Investigating the Experiences of Burnout among Healthcare Professionals

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ABSTRACT

Burnout is a major health challenge among healthcare professionals in Ireland. Given its prevalence, this qualitative study investigated the experiences of burnout among healthcare professionals in Ireland, focusing on healthcare assistants based on the gap in previous literature. Utilizing a qualitative methodology, six healthcare assistants were interviewed through semi-structured sessions, allowing for in-depth examination of their experiences. Thematic analysis identified four primary themes: emotional exhaustion, workplace environment, external pressures, and work-life balance. Key findings indicated that prolonged work durations, insufficient rest, and workplace toxicity significantly contributed to burnout, while self-care practices and professional support systems were vital for resilience. Drawing on the study findings, recommendations were made for healthcare organizations to implement policies that foster a supportive work environment and enhance staff well-being within the healthcare sector.

Keywords: Burnout, Healthcare Professionals, Healthcare Assistants

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INTRODUCTION

In the last three decades, healthcare assistants (HCAs) have become a unique and important segment of the healthcare industry, developing a recognised career path in their own right. However, the increasing demands of the role have raised concerns among HCAs, which adversely affected both their well-being and the quality of care provided to patients. A major step towards professionalising this occupation was taken in the 1990s when the Vocational Educational Committee's National Council for Vocational Awards (NCVA) introduced formal training for HCAs and carers in Ireland (Conyard et al., 2020). In 2001, the grade of HCAs (including maternity HCAs) was formally introduced in response to the growing demand for supportive healthcare services. This advancement made it possible for HCAs to be incorporated as vital parts of the healthcare team, supporting and assisting medical, allied health, nursing, and midwifery experts (Conyard et al., 2020).

Since 2001, several courses had been developed to help people who wished to work as HCAs or carers in a range of areas acquire the skills, knowledge, and abilities needed to do so. Later, these courses were added to the Further Education and Training Awards Council (FETAC) system, and they were added once more to the Quality & Qualifications Ireland (QQI) system. The Irish National Social Association for HCAs and Qualified Carers, or HCA and Carers Ireland, was also founded in 2016 to direct HCAs (Conyard et al., 2020). Members of the Association received further education and support. The support group offered straightforward information about the rights and welfare of carers and HCAs, as well as easily comprehensible details about requirements, laws, and regulations relating to the provision of care. Notably, while HCAs and carers working outside of the public sector were not required by law to complete extensive formal training (Conyard et al., 2020), those of their contemporaries in Ireland were trained and regulated by HIQA (Health, Information and

Quality Authority). These trainings helped to give optimal work performance for HCAs and helped mitigate the risks of experiencing burnout (Conyard et al., 2020).

Burnout is the overwhelming stress that comes with emotional exhaustion, depersonalization, and a deflated sense of personal accomplishment (Maslach et al., 1997) and led to burnout among healthcare professionals (Akintunde-Adeyi et al., 2023; Kabunga et al., 2024). Recent studies, especially, post-covid studies (Carr & Kelly, 2023; Clancy & Cassarino, 2025; Wu et al., 2024) indicated a significant rise in burnout rates among healthcare workers in Ireland, leading to negative impacts on both personal well-being and patient care.

However, while these previous studies focused principally on other professionals in the healthcare, there were few research papers, mostly quantitative studies (Norful et al., 2024), on the experiences of burnout among HCAs outside Ireland and none, both qualitative and quantitative studies, on HCAs in the Irish healthcare system. Given this literature gap, this qualitative study, filled this gap by the investigation of the experiences of burnout among healthcare professionals with particular focus on HCAs in Ireland. By synthesizing recent findings and critically evaluating existing literature, this study seeks to inform policy implications and enhance support systems for healthcare workers, ultimately contributing to improved mental health outcomes and patient care quality.

LITERATURE REVIEW

2.1 History and Models of Conceptualization of Burnout:

Pioneering researchers like Herbert Freudenberger and Christina Maslach played crucial roles in defining and exploring burnout in their early works. Their studies laid the groundwork for understanding burnout as a psychological phenomenon characterized by emotional, physical, and mental exhaustion. As the concept evolved, burnout was integrated into broader frameworks of organizational psychology and mental health, highlighting its relevance in various settings. Today, numerous perspectives and models exist, reflecting diverse approaches to understanding and addressing burnout across the globe. This evolution underscores the complexity of burnout and its implications for both individuals and organizations.

2.1.1 Herbert Freudenberger (1970s)

The concept of burnout was coined by the American psychologist, Herbert Freudenberger, between 1960 and 1989 through his Free Clinic Movement which gave free care to the indigent and young American population who sought care for issues such as infections, bad drug trips, venereal diseases, abscesses, and general medical problems (Fontes 2020). Freudenberger's Free Clinic Movement became not just a philanthropy but more so, a philosophy of life which caught fire among American youths and was proposed as an alternative to traditional society, animated by the spirit of questioning and sharing that the hippie culture of the era gave rise to (Fontes 2020). Ever since this coinage and the expansive work of Freudenberger's Free Clinic Movement, the term "burnout" had become a household name in many research papers and fields of study with more than six thousand (6000) researched articles having been published discussing varied aspects of burnout in diverse nuances of life (Fontes 2020). Nevertheless, while Freudenberger's initial focus was on the

healthcare professional, today, the term ‘burnout’ has evolved and is applied to broader concepts of occupation (Maslach & Leiter, 2016).

Freudenberger (1974) described burnout as when a professional wore out, exhausted for whatever reasons and became inoperative to all intents and purposes. Also, Shaheen and Mahmood (2024) defined the experience of burnout as nothing more than the feeling of dissatisfaction or stress in the workplace. The common denominator to these definitions was the workplace. Burnout was suggested by these research papers as mostly connected with activities in workplaces and produced a feeling of hopelessness, helplessness, and resentment to a professional (Freudenberger, 1974; Shaheen & Mahmood, 2024).

Heinemann and Heinemann’s (2017) review of Freudenberger emphasized a common misconception about burnout. Despite being one of the most widely discussed mental health issues among professionals, burnout was not recognized as an actual mental disorder (Heinemann & Heinemann, 2017). One primary reason for this, according to the authors, was that much of the research on burnout focused on “causes and associated factors,” rather than on attempts to develop specific diagnostic criteria which led to “vagueness and ambiguity” around the concept of burnout (Heinemann & Heinemann, 2017).

Still among healthcare personnel, burnout seemed to be more prevalent with female healthcare professionals (McTaggart & Walker, 2022; Demir, 2024). Hu et al.’s (2016) study corroborated this perspective that while there was a correlation between burnout and work, it further suggested that burnout was frequent among female young professionals below 50 years. From these research papers, some of the general causes of burnout were longer hours of work, physical inactivity, and fewer breaks and rest which affected not only the professional but as well, the patients (McTaggart & Walker, 2022). Hence, taking breaks in-

between work, capping work hours to not more than 40 hours or much less per week would lower the experiences of burnout in workplaces (Hu et al., 2016).

2.1.2 Christina Maslach

Maslach and Jackson (1981)'s study and definition of burnout among healthcare professionals stood out as a renowned authority as regards burnout. Their study defined burnout as a syndrome of emotional exhaustion and cynicism that occurred frequently among professionals in helping occupations or professionals who did 'people-work' (Maslach & Jackson, 1981). By people-work, Maslach and Jackson (1981) referred to human service occupations such as healthcare, education, social work, and other such occupations that were continuously at the service of people. Their research identified three important dimensions of burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment (Demir, 2024; Maslach & Jackson, 1981).

Emotional exhaustion was the feeling of being overwhelmed and drained of one's physical and emotional resources (Maslach & Jackson, 1981). It was a primary indicator of burnout and was characterized by mental depletion resulting from excessive job demand, personal stressors, or accumulated pressure (Cakirpaloglu et al., 2024; Tamakloe et al., 2024). The second dimension was depersonalization, also known as cynicism. Depersonalization was the development of negative, cynical attitudes and feelings from a professional about one's clients (Maslach & Jackson, 1981). It corresponded to the relational component of burnout, which produced hostile feelings and extreme detachment towards a person's employment, leading to a loss of idealism and others' dehumanization (Maslach & Jackson, 1981; Maslach et al., 2001; Maslach & Leiter, 2016). Signs of depersonalization included detachment from one's work through longer breaks, constant trivial conflicts in workplaces, the use of derogatory language, etc. (Ahmed et al., 2024).

