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THE IMPACT OF BURNOUT AMONG HEALTHCARE WORKERS IN EUROPE ON THE QUALITY OF HEALTHCARE – A NARRATIVE REVIEW

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ABSTRACT

Burnout is becoming one of the most serious challenges for modern healthcare systems, especially in the context of growing staff shortages, aging populations, and increasing expectations of medical personnel. This phenomenon, resulting from chronic occupational stress, affects a significant proportion of doctors, nurses, and paramedics in Europe, with its severity being particularly evident in hospital environments and in units with a high work dynamic, such as emergency departments. The aim of this review is to provide a summary of the scale of the problem, its key determinants, and its consequences for staff and the functioning of healthcare systems. Burnout manifests itself in emotional exhaustion, depersonalization, and a reduced sense of professional efficacy, leading to a deterioration in the mental well-being and cognitive functioning of employees. Its effects go beyond the individual dimension—they are associated with an increased risk of medical errors, a decline in the quality of therapeutic relationships, reduced patient satisfaction, and increased staff absenteeism and turnover. An analysis of available research indicates that the sources of burnout are primarily systemic in nature and include excessive workload, time pressure, extensive bureaucracy, and insufficient organizational support. Effective prevention therefore requires a multi-level approach, combining individual actions with strategic organizational changes aimed at improving working conditions, strengthening professional autonomy, and building a culture of occupational safety and support.

KEYWORDS

Burnout, Healthcare Workers, Occupational Stress, Europe, Mental Health, Healthcare System

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1. Introduction**1.1. Definition and concept of burnout**

Burnout is defined in the literature as a condition of chronic occupational stress that is not effectively managed and leads to physical, emotional, and mental exhaustion. The first studies on this phenomenon were conducted by Christina Maslach, and the World Health Organization classifies it in ICD-11 as a syndrome resulting from chronic stress in the workplace. There are three main components of burnout: emotional exhaustion, depersonalization, and reduced sense of professional achievement. Emotional exhaustion manifests itself as a loss of energy and a feeling of inability to handle responsibilities, depersonalization leads to increased distance in interactions with patients, and reduced sense of accomplishment causes a decline in motivation and job satisfaction. These three elements coexist and reinforce each other, creating a mechanism that negatively affects the professional functioning of healthcare workers..

1.2. Burnout as a public health issue

Burnout has significant consequences not only for the health of individual medical professionals, but also for the quality of healthcare. People affected by burnout are more likely to make medical errors, have limited concentration, and find it difficult to make accurate diagnostic and therapeutic decisions. Burnout also has a negative impact on relationships with patients, leading to reduced empathy and the development of depersonalization, which in turn reduces patient safety and perception of treatment. This phenomenon also generates economic costs associated with absenteeism, presenteeism, staff turnover, and the need to recruit replacement staff. In view of the problems described above, professional burnout should be treated as a significant public health issue that requires preventive and systemic measures.

1.3. The scale of the phenomenon in Europe

Epidemiological data indicate that burnout affects a significant proportion of European healthcare workers, but its scale varies depending on the professional group. Among doctors, it averages 7.7-12%. Nursing staff experience burnout in approximately 42-47% of cases, and paramedics, depending on the source, in approximately 13.6% to as much as 50% of cases. Regional and systemic differences influence the severity of the phenomenon, with higher rates observed in hospitals, especially in emergency departments, and lower rates in outpatient care. The COVID-19 pandemic has further increased the risk of burnout, intensifying both emotional and physical pressure among medical professionals.

1.4. Purpose of the work

The aim of this review is to provide a summary of the current scientific evidence on burnout among healthcare workers in Europe. The work focuses on determining the prevalence of the phenomenon and identifying the main risk factors, dividing them into individual and organizational factors. The analysis covers psychological and structural mechanisms that lead to a decline in the quality of professional functioning and patient safety. Another important element is the consideration of systemic effects, including absenteeism, staff turnover, and economic costs to healthcare systems. In addition, the aim is to evaluate the effectiveness of preventive and intervention strategies, including individual and organizational measures that can reduce the incidence of burnout and improve the well-being of medical staff.

2. Methodology

The review was conducted in narrative form, covering clinical, descriptive, and experimental studies on the impact of burnout among healthcare workers in Europe on the quality of patient care.

