

**Workplace Stress and Burnout Among Healthcare Workers in Malaysia:  
HRM Interventions A Review**

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**Abstract**

*Workplace stress and burnout have become pervasive issues among healthcare workers (HCWs) globally, with Malaysia experiencing significant impacts on both worker well-being and patient care. This review examines the prevalence, causes, and consequences of workplace stress and burnout among Malaysian HCWs, with a particular focus on the role of Human Resource Management (HRM) interventions. The objectives are to identify the key stressors contributing to burnout, such as excessive workloads, long working hours, emotional strain, and insufficient managerial support, and to assess the effectiveness of HRM strategies, including stress management programs, employee assistance programs (EAPs), and mental health support services. Using a comprehensive review of current literature, this study reveals that burnout is highly prevalent among HCWs in Malaysia, with emotional exhaustion and depersonalization particularly affecting nurses. The COVID-19 pandemic has further intensified these challenges, exacerbating anxiety, depression, and burnout across the healthcare workforce. While HRM interventions have shown promise in mitigating these effects, their inconsistent implementation in public healthcare institutions due to administrative and resource constraints limits their impact. The findings emphasize the need for a structured, consistent approach to HRM interventions to reduce stress, enhance worker well-being, and improve healthcare delivery. Effective strategies such as flexible scheduling, mental health support, and targeted stress management programs are crucial for reducing turnover and fostering a sustainable, high-performing healthcare workforce. This review underscores the critical role of HRM in supporting HCWs and ensuring the long-term stability and quality of Malaysia's healthcare system.*

**KEY WORDS** Burnout, Healthcare workers, Workplace stress, Malaysia healthcare system, Human Resource Management (HRM)

**1.Introduction**

**1.1 Burnout and Stress in Healthcare**

In the dynamic field of healthcare, burnout has emerged as a prevalent and concerning phenomenon among healthcare workers (HCWs), exerting significant effects on patient care provision and individual well-being. The problem of workplace stress in healthcare is widely recognized, stemming from occupational exposures to very high emotional, physical, and mental demands almost every day in the workplace. Worldwide, healthcare professionals—especially nurses and frontline workers—continue to be exposed to high-pressure settings driven by heavy workloads, long working hours, and emotional stress related to patient care (Kumar et al., 2024). The caregiving profession is so demanding that professionals face the risk of wearing down both physically and emotionally. Care workers often operate in hazardous conditions where the loss of a life due to any mistake costs both a human life and a professional career. Such constant exposure to high-stakes situations leads to emotional exhaustion, reduced personal accomplishment, and depersonalization, where HCWs begin viewing patients as tasks rather than individuals. Although this detachment may sometimes serve as a coping mechanism, it invariably militates against the quality of care provided and leads to adverse patient outcomes. Research has identified that

in these situations of prolonged exposure, when adequate coping mechanisms are lacking, the mental and physical health of workers progressively deteriorates to the point of burnout (Sun et al., 2022).

### **1.1.1 Defining Workplace Stress and Its Causes**

Stress may be defined as a relationship between an individual and their environment when the demands exceed the available coping resources. These demands arise in healthcare due to emotional labour, life-and-death situations, and complex interpersonal communications with patients and their families (Amin & Ahmad, 2018). Burnout is conceptualized as a syndrome characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment (Gkini et al., 2019). Research consistently shows that, compared to other professions, burnout is more frequent among healthcare workers due to the high stakes involved and the continuous stress associated with the work (Dobešová Cakirpaloglu et al., 2024). This continuous exposure to intense stressors deteriorates healthcare workers' mental health, leading to diminished job performance and overall well-being. Without proper intervention, workplace stress can result in increased absenteeism, higher turnover rates, and a decline in the quality of patient care, ultimately creating a cycle that perpetuates stress within healthcare environments. Therefore, this paper explores the causes and effects of work-related stress in healthcare and proposes targeted HRM interventions to help alleviate these pressures and support healthcare workers in effectively managing their responsibilities (Rasool et al., 2021).

### **1.1.2 Impacts of Burnout on Healthcare Delivery**

Healthcare burnout not only depletes workers' physical and emotional resources but also compromises the quality of care delivered to patients. This can lead to increased medical errors, poor patient outcomes, and rising healthcare costs (Kabunga et al., 2024). In addition to its direct impact on healthcare professionals, burnout has far-reaching implications for the entire healthcare system. As healthcare workers become more disengaged and overwhelmed, turnover rates increase, resulting in staffing shortages and overburdened teams. These challenges disrupt healthcare delivery efficiency and continuity of care, as patients may experience delays or inconsistencies in treatment. Consequently, addressing burnout is critical for safeguarding employee well-being and ensuring the quality and accessibility of healthcare services (Green et al., 2020).

