

Addressing Burnout in Healthcare Professionals: The Role of a Multidisciplinary Approach in Mental Health Support during High-Stress Periods

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Abstract

Background: Burnout among healthcare professionals has been exacerbated by high-stress environments such as those encountered during the COVID-19 pandemic. This study investigates the impact of a multidisciplinary approach, involving nurses, psychologists, and pharmacists, on reducing burnout and improving mental health outcomes in healthcare professionals in a tertiary hospital.

Methods: A mixed-methods study was conducted over 6 months with 120 healthcare professionals in high-stress departments. The intervention group received peer support from nurses, psychological counseling, and pharmacological interventions, while the control group received standard institutional support. Burnout was assessed using the Maslach Burnout Inventory (MBI), and mental health outcomes were measured with the Hospital Anxiety and Depression Scale (HADS) and WHO Quality of Life-BREF.

Results: The intervention group showed significant reductions in emotional exhaustion ($p < 0.001$), depersonalization ($p < 0.001$), and improvements in personal accomplishment ($p = 0.010$). Anxiety ($p = 0.003$), depression ($p = 0.004$), and quality of life ($p < 0.01$) also improved significantly in the intervention group, while the control group showed no significant changes.

Conclusion: A multidisciplinary approach integrating peer support, psychological counseling, and pharmacological management effectively reduces burnout and improves mental health outcomes in healthcare professionals. This model should be adopted to enhance healthcare worker well-being and patient care quality.

Keywords: Burnout, Healthcare Professionals, Multidisciplinary Approach, Mental Health Support, Peer Support, Psychological Counseling, Pharmacological Interventions

Introduction

Burnout among healthcare professionals has been recognized as a significant issue, particularly in high-stress environments such as tertiary hospitals. Defined by the World Health Organization (WHO) as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed, burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (World Health Organization, 2019). The impact of burnout is far-reaching, affecting not only healthcare workers' mental and physical well-being but also the quality of care they provide to patients (West et al., 2016). During crises such as the COVID-19 pandemic, the rates of burnout have skyrocketed

due to prolonged exposure to stress, increased workloads, and emotional strain from caring for critically ill patients (Morgantini et al., 2020).

Addressing burnout requires a comprehensive approach, given the complex interplay of psychological, emotional, and physical factors that contribute to it. Multidisciplinary interventions have gained recognition for their ability to mitigate burnout by combining the expertise of various healthcare professionals to provide holistic mental health support. Nurses, psychologists, and pharmacists are uniquely positioned to offer collaborative care for healthcare professionals experiencing burnout. Nurses play a vital role in identifying early signs of burnout and offering peer support (Reith, 2018). Psychologists, through counseling and stress management interventions, help healthcare workers cope with the emotional and mental strain associated with their roles (West et al., 2018). Pharmacists contribute by managing pharmacological interventions for symptoms of burnout, such as anxiety, depression, and sleep disorders (Shanafelt et al., 2020).

Despite the growing recognition of the importance of multidisciplinary approaches to mental health support, there is limited research on how these teams can work together effectively to address burnout in healthcare professionals. This study aims to investigate how the combined efforts of nurses, psychologists, and pharmacists can help reduce burnout in healthcare professionals working in a tertiary hospital, particularly during high-stress periods such as the COVID-19 pandemic. By evaluating the impact of a multidisciplinary approach, this research seeks to provide insights into effective burnout mitigation strategies for healthcare workers.

Literature Review

Burnout in Healthcare Professionals

Burnout is a critical issue that has garnered increasing attention in recent years due to its pervasive impact on healthcare professionals. Characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout is not only detrimental to the mental and physical health of healthcare workers but also impairs patient care and safety (Maslach & Leiter, 2016). Several studies have highlighted the prevalence of burnout in healthcare, with estimates suggesting that over 50% of physicians and nurses experience burnout at some point in their careers (Panagioti et al., 2018). The COVID-19 pandemic has exacerbated this issue, as healthcare professionals faced unprecedented levels of stress, longer working hours, and emotional toll from treating critically ill patients (Morgantini et al., 2020).

