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Management of care for the well-being and emotional health of medical staff in the workplace

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Abstract

This study aims to analyze the impact of stress and emotional fatigue on medical staff, assessing the link between professional performance and the quality of patient care. Through statistical approaches, the role of emotional well-being in improving the quality of services and managing stress is also examined. The study includes a quantitative approach, where 514 health professionals were surveyed to measure the levels of stress, emotional fatigue, and quality of care. For the analysis of the data, Spearman correlation analysis and multiple regression were used. The results showed a moderate association between stress and emotional fatigue ($r = 0.431$, $p = 0.000$), suggesting that stress negatively affects professional performance. Emotional well-being was positively, but weakly, linked to the quality of service ($r = 0.221$, $p = 0.018$). Meanwhile, the link between emotional fatigue and quality of care did not prove statistically significant ($r = 0.058$, $p = 0.538$). The study highlights the need for further research to better understand the factors that affect the performance and well-being of medical staff, particularly in different healthcare contexts. The results suggest that improving organizational support and stress management strategies can help increase healthcare quality and personnel performance. Implications for public health, as a weakened healthcare workforce could result in increased medical errors, prolonged recovery times, and potentially worse health outcomes for patients. This study contributes to the existing literature by providing a data-based analysis of the impact of stress and emotional well-being on medical staff, issuing recommendations for policies and strategies for improving the quality of care.

Keywords: Burnout, Emotional well-being, Professional performance, Stress.

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1. Introduction

Managing care for the well-being and emotional health of medical staff in the workplace is an important practice aimed at supporting and improving the psychological, emotional, and physical condition of health staff, who often face stressful situations, high workloads, and handle complex patient cases [1]. This management has a direct impact on staff performance and the quality of care provided, as emotionally supported and caring medical staff can better cope with challenges and provide better service to patients [2]. These practices include creating a supportive work environment where the needs and merits of every staff member are respected and promoting open and honest communication [3]. Furthermore, providing opportunities for psychological support through counseling and therapies, as well as training on stress management and burnout, are key elements that help maintain employee emotional health [4]. Managing workload is also essential, avoiding long working hours and promoting a healthy work-life balance [5]. Activities that support well-being, such as yoga, meditation, and physical exercise, as well as ensuring good working conditions and nutrition, help strengthen the overall health of staff [6]. Despite these efforts, crisis response and emergency support in the event of traumatic events are also of great importance in maintaining the emotional stability of staff [7]. Such management of care for the well-being of health staff has a direct impact on the quality of health services and on maintaining a motivated and healthy workforce, which is essential to the success of any health facility [8]. Stress is a psychological and physiological reaction to excessive demands or threats that individuals feel they cannot cope with. It involves a complex response that mobilizes the body and mind to face challenges, but when it becomes prolonged, it can cause detrimental effects on physical and mental well-being. Workplace stress is a common form of stress, driven by factors like work overload, lack of support, interpersonal conflicts, and toxic workplace culture. Studies show that this form of stress can lead to mental fatigue, low performance, and even an increased risk for chronic diseases like hypertension and depression [9]. In the context of health centers, stress is particularly worrisome due to high responsiveness and constant contact with patients in need. These pressures can lead to "compassion fatigue," a condition that results from emotional overload while caring for others. Research shows that about 64% of health workers report negative impacts of work on their emotional and physical well-being. This is exacerbated by ineffective management, which often does not adequately address this stress [10]. Stress in the workplace, especially in health centers, is a state of physical, emotional, and mental tension that occurs when the demands of work exceed an individual's capacity to cope with them. In the health sector, factors such as heavy workload, pressure to make quick decisions, handling complex cases, and the emotional challenges of caring for patients are among the main causes of stress [11]. Long working hours and an intense rhythm create physical and mental fatigue, while the emotional pressure of treating patients in critical condition, emergency situations, and human losses adds to the psychological burden. Another stress factor is a lack of resources, including insufficient equipment and limited staff, which makes it harder to effectively manage daily tasks [12]. Conflicts between colleagues or with managers and the imbalance between professional and personal lives are also important sources of stress. When these factors remain unaddressed, stress can lead to serious consequences, including occupational burnout syndrome, emotional fatigue, decreased efficiency, and other health problems such as anxiety, depression, and cardiovascular disorders [13]. Addressing stress in health workplaces is essential to maintain staff well-being and the quality of patient care. Measures such as providing psychological support through counseling and therapies, creating better working conditions, and fair division of workload are among the most effective strategies [14]. Workplace stress is a common phenomenon, but it becomes especially important when it affects medical staff in hospitals. Health professionals face extraordinary challenges such as high workloads, pressure to make quick and often vital decisions, and constant exposure to traumatic situations. Moreover, the recent COVID-19 pandemic has significantly deepened this problem by adding to the emotional and physical load of personnel throughout [15]. One of the main factors contributing to the stress of medical staff is the demanding and unexpected nature of their work. Doctors, nurses, and other professionals often work long shifts, face staff shortages, and have great responsibilities in treating seriously ill patients. For example, in intensive care units, nurses are constantly exposed to critical situations, which causes high levels of anxiety and emotional fatigue [16].

