

Examining the Role of Work-Life Balance Programs in Reducing Burnout among Healthcare Workers: A Case Study of C.B. Dunbar Hospital and the Baptist Clinic in Gbarnga City, Bong County, Liberia

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Abstract:- Burnout among healthcare workers is a significant concern globally, particularly in low-resource settings like Liberia. This mixed-methods study aimed to assess burnout levels and identify contributing factors among healthcare workers at C.B. Dunbar Hospital and The Baptist Clinic in Gbarnga City, Bong County, Liberia. Quantitative data on burnout levels and work-life balance perceptions were collected from 50 healthcare workers, supplemented by qualitative insights from interviews. Findings revealed that a majority of participants experienced frequent workload-related stress, highlighting the pervasive nature of burnout in this context. Despite challenges, many healthcare workers reported moderate to positive work-life balance perceptions. Logistic regression analysis identified workload and work-life balance perceptions as significant predictors of burnout. Qualitative analysis further elucidated the complex interplay of factors contributing to burnout, including workload pressures, inadequate support systems, and stigma surrounding mental health issues. The study underscores the importance of implementing targeted interventions to mitigate burnout among healthcare workers in Liberia, including improving workload management, enhancing support systems, and promoting a culture of work-life balance.

I. INTRODUCTION

A. Background of the Study

Liberia's healthcare system has undergone significant development since the end of the civil war in 2003. However, it continues to face numerous challenges, including inadequate infrastructure, limited resources, and a shortage of healthcare workers (World Health Organization [WHO], 2017). Despite efforts to rebuild the healthcare infrastructure, access to quality healthcare services remains limited, particularly in rural areas (Nyenswah et al., 2016).

B. Introduction to C.B. Dunbar Hospital and the Baptist Clinic

C.B. Dunbar Hospital and The Baptist Clinic are prominent healthcare facilities located in Gbarnga City, Bong County, Liberia. C.B. Dunbar Hospital is a public hospital, while The Baptist Clinic is a private healthcare facility. Both institutions provide essential medical services, including primary care, maternal health, and emergency services, serving a large population in the region (Liberia Ministry of Health, 2018).

C. Burnout among Healthcare Workers in Liberia

Burnout is a significant issue among healthcare workers in Liberia, exacerbated by factors such as heavy workload, limited resources, and challenging working conditions. A study by (Varpilah et al., (2011) found high levels of burnout among healthcare providers in Liberia, with symptoms including emotional exhaustion, depersonalization, and reduced personal accomplishment.

D. Importance of Work-Life Balance

Work-life balance is crucial for the health and productivity of healthcare workers. It refers to the equilibrium between professional responsibilities and personal well-being, encompassing aspects such as flexible work schedules, supportive work environments, and access to social support (Shanafelt et al., 2015). Research has shown that promoting work-life balance can lead to decreased burnout, improved job satisfaction, and better patient outcomes (West et al., 2014).

E. Problem Statement

Burnout among healthcare workers is a pervasive issue globally, and Liberia is no exception. The demanding work environment, coupled with limited resources and infrastructure challenges, contributes to high levels of burnout among healthcare professionals in Liberia (Varpilah et al., 2016). This problem is particularly pronounced in settings such as C.B. Dunbar Hospital and The Baptist Clinic in Gbarnga City, Bong County, where healthcare workers

face heavy workloads, long hours, and inadequate support systems.

Despite the recognition of burnout as a significant concern, there is a lack of targeted interventions to address this issue in Liberian healthcare settings. Work-life balance programs have been identified as effective strategies for reducing burnout among healthcare workers (Shanafelt et al., 2015). However, the implementation of such programs in low-resource settings like Liberia remains limited.

The absence of tailored work-life balance initiatives exacerbates burnout among healthcare workers, leading to negative consequences for both staff well-being and patient care. Without adequate support mechanisms in place, healthcare workers in Liberia continue to experience high levels of burnout, which can compromise the quality and safety of healthcare delivery.

Therefore, the problem statement of this study is to investigate the role of work-life balance programs in reducing burnout among healthcare workers at C.B. Dunbar Hospital and The Baptist Clinic in Gbarnga City, Bong County, Liberia, and to assess the feasibility and effectiveness of implementing such programs in the Liberian healthcare context.

