delegating tasks, hiring additional personnel, or optimizing workflows. At the same time, they need to develop programs that can foster a positive work-life balance (Cvenkel, 2021; Lin et al., 2024). Providing flexible work schedules, parental leave policies, and adequate vacation time to allow healthcare workers time for rest and recovery have been noted to help manage distress (Alosaimi et al., 2018). Lastly, there is a need for mental health resources within the healthcare facilities for health providers to boost their wellbeing.

Lastly, there is a need to promote cultural sensitivity and allow time for religious practices. The healthcare policy makers need to come with means to incorporate faith-based practices, such as prayer groups, meditation sessions in to workplace wellness programs, respecting individual religious beliefs (Alruwaili et al., 2022). At the same time, the healthcare leaders need to

foster cultural sensitivity by providing training on the importance of religion and spirituality in the lives of healthcare workers, particularly in KSA.

Recommendations for future research

Based on the findings from this review, it is evident that the future researchers need to delve deeper into how cultural and religious beliefs influence coping strategies used by healthcare workers in KSA. This knowledge can inform the development of culturally-sensitive interventions. At the same time, the future investigations need to conduct more robust investigations to examine the effectiveness of intervention programs aimed at reducing burnout among the healthcare staff, particularly in Saudi Arabia.

Conclusion

This review explored coping strategies for burnout among healthcare workers in KSA. While individual strategies like self-care and social support are the most widely used, organizational interventions like workload management and work-life balance initiatives have also been noted to be vital. Religious/cultural aspects, particularly the importance of faith, warrant further exploration. Investing in research on culturally-sensitive coping mechanisms and evaluating the effectiveness of interventions can create a more supportive healthcare environment, ultimately fostering a resilient workforce and high-quality patient care.

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