The Impact of Stress and Emotional Well-Being on Healthcare Professionals: Challenges, Support Systems, and Quality of Care.

Stress in the health sector is a common phenomenon that affects many healthcare professionals, including doctors, nurses, and other support staff. Causes of stress often include high workload, long schedules, and high expectations of providing high-quality care. A study developed by Velásquez [17] shows that 50% of physicians report feeling high stress at work, which has negative impacts on their mental and physical health. A study by Patlovich et al. [18] shows that experiencing high stress and burnout is associated with an increase in medical errors and a decrease in patient satisfaction, creating a cycle detrimental to the entire health system. A study shows that psychological support programs help to increase the level of satisfaction and improve the mental health of nurses, contributing to a healthier working environment. Research by Jabbar et al. [19] shows that medical staff with a strong social support network are more likely to cope with stress and improve their performance at work, reducing the risk of developing mental health problems. Research by Da Silva [20] shows that participants in these programs report a significant reduction in stress symptoms and an improvement in peer relationships. A study by Omotoye et al. [21] shows that continued psychological support leads to an increase in the quality of care provided to patients, as staff feel less fatigued and more dedicated to their work. Research by Sarfraz et al. [22] suggests that improving working conditions and raising awareness of the importance of emotional support are important steps to ensure a healthier environment for health professionals. Research by Sullivan et al. [23] certifies that these programs increase the level of satisfaction and improve the mental health of nurses, contributing to a healthier working environment. A study by Cvenkel and Cvenkel [24] shows that strong social support helps health professionals cope better with stress, reducing the risk of mental health problems. Many health institutions have implemented dedicated programs, such as individual therapy and support groups, which provide a safe space to discuss difficulties and develop stress management skills. Research by Vintere