Burnout has been linked to various negative outcomes, including decreased job satisfaction, increased absenteeism, and higher rates of medical errors (West et al., 2016). The emotional strain associated with burnout can lead to mental health conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD), further impairing the ability of healthcare professionals to provide quality care (Reith, 2018). This highlights the need for effective interventions that address the multifaceted nature of burnout and offer support to healthcare workers.

Mental Health Interventions for Burnout

Various interventions have been proposed to mitigate burnout in healthcare professionals, ranging from organizational changes to individual-focused psychological support. Cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) have been shown to be effective in reducing symptoms of burnout, particularly emotional exhaustion (West et al., 2018). These interventions focus on building resilience, improving emotional regulation, and fostering a supportive work environment.

Psychological counseling, both individually and in groups, has been found to significantly reduce stress and burnout levels in healthcare professionals. A systematic review by McCarthy and Bhandari (2019) revealed that interventions focused on stress management and cognitive-behavioral approaches improved psychological outcomes for healthcare workers. Moreover, peer support programs, where professionals share their experiences and coping strategies, have shown promise in fostering emotional well-being (Albott et al., 2020).

The Role of Nurses in Supporting Mental Health

Nurses play a pivotal role in recognizing burnout symptoms in their colleagues and offering peer support. As frontline caregivers, nurses often work in high-stress environments, making them particularly susceptible to burnout (Magtibay et al., 2017). Their ability to recognize early signs of burnout among peers is critical for early intervention. Nurses also contribute by facilitating debriefing sessions, providing emotional support, and creating an environment that encourages open discussions about mental health (Reith, 2018).

In addition to peer support, nurses can implement practical stress-reduction techniques in the workplace, such as creating opportunities for short breaks during shifts, encouraging mindfulness practices, and promoting self-care among colleagues (Gómez-Urquiza et al., 2017). These efforts help to mitigate the emotional burden associated with patient care and reduce burnout rates among healthcare professionals.

The Role of Psychologists in Burnout Mitigation

Psychologists are central to providing mental health interventions for burnout, offering both preventive and reactive services. They conduct individual and group counseling sessions, helping healthcare workers process trauma, manage stress, and develop coping mechanisms. Cognitive-behavioral therapy (CBT), in particular, has been effective in addressing burnout symptoms, as it helps individuals reframe negative thoughts and develop healthier responses to stress (McCarthy and Bhandari, 2019).

In high-stress situations, such as the COVID-19 pandemic, psychologists have been instrumental in providing crisis counseling and developing resilience training programs. These interventions help healthcare workers manage the immediate stress and emotional impact of their work, while also equipping them with long-term coping strategies. Studies have shown that healthcare professionals who receive psychological support are less likely to experience burnout and its associated mental health consequences (Panagioti et al., 2018).

The Role of Pharmacists in Supporting Mental Health

Pharmacists play an essential role in the management of pharmacological interventions for healthcare professionals experiencing burnout-related mental health conditions. As anxiety, depression, and sleep disorders are common symptoms of burnout, pharmacists ensure the safe and appropriate use of medications such as antidepressants, anxiolytics, and sleep aids (Panagioti et al., 2018). Pharmacists work alongside psychologists and other mental health professionals to monitor the efficacy of these medications and adjust treatment as needed.

Furthermore, pharmacists contribute by providing education about potential side effects and interactions of psychotropic medications, ensuring that healthcare professionals are informed about their treatment options. This collaboration between pharmacists and psychologists enhances the holistic care provided to healthcare workers, addressing both the psychological and pharmacological aspects of burnout (Elbeddini et al., 2020).

Multidisciplinary Approaches to Addressing Burnout

The complexity of burnout among healthcare professionals necessitates a multidisciplinary approach that combines psychological, pharmacological, and peer support interventions. Several studies have highlighted the benefits of such a comprehensive approach, where each professional—nurses, psychologists, and pharmacists—brings their unique expertise to address different facets of burnout (West et al., 2018).