### **1.1.3 Prevalence of Burnout Among Malaysian Healthcare Workers**

Workplace stress and burnout in Malaysia have emerged as pressing issues among healthcare workers. Several studies indicate that a significant proportion of Malaysian healthcare workers, particularly nurses, report high levels of stress and burnout (Zakaria et al., 2021). For instance, one study reported a burnout prevalence rate of 58.13% among Malaysian healthcare workers. Long working hours and job dissatisfaction are identified as key contributory factors, particularly among public hospital nurses (Abdul Aziz & Ong, 2024).

### **1.1.4 Unique Stress Factors in Malaysian Healthcare**

Long working hours and rotating shifts, prevalent in most Malaysian hospitals, significantly contribute to increasing stress levels. Additionally, the emotional strain of caring for critically ill patients, combined with the hierarchical and often bureaucratic structure of the Malaysian healthcare system, exacerbates stress among healthcare professionals (Mahdi et al.).

### **1.1.5 Impact of the COVID-19 Pandemic**

The COVID-19 pandemic further heightened the pressures on healthcare workers. Studies during this period reported sharp increases in burnout, anxiety, depression, and emotional exhaustion, particularly among frontline workers (Giusti et al., 2020). This pressure, coupled with the constant fear of contracting the virus, long working hours, and shortages of personal protective equipment (PPE), intensified the strain on healthcare workers. Additionally, witnessing severe illness and death, along with the continuous need to learn new protocols and technologies, added to their psychological burden. These challenges significantly eroded the well-being and job satisfaction of healthcare professionals. As the pandemic worsened, many providers reported that their organizations and communities offered minimal or no support. This perceived abandonment and lack of

appreciation further exacerbated stress levels, impacting mental health and performance. Moreover, the uncertainty surrounding the pandemic and the constantly evolving nature of the threat created chronic stress. This stress not only hindered the immediate response to the crisis but also had long-term effects on healthcare worker retention and career satisfaction (Lluch et al., 2022). These factors underscore the urgent need for comprehensive HRM interventions and organizational support to address the mental health challenges faced by healthcare workers during such crises.

### **1.1.6 Role of HRM in Reducing Workplace Stress and Burnout**

Evidence suggests that effective human resource management interventions, including employee assistance programs, mental health support services, and flexible scheduling, can significantly reduce workplace stress and burnout (Mahdia, 2024). In Malaysia, however, these HRM strategies have been implemented inconsistently. While some private health facilities have embraced wellness programs and stress management workshops, public hospitals often lag behind due to financial or administrative barriers (Aryati, 2024). This literature review lays the foundation for the rest of the paper, focusing on the challenges faced by Malaysian healthcare workers regarding stress and burnout. It also highlights the critical role of HRM in addressing these issues effectively.

## **2. Objectives**

1. **To examine the prevalence and causes of workplace stress and burnout among healthcare workers in Malaysia.**
  - a. The paper aims to explore the primary factors contributing to the high levels of stress and burnout, with a focus on Malaysian healthcare professionals.
2. **To review existing HRM interventions designed to address stress and burnout in healthcare settings.**
  - a. This objective involves evaluating the effectiveness of HRM strategies such as stress management programs, employee assistance programs (EAPs), and mental health support systems in reducing burnout.
3. **To identify best practices and challenges in implementing HRM interventions in the Malaysian healthcare system.**
  - a. The goal is to highlight successful HRM interventions from case studies and address potential challenges in applying these strategies, such as resource limitations or resistance to change.
4. **To analyse the impact of stress and burnout on both healthcare workers and patient care in Malaysian healthcare institutions.**
  - a. The paper seeks to understand how high stress levels and burnout affect healthcare worker performance, patient safety, and overall healthcare delivery.

## **3. Literature Review**

### **3.1 Workplace Stress and Burnout**

Low levels of stress, resulting from favourable perceptions of the workplace and its environment, can boost professional commitment and work engagement. In contrast, high levels of stress, arising from unfavourable perceptions of the workplace, can lead to burnout—a condition characterized by the exhaustion of personal resources (Aronsson et al., 2017). The primary cause of burnout is emotional exhaustion, which is associated with overextending oneself emotionally and physically at work, ultimately depleting one's perceived personal resources. As a result, the individual experiences fatigue and disengagement from their work.