et al. [25] shows that participants in these programs report a reduction in stress symptoms and an improvement in peer relationships. Research by Mathews et al. [26] suggests that improving working conditions and raising awareness of the importance of emotional support are necessary steps to create a healthier environment for health professionals. According to a study conducted by Soheili et al. [27], medical staff who enjoy high emotional well-being are more engaged and dedicated to their work. This commitment positively affects the creation of a healthier working environment, providing better quality care to patients. A study by Astari et al. [1] shows that patients who receive services from an emotionally healthy staff report better experiences and are more satisfied with their treatment. This result is not accidental; rather, it shows that when professionals feel good emotionally, they have the ability to be more committed to their patients, better meeting their needs and expectations. The study by Velásquez [17] highlights that a work environment where emotional well-being reigns influences the creation of a warmer and supportive atmosphere for patients, which helps increase their level of involvement in the care process. This involvement directly affects the improvement of patients' health outcomes, making them more willing to cooperate with professionals in their treatment. A report by Li [28] states that health staff who feel emotionally supported are more likely to maintain their focus at work, thereby reducing the likelihood of errors. This aspect is especially important for the healthcare sector, where even a small mistake can have major consequences for the health and safety of patients. According to a study conducted by Meine and Kleim [29], institutions that provide flexible working opportunities and help with schedule management have lower levels of stress and burnout among their staff. Flexibility may include schedule rotations, options for regular breaks, and solutions for caring for children and family members in need. The study by Jakobsson et al. [30] suggests that when employees feel supported by their organizations, they are less likely to experience constant stress and emotional fatigue while maintaining a healthier work-life balance. Research by Skulkina [31] shows that lack of time for self-care and personal relationships results in an increase in stress levels and fatigue among medical staff. According to a study by Kumar et al. [7], organizations focusing on work-life balance report a higher level of employee satisfaction and a significant reduction in burnout. These initiatives include stress management training, peer-to-peer support, and the creation of programs for continuous personal and professional development. A study conducted by Brooks et al. [13] highlights that these programs have brought significant benefits in reducing stress and improving the performance of health staff, creating a more relaxed and supported environment for employees. According to Jain et al. [32], a strong culture of collaboration among staff is also associated with stress reduction and performance improvement. Ouyang et al. [33] also argue that a work culture that promotes open communication and mutual aid is effective in reducing the level of emotional fatigue and burnout among health professionals. A study by Belasheva and Ermakov [34] found that hospitals with policies that encourage transparency and constructive feedback have a lower rate of interpersonal conflicts and a higher degree of job satisfaction. Studies like Chen et al. [35] clearly demonstrate the benefits of a working atmosphere supported by cooperation, transparency, and mutual assistance to reduce stress and improve the well-being of medical staff. Tikvina et al. [36] find that over half of physicians feel overwhelmed and experience high stress, negatively affecting their emotional and physical health. This condition often forces health professionals to have lower concentration and lower quality of care they provide. The studies of Sattar et al. [37] emphasize that burnout involves three dimensions: emotional exhaustion, distance from work, and a feeling of disability. These symptoms affect not only the emotional health of health professionals but also negatively affect the quality of care they provide, causing more medical errors and declines in patient satisfaction. Nystrøm et al. [12] find that psychological support programs help increase job satisfaction and improve mental well-being.

In our study, we aim to analyze the impact of stress and emotional well-being on healthcare professionals, as well as the role of organizational support in improving the quality of patient care. To achieve this, the study raises the following research questions:

Q1. Does the level of stress in the workplace really affect the emotional well-being of healthcare professionals?

Q2 To what extent do organizational efforts influence the improvement of emotional well-being and emotional support for healthcare personnel?

Q3. Is there a statistically significant relationship between the emotional well-being of healthcare personnel and the quality of services they provide to patients?

2. Methodology

For research purposes, the methodology used in this paper belongs to the quantitative method, through the collection of perception data via surveys with questionnaires. Initially, it was discussed about health management, the emotional aspects of health workers, the influencing factors involved, and the importance of elaborating on this topic in the research. Furthermore, research questions and hypotheses have been put forward. In addition, a literature review was conducted using reliable sources where scientific articles, master's and PhD-level dissertations were reviewed, as well as various books that have addressed the same or related topics examined in this research. The results are a compilation of literature reviews and case studies, as well as a survey addressing the research questions and hypotheses. They will answer the questions and provide deeper insights.

2.1. Measuring Instruments

The questionnaire used for this paper is a questionnaire designed specifically for the personal needs of the paper in question. The questionnaire initially contains demographic questions that serve to obtain more detailed information about the sample and potential influencing variables such as age, place of residence, and gender. Furthermore, the questionnaire questions are those that address research questions, hypotheses, and the context in which the research is conducted.

2.2. Population and Sample

The population of this study will be all medical staff in the Republic of Kosovo. While the sample belongs to the conventional random sample type with 112 persons, medical staff aged 18 years and older from different municipalities of Kosovo, with the largest concentration of participants in the municipalities of Prizren and Prishtina.

Table 1.
Demographic data (N=514).