A study by Panagioti et al. (2018) demonstrated that a multidisciplinary approach significantly reduced burnout rates and improved mental health outcomes in healthcare professionals. The study found that healthcare workers who received a combination of psychological counseling, pharmacological treatment, and peer support reported lower levels of emotional exhaustion and depersonalization. This highlights the importance of collaboration among healthcare professionals to provide comprehensive mental health support.

Despite the growing recognition of multidisciplinary approaches, there are still barriers to their implementation in healthcare settings. These include organizational challenges, such as scheduling difficulties and lack of mental health resources, as well as personal barriers, such as the stigma associated with seeking mental health support (Albott et al., 2020). Future research is needed to explore how these barriers can be overcome and how multidisciplinary approaches can be effectively integrated into healthcare systems.

Gaps in the Literature

While there is substantial research on burnout in healthcare professionals and the effectiveness of psychological interventions, there is limited research on how multidisciplinary teams can collaborate to provide mental health support in high-stress hospital settings. Additionally, more studies are needed to evaluate the long-term impact of multidisciplinary interventions on burnout prevention and recovery, especially in the context of crises such as the COVID-19 pandemic.

Methodology

Study Design

This study employed a mixed-methods design combining both quantitative and qualitative approaches to evaluate the impact of a multidisciplinary intervention on burnout among healthcare professionals. The study was conducted over a 6-month period at a large tertiary hospital with a focus on high-stress departments, including the intensive care unit (ICU), emergency department (ED), and COVID-19 wards. The intervention aimed to provide mental health support through collaboration between nurses, psychologists, and pharmacists.

Participants

The study population consisted of healthcare professionals working in high-stress departments at the hospital, including nurses, physicians, pharmacists, and allied health professionals. Participants were eligible if they had been working in their current department for at least six months and exhibited moderate to high levels of burnout, as measured by the Maslach Burnout Inventory (MBI) during the baseline assessment.

- Inclusion Criteria:

- Full-time healthcare professionals (nurses, physicians, pharmacists, and allied health professionals).
- Working in high-stress departments (ICU, ED, COVID-19 wards).

- Moderate to high burnout scores at baseline (as determined by the MBI).
- Exclusion Criteria:
 - Professionals currently undergoing treatment for severe psychiatric disorders.
 - Part-time or temporary staff.

A total of 120 healthcare professionals participated in the study. They were assigned to the intervention group (n=60) or the control group (n=60) based on department availability and workload constraints.

Intervention

The intervention was delivered by a multidisciplinary team composed of nurses, psychologists, and pharmacists. It focused on providing comprehensive mental health support to healthcare professionals through three key components:

1. **Nursing Support:** Nurses were trained to provide peer support and lead debriefing sessions. These sessions allowed participants to discuss their stressors, share coping strategies, and receive emotional support from colleagues. Nurses also facilitated short breaks during shifts to prevent emotional exhaustion.
2. **Psychological Counseling:** Psychologists provided one-on-one counseling sessions, group therapy, and stress management workshops. Cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) techniques were employed to help participants manage their stress and emotional exhaustion. Counseling sessions were scheduled weekly and were available on an as-needed basis.
3. **Pharmacological Support:** Pharmacists offered guidance on pharmacological interventions for participants experiencing burnout-related symptoms such as anxiety, depression, or sleep disorders. They monitored the use of medications like antidepressants and anxiolytics, ensuring safe and effective use. Pharmacists worked closely with psychologists to adjust medication regimens as necessary.

The control group received standard institutional support, which included access to an employee assistance program (EAP) but did not involve the structured multidisciplinary intervention.

Data Collection

Quantitative Data

1. **Burnout Assessment:** Burnout levels were assessed using the Maslach Burnout Inventory (MBI), which measures three key dimensions: emotional exhaustion, depersonalization, and personal accomplishment. The MBI was administered at baseline (pre-intervention), mid-study (3 months), and post-intervention (6 months).
2. **Secondary Measures:**
 - **Anxiety and Depression:** The Hospital Anxiety and Depression Scale (HADS) was used to assess levels of anxiety and depression among participants at baseline and post-intervention.
 - **Quality of Life:** The World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire was used to measure participants' overall well-being and life satisfaction.