The final dimension of burnout is reduced personal achievement, also referred to as inefficacy. It is the tendency of an individual to feel unproductive, devaluate oneself or one's capacities, or feel that they lacked the skills and/or resources to be successful in their roles (Maslach & Leiter, 2016; Thomas et al., 2020). It explicitly assessed an individual's expectations of continued effectiveness at work (Maslach et al., 1996). Aside from these feelings, reduced personal achievement (or inefficacy) could manifest itself as a reduction in actual productivity and as decreased morale and an inability to cope with responsibilities of primary duty/job (Thomas et al., 2020).

2.1.3 Recognition of Burnout in Organizational Psychology (1990s)

During the 1990s, burnout began to be recognized not only in human service occupations but across other fields: education, corporate enterprise. Consequently, Meyer and Allen (1991) started examining organizational factors contributing to burnout termed "Organizational Commitment." Organizational commitment referred to employee identification with, and deep involvement in a particular organization (Gemlik et al., 2010) and could lead to burnout. Meyer and Allen defined organizational commitment as a multidimensional construct comprising three types: affective, normative, and continuance commitment. Affective commitment reflected an employee's emotional attachment to the organization, normative commitment involved a sense of obligation to remain, and continuance commitment arose from the awareness of the costs of leaving (Meyer & Allen, 1991).

About organizational commitment, Gemlik et al. (2010) suggested that higher levels of organizational commitment were associated with lower turnover rates and were thought to contribute to increased productivity and improved service delivery. It was, therefore, reasonable to suggest that experiencing burnout might have diminished employees' commitment to the organization, making them more likely to quit their jobs (Gemlik et al.,

2010). Given the growing awareness and recognition of burnout syndrome in all spheres of the workplace from the early 1990s, the World Health Organization (WHO) in 2019 included burnout as an occupational disease (Lopes La Falce et al., 2023). The connection between the effects of burnout syndrome and employees' organizational commitment was significant, as elevated burnout rates could lead to decreased job satisfaction, decreased turnover, and a negative impact on commitment within the organization (Lopes La Falce et al., 2023).

2.1.4 Integration of Burnout within Mental Health Framework (2000s to the present)

In their research, Koutsimani et al. observed that by the 2000s, burnout began to be conceptualized within the context of mental health, linking it to stress, anxiety, and depression (Koutsimani et al., 2019). It was suggested by Melamed et al. (2006) that burnout was one of the most common psychological symptoms on the increase. For instance, there had been debate over whether burnout and depression were distinct constructs or essentially the same, given that they exhibited some overlapping characteristics, such as loss of interest and impaired concentration (Koutsimani et al., 2019). However, the findings to date remained inconclusive, and researchers differed in their views on the extent of this overlap (Koutsimani et al., 2019).

Meanwhile, there were growing trends and perspectives regarding issues about burnout. Bulgakov (2023) identified three current trends as regards burnout: preventing burnout, identifying complex interactions in burnout, and personality complexities related to burnout. Bulgakov’s study (2023) outlined three key areas related to burnout: the importance of emotional intelligence in managing emotions to prevent burnout, the role of emotional work and psychological flexibility in reducing burnout, and the connection to an individual's social identity.

Linzer et al. (2022) suggested that in the United States, prior to the pandemic, burnout rates among healthcare workers were declining, but initially decreased further as they united

for a common goal at the pandemic's onset. However, by late 2021, burnout rates surged to over 60%, and intent to leave the job exceeded 40%, driven by feelings of depletion, exhaustion, and a lack of value from organizations and patients. Also, Grebski and Mazur (2022) reported that professional burnout became more common during the Covid pandemic due to the decrease in the psychological safety of employees. At that time, companies and institutions became more aware of ways to prevent burnout since it was always easier to achieve than to treat its damaging symptoms (Grebski & Mazur, 2022).

2.2 Who are Healthcare Assistants?

Healthcare Assistants (HCAs) play a crucial role in patient care, particularly in interpersonal skills for quality care. HCAs primarily spend quality time with patients, residents, and service users monitoring, observing, and reporting to nurses and medical experts on their health status (Davison et al., 2022). HCAs support and prompt patients, residents, and service users during their most vulnerable moments, providing valuable and person-centered care (Davison et al., 2022). HCAs are trained to assist in medications, nutritional supports, and to assist other health professionals in healthcare (Davison et al., 2022). Norful et al. (2024) highlighted that in numerous countries, the role of HCAs is not governed by formal licensure or established standards of practice, which are typically associated with more professionalized fields like nursing and medicine. Consequently, the titles, training, and responsibilities of HCAs differ significantly across various healthcare settings, leading to a lack of comprehensive research and understanding of their roles and contributions in the healthcare system (Norful et al., 2024). Other formal names that encompass a HCA’s role include nursing assistant, patient care technician, aide, or medical assistant (Norful et al., 2024).

The roles of HCAs in healthcare facilities are essential. Despite their expertise and significant contributions, they are often overlooked, and their roles are undervalued and

unappreciated. HCAs occupy a critical position within the healthcare system, serving as important links between higher and mid-level medical professionals, such as doctors and nurses. In Ireland, HCAs differ significantly from HCAs in the USA, Canada, and other European countries such as Germany and Hungary. The differences are in the training, education, registration, and regulations of HCAs (Norful et al., 2024; Appendix, Figure 1).

Meanwhile, RTE (2021), reported on Workhuman's International Survey Report which showed that 42% of Irish workers would quit their jobs in the next 12 months, with 65.5% of female and 59.5% of male professionals experiencing burnout in their careers. Also, Griffin (2021) in the Irish Examiner reported on a survey of burnout among the Irish workforce. The research found that 52% of professionals reported experiencing burnout at the workplace and that the highest rates of burnout were reported within social work, healthcare workers, emergency responders, and workers within the communication industry. Meanwhile, the lowest levels of burnout were reported from workers in third-level education, construction, telecommunications, entertainment, and recreation industries. The research also reported that the highest level of burnout was experienced by those aged between 18-24 with 58%, followed by 35–40-year-olds (57%), 57-66-year-olds (52%), and those aged 41-56 years (39%).

Despite the wide reporting of burnout, especially among healthcare professionals in Ireland, there was no research about HCAs in Ireland, which highlighted the gap in literature and the reason for this research.

2.3 Rationale and Aims of the Study

2.3.1 Rationale of the study

The rationale for this qualitative study originated from the increasing recognition of burnout among healthcare professionals, particularly Healthcare Assistants (HCAs), as highlighted in previous literature. Despite the growing body of research documenting the prevalence and impact of burnout in the healthcare sector, a significant gap remained in understanding the specific experiences of HCAs in Ireland. Previous studies indicated that burnout adversely affected both personal well-being and the quality of patient care; however, few investigations focused on the unique challenges faced by HCAs. This study aimed to fill this gap by exploring the causes of burnout in this underrepresented group, thereby providing valuable insights into their experiences and needs.

2.3.2 Aims of the Study

The study sought to answer key research questions regarding the understanding of burnout from the perspective of HCAs, the primary stressors they encountered, and the strategies they employed to cope with these challenges. Through these aims, the study intended to create a comprehensive understanding of the phenomenon of burnout within this context, ultimately informing potential interventions to diminish its effects. The rationale for employing a qualitative approach was based on the need to develop a deeper understanding of the subjective experiences of HCAs. This methodology allowed for firsthand and detailed narratives that could highlight the complexities of burnout, enabling each participant to express their thoughts and feelings uniquely.

The study utilized an interpretive inquiry technique, emphasizing the importance of understanding the individual and contextual factors that affected HCAs' experiences. This perspective highlighted the significance of participants' narratives in collecting necessary data about burnout, facilitating a thematic analysis drawn from an interplay of personal, organizational, and societal influences. By adopting this interpretive framework, the study

aimed to gain insights that could inform policy and practice within the healthcare sector, ultimately contributing to a healthier and more supportive work environment for HCAs.