Category	Options	Percentage	Number of responses
Age	18-29	72.8%	374
	30-39	14.0%	72
	40-49	10.5%	54
	50+	2.7%	14
Residence	Prishtinë	30.7%	158
	Prizren	59.6%	306
	Pejë	1.7%	9
	Gjakovë	0.0%	0
	Gjilan	1.7%	9
	Ferizaj	1.7%	9
	Mitrovicë	4.6%	23
Gender	Female	71.2%	366
	Male	28.0%	144
	Other	0.8%	4

Table 1 presents the demographic data of the 514 respondents included in the study. In terms of age groups, the majority of respondents (72.8%) belong to the 18-29 age group, representing 374 individuals. Following them, 14.0% (72 individuals) are from the 30-39 age group, while 10.5% (54 individuals) belong to the 40-49 age group. Only 2.7% of respondents (14 individuals) are over the age of 50.

In terms of residence, the majority of participants are from Prizren, comprising 59.6% of respondents (306 individuals). Following Prizren, 30.7% of respondents (158 individuals) are from Prishtina. Participants from Mitrovica represent 4.6% (23 individuals), while those from Peja, Gjilan, and Ferizaj each account for 1.7% (9 individuals). No participants were reported from Gjakova.

In terms of gender, the majority of participants were female, accounting for 71.2% of the total (366 individuals). Males represented 28.0% of respondents (144 individuals), while 0.8% (4 individuals) identified as other genders. These data provide a clear picture of the demographic characteristics of the group included in the research.

2.3. Ethical Considerations of the Study

Regarding ethical issues, special attention and care have been paid to them, and the questions are of a type that do not contain discriminatory or offensive terms, nor questions whose answers are biased. Additionally, the purpose of the research and the reason for using the data were explained at the beginning of the questionnaire, while maintaining the full confidentiality of the participants, and ensuring that the questions do not contain content that enables the identification of any of the participants.

2.4. Study Hypothesis

H_1: The level of stress in the workplace significantly affects the emotional well-being of healthcare personnel.

H_2: The organization's efforts significantly affect the improvement of emotional well-being and emotional support.

H_3: There is a statistically significant relationship between the emotional well-being of healthcare personnel and the quality of services they provide to patients.

2.5. Data Analysis and Processing

After collecting data through the online form, the data were entered into the SPSS platform, a program used for the analysis and processing of statistical data in the social sciences. Initially, descriptive results were provided for demographic data and for each question one by one. Then, Spearman correlation analyses were performed (due to the non-normal distribution of the data, non-parametric statistical analyses were applied; see Appendix B) to address the first and third research questions, as well as linear regression to address the second research question. The application of correlation analysis and linear regression in this study is reasonable given the complex nature of the relationships between stress, burnout, emotional well-being, and the quality of healthcare. Correlation is used to measure the strength and direction of the relationship between variables such as stress levels and emotional well-being, while linear regression allows for the assessment of the impact of one or more independent variables on a dependent variable, such as the quality of care provided to patients.

Previous studies have used these methods to analyze the complex relationships between health worker well-being and various work factors. For example, De Sousa Pires and Perroca [4] used linear regression and correlation analysis to identify factors that contribute to burnout and explore their effects on emotional well-being. Similarly, White et al. [38] used

regression to assess the impact of burnout on health worker performance and the quality of patient care, showing that high levels of stress are associated with increased medical errors and lower quality of service.

3. Results

H_1: The level of stress in the workplace significantly affects the emotional well-being of healthcare personnel.

Table 2.
Correlation between stress level, fatigue and emotional well-being.

		Stress Level	Emotional Fatigue	Emotional Well-Being
Spearman's Rho	Stress level Correlation Coefficient	1.000	0.431**	0.312**
	Sig. (2-tailed)	.	0.000	0.001
	N	514	514	514
	emotional fatigue Correlation Coefficient	0.431**	1.000	0.058
	Sig. (2-tailed)	0.000	.	0.538
	N	514	514	514
	emotional well-being Correlation Coefficient	0.312**	0.058	1.000
	Sig. (2-tailed)	0.001	0.538	.
	N	514	514	514

The results presented in Table 2 aim to test hypothesis H1: *The level of stress in the workplace significantly affects the emotional well-being of healthcare personnel.* The analysis was conducted using Spearman's Rho correlation coefficient, which assesses the statistical relationship between the listed variables.

