

Internal Risks of Hr Policy of a Medical Organization

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Abstract

The article discusses one of the risks of the personnel policy of a medical organisation—employee emotional burnout. Medical workers' emotional burnout is an internal factor impacting the organisation's productivity. This study showed a significant reduction of professional responsibilities among medical workers of the Astana city clinic due to emotional burnout. The author found that the employee didn't pay due attention to the results of the analysis of the employee turnout. The studied medical organisation had a high personnel turnout rate. A high employee turnover rate is a risk factor for internal personnel policies that cause economic losses.

Keywords

Emotional Burnout, Employee Turnover, Risks of Personnel Policy

1. Introduction

Timely attention of employers to the emotional burnout of medical workers significantly improves a medical organisation's efficiency and increases employees' psychological motivation (Gilbert et al., 2023; Bartosiewicz et al., 2020; Kim et al., 2018; Xu et al., 2023).

Clinic administration needs to be prepared to justly reward and distribute the workload to medical workers (Aloriney et al., 2023; Alsulimani et al., 2021).

The psychological well-being of medical workers shapes their correct professional values and self-efficacy at work (Xie et al., 2023; Lu et al., 2023).

Employers should develop internal retention strategies within their organisation (de Vries et al., 2023; House et al., 2023).

Nowadays, a multitude of factors shape the success of the medical organisation. Those factors are widely studied to understand how and why they influence

the smooth functioning and efficiency of a particular organisation or any other healthcare-providing entity in general. Nevertheless, post-Soviet countries' healthcare systems and organisational policies are understudied, in addition to frequent internal policy changes for the healthcare workers that hinder the subject from being as accessible. Hence, nowadays, professionals working with people such as healthcare workers are under severe burnout, which results in a disadvantage not only for the people service being rendered but also for the medical organisation itself.

The aim is to assess the level of emotional burnout among medical workers at a city clinic.

2. Materials and Methods

Clinical base of the study: City clinic № 5, Astana, Kazakhstan. Subject of study: level of emotional burnout. Unit of observation: doctors, n = 30 and nurses, n = 30. Diagnosis of emotional burnout using Boyko's method. Study period: from 1st October, 2023 to 28th October, 2023. Description of the sample: N = 304, n = 60 (19.7 of the total number of doctors and nurses).

3. Results

We analysed the dynamic official indicators of the personnel potential of the city clinic for the 2021-2023 period (**Figure 1**).

In this graphic, we see that one working doctor through three years get 1.7, 1.8, 1.7 nurses to work with. At the same time, for one cleaning aid, five nurses. This analysis suggests a relatively high physical and emotional burden on nurses.

Personnel turnover also affects the team, which gets an additional emotional burden during a new employee's training period, that has to continue working during the adaptation period of a newcomer. On average the turnover rate ought to be 3% - 5%, but in our research for the 2021-2023 period, the rate is 44% at 2023 showing 11% growth (**Figure 2**).

Further, to investigate the quality of the employees at the medical personnel of

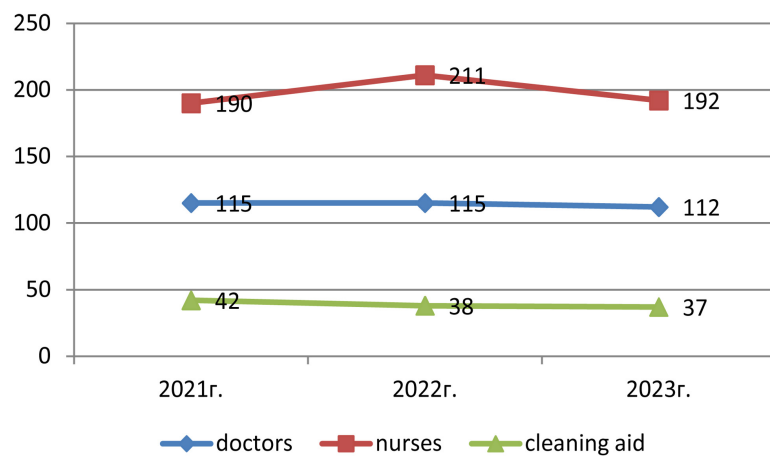


Figure 1. Dynamics of labor resources for 2021-2023 in the city clinic, Astana.

the clinics, we analysed the qualifications of the employees; at 2021, the majority of the nurses, 63.5%, and 43% of the doctors lacked qualifications.