3.0 METHODS

3.1 Study Design

Ethics approval for this study was granted by the National College of Ireland Psychology Ethics Filter Committee. The study employed a qualitative research methodology to investigate the experiences of participants regarding burnout. First, a pilot study was conducted with a participant to identify and address potential practical and methodological challenges. As suggested by Kim (2011), preliminary investigation helps refine a research process by uncovering and rectifying any unforeseen issues, ultimately improving the quality and efficiency of the main study. After the pilot study, participants were recruited through convenience and snowball sampling. Semi-structured interviews were scheduled through Teams at a convenient time chosen by each participant to ensure that each participant felt comfortable with the time of the interview. Prior to the interview, the participants were reminded of their rights during the interview. The rationale for this design was to capture the experiences of participants on burnout, which quantitative methods might overlook. Given the complexity of burnout and its varying manifestations, a qualitative approach allowed for a comprehensive investigation of the different factors influencing the participants' understanding of burnout.

During the interview, audio/video recordings and transcriptions were concurrently done via Microsoft Teams and saved to the researcher’s computer (Asus Zenbook). Following the completion of the semi-structured interviews, the transcribed data were immediately cleaned and anonymized to ensure protection of the participant’s identity and accuracy of the data. When the data was anonymized, the data were analysed using Braun and Clarke's thematic analysis, which involved several systematic steps. Initially, the transcripts were read thoroughly and multiple times to enable the researcher to familiarize with the content,

followed by generating initial codes to identify recurring themes and patterns. Subsequently, the themes were constantly reviewed to ensure they accurately represented the conventional view of the participants. To achieve this, semantic and latent methodology of data analysis were used. Finally, the findings were interpreted in relation to existing literature on burnout among healthcare professionals, highlighting the unique challenges faced by HCAs. This rigorous methodological approach ensured that the study investigated in-depth the experiences of HCAs.

3.2 Philosophical Approach

Amis (2011) suggested that research philosophy encompassed the foundational belief system or worldview guiding a researcher and that a researcher's philosophy influenced not only the selection of the methods but also the investigator's fundamental epistemological perspectives. The researcher's epistemological perspective on the experiences of healthcare professionals regarding burnout was, therefore, influenced by both an academic background and personal experiences within the Irish healthcare. Having volunteered in a variety of Irish healthcare settings, the researcher witnessed firsthand the challenges faced by HCAs, including emotional exhaustion and high workloads. These experiences impacted the researcher with an admiration for HCAs' contributions to the Irish healthcare and also a commitment to amplifying their voices through this research. The researcher, therefore, approached this study with a realist contextualist philosophical framework, which acknowledged that while individual experiences of burnout were subjective, they were also influenced by broader contextual factors such as organizational culture, personal lifestyles, and other systemic pressures (Madill et al., 2000).

The study strategy was greatly influenced by past knowledge of burnout, which derived from both scholarly research and firsthand experience. The researcher acknowledged

that the interpretation of the findings was influenced by opinions about the importance of overall health support for HCAs. The researcher remained dedicated to an open and reflective research method, constantly considering how viewpoints might have influenced the study to minimize any potential biases.

In analyzing the data collected from participants, a deductive approach was employed, focusing on themes identified in existing literature on burnout while allowing for the emergence of new insights. This method entailed the systematic coding of participants' narratives to correspond with established burnout concepts, while also being open to unique experiences that may not conform to existing frameworks. By balancing these approaches, the researcher aimed to provide a comprehensive understanding of HCAs' experiences, ensuring that their voices were at the forefront of the analysis. The researcher's positionality thus reflected a commitment to a nuanced exploration of burnout, grounded in both theoretical knowledge and lived experiences.

3.3 Participants

The study included a total of six participants. The demographics (see appendix 2) of the participants were 3 males and 3 females and ranged from 35 to 57 years. All participants were HCAs working in different healthcare sectors in Ireland: residential facilities, nursing homes, and hospitals. There were two Irish, three Africans, and an Italian. All participants had worked at least one (1) year as a HCAs in Ireland. This sample size of six (6) participants aligned with the recommended range of 6-8 participants for such qualitative study.

As a volunteer in the healthcare sector, the researcher was able to reach out to participants through snowball and convenience sampling. When contact was established, participants were informed of the nature of the study and their rights. Participants also gave their informed consent to participate in the study. Through this process, the researcher built a

professional rapport with the participants. Ethical considerations were considered to ensure that this professional rapport did not bias the data collection or analysis. Participants were informed about the study's aims and assured that their responses would remain confidential, and all identifiable data would be anonymized to encourage open and honest dialogue. Thereafter, the interviews were conducted at a convenient time for each participant via Teams.

3.4 Procedures

Participants for the interview, who were all recruited through snowball and convenience sampling, chose a convenient time for the interview. The interviews were conducted via Teams, with each session lasting between 30 to 45 minutes, averaging approximately 37 minutes. Participants were asked a semi-structured set of 10-12 questions designed to facilitate in-depth discussions about their experiences with burnout.

Prior to the interviews, participants signed consent forms, which were collected to ensure ethical compliance. The rights of the participants were reiterated before the interviews began, reinforcing the study's commitment to ethical standards. The data was collected and transcribed via Teams. After each interview, participants were debriefed to provide them with an opportunity to ask questions and reflect on the discussion.

The study received approval from the relevant Ethics Committee, affirming that all ethical considerations were thoroughly addressed throughout the research process. This included obtaining written consent from participants, ensuring their rights and well-being were prioritized during data collection.

3.5 Measures/Materials

The study utilized semi-structured interviews to gather qualitative data on participants' experiences of burnout. Every attempt was made to avoid asking leading

questions in the interview guide (see Appendix 3). The interview guide was organized into four main categories: General View on Burnout, Work Hours Leading to Burnout, Work Environment and Motivation, and Preventing Burnout. Each category included targeted questions designed to elicit detailed narratives. The General View section began with demographic questions to gather background information, followed by inquiries about participants' understanding of burnout and their coping mechanisms. This structure was informed by existing literature on burnout, ensuring that the questions were relevant and aligned with key themes identified in prior research.

Prior to the main data collection, the interview guide underwent a pilot study with one participant. The pilot study allowed for the testing of the questions and provided an opportunity for refinement based on participant feedback. Changes were made to enhance clarity and ensure that the questions effectively prompted discussion on the participants' experiences. Notwithstanding the changes, findings from the pilot study indicated that the questions were well-received and effectively elicited rich qualitative data, enhancing the overall validity of the research material. The participant's feedback also supported the validity of the interview questions, ensuring that the questions were relevant and comprehensive.

3.6 Method of Analysis

Once data had been transcribed and anonymized, the recorded videos saved on the researcher's computer were immediately deleted. The transcripts were submitted to NCI and would be stored for at least one year. Transcribing the interviews allowed for coding of the data and the identification of key themes that emerged from the discussions. The researcher employed thematic analysis as the method for data analysis, following the six phases outlined by Braun and Clarke (2006) to ensure an efficient and effective examination of the data. The

six (6) phases included: data familiarization, generation of codes, theme searching, theme review, defining and naming of themes, and producing the report (Braun & Clarke, 2006).

4.0 RESULTS

Using Braun & Clarke's (2006) thematic analysis of the interview transcripts from the six (6) participants, four (4) themes were identified: (i) Emotional Exhaustion (ii) Workplace Environment (iii) External pressures on Job (iv) Work-life Balance. Each theme showed a diverse impact of burnout among healthcare professionals.

4.1 Emotional Exhaustion

Emotional exhaustion was identified as a predominant theme, significantly impacting participants' wellbeing and professional output. Healthcare professionals appeared to be much impacted both emotionally and physically, when exposed to a number of triggers such as fatigue, lack of support and motivation and personal stressors.

4.1.1 Fatigue

Fatigue to the participants was more than a mere physical tiredness. It manifested as an immense emotional toll that hindered daily functioning at workplaces. All participants spoke about fatigue and linked it to the feeling of being exhausted without being eager to engage in any other work at the moment. It was also due to high demand from the management or work role as well as from other factors such as Covid.

> Initially I wasn't able to manage it because I just don't feel like coming to work. After such exhausted moment, I feel like not being able to do anything again till I recharge…. Days of Covid were nightmare. Working seemed more of nightmare, and it appeared you had nothing else to do except work and you are simply famished. (Participant 1).

Other participants described their fatigue experience during Covid as feelings of detachment from work, decreased sense of empathy and a sense of alienation during burnout.