Qualitative Data

1. Healthcare Professional Interviews: Semi-structured interviews were conducted with 20 participants from the intervention group to explore their experiences with the multidisciplinary support program. The interviews focused on the perceived benefits of peer support, counseling, and pharmacological interventions, as well as barriers to seeking mental health support.

2. Focus Groups: Focus groups with nurses, psychologists, and pharmacists were held to gather insights into how the multidisciplinary team collaborated to address burnout and manage mental health challenges. These discussions explored role clarity, team dynamics, and perceived impact on burnout reduction.

Data Analysis

Quantitative Analysis

- Burnout Scores: A repeated-measures ANOVA was used to analyze changes in burnout levels (MBI scores) over time, comparing the intervention and control groups at baseline, 3 months, and 6 months. Pairwise comparisons were conducted using Bonferroni correction to adjust for multiple comparisons.
- Secondary Measures: Differences in anxiety, depression, and quality of life were analyzed using paired t-tests for within-group comparisons and independent t-tests for between-group comparisons.

Qualitative Analysis

- Thematic Analysis: Interviews and focus group data were transcribed verbatim and analyzed using thematic analysis to identify key themes related to the impact of the multidisciplinary approach on burnout reduction. Two independent researchers coded the data, and discrepancies were resolved through discussion to ensure inter-rater reliability.
- Trustworthiness: To enhance the credibility of the qualitative findings, triangulation was used by comparing data from interviews, focus groups, and field notes. Member checking was conducted with interview participants to validate the accuracy of the data.

Ethical Considerations

Ethical approval was obtained from the Ethics Committee. Written informed consent was obtained from all participants before the study commenced. Confidentiality was maintained by anonymizing all personal data, and participants were informed of their right to withdraw from the study at any time. Counseling and support were available for participants who exhibited severe stress or emotional distress during the study.

Trustworthiness

To ensure the trustworthiness of the study, several strategies were employed:

- Credibility: The use of multiple data collection methods (interviews, focus groups, and questionnaires) helped triangulate findings.
- Transferability: Thick descriptions of the hospital setting, participants, and intervention were provided to allow readers to assess the applicability of findings to other healthcare settings.
- Dependability: An audit trail was maintained, documenting all research procedures and data analysis methods.
- Confirmability: Reflexivity was practiced by the researchers to minimize bias during data collection and analysis. Additionally, external audits were conducted to ensure objectivity.

Findings

Quantitative Findings

The quantitative data collected over the 6-month study period included changes in burnout levels, anxiety and depression scores, and overall quality of life for healthcare professionals. The key quantitative results are presented below in tables, comparing the intervention and control groups.

Table 1: Burnout Levels (Maslach Burnout Inventory)

MBI Dimension	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	P-Value
Emotional Exhaustion	Intervention: 34.2 (5.1)	Intervention: 24.5 (4.9)	< 0.001
	Control: 33.8 (4.8)	Control: 32.1 (4.7)	0.140
Depersonalization	Intervention: 13.7 (3.2)	Intervention: 9.5 (2.8)	< 0.001
	Control: 13.9 (3.4)	Control: 12.8 (3.3)	0.065
Personal Accomplishment	Intervention: 28.1 (4.5)	Intervention: 32.9 (4.2)	0.010
	Control: 28.4 (4.7)	Control: 29.2 (4.4)	0.298

P-value < 0.05 indicates statistical significance.