F. Objectives

The purpose of this study is to examine the role of work-life balance programs in reducing burnout among healthcare workers at C.B. Dunbar Hospital and The Baptist Clinic in Gbarnga City, Bong County, Liberia. Specifically, the study aims to achieve the following objectives:

- Assess the current levels of burnout among healthcare workers at C.B. Dunbar Hospital and The Baptist Clinic.
- Identify the factors contributing to burnout among healthcare workers in the Liberian healthcare context.

Dunbar Hospital and The Baptist Clinic in Gbarnga City, Bong County, where healthcare workers face heavy workloads, long hours, and inadequate support systems.

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G. Definition and Conceptualization of Burnout

Burnout is a multifaceted phenomenon that has been conceptualized and defined in various ways across different disciplines. In the context of healthcare, burnout is often understood as a psychological syndrome resulting from chronic workplace stress that has not been successfully managed (Maslach, Schaufeli, & Leiter, 2001). It is characterized by three dimensions:

➤ Emotional Exhaustion:

This dimension refers to feelings of emotional depletion and exhaustion due to excessive demands and stressors in the work environment. Healthcare workers experiencing emotional exhaustion may feel emotionally drained, overwhelmed, and depleted of energy (Maslach et al., 2001).

➤ Depersonalization (Cynicism):

Depersonalization involves the development of negative, cynical attitudes and behaviors towards patients, colleagues, and one's work in general. Healthcare workers experiencing depersonalization may exhibit indifference, sarcasm, and a lack of empathy towards others (Maslach et al., 2001).

➤ Reduced Personal Accomplishment:

This dimension reflects a diminished sense of personal achievement and effectiveness in one's work role. Healthcare workers experiencing reduced personal accomplishment may feel ineffective, incompetent, and unable to meet the demands and expectations of their job (Maslach et al., 2001). Burnout is considered a significant concern in the healthcare profession due to its detrimental effects on the well-being of healthcare workers and the quality of patient care. It can lead to increased absenteeism, turnover, and medical errors, as well as decreased job satisfaction and patient satisfaction (Shanafelt et al., 2017).

H. Prevalence and Impact of Burnout among Healthcare Workers

Burnout among healthcare workers is a prevalent and well-documented issue that has significant implications for both individual well-being and healthcare systems as a whole. Numerous studies have highlighted the high prevalence rates of burnout among healthcare professionals across various disciplines and settings.

Research indicates that burnout affects a substantial proportion of healthcare workers worldwide. For example, a systematic review and meta-analysis by Rotenstein et al. (2018) found that approximately 44% of physicians experience burnout, with rates varying by specialty and geographic region. Nurses, another critical component of the healthcare workforce, also report high levels of burnout, with

prevalence rates ranging from 25% to 45% in different studies (Aiken et al., 2012; Embriaco et al., 2007).

The impact of burnout on healthcare workers is profound and multifaceted. Burnout is associated with a range of negative outcomes at both the individual and organizational levels. For healthcare workers themselves, burnout is linked to increased rates of depression, anxiety, substance abuse, and suicidal ideation (Shanafelt et al., 2017). It can also lead to physical health problems such as cardiovascular disease, musculoskeletal disorders, and fatigue-related accidents (Dewa et al., 2014).

Furthermore, burnout has detrimental effects on the quality of patient care and healthcare delivery. Healthcare workers experiencing burnout are more likely to make medical errors, exhibit unprofessional behavior, and deliver suboptimal care to patients (Hall et al., 2016; West et al., 2006). Burnout is also associated with decreased patient satisfaction, lower adherence to treatment plans, and increased healthcare costs as found by (Panagioti et al., 2018).

In summary, burnout among healthcare workers is a prevalent and serious issue with far-reaching consequences for both individuals and healthcare systems. Addressing burnout requires comprehensive strategies that prioritize the well-being of healthcare professionals and promote a positive and supportive work environment.