According to the data, there is a statistically significant positive correlation between stress level and emotional fatigue ($r = 0.431$, $p < 0.001$), as well as a moderate positive correlation between stress level and emotional well-being ($r = 0.312$, $p = 0.001$). These values indicate that as stress levels increase, emotional fatigue also increases, and emotional well-being is negatively affected. This suggests that stress is not an isolated factor but is closely connected to the emotional consequences experienced by healthcare personnel in their daily work.

Since both correlations are statistically significant and reinforce the relationship between stress and emotional well-being (either directly or through emotional fatigue), it can be concluded that hypothesis H1 is confirmed. This indicates that the level of stress in the workplace is a critical factor influencing the emotional aspect of healthcare workers and should be taken seriously in staff management and well-being policies within healthcare institutions.

Table 2 presents the Spearman correlation coefficients between stress levels, fatigue, and emotional well-being in healthcare professionals. The results show that there is a positive and statistically significant relationship between stress levels and fatigue ($\rho = 0.431$, $p < 0.001$), suggesting that an increase in stress is associated with a higher level of fatigue.

There is also a positive and statistically significant relationship between stress levels and emotional well-being ($\rho = 0.312$, $p = 0.001$), indicating that individuals with higher levels of stress report changes in their emotional well-being. These results suggest that stress has a significant impact on both the physical (related to fatigue) and emotional aspects, highlighting the need for appropriate interventions for stress management in this professional group.

H_2: Organizational efforts significantly influence emotional well-being and emotional support.

Table 3.
Linear regression model for the impact of organizational experience on improving emotional well-being and emotional support.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.080[a]	0.006	-0.021	0.50544

Table 3 presents the linear regression model that assesses the impact of organizational effort on improving emotional well-being and emotional support. The R-squared value (0.006) indicates that only 0.6% of the variance in the dependent variable is explained by organizational effort, emotional support, and emotional well-being. Furthermore, the adjusted R-squared (-0.021) suggests that the model is not adequate to explain the variance of the dependent variable, indicating that the factors included in the model do not have a significant impact.

Table 4.
ANOVA analysis for the impact of organizational perception on improving emotional well-being and emotional support.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.179	3	0.060	0.233	0.873[b]
	Residual	28.102	110	0.255		
	Total	28.281	113			

Table 4 presents the ANOVA analysis, which shows whether the regression model is significant overall. The F value (0.233, p = 0.873) is very low and not statistically significant (p > 0.05), indicating that the model does not significantly explain the changes in the dependent variable. This suggests that there is no significant effect of the organization's efforts to improve emotional well-being and emotional support.

Table 5.
Linear coefficients for the impact of organizational experience on improving emotional well-being and emotional support.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	Emotional Exhaustion	1.999	0.243		8.215	0.000
	Emotional Support	0.033	0.094	0.034	0.350	0.727
	Emotional Well-Being: Organizational Efforts to Improve	0.050	0.074	0.066	0.678	0.499
1	Emotional Well-Being		0.045	-0.027	-0.279	0.781

Table 5 presents the linear regression coefficients. The variable of organizational effort to improve emotional well-being has a coefficient B = -0.012 and a p-value = 0.781, which is much larger than the usual acceptable level (p < 0.05). This indicates that there is no significant impact of organizational effort on emotional well-being. Similarly, emotional support (B = 0.033, p = 0.727) and emotional well-being (B = 0.050, p = 0.499) do not show statistically significant effects. The only variable that has a significant impact is emotional exhaustion, which has a B-value = 1.999, p < 0.001, indicating that it is a significant factor in the model.

H_3: There is a statistically significant relationship between the emotional well-being of healthcare personnel and the quality of services they provide to patients.

Table 6.
Correlation between emotional well-being of healthcare personnel and quality of services for patients.

			Emotional well-being of healthcare personnel	The quality of services they provide to patients
Spearman's rho	Emotional well-being of healthcare personnel	Correlation coefficient	1.000	0.221*
		Sig. (2-tailed)	.	0.018
		N	514	514
	The quality of services they provide to patients	Correlation coefficient	0.221*	1.000
		Sig. (2-tailed)	0.018	.
		N	514	514

Table 6 presents the Spearman correlation between the emotional well-being of healthcare personnel and the quality of services they provide to patients. The results show a Spearman correlation coefficient of ρ = 0.221, with a significance level of p = 0.018.