2.1. Inclusion and exclusion criteria

The analysis included studies published in reviewed scientific journals, guidelines and recommendations from scientific organizations, and reports from public health institutions that met the following criteria:

- concerned healthcare workers who performed their work in European countries
- analyzed the impact of burnout on the quality of healthcare services provided
- were written in Polish or English
- were published between 2000 and 2025, which made it possible to assess the impact of advances in medical technology and the course of the COVID-19 pandemic on the development of burnout.

The following publications were excluded from the analysis:

- concerning other professional groups,
- describing only the phenomenon of burnout, without linking it to its impact on the quality of healthcare services provided
- concerning populations other than European
- unpublished or published only in non-peer-reviewed journals or online portals.

2.2. Data sources and search strategy

The literature was searched in the following electronic databases: PubMed, Google Scholar, Web of Science, and Scopus between October 2025 and January 2026. The search included publications on burnout among healthcare workers and its impact on professional functioning, work quality, and patient safety in European countries. The following combinations of keywords and logical operators were used: “burnout” AND “healthcare workers,” “occupational burnout” AND “medical staff,” “burnout” AND “job performance,” “burnout” AND “quality of care,” “burnout” AND “patient safety,” “burnout” AND “medical errors,” “burnout” AND “work functioning,” “burnout” AND “healthcare professionals” AND “Europe,” “burnout syndrome” AND “physicians” OR “nurses,” “burnout” AND ‘absenteeism’ OR “turnover intention.”

2.3. Data analysis

The initially searched publications were selected based on their titles and abstracts, and secondly based on the inclusion and exclusion criteria described. The selected studies were subjected to a qualitative synthesis, which allowed us to identify the impact of burnout among European healthcare workers on the quality of healthcare services they provide. The information presented in the publications included in the analysis was summarized descriptively, focusing primarily on the quality of evidence, research results, and recommendations leading to a reduction in the negative consequences of burnout. No formal assessment of systematic error risk or meta-analysis was performed due to the narrative nature of the work.

3. Results

3.1. Prevalence of burnout among healthcare workers in Europe

The percentage of people affected by burnout varies depending on the professional group, but also differs greatly between European countries where the phenomenon has been studied, depending on the specialization and the place where medical professionals provide healthcare services. The assessment assumes that the problem consists of three components simultaneously: emotional exhaustion, depersonalization, and reduced satisfaction with personal achievements. Among doctors, depending on the source, the prevalence of burnout ranged from 2.5% to 72%, with the average rate estimated at 7.7%–12% (Hiver et al., 2022; Soares et al., 2023; Soler et al., 2008). In the case of nurses, studies estimate the prevalence of this problem at 42–47% in Europe (Łopatkiewicz et al., 2022, Mogomotsi & Creese, 2024). Paramedics experience burnout in 13.6% to even more than half of those surveyed (Kosydar-Bochenek et al., 2024, Roth et al., 2025). For other medical workers, the rate ranges from 2% to about 50% (Macaron et al., 2023). Burnout rates vary depending on the place of work and are higher in hospital medicine, especially among emergency department staff, and lower among clinic staff, especially family doctors (Almeida-Meza et al., 2025). Despite significant differences in the level of development of healthcare systems in different European countries, studies do not indicate significant differences in the incidence of burnout among medical staff in these countries. However, the authors of these studies emphasize that improving work organization, reducing workload, increasing autonomy, and social recognition have a positive impact on reducing the incidence of burnout (Bria, Baban, & Dumitrascu, 2012, Amiri et al., 2024). In recent years, the percentage of medical professionals struggling with burnout has increased, which may have been influenced by the COVID-19 pandemic (Mogomotsi & Creese, 2024).

3.2. The relationship between burnout and the quality of professional functioning

Burnout among healthcare workers has a negative impact not only on job satisfaction and physical and mental exhaustion, but also on the quality of patient care. Healthcare workers suffering from burnout are unable to engage emotionally with patients' needs. (Dima, 2025). This, in turn, can lead to overlooking important health issues and, consequently, to errors in diagnosis and treatment. Most studies on burnout show that a higher number of errors among healthcare workers is associated with burnout in this group. (Hall et al, 2016). Researchers also point out that physicians suffering from burnout are more likely to exhibit executive function disorders, which are responsible, among other things, for planning, concentration, speed of information processing, and impulse control—key aspects of clinical work quality. The literature points to lower scores on tests of memory, attention, and cognitive function. Study participants report experiencing “cognitive effort” (Cano-López et al., 2023; Koutsimani et al., 2021). Another important aspect is lower job satisfaction, correlated with the prevalence of burnout in a given group (Galanis et al., 2023).