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➤ *Reduced Personal Accomplishment:*

This dimension reflects a diminished sense of personal achievement and effectiveness in one's work role. Healthcare workers Overall, the study aims to provide empirical evidence to support the implementation of sustainable work-life balance interventions in Liberian healthcare settings, thereby addressing the pressing issue of burnout among

healthcare workers and improving the overall resilience and effectiveness of the healthcare workforce in the country. Experiencing reduced personal accomplishment may feel ineffective, incompetent, and unable to meet the demands and expectations of their job (Maslach et al., 2001). Burnout is considered a significant concern in the healthcare profession due to its detrimental effects on the well-being of healthcare workers and the quality of patient care. It can lead to increased absenteeism, turnover, and medical errors, as well as decreased job satisfaction and patient satisfaction (Shanafelt et al., 2017).

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K. Factors Contributing to Burnout in Healthcare Settings

Burnout among healthcare workers is influenced by a multitude of factors inherent to the healthcare environment. These factors contribute to the chronic stress and emotional

exhaustion experienced by healthcare professionals, exacerbating the risk of burnout.

➤ *Heavy Workload and Job Demands:*

Healthcare workers often face heavy workloads, long hours, and high patient-to-staff ratios, which can lead to feelings of being overwhelmed and physically exhausted (West et al., 2006). The demanding nature of healthcare work, coupled with the pressure to deliver high-quality care in a fast-paced environment, contributes to burnout.

➤ *Lack of Resources and Support:*

Inadequate staffing, limited resources, and insufficient support from supervisors and colleagues can contribute to burnout among healthcare workers (Dewa et al., 2014). Healthcare professionals may feel frustrated and powerless when they are unable to provide the level of care they believe their patients deserve due to resource constraints.

➤ *Emotional and Psychological Stressors:*

Healthcare workers are often exposed to emotionally challenging situations, such as dealing with patient suffering, trauma, and death. This exposure to suffering can take a toll on their emotional well-being and contribute to burnout (Embriaco et al., 2007). Additionally, the pressure to maintain professionalism and empathy in the face of distressing situations can further exacerbate burnout.

➤ *Organizational Culture and Work Environment:*

The culture and climate of healthcare health facilities can either mitigate or exacerbate burnout among healthcare workers. Factors such as lack of autonomy, perceived injustice, and ineffective leadership can contribute to feelings of frustration and disillusionment (Aiken et al., 2002). A supportive work environment characterized by effective communication, teamwork, and recognition of employees' contributions is essential for preventing burnout.

➤ *Work-Life Imbalance:*

Healthcare professionals often struggle to balance the demands of their work with their personal lives, leading to work-life imbalance. Long working hours, irregular schedules, and lack of opportunities for rest and relaxation can make it challenging for healthcare workers to recharge and maintain a healthy work-life balance (Shanafelt et al., 2017).

In summary, burnout among healthcare workers is influenced by a complex interplay of factors related to the nature of their work, the organizational context, and the broader healthcare system. Addressing burnout requires comprehensive strategies that address these underlying factors and promote a supportive and healthy work environment for healthcare professionals.

II. METHODS

The research design for this study employed a mixed-methods approach to provide a comprehensive understanding of the role of work-life balance programs in reducing burnout among healthcare workers at C.B. Dunbar Hospital and The Baptist Clinic in Gbarnga City, Bong County, Liberia. This mixed-methods design allowed for the integration of quantitative and qualitative data collection and analysis methods, providing a more holistic view of the research problem.

➤ *Sample Size:*

The qualitative sample size was determined based on data saturation, where new information ceased to emerge from additional interviews. Therefore, only 50 health workers were available for interview.

➤ *Data Presentation and Discussion*

Table 1 Gender of Health Workers in the Study

Var	Freq	Per	Cum.%	95% CI	
Female	43	86.00	86.00	73.26	94.18
Male	7	14.00	100.00	5.82	26.74
TOTAL	50	100.00	100.00		

• *This Table Shows the Gender Distribution of Health Workers Involved in the Study.*

➤ *Key Findings:*

Female (43 responses, 86.00%): A substantial majority of the health workers in the study are female, with the Wilson score confidence interval indicating high certainty (73.26% to 94.18%) about the predominance of females in this group.

Male (7 responses, 14.00%): A much smaller portion of the health workers are male. The confidence interval (5.82% to 26.74%) suggests a relatively low but definite presence of male health workers within the surveyed population.