#### **3.1.1 Dimensions of Burnout: Emotional Exhaustion and Depersonalisation**

Depersonalisation involves acting in an impersonal or inhumane manner, leading to a loss of empathy for workplace-related problems (Renaud & Lacroix, 2022). It creates a psychological distance from work-related issues, causing individuals to operate without empathy in their professional roles (Delgado et al., 2023). This aspect of burnout is marked by a lack of interest in addressing work-related challenges, often accompanied by a perception that these issues are unimportant (Hamid & Hee, 2024). Emotional exhaustion, coupled with depersonalisation, diminishes motivation for success and reduces an individual's ability to perform competently.

### **3.1.2 Burnout in the Healthcare Sector**

In the healthcare sector, burnout arises from prolonged work-related stress, impacting both the providers and recipients of medical services (Batanda, 2024). Research indicates that doctors and nurses experiencing burnout are at higher risk of substance abuse, depression, and severe emotional distress. Moreover, burnout among medical professionals compromises patient safety, increasing the likelihood of errors in care delivery. The consequences of burnout extend beyond individual healthcare workers, placing burdens on hospitals, patients' families, and the patients themselves (Batanda, 2024).

### **3.1.3 Prevalence of Work-related Stress Among Malaysian Nurses**

Approximately 49.3% of Malaysian nurses report experiencing significant levels of work-related stress (Permarupan et al., 2020). Burnout among nurses, often caused by extended shifts, insufficient social and emotional support systems, and highly stressful working conditions, is a key contributor to the nursing staff shortage in Malaysia's healthcare system (Vallasamy et al., 2024). The demanding nature of their profession places Malaysian nurses under immense pressure, making burnout a prevalent and recurring issue.

### **3.1.4 Factors Contributing to Work-related Stress in Healthcare**

Work-related stress is a psychological reaction arising from an individual's inability to cope with certain workplace demands, which can strain emotional and physical health (Kim, 2021). Stress is a dynamic process, involving an individual's appraisal of and response to environmental demands and their perception of these demands as challenging or exceeding available resources. In the healthcare context, this often stems from high workloads, the complexities of patient care, and the continuous pressure of decision-making (O'Donovan et al., 2013). Workload, the work environment, and work-family conflict have been identified as the most significant factors contributing to stress among nurses in hospital settings (Muhamad Robot et al., 2021). Malaysian nurses experienced particularly high levels of stress during the COVID-19 pandemic, with many reporting a lack of self-efficacy, further emphasizing the need for targeted programs and support systems (Pasi et al., 2023).

## **3.2 Causes of Stress and Burnout in Healthcare Settings**

Various factors contribute to stress and burnout within healthcare institutions. Figure 1 below illustrates the prevalence and factors contributing to stress and burnout among healthcare professionals. These professionals often endure emotional strain as part of their job responsibilities, compounded by long working hours, shift work, and work overload. These challenges are further exacerbated by administrative burdens and a lack of managerial support. Also, role conflict and role ambiguity increase the complexity of the work environment, making it more challenging for healthcare workers to maintain emotional and physical well-being. Consequently, managing workplace stress has become a critical focus for Human Resource Management (HRM) interventions in healthcare organizations. These interventions aim to alleviate stressors and foster a supportive work environment to enhance the well-being of healthcare professionals and improve overall service delivery.



Figure 1. Causes of Stress and Burnout in Healthcare Settings

### 3.2.1 Workload and Time Pressure

Workload is considered a major determinant of stress in the health sector. Many health professionals, especially nurses, are burdened with the responsibility of attending to several patients while managing administrative tasks and responding to emergencies—all within limited timeframes. Studies have confirmed that excessive workload is one of the most significant predictors of burnout among workers in healthcare professions (Kurniawati et al., 2023).

### 3.2.2 Emotional Strain

Healthcare professionals are consistently exposed to emotionally charged situations, such as managing critically ill patients or comforting grieving families. Over time, these emotionally exhausting circumstances can lead to burnout. Among the dimensions of burnout, emotional exhaustion is the most frequently cited factor affecting healthcare workers (Safiye et al., 2024).

### 3.2.3 Lack of Support

The organizational environment and a lack of managerial support are critical causes of workplace stress. Poor work organization, inadequate work design, ineffective management, unsatisfactory working conditions, and insufficient support from colleagues and supervisors contribute significantly to stress among healthcare workers (Maulik, 2017).

### 3.2.4 Long Working Hours and Shift Work

Long and irregular working hours, particularly night shifts, are significant contributors to burnout. The disruption of the sleep-wake cycle in shift workers often induces sleep deprivation, which exacerbates stress and impairs their ability to perform effectively at work (Zarei & Fooladvand, 2022).