3.3. Burnout and the quality of patient care

The quality of patient care suffers significantly as a result of burnout. Studies show that a higher percentage of burnout is associated with poorer patient ratings of the quality of hospitalization and poorer ratings of communication with the therapeutic team (Li et al., 2024). Medical professionals struggling with burnout often experience depersonalization, i.e., distancing themselves from patients and treating them as objects, which is particularly poorly perceived by hospitalized patients (Salyers et al., 2017). This attitude leads to a reduction in empathy and a shallowing of the therapeutic relationship, which is an important element of effective clinical care. Cynicism and the depersonalization described above are key elements of burnout, alongside emotional exhaustion. Growing cynicism, not only towards patients but also towards clinical work as a whole, promotes indifference, which over time becomes entrenched as negative response patterns. A cold manner of communication and limited emotional involvement can undermine patients' sense of security, which in turn translates into poorer compliance with therapeutic recommendations. In the long term, this can have a negative impact on treatment outcomes, but also on the overall effectiveness of the healthcare system (Holas et al., 2025).

3.4. The impact of burnout on patient safety

Burnout among medical staff strongly correlates with the incidence of medical errors, such as prescribing or administering the wrong medication, hospital infections, adverse events, or patient falls (Li et al., 2024, Garcia et al., 2019). According to some studies, doctors struggling with burnout were more than twice as likely to commit medical errors than doctors who were not affected by this problem. Such a significant difference indicates the impact of the mental health of staff on patient safety. Medically burned-out professionals experience a loss of emotional control and reduced professionalism, which translates into diagnostic and therapeutic errors. They then have reduced concentration, their alertness decreases, and they have difficulty making quick and accurate diagnostic and therapeutic decisions. Increasing fatigue promotes tunnel vision and the omission of clinically relevant information (Tawfik et al., 2018, Al Ghunaim et al., 2022). As a result, there is a growing risk of misinterpreting test results, choosing inappropriate treatment, or delaying medical intervention. Studies also point to a decline in the “safety culture” among medical professionals, which consists of emotional support, regular quality assessment, and the implementation and improvement of procedures to enhance patient safety. An environment burdened by burnout is less likely to promote activities aimed at learning from mistakes and improving procedures (Sousa et al., 2023). Fear of evaluation or criminal liability and the lack of a systemic response lead to a decline in reported safety incidents. The lack of support algorithms and work overload increase the risk of perpetuating negative behaviors.

3.5. Burnout, absenteeism, and turnover among medical personnel

Burnout is associated with reactions such as problems with work organization, dissatisfaction with job duties, frequent absenteeism, and high employee turnover (Maslach & Leiter, 2016). The available literature indicates that in groups affected by frequent burnout, absenteeism due to illness increases (Dirbye et al., 2019). Another significant problem, albeit opposite to the one described above, is presenteeism, i.e. the phenomenon of coming to work in poor health, both physically and emotionally. This results in reduced efficiency, effectiveness, and commitment to work tasks. An employee who decides to come to work despite the problems described above is more likely to make mistakes and work more slowly. In addition, being present at work despite symptoms of infection encourages subsequent absenteeism among a larger number of staff, who may become infected with contagious diseases. In groups where many employees decide to come to work despite emotional distress, the work atmosphere is perceived less favorably by colleagues and results in a decline in the commitment of the entire team (He et al., 2025). Medical professionals affected by burnout are more likely than others to consider changing jobs. Some of them also consider retraining and changing their profession. Medical workers affected by burnout who changed their place of work to one with a subjectively better atmosphere were more likely to decide to remain in their current profession (Bruyneel et al., 2023, Özkan, 2022). Medical workers considering changing their place of work due to burnout also consider emigrating to another country where they believe working conditions are better. This is influenced not only by a better assessment of the effectiveness of the healthcare system in another country, but also by financial aspects (Györfy, Dweik, & Girasek, 2018).