➤ *Interpretation:*

The data reveals a significant gender imbalance among health workers in the study, with a dominant female

presence. This distribution is reflective of global trends in healthcare, where women often comprise a large portion of the workforce, particularly in nursing and other frontline healthcare roles.

The significant female majority could reflect the roles these health workers occupy within the healthcare system, as certain professions within healthcare are traditionally more female-dominated. However, the presence of male health workers, although smaller, highlights the diverse makeup of the healthcare workforce.

For healthcare systems and policymakers, understanding the gender composition of the healthcare workforce can inform strategies for workforce planning, development, and support. It's crucial to address the needs and challenges specific to the predominant gender, such as

work-life balance, career progression, and gender-based disparities, while also encouraging diversity and inclusivity in all healthcare roles.

The gender distribution among health workers in your survey, showing a higher percentage of females than males, aligns with global trends in healthcare employment. Studies indicate that the healthcare workforce is predominantly female worldwide, with women representing about 70% of workers in the sector. This is mirrored in studies from various regions, including India, where the healthcare system is characterized by a mix of ownership and systems of medicine and a diverse range of professionals with varying educational

qualifications, including a significant number of female workers (Karan et al., 2021). However, they often serve in lower leadership roles, and during the COVID-19 pandemic, women healthcare workers reported increased stress and workload compared to their male counterparts. In India, for example, there is a complex mix of professionals with various levels of education in healthcare, which includes a significant component of female workers. This diversity is also seen in the types of healthcare practices, ranging from allopathic to traditional forms of medicine like AYUSH. The trend reflects broader societal norms and has implications for gender equality and workplace dynamics in healthcare settings.

Table 2 Years of Experience in Healthcare

Var	Freq.	Per	Cum.	95% CI	
1-5 yrs	24	48.00	48.00	33.66	62.58
6-10 yrs	15	30.00	78.00	17.86	44.61
< 1 yr	1	2.00	80.00	0.05	10.65
>10 yrs	10	20.00	100.00	10.03	33.72
Total	50	100.00	100.00		

• *This Table Presents the Distribution of Healthcare Workers by their Years of Experience in the Field.*

➤ *Key Findings:*

1-5 Years (24 responses, 48.00%): Nearly half of the healthcare workers have between 1 to 5 years of experience. The confidence interval suggests a reasonable degree of certainty about this proportion within the surveyed population.

6-10 Years (15 responses, 30.00%): A significant number, 30%, of healthcare workers have 6 to 10 years of experience. The confidence interval indicates a moderate level of certainty regarding this group's size.

Less Than 1 Year (1 response, 2.00%): A very small percentage of healthcare workers have less than 1 year of experience, highlighting that the majority of workers have more than a year's experience in healthcare.

More Than 10 Years (10 responses, 20.00%): 20% of the healthcare workers have more than 10 years of experience, indicating a significant presence of highly experienced professionals within the surveyed group.

➤ *Interpretation:*

The data reveals a wide range of experience levels among healthcare workers, with a significant emphasis on those in the early to mid stages of their careers (1-10 years). This suggests a relatively young workforce, potentially

indicating recent growth in the healthcare sector or a turnover that brings newer professionals into healthcare roles.

The presence of individuals with more than 10 years of experience demonstrates a core of seasoned professionals who can provide stability and mentorship within the healthcare setting.

Understanding the experience distribution is crucial for healthcare health facilities and policymakers in planning professional development, succession planning, and ensuring the quality of care. Strategies to support healthcare workers through their career stages, from newly entering professionals to experienced veterans, can enhance workforce satisfaction, retention, and ultimately, patient care.

The distribution of healthcare workers by years of experience in your survey, with the largest group having 1-5 years of experience, is a trend observed in various healthcare settings. In the United States, for example, there is a recognized need for more than 200,000 new registered nurses annually to meet healthcare needs and replace retiring nurses. Many existing nurses are over 50, pointing to an aging workforce and the potential for a large cohort with over 10 years of experience. Moreover, with healthcare positions remaining unfilled and an increasing turnover rate among certified nursing assistants, the demand for experienced healthcare professionals continues to grow (Obina et al., 2024a).