> It's physically tiring. I think sometimes more than mentally tiring. Everything irritates and annoys you…. Working at this moment doesn't give you joy as it used to. It is simply tasteless. You are already pushing above your limit at a time. I just said how much more of this can I do? Very stressful. (Participant 6)

The overwhelming stress faced by these participants by physical demands of the nature of their jobs coupled with emotional drain was noted by other participants, for instance, by Participant 4 on physical exhaustion at work that "*mostly at work, you find no time to rest or take a break*". The toll of fatigue was particularly evident in the narratives of Participant 2 who remarked significant setbacks in her careers because fatigue:

> You know. It's a heavy, heavy workload, but it's not even just there but everywhere. Even, the reason I left the community was because of burnout. Basically, after 13 years, that's why I left because I just, I just couldn't do it anymore. It's actually why I hated the job and that's not me. (Participant 2).

Her decision revealed the huge impact fatigue from emotional exhaustion had on her career path.

4.1.2 Lack of Support and Motivation

Another critical factor identified among participants was lack of support and motivation at the workplace. Four participants reported a lack of support and motivation given to the staff. Participant 5 expressed how lack of appreciation and motivation from the management eventually led to breaking points:

> Yeah you know, appreciation is very important. So, lack of appreciation in health care sector leads to burnout, simple…. It might not necessarily be something tangible, you know. Oral appreciation can motivate and can keep one

> encouraged and yeah, it could lead to burnout if you don't do that well as a management. (Participant 5).

The lack of appreciation therefore led to emotional exhaustion and negative interactions with management often led to demotivation and diminished resilience among participants. About these negative experiences with the management, P4 highlighted how management often downplayed the sincere efforts of the healthcare personnel:

> Blame will completely destroy [you] physically, psychologically, emotionally and otherwise… They [management] would come there to blame you. That's what the staff get, and that blame doesn't motivate at all and always wears you out. (Participant 4)

This lack of motivation ultimately contributed to the emotional exhaustion experienced by participants. But despite this, P4 suggested the need for staff to have emotional resilience in care, whether one is appreciated and motivated or not:

> You have to be emotionally strong. You have to be empathetic as well. You have to be compassionate as well. This has to be you. If you don't have it, you can't give it to anyone. You can't even give it to your colleagues, can't give it to the residents. So it's not about you. It should have to start from you…..The life you want to give out. It has to start from you. If you don't love yourself very well, you can't love them. (Participant 4).

4.1.3 Personal Stressors

Five of the participants reported how personal stressors contributed significantly to the emotional exhaustion they experienced. P6 acknowledged that so many things led to stress and that

> So, burnout comes in so many different shapes or forms. There is not one thing to blame for burnout as everybody is individually capable of taking on so much. Some persons can take on a tonne or some person can take on a tiny handful of stress, you know. So, it's individually as well so. (Participant 6).

P3 also remarked how other personal stressors brought into workplace finally led to burnout:

> And being a student I have to work at the same time full time. So, I'm a student full time and I work full time so I have my personal stresses as well because I'm not an Irish descendant but I am foreign as well so I have family back home and I have my son here and I have so many personal stresses that really affect me. That, let me say, affects my relationship with my son sometimes and my relationship with my colleagues in work and as well in college because of the pains that I experienced from day-to-day. (Participant 3).

4.2 Workplace Environment

The workplace environment was identified as a contributor to burnout with two primary subthemes: staffing levels and workload, and workplace toxicity. All participants remarked that the workplace environment significantly contributed to the experience of burnout among healthcare professionals.

4.2.1 Staffing Levels and Workload

All participants reported that inadequate staffing and overwhelming workloads were major stressors that led to burnout. Participant 5 noted that

> You know heavy workloads could be an instance of burnouts, yeah. And uneven staffing or poor staffing. For instance, you have shift that 6 people could cover and at the end you see 3 people allotted to cover such as shift. Perhaps it could not be out of bad will from the management, it could be necessary absenteeism of a worker maybe. (Participant 5).

The high dependency of residents on limited staff further worsened the situation, as Participant 2 highlighted

> So I don't think I would have the temperament for four people walking around the corridors wide awake at night. I don't think I have the patience…. At nighttime, there's only one HCA with the nurse. That's not enough to me. That's just not enough at nighttime. (Participant 2).

4.2.2 Workplace Toxicity

The subtheme of workplace toxicity was identified in all participants. Workplace toxicity was characterized by interpersonal conflicts among colleagues and clients. While some participants noted that a lot of conflicts happen within the workplace, participant 4 described work environments as

> And coming at work, workplaces can be very, very toxic, you know. That's why I said at least your home has to be a very good place as well, because if there's no peace in the home. There's no way you can manage. Even if you are abandoned at work, then you'll be burned out in the in the house as well. Then you are gone…. Nearly all the companies I worked are toxic in one way or the other. (Participant 4).

Some participants noted that it is difficult people who made workplace toxic. Notwithstanding these challenges, Participant 5 emphasized the importance of respect within

the workplace and advocated for improved interactions among staff and between staff and service users: "*I will advocate more on the respect among both staff and service users, especially, as it pertains to the service users*".

4.3 External Pressures on Job

All participants reported that external pressures contributed to their experiences of burnout. Three subthemes: family pressure, financial pressures, and professional growth, were identified as leading causes of external pressures.

4.3.1 Family Pressure

All participants described the challenges of managing family responsibilities alongside their demanding work schedules. Participant 1 spoke of the difficulty of managing family needs after every shift.

> You are trying to manage your family at the same time you are managing on where you are giving your support, so both sides obviously need you and to get it balanced at times. If you don't learn to manage it well, that's why burnout experience comes in. If you don't manage them, you will breakdown and that could be a burnout as well. (Participant 1).

Family factors, particularly the separation from family members, exert significant pressure on foreign healthcare workers. This sentiment was highlighted by Participant 4, who discussed the challenges of balancing family obligations with professional responsibilities.

> Young families here that were totally burned out because of that family separation. You see them coming to work and be crying every day. I'm saying this is what I had experience. I have talked to so many of them. You can see

> them in the toilets crying. The stress at work, lack of Staff, then they don't have anyone even to go to at home to pour out their hearts too. (Participant 4).

4.3.2 Financial Pressures

Financial pressures emerged as a significant subtheme, with 5 participants who indicated that low pay and the necessity to work multiple shifts contributed to their burnout. Participant 2 expressed anger that "*whereas they do the bulk of the work, HCAs are not paid well and sometimes, they take two or more jobs to meet up their bills*." This financial strain was echoed by Participant 4, who expressed that

> …You can't remain idle and say because of your burnout, or you were experiencing burnout, you can't work. And you won't do anything, then you're gone. Who's going to pay your bills? If my wish should be granted, I would say maybe today I'm not going to go to work. But again it has to be done. You have to do it, you know. (Participant 4).

Therefore, the need to prioritize financial responsibilities, among these participants, often forced them to work despite feeling exhausted. Participant 6 also affirmed that financial gains were part of external pressures leading to burnout and an underlying motivation for multiple shifts: "*the only reason that I can see behind picking multiple shifts is financial gain*".

4.3.3 Professional Growth

The desire for professional growth was also identified as a significant external factor influencing burnout among the participants. Five of the participants expressed the need for upskilling and advancement within their careers either due to the perceived undervaluation of their roles as HCAs or for some other reasons leading to the pressures to upskill or transition

to higher-paying positions. Participant 1 expressed a wish to "*upskill and study further because HCAs are not paid well*." Participant 2 pointed out that

> …For the work you do and everything you know, it's very, very bad. And I think the fact that HCAs are not nurses [we] were nearly treated as second class citizens. It creates pressure to upgrade our qualifications or seek other high paying jobs. (Participant 2).

Consequently, Participant 3 shared that pursuing education was a sure means to transition from HCA roles to better positions, noting, *"I am already in college, and part of the reason is because I intend to move from HCA to something better."* This aspiration for advancement reflected the dissatisfaction with current roles and compensation among these healthcare professionals.

4.4 Work-Life Balance

The analysis identified that work-life balance played a crucial role in the experiences of burnout among healthcare professionals. The findings were categorized into two primary subthemes: self-care practices and professional support systems.