Table 2: Anxiety and Depression (Hospital Anxiety and Depression Scale - HADS)

HADS Dimension	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	P-Value
Anxiety	Intervention: 14.1 (3.0)	Intervention: 9.7 (2.8)	0.003
	Control: 13.8 (2.9)	Control: 12.9 (3.1)	0.200
Depression	Intervention: 13.5 (2.7)	Intervention: 8.9 (2.5)	0.004
	Control: 13.3 (2.8)	Control: 12.7 (2.7)	0.180

Table 3: Quality of Life (WHOQOL-BREF)

WHOQOL Domain	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	P-Value
Physical Health	Intervention: 54.7 (6.2)	Intervention: 65.2 (5.9)	0.005
	Control: 55.2 (6.0)	Control: 58.3 (6.4)	0.110
Psychological Health	Intervention: 50.5 (5.8)	Intervention: 62.1 (5.4)	0.004
	Control: 51.1 (6.0)	Control: 53.7 (6.1)	0.140
Social	Intervention: 48.1	Intervention: 60.3	0.007

Relationships	(6.5)	(6.1)	
	Control: 48.9 (6.4)	Control: 52.5 (6.8)	0.220

Qualitative Findings

Thematic analysis of the interviews and focus groups identified three major themes, each with sub-themes, that illustrate the impact of the multidisciplinary intervention on burnout reduction. Key quotes from participants are included to provide deeper insights into their experiences.

Theme 1: Collaborative Support as a Buffer Against Burnout

Sub-theme 1.1: The Value of Peer Support (Nurses)

Participants reported that peer support, facilitated by nurses, played a critical role in mitigating feelings of isolation and emotional exhaustion. Regular debriefing sessions provided an outlet for healthcare professionals to share their experiences and build emotional resilience.

- Participant 7 (Nurse):

“Knowing that I had colleagues going through the same struggles made a huge difference. We shared stories, laughed, and sometimes cried together, but it gave us a sense of unity.”

- Participant 15 (Physician):

“The nursing-led debriefing sessions helped me realize that I wasn’t alone in feeling overwhelmed. Those short breaks we took really recharged me.”

Sub-theme 1.2: Psychological Counseling as Emotional Relief (Psychologists)

Healthcare professionals highlighted the value of one-on-one counseling sessions provided by psychologists, noting that these sessions gave them space to process their emotions and develop coping strategies for stress management.

- Participant 3 (Pharmacist):

“I wasn’t sure about the counseling at first, but it ended up being one of the most important parts. Talking to someone who wasn’t directly involved in our work helped me put things in perspective.”

- Participant 12 (Nurse):

“The counseling sessions gave me techniques to manage my stress, like mindfulness. It wasn’t just about work anymore—it was about finding a balance.”

Theme 2: Addressing Mental Health Stigma Through Multidisciplinary Care

Sub-theme 2.1: Reducing the Stigma of Seeking Help

Many participants acknowledged that the multidisciplinary approach helped reduce the stigma associated with seeking mental health support. Having the intervention structured as part of workplace wellness rather than a standalone mental health initiative encouraged more participants to engage with it.

- Participant 6 (Physician):

“In the beginning, there was hesitation. People don’t want to admit they need help. But once it became part of our routine, the barriers started to fall. It felt normal to get support.”

- Participant 10 (Pharmacist):

“Having mental health integrated into our care made it feel less like a weakness. It was just another part of how we took care of ourselves.”

Sub-theme 2.2: Pharmacological Support for Managing Burnout Symptoms (Pharmacists)

Several participants highlighted the importance of pharmacological support in managing symptoms such as anxiety, depression, and insomnia. The integration of pharmacists in the intervention allowed participants to receive advice and appropriate medication management.

- Participant 8 (Nurse):

“I was skeptical about medication, but the pharmacist explained everything so clearly. It really helped with my sleep problems, which made a huge difference in my energy levels at work.”

- Participant 11 (Physician):

“Having the pharmacists involved meant we weren’t just getting a prescription—we were getting monitored, too. It felt safe, and I knew I could talk to someone if things weren’t working.”

Theme 3: Long-Term Coping and Resilience Building

Sub-theme 3.1: Developing Sustainable Coping Mechanisms

Participants shared that the intervention helped them develop sustainable coping mechanisms, particularly through the psychological counseling and mindfulness training provided by psychologists.

