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Code Blue: An Evidence-Based Crash Cart of Leadership Strategies for the Mitigation of Burnout Among Healthcare Workers in the Emergency Room

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This review aims to provide an evidence-based guide to reducing burnout in emergency rooms and other critical care settings. Some experts suggest that organizational risk factors such as work overload and role ambiguity are causes, while others believe that an imbalance between professional demands and available resources contributes to burnout. In healthcare, increased patient care demands, limited resources, and chaotic work environments can worsen these issues. In simple terms, high work stress without proper management may cause healthcare workers to become patients themselves. This work explores evidence-based leadership strategies, organizational interventions, and policy recommendations designed to help healthcare leaders combat burnout among their teams. By emphasizing ethical leadership, altruism, and motivation, the goal is to offer strategies that enable healthcare managers to lead their teams through the challenges of emergency care and foster psychological resilience to better serve their patients.

INTRODUCTION

Understanding effective management strategies to prevent burnout among healthcare workers, at both the organizational and individual levels, is essential for maintaining the healthcare industry's infrastructure and supporting the teams that keep it running. Burnout among healthcare professionals leads to exhaustion, cynicism, and decreased work efficiency.[1] Naturally, this suggests that the well-being of healthcare providers is closely linked to our ability to care for the sick and injured and to thrive as a society. The phrase "do no harm" should apply not only to the relationship between providers and their patients but also to the responsibility of healthcare managers to ensure that their teams are not harmed by the demands placed on them in emergency care settings. The first step for healthcare managers in addressing burnout is to develop a thorough understanding of what burnout is and to recognize its effects on caregivers from their own perspective.[1-3] While many colloquially describe burnout as feeling overwhelmed by work, in emergency departments, it can reach levels of clinical significance.

The World Health Organization includes burnout in its International Classification of Diseases (ICD-11), defining it as a workplace phenomenon characterized by "factors influencing health status or contact with health services."[2] Extreme and prolonged stress affects critical care workers more than others and can significantly increase mental fatigue and emotional strain. Emergency room staff often encounter patient populations such as homeless individuals requiring decontamination of fecal matter and bodily fluids, teenage overdoses heading toward respiratory failure while their families fall apart at the bedside, infants critically injured in rollover car accidents, and mentally ill patients with gruesome self-inflicted wounds. Beyond the shock of witnessing these cases firsthand in the raw environment of the ER, prolonged exposure to such harrowing scenes can cause healthcare providers to become numb, desensitized, and to further depersonalize their clinical interactions.[4] Essentially, burnout diminishes healthcare workers' ability to provide care and compassion due to constant exposure to the worst aspects of human suffering.

The global impact of burnout is especially evident during the COVID-19 pandemic, where studies consistently show declines in physical health and productivity among nurses, surgeons, and nearly every healthcare professional working long hours with limited resources.[5] In surveys, healthcare providers reported increased irritability, higher alcohol consumption, and feelings of helplessness.[6] Clearly, as managers, it is crucial to take action and intervene to reduce this serious obstacle within the healthcare community.

METHODS

We conducted a narrative review of the retrospective and contemporary literature concerning burnout among emergency department and other critical care healthcare workers, with a focus on evidence-informed leadership and organizational strategies to mitigate burnout. Using the

keywords burnout, emergency department, emergency room, critical care, nursing, physician, healthcare worker, leadership, management, ethical leadership, servant leadership, motivation, psychological safety, workplace bullying, and conservation of resources, we conducted a review of scholarly, peer-reviewed literature published over a twenty-year period, from 2005-2025, indexed in the National Institutes of Health PubMed database. Seminal papers that frame leadership constructs in the healthcare arena published before 2005 were included as well.

We screened titles and abstracts for relevance to burnout and related outcomes, emergency and critical care contexts or healthcare settings with clear applicability to emergency care teams, and leadership, organizational, team-based, or policy-relevant determinants and interventions. Articles that met these criteria were reviewed in full.

We conducted a thematic review of the literature, rather than through formal meta-analysis. Our analysis prioritized higher-quality study designs (e.g., well-designed observational studies), as well as qualitative and mixed-methods research highlighting frontline perspectives on burnout and intervention targets. Articles were organized into three domains: 1) ethical leadership, 2) altruism and supportive leadership, and 3) motivation.

RESULTS

ETHICAL LEADERSHIP

An ethical leadership style emphasizes using organizational power to foster an environment that is fair, caring, emotionally aware, and supportive of employees' health and well-being.[7,8] The core idea of ethical leadership is that employers tend to be more satisfied with their employees when trust is established between management and staff, when employees feel genuinely cared for by management, and when they feel heard and acknowledged within the organization by addressing important concerns and stress expressed by those affected. Research on burnout among healthcare workers shows that management approaches that include displays of morality, interpersonal connection, and respect for workers' social, cultural, and religious beliefs significantly lower burnout levels.[3,9]

ALTRUISM

At the personal level, the main predictors of burnout in the emergency room include workplace bullying, lack of resources, unfair treatment by employers, and management's neglect of personal struggles.[1] It has been argued that "nurse bullying" is a widespread and ongoing problem that affects these essential healthcare providers from nursing school and throughout their careers. Bullying worsens the negative effects of arduous workloads and has been cited as a major reason why many nurses leave the profession altogether.[9] Another altruistic strategy to reduce factors contributing to burnout among healthcare workers at the individual level is known as "servant leadership" in nursing. This approach emphasizes a leadership philosophy where the leader's primary role is to serve their team's needs, prioritizing their growth and well-being over personal power or recognition.[10]

A related idea, conservation of resources (COR), posits that individuals try to conserve their most valuable resources and experience stress when they cannot obtain those resources, including social resources like bonding. COR predicts burnout by showing that a lack of physical and emotional resources causes stress, which can result in serious mental and emotional strain.[11] Furthermore, studies such as a randomized controlled trial involving nurses have shown that support groups for frontline staff are effective not only in reducing emotional exhaustion but also in fostering a sense of belonging and providing a safe space for individuals to share traumatic professional experiences.[12] Therefore, establishing support groups for staff members experiencing burnout is another way that thoughtful interpersonal support can help decrease burnout among healthcare workers.