A fairly stable indicator is every fourth doctor and nurse with the highest qualification category for the period 2021-2023 (Figure 3).

At the next stage, we studied emotional burnout using Boyko’s method (Figure 4).

Analysing results, we can see that only 18.3% (n = 11), 5 doctors and 5 nurses

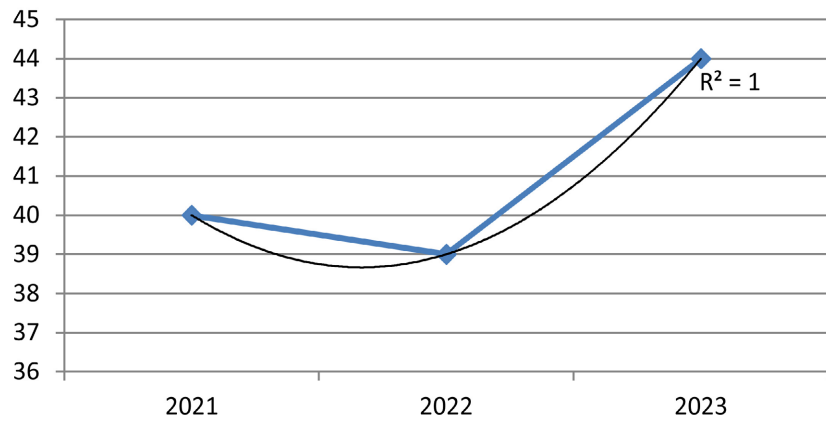


Figure 2. The percentage of the personnel turnover for 2021-2023 at the city clinic.

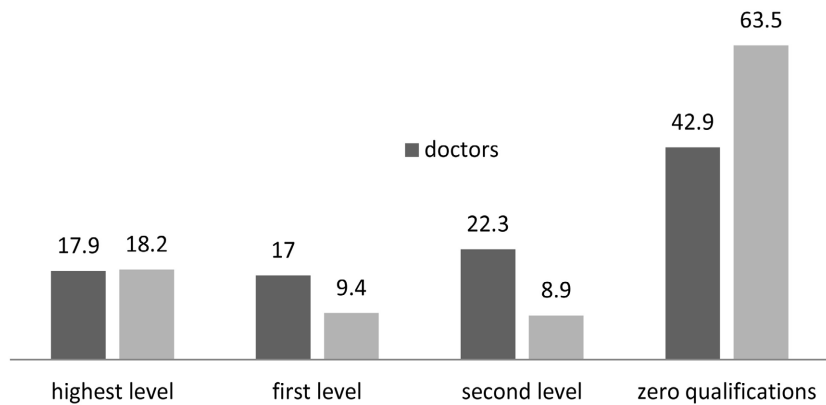


Figure 3. Percentage of the qualifications among medical personnel in 2023 (from the lowest to highest: zero qualifications > second level > first level > highest level)*.

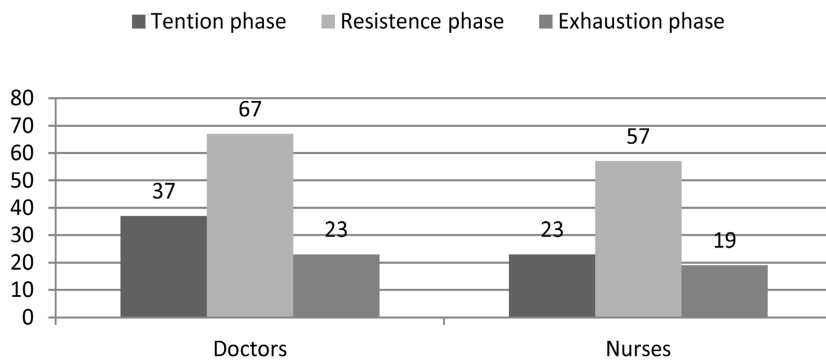


Figure 4. Level of emotional burnout of medical workers.