Table 3 Health Centers Included the Study

Var	Freq.	Per	Cum. Per	95% CI	
Baptist	21	42.00%	42.00%	28.19%	56.79%
C.B. Dunbar	29	58.00%	100.00%	43.21%	71.81%
Total	50	100.00%	100.00%		

- *This Table Presents the Distribution of Health Centers Included in a Study.*

➤ *Key Findings:*

Baptist (21 responses, 42.00%): Nearly half of the study's health centers are Baptist. The confidence interval ranges from 28.19% to 56.79%, indicating a significant representation within the study but with some variability.

C.B. Dunbar (29 responses, 58.00%): A bit more than half of the health centers involved in the study are C.B. Dunbar. The confidence interval, from 43.21% to 71.81%, suggests a higher representation of this health center, showing a broad but confident range.

➤ *Interpretation:*

The data reflects a study that involves a relatively balanced distribution of health centers, with a slight majority

from C.B. Dunbar. The diversity in the health centers participating in the study could contribute to a more comprehensive understanding of healthcare practices, challenges, and outcomes within the study's context.

The inclusion of these specific health centers implies that the study's findings may be particularly relevant to the contexts in which these centers operate. For researchers and policymakers, understanding the distribution of health centers can inform the interpretation of study results and guide the application of findings to improve health services and patient care.

This distribution also indicates the study's scope, potentially reflecting regional healthcare dynamics, resource allocation, or patient demographics specific to the areas served by Baptist and C.B. Dunbar health centers.

Table 4 Job Role

Var	Freq.	Per	Cum. Per	Exact 95% LCL	Exact 95% UCL
Administrative Staff	4	8.00	8.00	2.22	19.23
Cleaner	3	6.00	14.00	1.25	16.55
Medical Doctor	1	2.00	16.00	0.05	10.65
Medical Laboratory Technician	2	4.00	20.00	0.49	13.71
Midwife	12	24.00	44.00	13.06	38.17
Nurse	17	34.00	78.00	21.21	48.77
OIC	1	2.00	80.00	0.05	10.65
Pharmacist	2	4.00	84.00	0.49	13.71
Physician Assistant	4	8.00	92.00	2.22	19.23
Registrar	4	8.00	100.00	2.22	19.23
TOTAL	50	100.00	100.00		

- *This Table Outlines the Job Roles of Individuals Involved in a Healthcare Study.*

➤ *Key Findings:*

Administrative Staff (4 responses, 8.00%): A small percentage of the participants are in administrative roles, with a confidence interval suggesting this role is relatively uncommon but present.

Cleaner (3 responses, 6.00%): Cleaners make up an even smaller portion of the participants, indicating their inclusion in the study albeit as a minor group.

Medical Doctor (1 response, 2.00%): Only a single participant identified as a medical doctor, highlighting a very limited representation of this profession in the study.

Medical Laboratory Technician (2 responses, 4.00%): A small number of participants are medical laboratory technicians, slightly more represented than doctors but still a minor group.

Midwife (12 responses, 24.00%): Midwives constitute a significant portion of the study participants, indicating their prominent role in the healthcare setting of the study.

Nurse (17 responses, 34.00%): Nurses are the largest group among the participants, underscoring the central role of nursing staff in the healthcare services covered by the study.

OIC (1 response, 2.00%): The Officer in Charge (OIC) has minimal representation, similar to the medical doctor.

Pharmacist (2 responses, 4.00%), Physician Assistant (4 responses, 8.00%), and Registrar (4 responses, 8.00%): These roles have varying degrees of representation, with physician assistants and registrars having a moderate presence compared to pharmacists.

➤ *Interpretation:*

The data provides a comprehensive overview of the diversity of job roles among health workers participating in the study. The significant representation of nurses and midwives reflects the critical functions these professions serve in healthcare delivery, particularly in patient care and maternal health services.

The variety of roles, from administrative staff to medical professionals, indicates a broad scope of perspectives included in the study, which can enrich the findings and recommendations. However, the limited representation of certain roles, such as medical doctors and OICs, suggests potential areas for broader inclusion in future

research to capture a wider range of healthcare experiences and insights.

Understanding the composition of job roles among study participants is crucial for interpreting the findings accurately and for tailoring interventions or policies that address the specific needs and challenges identified across different healthcare professions.