### 3.2.5 Bureaucratic and Administrative Burden

Healthcare professionals often express frustration due to the increasing burden of administrative tasks and paperwork. Reports from physicians, nurses, and other healthcare staff highlight that a significant amount of time is spent on non-clinical duties, such as Electronic Health Record (EHR) documentation. This diverts attention from direct patient care and contributes to burnout (Sultana et al., 2020).

### 3.2.6 Role Conflict and Ambiguity

Role conflict occurs when healthcare workers face competing demands, while role ambiguity arises when workers are unclear about their responsibilities or expectations. Both conditions are common in hospital settings where roles are not well-defined, leading to increased stress (Eren Bana, 2022).

### 3.3 The Impact of Burnout on Healthcare Workers and Patient Care

The consequences of burnout in healthcare professionals are wide-ranging, affecting individuals, patients, and the healthcare system as a whole. Burnout can lead to adverse medical outcomes, including anxiety, depression, headaches, gastrointestinal disorders, and substance abuse. Beyond personal health effects, burnout detracts from job performance and the quality of patient care (Marković et al., 2024). Burned-out healthcare professionals are more prone to clinical errors, poor communication with colleagues and patients, and a lack of empathy or engagement (Bridgeman et al., 2018). Research shows that burnout is associated with lower patient satisfaction and poorer health outcomes, as detached workers often provide less attentive and compassionate care (Jun et al., 2021). Burnout also contributes to higher turnover rates among healthcare workers. Physically and emotionally exhausted staff often leave their positions, leading to staffing shortages and increased workloads for remaining employees. This creates a feedback loop of stress and attrition, further straining the healthcare system (Batanda, 2024). The growing administrative demands and expanding patient populations underscore the urgent need for systemic HRM interventions to support healthcare workers and prevent burnout.

### 3.4 Prevalence of Stress and Burnout Among Healthcare Workers in Malaysia

An increasing number of research studies aim to identify the causes of burnout among healthcare personnel, address underlying issues, and develop effective assessment methods (Schaufeli & Enzmann, 2020). Studies indicate that mental health issues are on the rise among youth and the working class in Malaysia. This suggests that healthcare professionals, who are often at the frontline of addressing these issues, are also experiencing significant stress and burnout due to their demanding roles (Kamal, 2023). Research highlights that during the COVID-19 pandemic, a substantial proportion of healthcare workers experienced depression, anxiety, and stress, underscoring the urgent need for mental health support in healthcare settings during crises (Muhamad et al., 2023). Findings reveal that personal burnout was particularly high at 31.3%, compared to 16.5% for work-related burnout and 5.4% for patient-related burnout. These statistics indicate that Malaysian healthcare workers are experiencing higher levels of personal burnout than other types, further emphasizing the need for targeted interventions (Lau et al., 2024).

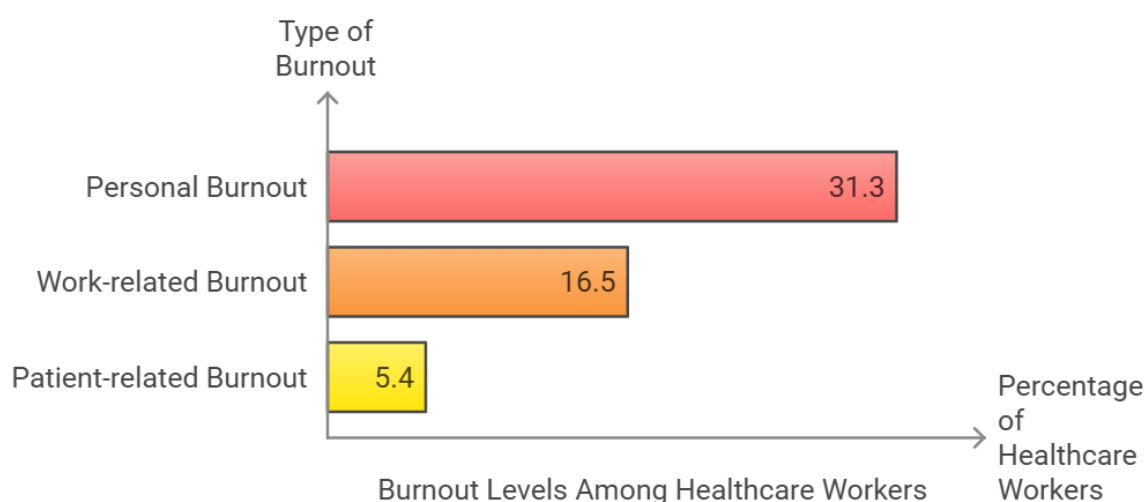


Figure 2. Burnout levels among healthcare (Lau et al., 2024)