4.4.1 Self-Care Practices

All participants identified coping mechanisms such as music, walking, gym, mindfulness, etc as essential to managing burnout and maintaining a sense of balance in their lives. Participant 4 spoke about the importance of music as a coping mechanism:

> I like singing, you know, and I have the time now sometimes to get on my piano and play on. I am not a musician, but again, I had an experience about music, you know, because being a monk for years, you know, you should know have to sing. So, music gives me joy. And so, that is what I use to manage my burnout

> as well, when I have very much stress. I don't drink; I don't smoke and I don't go to party or Club, that's why I play my music and use it to chill off. But again with my music, it gets me peace and love, takes me closer to myself. (Participant 4).

Meditation and physical activity were also identified as key strategies for coping mechanisms among the participants. According to Participant 3,

> ….I meditate and most of all, I go to the gym. What I like the most is just going to the gym and probably watching my documentaries, true life documentaries. That's how I spend my time….Especially with the meditation, mindfulness, practising all those. You know.
> Those things help you to regulate the stress you have. It is called stress management and it's really, honestly, very helpful especially when I introduce mindfulness in my routine it has helped me a lot. It has really helped me and I learned that it does help a lot especially with mental health. (Participant 3).

4.4.2 Professional Support Systems

Two participants mentioned that there were no support systems in their workplaces, others stated that professional support systems were available to the staff. Meanwhile, other participants mentioned they had accessed these support systems especially for overcoming stress. These support systems particularly mentioned by the participants include "free counselling sessions", "sensation rooms for mindfulness", and "gym".

> Yeah we've in our company. And yeah I did access it when I lost my mom. In 2023 yeah. The company was a bit helpful because you know there is someone to talk to. We have psychologists so I did reach out to them during that time of

> grief, yeah… They are beneficial when you go there with an objective. (Participant 3).

Professional support systems were critical in maintaining a healthy work-life balance, among the participants. In conclusion, the result of the interviews from six healthcare professionals identified four main themes related to burnout: emotional exhaustion, workplace environment, external pressures on job, and work-life balance. Participants narrated how these factors individually and collectively contributed to their experiences of burnout in their workplaces.

5.0 DISCUSSION

5.1 Burnout

The study investigated the experiences of burnout among healthcare professionals in Ireland. Burnout, a state of emotional, physical, and mental exhaustion (Maslach & Leiter, 2016) had been a growing concern among healthcare professionals. Carr and Kelly's (2023) study of burnout among healthcare practitioners in Ireland suggested that burnout is a major concern in Ireland. Thus, this study examined the narratives of six participants, all of whom were HCAs, to gain a deeper understanding of their experiences of burnout within the healthcare profession, with a particular emphasis on the challenges faced by HCAs. The six participants mentioned longer work duration and insufficient rest, work environment, external pressures on job and work-life balance as causes of burnout. These factors were also reported in other studies (Hu et al., 2016; Norful et al., 2024; Schneiderman et al., 2005) and posed huge risk to both staff and clients (Hu et al., 2016; Norful et al., 2024; Schneiderman et al., 2005).

5.1.1 Longer Work Duration and Insufficient Rest

Regarding the findings of the study on longer workloads, previous literature indicated that prolonged shifts and insufficient rest in the healthcare environment were significant factors contributing to burnout (Alzoubi et al., 2024; Norful et al., 2024;). The study of Hu et al. (2016) also suggested that there existed an association between long working hours and burnout. In consistent with these studies, all participants reported that prolonged work hours without rest accumulated to overwhelming emotional exhaustion and fatigue. Moreover, healthcare professionals, at times, in taking multiple shifts, failed to observe the legal rest established by healthcare regulations in between shifts.

In addition to longer work durations, Torun et al. (2024) reported that night shifts were detrimental to the well-being of healthcare professionals as they increased susceptibility

to high blood pressure. The impact of night shifts on their overall health was reported by all participants as more stressful and negatively impactful than day shifts. Participants' narratives identified night shifts as a significant factor leading to burnout especially when done simultaneously without sufficient rest. It is, therefore, suggested that a well-structured pattern of night shifts be advocated in healthcare companies that is healthy to the staff. Meanwhile, healthcare professionals should necessarily find time to take rest in between shifts and abide by the policies and regulations of healthcare directives in Ireland regarding health and safety of healthcare professionals.

5.1.2 Workplace Environment

Previous research by Lopes La Falce et al. (2023) emphasized the importance of fostering a team spirit and a collaborative work environment, highlighting that workplace toxicity, conflicts, and discrimination are significant contributors to burnout among healthcare professionals. The current findings echoed these concerns, demonstrating that participants identified workplace toxicity and workplace conflicts as detrimental to their well-being and job satisfaction. Participants reported experiences of discrimination that not only undermined their morale but also created an atmosphere of mistrust and resentment.

Participants expressed that these negative dynamics hindered their ability to build supportive relationships with colleagues and management at their workplace and, led to feelings of isolation and helplessness. This study contributes to the existing literature to address workplace toxicity and implement strategies that promote inclusivity, respect and collaboration, thereby enhancing staff well-being and reducing burnout.

Furthermore, participants reported about a lack of motivation in their workplaces. Previous studies have indicated that diminished motivation among healthcare professionals is a significant predictor of burnout, as it can lead to disengagement and reduced job

satisfaction (Ahmed et al., 2024; Kennedy et al., 2025). The current study corroborated these literatures, noting that participants felt that despite their dedication, their efforts often went unrecognized, contributing to feelings of inadequacy and frustration. The absence of supportive leadership and acknowledgment of their contributions not only affected their performance but also fostered an environment where burnout could thrive. This study emphasized the need for healthcare organizations to implement strategies that enhance motivation, such as recognition programs and open professional development opportunities. By addressing motivational deficits, healthcare professionals may experience improved well-being and reduced risk of burnout.

5.1.3 External Pressure

Anderson et al. (2023) suggested that certain external factors exert pressure on healthcare professionals. In this regard, all participants reported experiencing one or more of these external factors as negatively impactful on their well-being: family pressure, financial pressures, and professional growth. All participants indicated that they faced family pressures, whether in nursing a child with special needs, tending to children, assisting in the care of vulnerable adults in the family, or managing family chores. These inevitable needs demanded attention from professionals during hours that should have been reserved for rest. Consequently, some participants either reduced their working hours or quit their jobs due to the burnout stemming from the accumulated stress of balancing professional responsibilities with external familial pressures.

In addition to the above, the overall perception of the participants was that poor financial remuneration contributed significantly to burnout. Some healthcare professionals in Ireland, particularly HCAs, receive low financial benefits (Conyard et al., 2020). To meet their financial obligations, healthcare professionals often opted for multiple shifts, even when

they felt overwhelmed. Moreover, healthcare professionals worked harder, often believing that such efforts would yield better opportunities for professional growth. This ideological belief showed the complex interplay between external pressures and the well-being of healthcare professionals, and the urgent need for systemic changes in the healthcare sector to address these challenges.

5.1.4 Work-life Balance

Work-life balance was divided into two categories: self-care practices and professional support. Cole et al. (2025) suggested that self-care practice was paramount for competent and ethical social work practice. Self-care practices improved the quality of life and ensured work-life balance among healthcare practitioners (Cole et al., 2025). Participants in this study reported engaging in different self-care practices such as physical activity, mindfulness, or quality time with loved ones which boosted their emotional and psychological demands of their roles. This finding contributed to the study by emphasizing the importance of self-care practices in enhancing the well-being of healthcare professionals.

Additionally, the availability of professional support systems, such as counselling, therapies, training, and wellness programs, was identified as a crucial factor in maintaining a healthy work-life balance. These findings were consistent with the literature on the role of work-life balance and organizational support in promoting well-being and resilience among healthcare workers (Riyono & Rezki, 2022). Riyono and Rezki (2022) suggested that among working mothers, work-life balance and perceived organizational support simultaneously predicted burnout tendency. A low work-life balance would predict high burnout, while a high work-life balance would predict low burnout tendency. All participants reported a high work-life balance via counselling, therapies, and other wellness programs. The contribution

to the study highlighted the significance of professional support systems in alleviating burnout and fostering a sustainable work-life balance among healthcare professionals.

5.2 Implications of the Findings for policy, practice and research

Throughout the study, the experiences of burnout among healthcare professionals were highlighted, revealing significant challenges that necessitated attention. These findings had certain implications for policy, practice, and research in the healthcare sector.