3.6. Organizational factors that intensify the negative impact of burnout on professional functioning

Researchers point to a significant link between organizational factors that increase the negative impact of burnout on professional functioning. Staff shortages lead to excessive workloads for individual medical professionals, resulting in an increased incidence of burnout (Rotenstein et al., 2023). In a situation of chronic staff shortages, medical professionals are forced to work beyond their limits, often without the opportunity for adequate rest and recovery. Organizational problems and excessive bureaucracy also lead to emotional exhaustion. The pressure to produce large amounts of medical documentation causes frustration and exhaustion associated with the need to fulfill this obligation and reduces the amount of time that medical professionals can devote to patients and solving their clinical problems. This, in turn, weakens the therapeutic relationship and reduces job satisfaction and a sense of work purpose. The lack of organizational support and the shifting of documentation tasks to non-medical staff, as well as the ignoring of problems reported to the management of healthcare facilities by medical professionals, are important causes of burnout. The accompanying organizational chaos is also cited as a cause of increased employee fatigue and feelings of helplessness (Zhou et al., 2022, Teo, Moore & Rao, 2025). The role of healthcare organizations is also important in terms of the impact of night shifts and circadian rhythm disorders on employee well-being. Medical professionals who work at night, as well as those who work extended hours, are more likely to experience burnout. Studies highlight the physical exhaustion of these employees as a significant cause of emotional exhaustion (Coelho et al, 2023).

4. Discussion

4.1. Main findings of the review

A review of the literature indicates that burnout is a common phenomenon among healthcare workers in Europe, occurring in every country and only slightly related to the level of development of the healthcare system. It affects a significant proportion of doctors, nurses, paramedics, and other medical staff, although it varies depending on the profession, specialization, and workplace. A particularly high rate is observed in hospitals, especially in high-pressure departments such as emergency rooms. In recent years, the intensity of this phenomenon has increased further, which may be related to the experiences of the COVID-19 pandemic.

Burnout has a strong and multidimensional impact on the professional functioning of medical staff. It not only reduces job satisfaction and mental well-being, but also significantly lowers the quality of patient care. Medical professionals affected by burnout are more likely to make medical errors, have difficulty concentrating and making decisions efficiently, and exhibit reduced cognitive performance. This phenomenon also affects patient safety, organization, and the effectiveness of the entire healthcare system. It also contributes to absenteeism, presenteeism, and increased staff turnover, including professional emigration.

Three components of burnout are of key importance: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Exhaustion leads to a decline in energy and a loss of ability to engage in the therapeutic relationship, depersonalization encourages distancing from patients, and a reduced sense of effectiveness causes a decline in motivation and satisfaction with the profession. The co-occurrence of these three elements creates a mechanism that gradually deteriorates the quality of clinical work and relationships within the therapeutic team. The results of the review show that burnout is not solely an individual problem of the employee, but is a systemic phenomenon requiring organizational and structural measures.

4.2. Burnout and the quality and safety of healthcare

Burnout among healthcare workers has a direct impact on the quality and safety of healthcare, mainly through mechanisms that lead to medical errors. Employees affected by burnout show reduced concentration, which leads to difficulties in making quick and accurate diagnostic and therapeutic decisions. Decreased alertness and increased fatigue affect the ability to perceive relevant clinical information, which can result in errors in the interpretation of test results, the selection of therapy, or delays in medical interventions.

Another important aspect is the decline in empathy and the loosening of the therapeutic relationship, which are key factors in effective patient care. Burnout leads to depersonalization, i.e., treating patients as objects and distancing oneself from them, which has a negative impact on the quality of interactions between patients and medical professionals. A decline in empathy reduces the ability of medical staff to understand and respond appropriately to patients' needs, which can result in neglect in care and lower patients' perceptions of the quality of treatment.

The consequences of burnout for patient safety are serious, as burnout promotes errors that affect patients' health. This increases the risk of, among other things, incorrect medication administration, falls, and the development of hospital-acquired infections. These errors undermine overall trust in the healthcare system and the employees who largely make it up. In the long term, burnout can also lead to a deterioration in the safety culture in medical facilities, which reduces the effectiveness of preventive measures and, more broadly, the improvement of healthcare quality.

4.3. Systemic consequences of burnout

Burnout among medical professionals also has serious systemic consequences that go far beyond the individual experiences of employees and affect the functioning of entire healthcare systems. One of the most important effects is increased staff turnover, as those affected by burnout are more likely to consider changing jobs, reducing their working hours, or even leaving the profession altogether. Some medical professionals also decide to emigrate in search of better employment conditions and greater support at the organizational level. As a result, staff shortages, which were already a serious problem in many European countries, are exacerbated.