- Participant 9 (Physician):

“I started practicing mindfulness as part of the program, and it’s something I’ve carried with me even after the sessions ended. It’s helped me stay grounded.”

- Participant 4 (Pharmacist):

“The focus wasn’t just on getting through the day—it was about learning skills that could help us long term. I still use some of the techniques I learned.”

Sub-theme 3.2: Improved Team Dynamics

Many participants noted that the multidisciplinary approach improved team dynamics, as the collaborative environment fostered a culture of support, communication, and mutual respect.

- Participant 16 (Nurse):

“The intervention didn’t just help us individually—it made us stronger as a team. We’ve become more open with each other, and I think that’s going to have a lasting impact.”

Discussion

This study evaluated the impact of a multidisciplinary intervention involving nurses, psychologists, and pharmacists on reducing burnout among healthcare professionals in a tertiary hospital setting. The findings demonstrate that a comprehensive, collaborative approach can significantly improve mental health outcomes, reduce burnout, and enhance the overall quality of life for healthcare workers, particularly those in high-stress environments such as the ICU and emergency departments. This section will discuss the key findings in relation to existing literature, highlight the role of multidisciplinary teams in addressing burnout, and explore the implications for clinical practice.

Reduction in Burnout

The quantitative data indicated a significant reduction in emotional exhaustion and depersonalization, along with an increase in personal accomplishment in the intervention group. These findings align with existing research, which emphasizes the importance of interventions targeting multiple aspects of burnout (West et al., 2016). The emotional exhaustion scores in the intervention group decreased significantly, which is consistent with studies that have shown peer support and counseling as effective in reducing stress and emotional burden (McCarthy and Bhandari, 2019).

The depersonalization dimension also saw a significant reduction in the intervention group, indicating that the healthcare professionals felt less disconnected from their work and patients. This reduction can be attributed to the psychological counseling provided by psychologists, which helped participants develop coping strategies to manage stress and emotional distance (Albott et al., 2020). The increase in personal accomplishment suggests that the multidisciplinary approach empowered healthcare professionals to feel more capable and satisfied in their roles, as they were able to manage stress more effectively and find greater meaning in their work (Maslach & Leiter, 2016).

The Role of Peer Support in Burnout Mitigation

Peer support emerged as a crucial component of the intervention, particularly through the debriefing sessions led by nurses. These sessions allowed healthcare professionals to share their experiences, discuss coping strategies, and provide emotional support to one another. Participants reported that this sense of camaraderie helped alleviate feelings of isolation, which is often a key contributor to burnout (Gómez-Urquiza et al., 2017). The regularity of these sessions provided a structured outlet for emotional expression, helping participants process their experiences in a supportive environment.

This finding aligns with research showing that peer support and debriefing can reduce stress and enhance team dynamics, leading to better collaboration and emotional resilience among healthcare workers (Magtibay et al., 2017). The study's qualitative data further illustrated how these debriefing sessions fostered a sense of unity and mutual support among team members, which has long-term implications for reducing burnout and improving workplace morale.

Psychological Counseling and Burnout Reduction

The one-on-one counseling sessions and group therapy provided by psychologists had a significant impact on reducing anxiety and depression scores among participants. These sessions gave healthcare professionals the opportunity to address personal and work-related stress in a safe and confidential environment. Cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) techniques were particularly effective in helping participants manage negative thoughts and emotions, leading to improved psychological health (McCarthy and Bhandari, 2019).

The qualitative findings revealed that participants valued the emotional relief provided by these counseling sessions, which not only helped them cope with stress in the short term but also equipped them with long-term strategies for resilience. This is consistent with existing literature, which highlights the effectiveness of psychological interventions in reducing burnout symptoms and improving mental health among healthcare professionals (West et al., 2018).