The research also noted that healthcare workers (HCWs) from various healthcare settings (hospitals, clinics, health offices) faced different levels of exposure and stress, which could influence their perceptions and psychological outcomes during the pandemic (Pahrol et al., 2023). The study found that a significant proportion of HCWs in Kelantan, Malaysia, experienced job stress, with 28.5% identified as having high-strain jobs. This indicates that job stress is a prevalent issue within this population (Ab Aziz et al., 2023). In addition, 7.7% of HCWs at Hospital Tuanku Fauziah, Perlis, Malaysia, reported experiencing severe or extremely severe depression, anxiety, or stress during the early stages of the COVID-19 pandemic (Hat et al.).

| Reference                 | Study design           | Study setting                       | Sample  | Main finding   |
|---------------------------|------------------------|-------------------------------------|---|--|
| (Marzo et al., 2022)      | Cross-sectional design | Putrajaya and Selangor, Malaysia    | Medical officers, doctors, nurses, pharmacists, and other healthcare professionals. | The present study investigated the impact of demographic and work-related variables, including burnout, resilience, and quality of life, among Malaysian healthcare workers during the COVID-19 pandemic. Interestingly, the level of burnout was higher while the level of resilience was lower in nurses compared to doctors. However, quality-of-life scores were rated high across the sample. Regarding age, it was observed that older participants demonstrated higher levels of resilience. In addition, the number of working hours showed a negative relationship with quality of life. Furthermore, higher income was associated with better resilience. These findings underscore the need for policymakers to implement targeted measures to improve working conditions and safeguard the well-being of healthcare workers during and after the pandemic. |
| (Permarupan et al., 2020) | Cross sectional design | Selangor and Kuala Lumpur, Malaysia | Nurses  | It was noticed from the study that a few dimensions of QWL significantly reduced depersonalization among nurses in Malaysia. The important dimensions that could bring down burnout included safe and healthy working conditions, social integration at work, and the social relevance of work. On the other hand, constitutional aspects of work organization and work-life span showed less impact. Burnout, or the feeling of emotional exhaustion and depersonalization, was identified as a serious problem that could lead to job dissatisfaction and turnover of staff. Improved QWL might be associated with higher job satisfaction and lower levels of burnout symptoms as a way of retaining nursing staff.   |

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|--------------------------|-----------------------|--------------------------|--|---|
| (Zakaria et al., 2022)   | Cross sectional       | Malaysia                 | Nurses   | The main finding was that 24.4% of nurses had developed burnout. Factors contributing to a higher prevalence included younger age, being single, and childless status. Shift work increased the likelihood of nurses developing burnout by 1.6 times, while working more than six night shifts per month raised the predisposition to burnout by 1.5 times. Traumatic events at work heightened the risk of burnout, although the receipt of post-trauma psychological support provided partial protection. In addition, the use of dysfunctional coping strategies was positively correlated with emotional exhaustion and depersonalization.                      |
| (Vallasamy et al., 2024) | Cross sectional       | Malaysia                 | Medical officers, Nurses, Support staff, Managerial, administrative staff, Allied healthcare professionals | This review highlights the variability in burnout rates among healthcare workers, with notably high prevalence rates. For instance, the study by Zhang et al. and Erica et al. reported a 44.5% prevalence of burnout among public health workers during the COVID-19 pandemic. Other studies have similarly indicated that over 50% of healthcare workers have been affected by burnout. Fears associated with COVID-19, work-related stress, and demographic variables were identified as factors impacting burnout levels. It was also reported that nurses and certain other specialties experienced higher burnout rates compared to other health professions. |
| (Woon & Tiong, 2020)     | Cross sectional study | Pahang<br>Malaysia       | Healthcare workers, including doctors, nurses, assistant medical officers                                  | Numerous characteristics have been linked to burnout, including age, gender, position, financial difficulties, issues with coworkers, and ethnicity. The association between burnout and low Quality of Life (QOL) was significantly mediated by mental illness. Workplace burnout was strongly associated with stress, anxiety, and depression.  |
| (Siau et al., 2018)      | N/A                   | Klang valley<br>Malaysia | Nurses and doctors   | The study reported higher rates of burnout and psychological distress among the participants, highlighting the need for further investigation into the factors contributing to these conditions.  |



|                              |                     |          |   |  |
|------------------------------|---------------------|----------|---|--|
| <b>(Roslan et al., 2021)</b> | Mixed method design | Malaysia | Healthcare workers, including doctors, nurses, assistant medical officers etc | The study identified several significant factors associated with higher levels of burnout, including direct involvement in COVID-19 screening or treatment, having a medical condition, and receiving less psychological support in the workplace. Participants reported challenges such as heavy workloads, uncertainties due to the pandemic, difficulties in maintaining work-family balance, and strained workplace relationships as contributing factors to their burnout experiences. Exhaustion was noted as a major symptom, and many participants utilized problem-focused coping strategies to manage their symptoms |
|------------------------------|---------------------|----------|---|--|