Reducing the number of employees directly results in limited access to services and longer waiting times for specialist consultations and hospitalizations. Staff shortages make it difficult to ensure continuity of care, which is particularly important in the treatment of chronic diseases and long-term care. High staff turnover weakens the therapeutic relationship, reducing the sense of security of patients who lose the opportunity to have regular contact with the same doctor or nurse, and further weakens integration within the therapeutic team. Disruption of continuity of care can lead to duplication of diagnostic tests and even prescribed medications, a greater risk of inaccuracies in recommendations, and suboptimal treatment.

Burnout as a phenomenon also generates significant economic costs for healthcare systems. Increased sickness absence, presenteeism, and decreased work efficiency translate into reduced productivity and the need to hire replacement staff. Additional costs are associated with the need to recruit and train new employees, as well as with the consequences of medical errors, including compensation proceedings. In the long term, the system also incurs costs related to the deterioration of healthcare quality and a decline in public trust.

The risk of creating a spiral of overload and thereby increasing the incidence of burnout is particularly dangerous. The leaving of some staff members results in a greater workload for the remaining employees, which contributes to the growth of emotional exhaustion. If this phenomenon is chronic, staff shortages persist or increase, and there is a lack of organizational support, then the problem becomes self-perpetuating. As a result, burnout is not only an individual experience, but also a factor that destabilizes the functioning of the entire healthcare system.

4.4. Effectiveness of interventions improving professional functioning

4.4.1. Individual interventions

Individual interventions aimed at reducing burnout are important for improving the professional functioning of healthcare workers, especially in terms of mental well-being and quality of work. Psychological support, which consists of individual consultations, short-term therapy, or support groups, such as Balint groups, allows medical professionals to safely discuss difficult professional experiences and develop more adaptive strategies for dealing with stress. This type of assistance helps to reduce emotional exhaustion and improve emotion regulation, which can translate into greater engagement in patient relationships. Stress reduction programs based on relaxation techniques, training in coping with difficult emotions, or psychoeducation show moderate effectiveness in reducing psychological tension, which can increase job satisfaction. Regular participation in such programs can support the restoration of a sense of agency and increase mental resilience (Cohen et al., 2023). Researchers place particular emphasis on the effectiveness of mindfulness-based interventions, which focus on developing mindfulness, acceptance, and conscious responses to stressful stimuli. The literature indicates that mindfulness practice can lead to a reduction in symptoms of emotional exhaustion and a reduction in depersonalization. In addition, practicing mindfulness promotes improved concentration and cognitive function, which is important for clinical decision-making (Selič-Zupančič, Klemenc-Ketiš & Onuk Tement, 2023, Wang et al., 2023, Marotta et al., 2025). However, it should be emphasized that although individual interventions bring measurable benefits, their effectiveness may be limited if they are not accompanied by organizational changes. Therefore, they are an important but insufficient tool for improving professional functioning in an environment with a high level of systemic and organizational stress (Ahola, Toppinen-Tanner & Seppänen, 2017).

4.4.2. Organizational interventions

Organizational interventions aimed at improving professional functioning are key to reducing burnout and improving the professional functioning of medical staff, as they address the systemic sources of overload. Improving working conditions, which includes appropriate employment standards, ensuring adequate staffing levels, and access to technical support, contributes to reducing both physical and emotional exhaustion. A stable and predictable work environment also helps to restore a sense of control and increases job satisfaction. An important element is reducing the workload, for example by delegating some responsibilities (such as documentation) to non-medical staff or implementing more intuitive IT systems. Reducing excessive bureaucracy allows medical professionals to focus on their relationship with patients and other aspects of clinical work, which enhances their sense of purpose in their profession. (DeChant et al., 2019, Thomas Craig et al., 2021). Flexible work schedules that take into account the needs of employees and aim to reduce the number of night shifts are another protective factor. The opportunity to actively participate in schedule planning increases autonomy and a sense of control, as well as facilitating a better work-life balance. This leads to a reduction in chronic fatigue and improved cognitive and emotional functioning. In the long term, organizational flexibility can reduce staff turnover and absenteeism (Maglalang et al., 2021). Strengthening a culture of safety and support in the workplace is also important. An environment in which employees have the space to openly report mistakes and difficulties without fear of consequences promotes learning from experience and improving the quality of care. Support from supervisors and the therapeutic team reduces feelings of isolation in emotional exhaustion and counteracts depersonalization. Organizations that promote cooperation, regular quality assessment, and preventive measures create conditions conducive to maintaining staff well-being. Organizational interventions often require greater financial investment and structural changes, but they have been shown to be effective in the long term in reducing burnout and improving the quality of professional functioning. Unlike purely individual measures, they address the systemic causes of exhaustion, making them the foundation for lasting improvement in healthcare (Cohen et al. 2023, Bes et al., 2023, van Duijnhoven et al., 2024).