5.2.1 Policy Implications

Addressing burnout required a versatile approach, involving healthcare institutions at their organizational level, policymakers, and an analysis of each individual situation. For instance, to combat deteriorating mental health, the National Association of Social Workers' Code of Ethics called for a renewed focus on self-care practices (Cole et al., 2025). Moreover, the Health Information and Quality Authority (HIQA) policies in Ireland emphasized the importance of promoting a positive work environment and ensuring adequate rest and recovery for healthcare professionals (Ireland, 2007). Moreso, healthcare companies, organizations, and agencies need to enforce policies on rest, respect, and other health and safety measures for the overall well-being of healthcare professionals. The insights from this study can inform the development and implementation of policies and interventions aimed at addressing the root causes of burnout, such as improving staffing levels, enhancing support and recognition for healthcare workers, and promoting work-life balance initiatives.

5.2.2 Clinical Implications

The six HCAs who took part in this study shared how they were impacted from burnout. The findings of this study emphasised how important it is for healthcare institutions to prioritize much attention to burnout among healthcare professionals. The impacts among healthcare professionals could be reduced by organisations following strictly Ireland’s HIQA

procedures as proactive measures and putting in place other established support systems, such as wellness initiatives and therapy in supporting healthcare professionals. Also, lowering workplace toxicity and raising job satisfaction will encourage a more productive and less stressful work atmosphere. It may be beneficial for healthcare professionals if regular evaluations of mental health and burnout levels should be a part of clinical procedures to guarantee that prompt interventions and support systems are in place.

5.2.3 Research Implications

The use of qualitative research methodology in the present study contributed to the existing literature by emphasizing the unique experiences among healthcare professionals, especially, HCAs, within the healthcare workforce in Ireland. The findings highlighted how specific interventions are needed to address the difficulties that these professionals face. Future research should explore the long-term effects of specific interventions aimed at reducing burnout, such as structured mental health training, coping strategies, and regular supervision. Additionally, future studies should explore any differences in the burnout levels between male and female healthcare professionals.

5.3 Limitations

This qualitative study involved interviews with HCAs who reported their experiences of burnout. Participants were selected using snowball and convenience sampling methods, which included individuals from the researcher's workplace. While this approach provided valuable insights, it also introduced potential bias. However, this bias was offset by the participants' longer experiences in their workplaces.

The age range of participants was between 41 and 57 years. Consequently, the experiences reported by this group may not be representative of younger healthcare professionals or those in older age brackets. Also, given the qualitative nature of the study,

the findings could have yielded different results if a quantitative approach or focus group discussions had been employed. This limitation suggests that further research with diverse sampling methods and participant demographics could enhance the understanding of burnout experiences among healthcare assistants in Ireland.

The researcher's pilot study addressed potential difficulties in the main study, such as logistical challenges and participant engagement. While the majority of interviews proceeded smoothly and as planned, the ability of the researcher to build rapport with participants varied which may have impacted the depth and honesty of their responses. Also, although some deviations from the initial plan occurred, these moments often led to unexpected insights that, while enriching the findings, also highlighted the limitations of the study's consistency.

5.4 Strengths

For the study, the researcher's rapport with participants facilitated a comfortable environment and encouraged open dialogue. The study comprised a heterogeneous group of participants, including three males and three females, which contributed to a balanced representation of perspectives. The participants were also drawn from diversified cultural backgrounds. Meanwhile, the participants were exclusively HCAs drawn from various sectors of healthcare services, including community services, nursing homes, residential homes, homecare services, and intellectual disability services. Some of these participants had experiences across multiple services, enriching the data collected. Most importantly, this study was the first qualitative investigation into burnout among HCAs in Ireland, to the best of the researcher's knowledge, highlighting its significance in the field.

5.5 Future Research

Future research utilizing a quantitative methodology on HCAs could further deepen the understanding of the factors contributing to burnout. Also, a mixed-method approach is proposed to provide a more comprehensive perspective on the issue. The number of

participants were limited which could have influenced the findings. Future studies consisting of more participants and their workplaces are encouraged to broaden the scope. This expansion would enhance the generalizability of the findings and contribute to a more robust understanding of burnout in the healthcare sector.

5.6 Conclusion

This study investigated the experiences of burnout among healthcare professionals in Ireland, focusing specifically on HCAs. The findings revealed significant evidence of burnout among healthcare professionals. The study identified that workplace environment, longer work durations, insufficient rest, workplace toxicity, and external pressures were among the factors leading to burnout. Moreover, all six participants highlighted the importance of self-care practices and professional support systems in preventing burnout. Finally, the study underscored the need for healthcare organizations to implement policies that promote a positive work environment and enhance staff well-being.

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Appendices

Appendix 1

Differences between HCAs in Ireland and in other nations (Conyard et al., 2020)

	Ireland (ROI)	Germany	Greece	Hungary	USA	Canada
National Curriculum	1. Awarding body: QQI 2. State & Private providers 3. Each setting has its own quality assurance with QQI 4. Modules: Broad; QQI demand 3 core modules. 5.NFQ level 5/ EQF level 4	1. There is no national curriculum in place 2. Each German federal state decide on their curriculum	1. Awarding Body: OAED** 2. State provider 3. Modules included depend on stream Ex. Nursing Assistant, Nursing Home Assistant	1. Awarding Body: State 2. State Provided 3. National Framework EQF level 3 4. Modules include 50/50 split of theory & practice	1. Awarding body dependant on State. 2. By Healthcare Institution or by Community college* 3. Must pass State Exam	1. Awarding Body: Provincial State 2. Public & private providers* 3. Each Province controls Competence* 4. Uses Laboratory, classroom & practical components*
Qualification Required to Work	Public Sector: Required Private Sector: Not Required	Required	Required	Required	Required*	Required*
Regulation of Role	HCAs & Qualified Carers are unregulated healthcare staff	16 German federal states regulate the education of HCAs	Profession is regulated by Greek Law	Profession is regulated by Law and by ENNK*** Licence to work is Registration	Role is regulated by State and Board of Nursing*	Role is regulated by each State government*
National Registry / Register	No National or Provential Registry is in Place in the Republic of Ireland	No National or Provential Registry	No National or Provential Registry	Register is held by ENNK***	Register is held by State / Board of Nursing*	Called the 'Directory' Controls Core Competences*
Mandatory Registration to Practice	No Register in place	No Register in place	No registry in place	Licence is tied with registration	Mandatory*	Mandatory from Training*
CPD required by Regulation	CPD is required in all Settings & Sectors HIQA and similar bodies audit CPD	CPD is not lawfully required but is professionally expected in all settings	CPD is not lawfully required but is professionally expected in clinical environments.	CPD is not lawfully required but is professionally expected in clinical environments.	Required* Training agencies and Employer Model*	CPD is required but is based on an employer-employee level*

* State Dependant ** OAED: National Greek Labour Employment Agency. *** ENNK: Health Registration and Training Centre)