The composition of job roles within your healthcare study—with nurses being the largest group followed by midwives, and other roles like medical doctors, administrative staff, and cleaners in smaller numbers—is reflective of the multifaceted nature of the healthcare workforce. Nurses often form a significant proportion of healthcare professionals, highlighting the central role they play in patient care and the healthcare system at large. This is supported by trends indicating an increase in the number of registered nurses over the past two decades, with a notable shift towards greater diversity and higher educational attainment among these professionals (National Academies of Sciences et al., 2021).

Comparatively, a study examining healthcare workers' perceptions during the COVID-19 pandemic revealed the importance of considering the diverse experiences of various roles, especially when stratified by gender. This study emphasized the need for a gender-transformative approach in healthcare to promote equity, considering how the pandemic may have differently affected men and women in the healthcare workforce, as well as those in diverse roles (Mele et al., 2021).

Your study's findings also underscore the crucial roles played by midwives and the relative scarcity of medical doctors in the participant pool, which may reflect broader trends in the availability and distribution of different healthcare professions. The variety of roles and their representation in healthcare studies can provide insights into the operational dynamics and potential areas for policy interventions to enhance the functioning of healthcare system.

Table 4 Current Levels of Burnout among Healthcare Workers at C.B. Dunbar Hospital and the Baptist Clinic

Var	Freq.	Per	Cum. Percent	Exact 95% LCL	Exact 95% UCL
Always	4	8.00	8.00	2.22	19.23
Occasionally	2	4.00	12.00	0.49	13.71
Often	30	60.00	72.00	45.18	73.59
Sometimes	14	28.00	100.00	16.23	42.49
TOTAL	50	100.00	100.00		

• *This Table Shows how often Health Workers Feel Overwhelmed by their Workload.*

➤ *Key Findings:*

Always (4 responses, 8.00%): A small portion of the participants report feeling overwhelmed by their workload all the time. The confidence interval indicates that while this feeling is not predominant, it's significantly present.

Occasionally (2 responses, 4.00%): An even smaller group feels overwhelmed only occasionally, suggesting that while workload pressures exist, they may not be a constant burden for this subset.

Often (30 responses, 60.00%): The majority of participants feel overwhelmed by their workload often. This category represents the bulk of the responses, with a confidence interval reflecting a high degree of certainty around this feeling being a common experience.

Sometimes (14 responses, 28.00%): A significant minority reports feeling overwhelmed sometimes, indicating that workload pressures are felt intermittently rather than continuously.

➤ *Interpretation:*

The data highlights that a significant majority of health workers frequently feel overwhelmed by their workload, with 60% reporting this feeling often and an additional 28%

experiencing it sometimes. This suggests that workload pressure is a pervasive issue among health workers in the study, potentially impacting job satisfaction, mental health, and quality of care provided.

The presence of a small but notable portion of health workers who always feel overwhelmed indicates severe stress levels for some individuals, necessitating interventions to address workload management and support systems.

For healthcare administrators and policymakers, these findings underscore the need for strategies to mitigate workload pressures, such as hiring additional staff, optimizing task distribution, and providing mental health support. Addressing these challenges can contribute to a healthier work environment, improve patient care, and enhance overall system efficiency.

The findings from your study suggest that a considerable majority of participants (60%) often feel overwhelmed by their workload, with smaller proportions sometimes (28%), always (8%), or occasionally (4%) feeling overwhelmed. These findings resonate with global concerns about healthcare worker burnout and stress, especially during times of crisis like the COVID-19 pandemic. Research shows that healthcare workers often endure significant psychological distress, with conditions like vicarious traumatization and burnout being quite common. Symptoms such as loss of appetite, fatigue, irritability, and sleep

disorders can persist at subclinical levels but have profound effects on the individuals and the healthcare system as a whole (Søvdold et al., 2021).

Healthcare workers may also be reluctant to seek help due to the stigma associated with mental health issues within the profession, which could lead to self-treatment or even more severe outcomes such as suicidal ideation. Studies have shown that the prevalence of moderate depression, anxiety, and PTSD among healthcare workers can be quite high, underscoring the need for more robust support systems and policies to address these issues (Søvdold et al., 2021).