### 3.5 Factors Contributing to Stress and Burnout in Malaysian Healthcare Workers

#### 3.5.1 Long Working Hours and Shift Work

#### 3.5.1 Long Working Hours and Shift Work

Extensive work hours and irregular shifts have often been studied as major contributing factors to the state of stress and burnout among Malaysian healthcare workers. Nurses and doctors, particularly in public hospitals, often work beyond their scheduled shifts due to high patient loads and staff shortages. This disrupts work-life balance, leading to physical exhaustion and psychological stress (Jarrar et al., 2018).

Malaysian nursing staff face immense pressure due to the demanding nature of their work, which correlates with high burnout rates. Studies indicate that working more than 14 hours is associated with poorer perceptions of nursing care quality, higher illness rates, and increased intentions to leave the profession. In summary, nursing management needs to consider shift lengths, as these have a negative correlation with nurses' job satisfaction and overall well-being (Jarrar et al., 2023).

#### 3.5.2 Emotional Demands and Patient Care Pressure

When providing patient care, nurses frequently encounter challenging situations, such as managing patient fatalities or serious illnesses. These situations can generate significant emotional stress as healthcare workers navigate complex patient needs and family dynamics (Mahdi et al.).

In Malaysian healthcare settings, this is exacerbated by limited emotional support systems and a lack of accessible counselling services. Razali et al. (2022) found that emotional exhaustion is particularly high among nurses due to the intense emotional demands of patient care.

#### 3.5.3 Resource Constraints and Workforce Shortages

Most public hospitals in Malaysia face critical resource shortages, including a lack of medical supplies, facilities, and adequate staff. These resource constraints make it extremely challenging for healthcare workers to meet the high demands of their roles, adding to stress and frustration (Muhammad Nur Amir et al., 2021).

#### 3.5.4 Administrative and Bureaucratic Burdens

In addition to patient care responsibilities, healthcare professionals are burdened by extensive administrative tasks. These include record-keeping, regulatory compliance, and other bureaucratic processes, which divert attention from patient care. In Malaysia, studies reveal that job demands, particularly in the public healthcare sector, are

the leading determinant of job stress. Bureaucratic procedures exacerbate these challenges, making it more difficult for healthcare professionals to manage their workloads effectively (Abd Wahab et al., 2023).

### 3.5.5. Impact of COVID-19 on Healthcare Workers

The COVID-19 pandemic significantly heightened stress and burnout among Malaysian healthcare workers. The sudden surge of patients during the initial stages of the pandemic overwhelmed an already overburdened healthcare system. As a result, healthcare professionals were forced to work under immense pressure (Roslan et al., 2021). The chronic exposure to COVID-19 patients and the psychological trauma associated with witnessing numerous deaths led to increased mental health issues among healthcare workers. Studies reported a spike in cases of depression and anxiety during the pandemic (Chui et al., 2021).

### 3.6 Human Resource Management (HRM) Interventions for Reducing Stress and Burnout

The figure illustrates key HRM interventions aimed at reducing workplace stress and burnout in healthcare settings. These interventions include stress management programs, flexible work schedules, mental health support services, staff training, and leadership support. Each initiative addresses different dimensions of stress, enabling healthcare professionals to manage emotional strain, workload pressures, and organizational challenges more effectively. By implementing these strategies, HRM can foster a healthier and more sustainable work environment for healthcare workers.