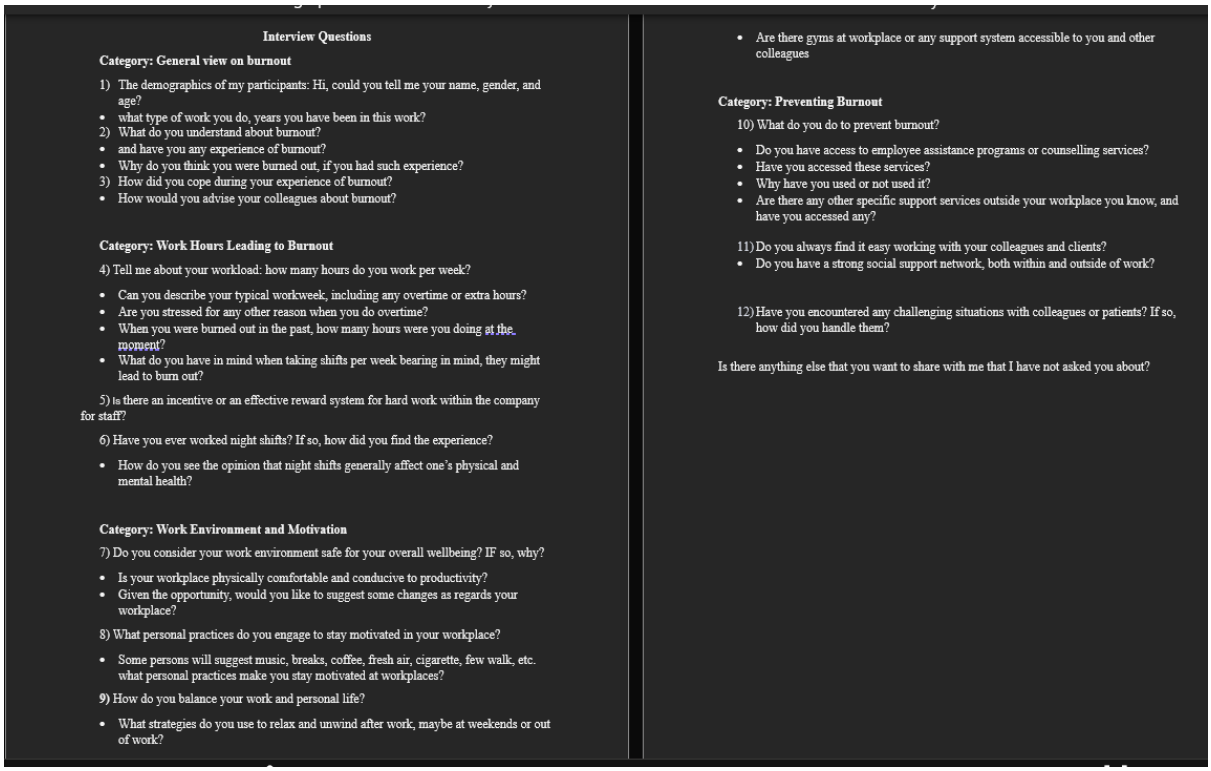
Appendix 2

Demographics of participants

Participant's ID	Age	Gender	Years of Experience	Ethnicity
Participant 1	46	Male	4.5	Italian
Participant 2	57	Female	26	Irish
Participant 3	41	Female	4	Irish African
Participant 4	50	Female	1	Irish
Participant 5	41	Male	5	African
Participant 6	46	Male	17	Irish African

Appendix 3: Interview Guide

Interview guide



Interview Questions

Category: General view on burnout

1) The demographics of my participants: Hi, could you tell me your name, gender, and age?
- what type of work you do, years you have been in this work?

2) What do you understand about burnout?
- and have you any experience of burnout?
- Why do you think you were burned out, if you had such experience?

3) How did you cope during your experience of burnout?
- How would you advise your colleagues about burnout?

Category: Work Hours Leading to Burnout

4) Tell me about your workload: how many hours do you work per week?

- Can you describe your typical workweek, including any overtime or extra hours?
- Are you stressed for any other reason when you do overtime?
- When you were burned out in the past, how many hours were you doing at the moment?
- What do you have in mind when taking shifts per week bearing in mind, they might lead to burn out?

5) Is there an incentive or an effective reward system for hard work within the company for staff?

6) Have you ever worked night shifts? If so, how did you find the experience?

- How do you see the opinion that night shifts generally affect one's physical and mental health?

Category: Work Environment and Motivation

7) Do you consider your work environment safe for your overall wellbeing? IF so, why?

- Is your workplace physically comfortable and conducive to productivity?
- Given the opportunity, would you like to suggest some changes as regards your workplace?

8) What personal practices do you engage to stay motivated in your workplace?

- Some persons will suggest music, breaks, coffee, fresh air, cigarette, few walk, etc. what personal practices make you stay motivated at workplaces?

9) How do you balance your work and personal life?

- What strategies do you use to relax and unwind after work, maybe at weekends or out of work?
- Are there gyms at workplace or any support system accessible to you and other colleagues

Category: Preventing Burnout

10) What do you do to prevent burnout?

- Do you have access to employee assistance programs or counselling services?
- Have you accessed these services?
- Why have you used or not used it?
- Are there any other specific support services outside your workplace you know, and have you accessed any?

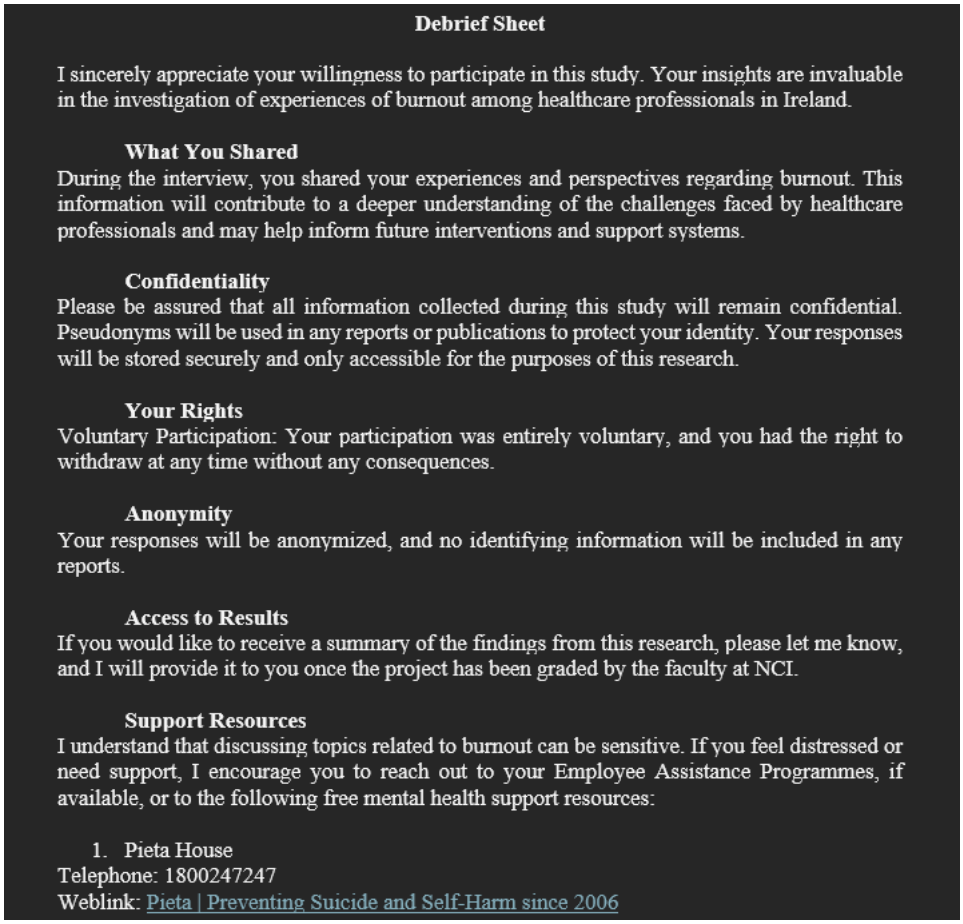
11) Do you always find it easy working with your colleagues and clients?
- Do you have a strong social support network, both within and outside of work?

12) Have you encountered any challenging situations with colleagues or patients? If so, how did you handle them?

Is there anything else that you want to share with me that I have not asked you about?

Appendix 4

Debrief Sheet



Debrief Sheet

I sincerely appreciate your willingness to participate in this study. Your insights are invaluable in the investigation of experiences of burnout among healthcare professionals in Ireland.

What You Shared

During the interview, you shared your experiences and perspectives regarding burnout. This information will contribute to a deeper understanding of the challenges faced by healthcare professionals and may help inform future interventions and support systems.

Confidentiality

Please be assured that all information collected during this study will remain confidential. Pseudonyms will be used in any reports or publications to protect your identity. Your responses will be stored securely and only accessible for the purposes of this research.

Your Rights

Voluntary Participation: Your participation was entirely voluntary, and you had the right to withdraw at any time without any consequences.

Anonymity

Your responses will be anonymized, and no identifying information will be included in any reports.

Access to Results

If you would like to receive a summary of the findings from this research, please let me know, and I will provide it to you once the project has been graded by the faculty at NCI.