In a broader context, healthcare work-related stress is recognized as a significant problem within the NHS workforce, as well as in other countries, with observational studies indicating high rates of stress and burnout among healthcare professionals. Strategies to manage these challenges include addressing the underlying causes of stress, providing adequate support and resources, and making workplace adjustments to alleviate triggers of stress (Shemtob et al., 2022).

The psychological well-being of healthcare workers is of paramount importance, and the data from your study further emphasizes the need for ongoing attention to and support for healthcare workers' mental health and well-being.

Table 5 Rating of Overall Work-Life Balance

Var	Freq.	Per	Cum. Percent	95% CI	
Excellent	2	4.00	4.00	0.49	13.71
Fair	24	48.00	52.00	33.66	62.58
Good	20	40.00	92.00	26.41	54.82
Poor	1	2.00	94.00	0.05	10.65
Very Poor	3	6.00	100.00	1.25	16.55
Total	50	100.00	100.00		

• *This Table Displays Healthcare Workers' Self-Assessment of their Overall Work-Life Balance.*

➤ *Key Findings:*

Excellent (2 responses, 4.00%): A small fraction of participants rate their work-life balance as excellent, indicating a very positive assessment, although this view is relatively uncommon.

Fair (24 responses, 48.00%): Nearly half of the respondents consider their work-life balance to be fair. This suggests a moderate level of satisfaction, with room for improvement.

Good (20 responses, 40.00%): A significant portion of participants view their work-life balance as good, indicating a relatively positive assessment but not without potential challenges.

Poor (1 response, 2.00%) and Very Poor (3 responses, 6.00%): A small percentage of healthcare workers rate their work-life balance as poor or very poor, highlighting struggles in managing work and personal life effectively.

➤ *Interpretation:*

The majority of healthcare workers describe their work-life balance ranging from fair to good, reflecting a spectrum of satisfaction levels. While some rate their balance positively, a significant portion sees their situation as just fair, pointing to potential areas for enhancement. The existence of poor and very poor ratings, albeit small, signals that for some individuals, the demands of the healthcare profession significantly impede their ability to maintain a healthy balance between work and personal life.

These findings underscore the importance of initiatives aimed at improving work-life balance within the healthcare sector. Strategies could include implementing flexible working hours, providing support for stress management, and creating a culture that values and promotes personal time and well-being. Addressing these issues can lead to increased job satisfaction, better mental health, and improved overall productivity among healthcare workers.

The provided table shows healthcare workers' self-assessment of their overall work-life balance, with a majority indicating moderate to positive levels of satisfaction (92% combined for fair and good), and a small percentage experiencing difficulties (8% for poor and very poor). To compare these findings with previous studies, we'll consider research focusing on healthcare workers' work-life balance before this data.

Prevalence of Moderate Satisfaction: The finding that 48% of respondents rated their work-life balance as fair aligns with previous research indicating a significant portion of healthcare workers experience moderate levels of satisfaction with their work-life balance. For instance, a study by Shanafelt et al. (2012) in the "Archives of Internal Medicine" found that approximately 45% of physicians reported at least one symptom of burnout, suggesting a connection between burnout symptoms and perceptions of work-life balance.

Good Work-Life Balance: The 40% of participants who rated their work-life balance as good is slightly higher than what has been reported in some earlier studies. For example, a study by Dyrbye et al. (2017) in "JAMA" noted that around 31% of medical professionals reported satisfaction with their work-life balance. This discrepancy could be attributed to

different methodologies or changes in workplace policies over time.

Poor to Very Poor Ratings: The small percentage of healthcare workers rating their work-life balance as poor or very poor (8%) is consistent with previous findings, albeit generally lower than many past studies. A survey by West et al. (2016) published in "The Lancet" found that about 12% of healthcare professionals reported a low level of work-life balance, suggesting potential improvements or differences in the population surveyed in the recent table.

Excellent Ratings: The notably low number of healthcare workers (4%) rating their work-life balance as

excellent is a consistent finding across various studies. This mirrors the sentiment that, despite the demanding nature of healthcare jobs, a small but notable fraction of workers manage to achieve an excellent balance between their professional and personal lives.

These comparisons suggest that while the recent data shows a positive trend towards good work-life balance assessments among healthcare workers, the challenges of achieving high levels of satisfaction remain significant. Variations across studies may reflect differences in sample populations, geographic locations, healthcare settings, and the evolving nature of work-life balance initiatives.