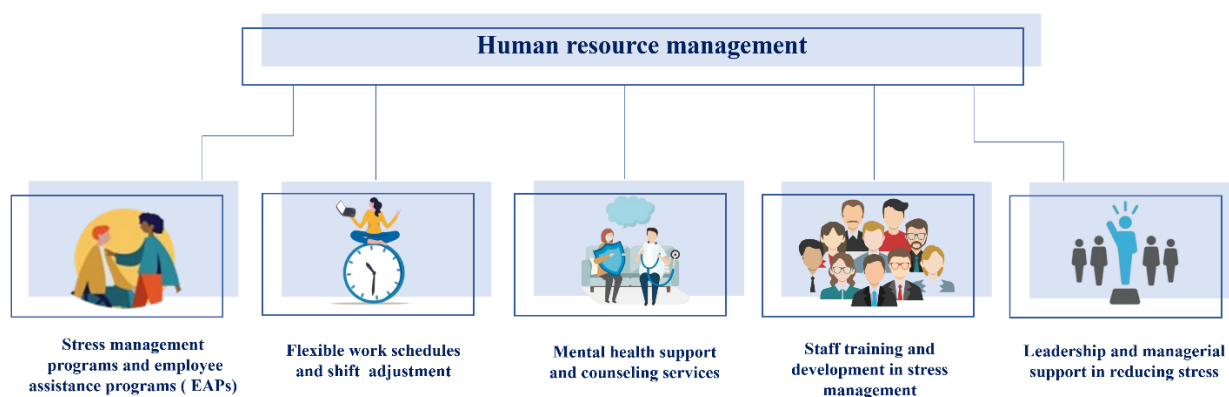


Figure 3. Human resource management intervention

HRM is crucial in the identification, mitigation, and management of workplace stress and burnout in healthcare settings. It plays a significant role in fostering a healthier work environment by focusing on policies and practices that reduce stressors. Effective human resource management practices in healthcare organizations can improve employee well-being, reduce turnover rates, and increase job performance (Gabriel & Aguinis, 2022). Among the most recognized HRM interventions aimed at reducing workplace stress are stress management programs and Employee Assistance Programs (EAPs). Such programs provide healthcare workers with access to counselling services, emotional support, and strategies to cope with work-related stress. EAPs offer confidential services addressing employees' stress, mental health issues, and personal challenges; these have been proven to reduce burnout and increase job satisfaction among healthcare workers (Couser et al., 2023).

In Malaysia, the introduction of structured EAPs in hospitals has been limited, but research suggests that their implementation could have a significant positive impact on nurse well-being (Mohamed et al., 2022). Long working hours and irregular shifts remain a primary source of stress for healthcare workers, particularly nurses and doctors (McCullough, 2023). HRM can address this issue by implementing strategies that give employees

greater control over their schedules, helping them balance work and personal life more effectively. Mental health support is, therefore, a critical component of HRM interventions in addressing stress and burnout among healthcare workers. Counseling services, support groups, and mental health awareness programs provided by HR departments can help employees manage emotional exhaustion and reduce the risk of burnout (Bartram et al., 2024). In Malaysian healthcare settings, mental health support is increasingly recognized as vital, especially in light of the COVID-19 pandemic (Narendra Kumar et al., 2022). Research has found that access to counseling services is significantly associated with reductions in both burnout symptoms and anxiety among healthcare workers (Siddiqui et al., 2023). This highlights the important role of HRM in promoting access to mental health services, ensuring the availability of professional therapists, and fostering an environment that encourages help-seeking behavior to maintain staff mental well-being.

HRM can further reduce workplace stress by devising training programs focused on stress management techniques, such as developing coping mechanisms, time management skills, and mindfulness practices. These strategies have proven effective in supporting healthcare workers (Kapoor & Chhabra, 2024). Among the crucial HRM interventions for reducing workplace stress are positive leadership practices and strong managerial support. Supportive leadership fosters a positive organizational culture in which employees feel valued and appreciated—an essential factor in stress reduction. Managers who maintain active communication with their staff and provide emotional support, guidance, and advice on work-related challenges are associated with lower levels of burnout (Farr-Wharton et al., 2023).

### 3.7 Impact of Effective HRM Interventions on Healthcare Workers

#### 3.7.1 Improved Employee Well-being and Job Satisfaction

The figure illustrates the positive effects of effective HRM practices on employee well-being and job satisfaction.



**Figure 4: Positive Effects of Effective HRM Practices on Employee Well-being and Job Satisfaction**

Good human resource practices, such as competitive remuneration, career development opportunities, and a supportive organizational culture, enhance the well-being of employees. These practices create an enabling environment that guarantees security and motivation, allowing workers to enjoy their work (Temkar & Rudrawadi, 2024). Examples of effective HRM interventions include EAPs, mental health services, and flexible work hours. These interventions improve well-being, lower stress levels, and increase job satisfaction while creating a healthy work environment for staff members (Qin et al., 2023).