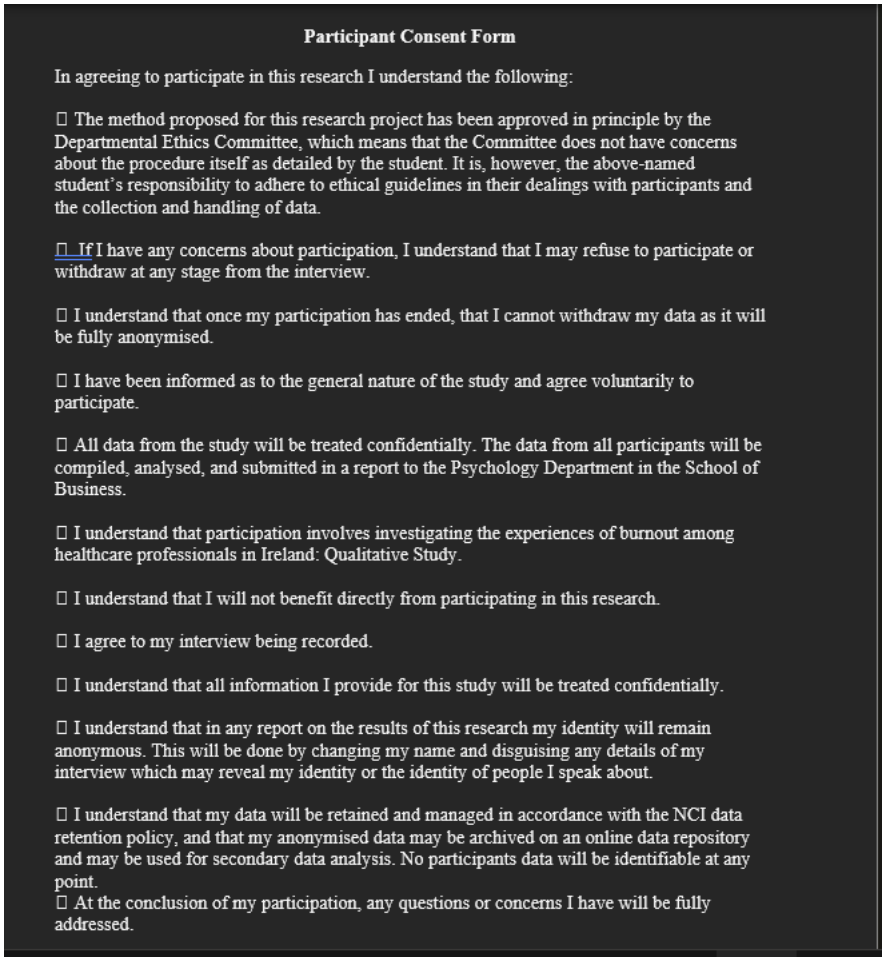
Support Resources

I understand that discussing topics related to burnout can be sensitive. If you feel distressed or need support, I encourage you to reach out to your Employee Assistance Programmes, if available, or to the following free mental health support resources:

1. Pieta House

Telephone: 1800247247
Weblink: Pieta | Preventing Suicide and Self-Harm since 2006

Appendix 5 Participant consent form



Participant Consent Form

In agreeing to participate in this research I understand the following:

 The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.

 If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage from the interview.

 I understand that once my participation has ended, that I cannot withdraw my data as it will be fully anonymised.

 I have been informed as to the general nature of the study and agree voluntarily to participate.

 All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business.

 I understand that participation involves investigating the experiences of burnout among healthcare professionals in Ireland: Qualitative Study.

 I understand that I will not benefit directly from participating in this research.

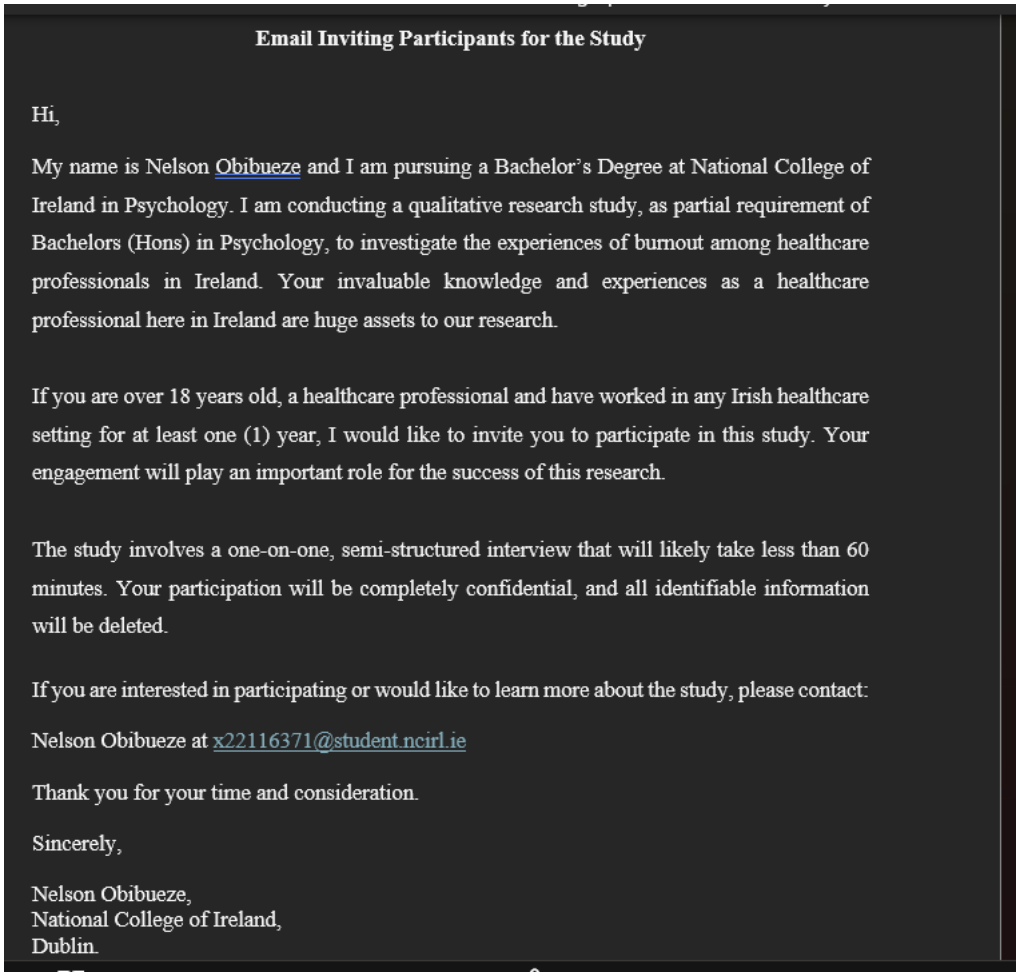
 I agree to my interview being recorded.

 I understand that all information I provide for this study will be treated confidentially.

 I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.

 I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that my anonymised data may be archived on an online data repository and may be used for secondary data analysis. No participants data will be identifiable at any point.
 At the conclusion of my participation, any questions or concerns I have will be fully addressed.

Appendix 6 Recruitment Flier



Email Inviting Participants for the Study

Hi,

My name is Nelson Obibueze and I am pursuing a Bachelor's Degree at National College of Ireland in Psychology. I am conducting a qualitative research study, as partial requirement of Bachelors (Hons) in Psychology, to investigate the experiences of burnout among healthcare professionals in Ireland. Your invaluable knowledge and experiences as a healthcare professional here in Ireland are huge assets to our research.

If you are over 18 years old, a healthcare professional and have worked in any Irish healthcare setting for at least one (1) year, I would like to invite you to participate in this study. Your engagement will play an important role for the success of this research.

The study involves a one-on-one, semi-structured interview that will likely take less than 60 minutes. Your participation will be completely confidential, and all identifiable information will be deleted.

If you are interested in participating or would like to learn more about the study, please contact:

Nelson Obibueze at x22116371@student.ncirl.ie

Thank you for your time and consideration.

Sincerely,

Nelson Obibueze,
National College of Ireland,
Dublin.

Appendix 7: Participant Information form

Participant Information Sheet

PROJECT TITLE

Investigating the Experiences of Burnout among Healthcare Professionals in Ireland: Qualitative Study.

INVITATION

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

WHAT IS THIS STUDY ABOUT?

I am a final year student in the BA in Psychology programme at National College of Ireland. As part of our degree we must carry out an independent research project and supervised by Dr Amanda Kracen. This project has been approved by the Psychology Research Ethics Committee of National College of Ireland, Dublin. My project is to investigate the experiences of healthcare professionals facing burnout syndrome in Ireland. By understanding the root causes of burnout and examining existing strategies, my research study explores the many causes and effects of burnout among healthcare professionals in