MOTIVATION

Research conducted at a level I trauma center prompted subjects to reflect on their motivating factors (WhyIDoIt). Responses included teamwork, pride in their unique professional skills, helping patients in need, teaching others, learning from instructors, humor and levity in the workplace, personal morals, and professional fulfillment.[13] This aligns with Frederick Herzberg's two-factor theory, which states that intrinsic factors, such as personal fulfillment, recognition, and growth, contribute to workplace satisfaction, while extrinsic factors like working conditions, available resources, and job security influence motivation. This information offers emergency room healthcare leaders an opportunity to leverage these motivating factors to reduce burnout, especially during public health emergencies.[14]

DISCUSSION

Effective managerial strategies that provide essential tools for combating burnout emphasize ethical leadership, altruism, and motivation. From a top-down leadership perspective, research shows that burnout is mainly seen by C-suite hospital leaders and executives as a "personal problem"—an issue that does not prompt urgent action from the highest organizational levels.[8] Clearly, disparities in working conditions exist within this group of healthcare workers. Their leadership often overlooks the importance of caring in healthcare, particularly concerning their own staff. It is evident that ethical principles are lacking in healthcare management among this marginalized group of providers, and efforts must be made to address this injustice. Implementing ethical leadership strategies is crucial in this effort. By identifying emotional stressors and their causes, organizations can formally acknowledge problematic behaviors.

Ensuring that those who engage in bullying understand that their harmful actions increase unnecessary stress—and should not be tolerated—helps convey this message effec-

tively. Protecting healthcare workers who report such misconduct from retaliation is also vital. Responding promptly to all reports, providing protections, and imposing professional consequences on perpetrators can foster a respectful environment free from damaging interpersonal conflicts that may contribute to or worsen burnout. In nursing, servant leadership should also confront resource shortages and strive to balance workload demands with attention to mental well-being. This involves ensuring access to necessary resources, regularly monitoring emotional health, promoting psychological safety through compassionate communication, and creating safe spaces for nurses to express negative emotions. Combining servant leadership with the "conservation of resources" (COR) approach strengthens efforts to reduce burnout—ensuring nurses are well-supported at the bedside and that critical resources are conserved rather than depleted. Prioritizing and conserving vital resources—such as surgical masks, crash cart medications, and RSI tools—is essential. This supports hospital strategies like tightly regulating staffing in overcrowded areas and prioritizing care for critically ill and resource-intensive patients over those with minor injuries.

Another key principle for reducing burnout among emergency room professionals at the individual level is altruism, which involves creating an environment of care and concern for each employee. While ethical leadership lays the foundation for a culture of altruism, this discussion mainly focuses on healthcare workers' personal experiences and small-scale issues in staff operations rather than large systemic surveys of burnout and organizational strategies. This information is important because it highlights real experiences of emergency care workers and recognizes factors beyond the obvious issues of overwork in emotionally demanding settings. Understanding how interpersonal factors affect healthcare team members is the first step toward combating burnout. A proactive approach involves recognizing and addressing these issues.

The final proposed solution in this burnout mitigation toolkit for emergency room professionals focuses on motivation. Since emergency department workers face higher risks of burnout, suicide, drug abuse, and other psychological issues, it is crucial for leaders to remind staff why they initially chose the healthcare profession. Practical methods to support intrinsic motivation include team-building activities like social events, encouraging employees to share their personal stories about what inspired them to go into healthcare, creating a safe environment where employees can speak out about dissatisfying factors like bullying without fear of retaliation, peer-led medical education and training, fostering a relaxed atmosphere where joking is welcomed, and encouraging staff to act ethically and compassionately toward patients and themselves.

CONCLUSION

Creating a psychologically safe work environment is a key part of social justice, and preventing burnout in the emergency room is crucial to supporting the everyday heroes caring for critically ill and injured patients around the world. Reducing the psychological fragmentation caused by the heavy load of traumatic experiences and chronic stress requires bold efforts from healthcare leadership to prevent the sometimes-fatal phenomenon of burnout. This work aims to raise the voices of healthcare workers who are often overlooked and marginalized as they care for the most vulnerable patients. Evidence-based management principles centered on ethical leadership, altruism, and motivation form the foundation for any healthcare manager—whether new or experienced—to take actions that support struggling nurses, doctors, and allied health professionals.

Showing emotional intelligence, empathy, and moral integrity in the workplace is essential to creating a positive and safe environment for those experiencing ongoing stress related to clinical care. Prioritizing people over profits, providing outlets for employees to express their concerns, and treating burnout as an organizational issue rather than a personal problem are crucial steps to ensure individuals feel heard and their concerns are recognized. Providing necessary resources that meet physical, psychological, and social needs is vital for preventing imminent burnout. By adopting ethical leadership at the organizational level, practicing altruism in relationships, and promoting personal motivation at all levels, ER managers can be equipped with a wide range of tools to fight severe, untreated burnout, which can have deadly outcomes. Through these approaches, we can create a fair and equitable work environment—an essential part of supporting healthcare workers and demonstrating how management can address social injustice.

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DISCLOSURE STATEMENT

The author(s) have no relevant financial disclosures or conflicts of interest.

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