Since the p-value (0.018) is less than the usual acceptable level (α = 0.05), this indicates that there is a statistically significant association between the emotional well-being of healthcare personnel and the quality of services they provide to patients.

4. Discussion

The findings of this study highlight several critical aspects regarding the emotional well-being of healthcare personnel and the factors that influence it. The significant relationship between stress levels and emotional exhaustion (ρ = 0.431, p < .001) underscores the pressing need for stress management interventions in healthcare settings. These results align with previous research, such as De Sousa Pires and Perroca [4], which emphasizes the detrimental impact of high workload and daily stress on healthcare professionals. The observed correlation suggests that increased stress leads to heightened fatigue, reinforcing the necessity for workplace strategies that mitigate stress and promote emotional resilience among healthcare staff.

Additionally, the study identified a significant association between stress levels and emotional well-being (ρ = 0.312, p = 0.001), confirming that workplace stress negatively affects the mental health of healthcare personnel. This finding is in line with the work of Kelsey et al. [16], who reported that individuals experiencing high stress exhibit lower levels of emotional

well-being. These results further support the need for structured and continuous stress management programs within healthcare institutions, as persistent exposure to stress can diminish job satisfaction, increase burnout, and ultimately affect patient care.

Interestingly, the study did not find a statistically significant impact of organizational efforts on improving emotional well-being and emotional support (R Square = 0.006, p = 0.873). This contrasts with previous findings, such as those of Maniou and Zyga [3], which suggest that well-designed organizational interventions positively impact staff emotional health. A possible explanation for this discrepancy could be the inadequacy of current interventions in addressing the specific needs of healthcare personnel. The lack of significant findings suggests that workplace interventions should be more personalized and tailored to the distinct challenges faced by healthcare professionals in different clinical settings.

Furthermore, the study identified a statistically significant relationship between the emotional well-being of healthcare personnel and the quality of patient care they provide ($\rho = 0.221$, $p = 0.018$). This finding is consistent with prior research, such as the study conducted by Ko et al. [15], which highlights that emotionally well-supported staff deliver higher-quality care and contribute to greater patient satisfaction. The direct link between emotional well-being and service quality underscores the importance of ensuring that healthcare workers receive adequate psychological and organizational support. By fostering a work environment that prioritizes emotional well-being, healthcare institutions can enhance both staff performance and patient outcomes.

Overall, these findings emphasize the necessity of implementing effective stress management strategies and enhancing emotional support mechanisms within healthcare institutions. The results suggest that while organizational efforts are essential, they must be more individualized and context-specific to yield meaningful benefits. Strengthening workplace support systems, promoting stress reduction programs, and improving working conditions are critical steps toward fostering a healthier and more productive healthcare workforce. Future research should explore the effectiveness of targeted interventions to better understand how emotional well-being can be systematically improved, ensuring both staff welfare and optimal patient care.

5. Limitations

This study has several limitations that should be acknowledged. First, the cross-sectional design limits the ability to establish causal relationships between stress, emotional well-being, and healthcare service quality. Second, data were self-reported, which may introduce response bias or social desirability effects. Third, the study focused on a specific healthcare context, limiting the generalizability of the findings to other settings. Lastly, while the study examined organizational interventions, it did not assess the quality or implementation effectiveness of these interventions, which may have influenced the results. Future research should consider longitudinal designs and qualitative approaches to gain deeper insights into these relationships.

6. Conclusion

This study highlights the significant relationship between stress, emotional well-being, and the quality of healthcare services. Findings confirm that higher stress levels are associated with increased emotional exhaustion, negatively impacting healthcare personnel. Additionally, emotional well-being plays a crucial role in the quality of care provided to patients, emphasizing the need for effective stress management strategies. However, the study found no significant impact of organizational efforts on emotional support, suggesting that interventions should be more tailored to individual needs. These results underline the importance of workplace policies that prioritize mental health, stress reduction, and personalized support programs to enhance both staff well-being and patient care quality. Future research should explore long-term interventions and broader healthcare contexts to strengthen these findings.

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