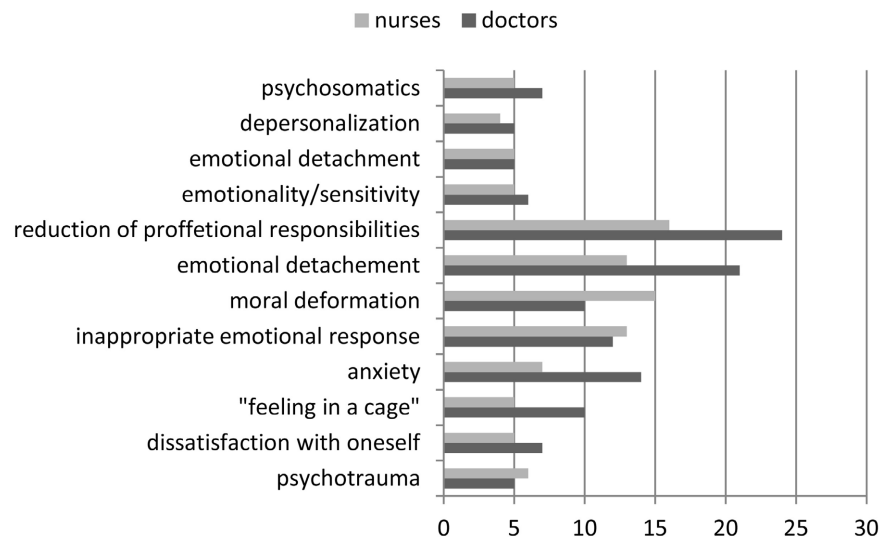


Figure 5. The level of emotional burnout of medical workers of the city clinic in Astana, $t = 1.9$, $p \pm 0.05$.

Table 1. Total indicators of phases of emotional burnout of doctors and nurses ($p \leq 0.05$).

Groups	Total phase indicators $M \pm m$			Total
	Tension	Resistance	Exhaustion	
Doctors (n = 30)	37.1 ± 2.3	67.1 ± 2.5	23.2 ± 2.1	127.4 ± 5.9
Nurses (n = 30)	23.1 ± 2.2	57.6 ± 2.7	19.0 ± 1.9	99.7 ± 6.20
U-criteria	2,163,500	2440	2,630,500	2,361,000

from the study group did not show emotional burnout signs according to the questionnaire results. 87.7% of medical personnel of the city clinic showed signs of the “resistance phase”, and there are no statistical differences between the groups of doctors and nurses.

Leading symptoms of burnout among doctors are the reduction of professional responsibilities, emotional detachment and anxiety. As for the nurses, it is the reduction of the professional responsibilities, emotional detachment and inappropriate emotional response (Figure 5).

But in the groups of doctors and nurses, there are no statistical differences and, in general, we can conclude that they have a similar type of emotional burnout.

There is no difference in the final burnout rates between doctors and nurses. In both groups “resistance phase” dominates (in the formative stage), exhaustion phase in the formative stage (Table 1).

4. Conclusion

1) Doctors and nurses of the City Clinic of Astana have a high level of emotional burnout syndrome in 87.7% of cases.

2) In management decisions for organizing employees' workplaces, it is recommended to visit the wellness rooms, control the staff turnover rate, increase doctor-nurse ratio towards the nurse junior medical staff/cleaning air towards junior medical staff/cleaning aid.

3) Conduct classes on burnout prevention techniques for employees.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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