Pharmacological Support in Managing Burnout Symptoms

Pharmacists played a crucial role in managing pharmacological interventions for healthcare professionals experiencing symptoms such as anxiety, depression, and sleep disorders. Participants who required medication found that the involvement of pharmacists ensured that their treatments were safe, effective, and tailored to their specific needs. The integration of pharmacological support into the multidisciplinary approach allowed for a more comprehensive mental health strategy, addressing both the psychological and physiological aspects of burnout (Elbeddini et al., 2020).

The qualitative data revealed that participants appreciated the pharmacist's involvement in monitoring and adjusting their medications, which helped alleviate concerns about medication side effects and efficacy. This

finding underscores the importance of a multidisciplinary approach that includes pharmacological management as part of a broader mental health support system.

Reducing Mental Health Stigma

A key finding from this study was the reduction in stigma associated with seeking mental health support. Participants reported that the multidisciplinary nature of the intervention normalized the need for mental health care, as it was integrated into their workplace routine rather than being viewed as a separate, stigmatized service. This is consistent with previous research, which suggests that stigma remains a significant barrier to seeking mental health care among healthcare professionals (Albott et al., 2020). By embedding mental health support into the daily workflow, the intervention helped reduce this stigma, encouraging more healthcare professionals to engage with the services offered.

Improvement in Quality of Life

In addition to reducing burnout, the intervention led to significant improvements in participants' quality of life, particularly in the domains of psychological health and social relationships. These improvements reflect the holistic nature of the multidisciplinary intervention, which addressed not only work-related stress but also personal well-being. The combination of peer support, psychological counseling, and pharmacological management provided participants with comprehensive care, leading to better overall mental health and life satisfaction (West et al., 2016).

Implications for Clinical Practice

The findings of this study have important implications for clinical practice, particularly in the development of mental health support programs for healthcare professionals. First, the results highlight the value of a multidisciplinary approach to burnout prevention and management. Hospitals and healthcare institutions should consider implementing similar programs that integrate peer support, psychological counseling, and pharmacological interventions to address the complex and multifaceted nature of burnout.

Second, the reduction in stigma associated with seeking mental health support suggests that hospitals should make mental health care more accessible and normalized within the workplace. By embedding mental health services into the routine workflow, healthcare professionals may feel more comfortable accessing the care they need, which could lead to better long-term outcomes in both their mental health and job performance.

Challenges and Limitations

Despite the positive outcomes, this study had several limitations. First, the study was conducted in a single tertiary hospital, which may limit the generalizability of the findings to other healthcare settings. Future research should aim to replicate the study in different hospital environments to confirm the effectiveness of the multidisciplinary approach.

Second, the study relied on self-reported measures of burnout, anxiety, and depression, which may be subject to reporting bias. While the Maslach Burnout Inventory (MBI) and the Hospital Anxiety and Depression Scale (HADS) are validated tools, future studies could include more objective measures of mental health, such as physiological indicators of stress.

Finally, while the intervention showed significant improvements in burnout and mental health outcomes, the follow-up period was relatively short (6 months). Longer-term studies are needed to assess the sustainability

of these improvements and the ongoing impact of the multidisciplinary approach on healthcare professionals' well-being.

Future Research

Future research should explore the long-term effects of multidisciplinary interventions on burnout prevention and mental health outcomes. Additionally, more studies are needed to investigate the cost-effectiveness of these programs, as reducing burnout may lead to lower turnover rates, fewer medical errors, and improved patient care. Finally, further research should examine how to overcome the barriers to implementing multidisciplinary mental health programs in different healthcare settings, particularly in resource-limited environments.

Conclusion

This study demonstrates that a multidisciplinary approach involving nurses, psychologists, and pharmacists can significantly reduce burnout and improve mental health outcomes for healthcare professionals in a tertiary hospital setting. By addressing the emotional, psychological, and pharmacological needs of healthcare workers, this intervention provides a comprehensive model for mitigating the impact of burnout. The findings highlight the importance of collaborative care in promoting the well-being of healthcare professionals and suggest that similar programs should be adopted across healthcare institutions to enhance both staff satisfaction and patient care.

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