### 3.7.2 Reduction in Turnover Rates and Absenteeism

Reduction in turnover rates and absenteeism is one of the key outcomes of effective HRM interventions. Effective HRM practices, such as stress management, flexible scheduling, support for mental health, and good leadership, contribute to greater job satisfaction, thus reducing labour turnover and absenteeism. This ensures a stable workforce and the delivery of quality patient care (Alkhamis, 2024). Learning and development in sustainable human resource management (HRM) enhance worker productivity, job satisfaction, and well-being. These improvements eventually lower absenteeism and turnover rates, resulting in a stable workforce and cost savings (Debgupta, 2023). The figure below visually represents how these HRM strategies lead to increased employee retention and attendance, ultimately enhancing the stability and productivity of healthcare organizations.

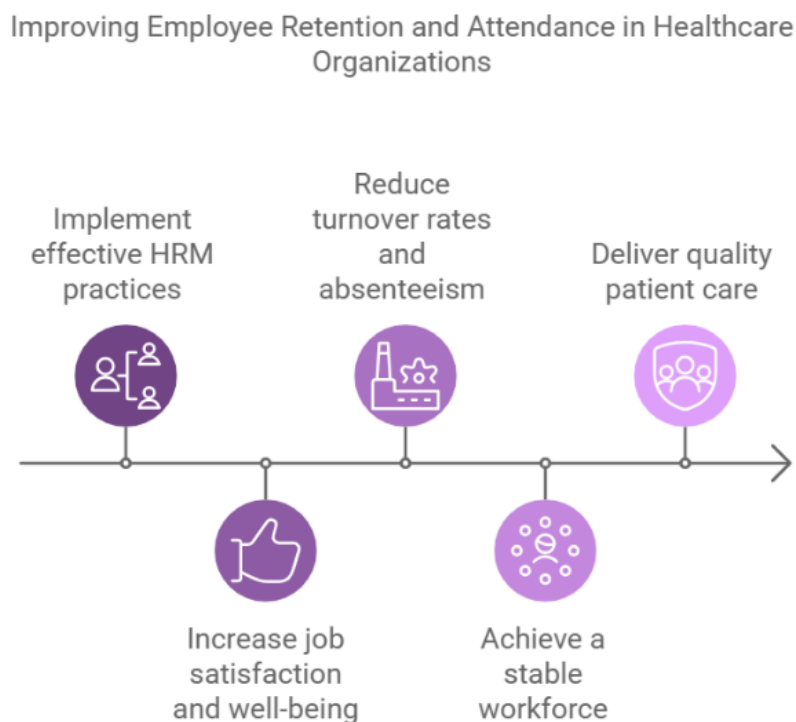


Figure 5: Reduction in Turnover Rates and Absenteeism

### 3.7.3. Enhanced Patient Care and Organizational Performance

High-performance HRM techniques, such as knowledge sharing and employee empowerment, play a crucial role in developing innovative healthcare solutions and raising the standard of patient care through effective assistance and training (Malik et al., 2024). The organizational transformation process mediates the relationship between HRM practices and healthcare performance, highlighting the significance of highly qualified and motivated healthcare professionals in providing high-quality patient care (Rotea et al., 2023). As illustrated in the figure below, effective HRM practices enhance patient care by fostering an environment where healthcare workers are more skilled, engaged, and empowered to deliver optimal care.



Figure 4 Enhanced Patient Care and Organizational Performance

#### 4. Discussion and conclusions

The increasing prevalence of workplace stress and burnout among healthcare workers (HCWs) in Malaysia, particularly nurses, is a growing concern. Key contributing factors such as excessive workloads, extended working hours, emotional exhaustion, and inadequate managerial support place significant strain on HCWs, especially in emotionally charged environments such as healthcare. The COVID-19 pandemic has further intensified these challenges, leading to heightened levels of anxiety, depression, and burnout, particularly among frontline workers. These issues underscore the urgent need for comprehensive strategies to address the well-being of HCWs in Malaysia.

While Human Resource Management (HRM) interventions, such as stress management programs, employee assistance programs (EAPs), and mental health support services, have shown promise in mitigating burnout, their implementation in Malaysia has been inconsistent. Limited financial resources, administrative challenges, and inconsistent policies have hindered the adoption of these programs, particularly in public healthcare institutions. These obstacles pose significant barriers to ensuring that HCWs receive the necessary support to manage the demands of their roles effectively.

To address these challenges, healthcare institutions in Malaysia must adopt more structured and consistent HRM strategies. This includes offering flexible work arrangements, optimizing workloads, and ensuring access to mental health resources such as counseling and peer support. By fostering a supportive organizational culture that prioritizes open communication and managerial assistance, healthcare organizations can reduce stress and burnout, improve employee well-being, and enhance overall patient care. Effective HRM interventions are critical for creating a sustainable and high-performing healthcare system in Malaysia.

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