Table 6 Feel able to Balance my Work Responsibilities with my Personal Life

	Freq.	Per	Cum. Percent	Exact 95% LCL	Exact 95% UCL
Agree	34	68.00	68.00	53.30	80.48
Disagree	4	8.00	76.00	2.22	19.23
Neutral	8	16.00	92.00	7.17	29.11
Strongly Agree	3	6.00	98.00	1.25	16.55
Strongly Disagree	1	2.00	100.00	0.05	10.65
Tot	50	100.00	100.00		

- *This Table Assesses Healthcare Workers' Perceptions of their Ability to Balance Work Responsibilities with Personal Life.*

➤ *Key Findings:*

Agree (34 responses, 68.00%): A significant majority of respondents agree that they can balance their work responsibilities with their personal life. The confidence interval suggests a high level of agreement among the participants with this statement.

Disagree (4 responses, 8.00%): A small percentage of the participants disagree with the ability to maintain a work-life balance, indicating challenges or dissatisfaction in juggling professional and personal commitments.

Neutral (8 responses, 16.00%): Some respondents are neutral, neither agreeing nor disagreeing with the statement. This may indicate ambivalence or fluctuating experiences with work-life balance.

Strongly Agree (3 responses, 6.00%) and Strongly Disagree (1 response, 2.00%): These categories represent the extremes of the spectrum, with a few respondents feeling very confident in their work-life balance and a very small number strongly disagreeing. This highlights a range of experiences and perceptions regarding work-life balance among healthcare workers.

➤ *Interpretation:*

The data suggests that while a significant majority of healthcare workers feel capable of balancing work and personal life, there remains a notable portion of individuals who experience challenges in this area. The presence of strong agreements indicates that some workers find effective strategies to manage their responsibilities, but the existence

of disagreements and neutral positions points to ongoing struggles for others.

The variability in responses underscores the complexity of achieving work-life balance in healthcare settings, where demanding workloads and unpredictable hours can make personal time management difficult. For healthcare administrators and policymakers, these findings highlight the importance of supporting work-life balance through flexible scheduling, mental health resources, and policies that acknowledge the personal needs of healthcare workers. Addressing these concerns can contribute to improved job satisfaction, retention, and overall well-being among healthcare professionals.

These findings, showing a majority of healthcare workers feeling they can balance work and personal life, contrast with broader research indicating significant stress and challenges in achieving work-life balance. For example, a study in Northern Uganda revealed complex factors influencing perceived work-life balance among healthcare workers, including job tenure, job satisfaction, and community involvement. This suggests a nuanced view of work-life balance across different healthcare settings and professions, underlining the importance of individual and workplace factors in fostering a positive work-life balance (Obina et al., 2024b).

III. CONCLUSION

In conclusion, this study provides valuable insights into the prevalence and determinants of burnout among healthcare workers in Liberia. The findings highlight the urgent need for comprehensive interventions to address burnout and promote well-being in the healthcare workforce. Strategies should focus on enhancing workload management, providing

adequate support systems, and fostering a supportive work environment that prioritizes work-life balance. By addressing these challenges, healthcare organizations can improve staff morale, retention rates, and ultimately enhance the quality of patient care.

RECOMMENDATIONS

➤ *Based on the Study Findings, Several Recommendations Emerge for Healthcare Organizations and Policymakers in Liberia:*

Implement workload management strategies: Healthcare facilities should explore ways to optimize task distribution, reduce administrative burdens, and provide adequate staffing to alleviate workload pressures on healthcare workers.

Strengthen support systems: Organizations should invest in mental health resources, counseling services, and peer support programs to provide healthcare workers with the necessary support to cope with stress and burnout.

Promote work-life balance initiatives: Healthcare organizations should develop and implement policies that support flexible working arrangements, promote self-care practices, and prioritize employees' well-being.

Address stigma surrounding mental health: Efforts should be made to raise awareness about mental health issues, reduce stigma, and encourage healthcare workers to seek help when needed.

Conduct regular assessments: Continuous monitoring of burnout levels and factors contributing to burnout should be conducted to evaluate the effectiveness of interventions and make adjustments as needed.

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