5. Limitations and directions for future research

The analysis of burnout among medical professionals in Europe faces significant methodological limitations, which make it difficult to draw clear conclusions. First of all, cross-sectional research models dominate the literature, which limits the ability to determine causal relationships between burnout and the quality of care, patient safety, or staff turnover. Such a research design allows us to capture the co-occurrence of phenomena, but does not allow us to assess their dynamics or the direction of relationships over time. Another problem is the significant diversity of diagnostic tools used and the different criteria for interpreting results, which makes it difficult to compare data between countries, professional groups, and work environments. Individual studies use different questionnaires and interpret the results differently as indicative of burnout, leading to discrepancies in the reported prevalence rates of the phenomenon. In addition, some studies are based only on descriptive measurement methods, which not only makes it difficult to statistically analyze the results, but is also susceptible to memory errors, social pressure, and mood influence when completing the questionnaire. Another significant limitation is the heterogeneity of the study populations, which include representatives of various professions, specializations, people with different levels of professional experience, and different healthcare systems, making it difficult to generalize the results.

Future research should include long-term observations that will allow for the analysis of burnout development over time and the identification of risk and protective factors. Intervention studies, especially multicenter and randomized trials, will be particularly important in assessing the effectiveness of both individual and organizational interventions. Greater standardization of the definition of burnout is also necessary, with a clear emphasis on its three key components: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Standardizing diagnostic criteria and measurement methods would allow for more reliable international comparisons and meta-analyses with greater statistical reliability. Also noteworthy is the development of research that combines subjective data with objective indicators, such as indicators of absenteeism, turnover, or the incidence of adverse events. A comprehensive, multi-faceted research approach may in the future contribute to a better understanding of the mechanisms of burnout and the development of more effective strategies to prevent this phenomenon in healthcare systems.

6. Conclusions

Burnout is a common and growing problem among healthcare workers in Europe, regardless of country, level of healthcare system development, or medical profession. The phenomenon affects a significant percentage of doctors, nurses, paramedics, and other medical professionals, and its severity has increased in recent years, which may be related to the experiences of the COVID-19 pandemic. Burnout has a multidimensional and significant impact on staff health, leading to emotional exhaustion, reduced job satisfaction, deterioration in mental well-being, and even cognitive impairment. These consequences directly affect the quality of patient care, increasing the risk of medical errors, reducing empathy, and weakening the therapeutic relationship. As a result, burnout is not only an individual problem, but a systemic factor that affects patient safety and the effectiveness of the entire healthcare system. This phenomenon contributes to sick leave, presenteeism, staff turnover, including professional emigration, which leads to a deepening of staff shortages and causes further overwork for the remaining medical professionals. This creates a self-perpetuating mechanism, where staff shortages and excessive workloads increase the risk of burnout. The analysis indicates that effective prevention of burnout requires multi-level measures, including both individual and systemic interventions. Activities focused on psychological support, developing stress management skills, and mindfulness practices can bring measurable benefits in terms of reducing symptoms of emotional exhaustion and improving cognitive function. However, their effectiveness is limited if they are not correlated with changes in the work environment. Organizational interventions that identify systemic sources of overload and job frustration play a key role in bringing about lasting improvement. Ensuring adequate employment standards, reducing bureaucracy, improving work organization, increasing employee autonomy, and building a culture of safety are the foundations of burnout prevention. Long-term strategies should focus on strengthening support from supervisors, improving communication within therapeutic teams, and creating stable and predictable employment conditions. Only comprehensive, coordinated action at the individual, organizational, and systemic levels can effectively reduce the scale of burnout and improve the quality and safety of healthcare in Europe. In view of the results of the analysis, burnout should be treated as one of the key challenges facing modern healthcare systems, requiring a strategic approach and long-term commitment from decision-makers and management.

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