

BURNOUT AMONG EMERGENCY CARE STAFF IN HUNGARY: PREVALENCE AND INTERVENTION POSSIBILITIES – A QUASI-EXPERIMENTAL STUDY

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OBJECTIVES

The aim of this study was to evaluate the effect of a brief, structured training program on burnout-related psychological characteristics among healthcare professionals working in an emergency department.

METHODS

A quasi-experimental study was conducted in April 2025 at the Emergency Department of the Petz Aladár University Teaching Hospital, Győr, Hungary, involving physicians and nurses. The intervention group (n=36) was non-randomly selected and participated in a one-day, 4-hour, practice-oriented small-group training focusing on burnout awareness, self-reflection, and emotion regulation, while the control group (n=93) received no training. Burnout was assessed using the Maslach Burnout Inventory (MBI), and resilience with the Connor-Davidson Resilience Scale (CD-RISC), at baseline and at a 3-month follow-up. Analyses included descriptive statistics, Wilcoxon and Mann-Whitney U tests ($p < 0.05$) using SPSS version 29.0.

RESULTS

In the intervention group, Emotional Exhaustion remained stable (mean: 17.97 ± 8.63 vs. 17.78 ± 7.53), whereas a significant increase was observed in the control group (mean: 16.52 ± 9.47 vs. 19.56 ± 10.66 ; $p < 0.001$) (Table 1). Depersonalization scores were unchanged after training (mean: 15.92 ± 9.88 vs. 15.00 ± 7.86) but worsened significantly in the control group (mean: 14.32 ± 9.53 vs. 17.56 ± 10.12 ; $p < 0.001$) (Figure 1&2). Personal Accomplishment remained stable in the intervention group (36.12 ± 7.45 vs. 35.78 ± 6.98), while significant deterioration occurred without intervention (34.56 ± 8.12 vs. 38.02 ± 9.03 ; $p < 0.001$) (Figure 3).

CONCLUSIONS

Our findings suggest that even a single structured training session may help stabilize burnout levels, indicating that well-designed interventions can slow burnout progression among emergency care professionals.

| | variable | mean | standard deviation | median | mode | min. | max. |
|-----------------------------|-----------------------------------|-------|--------------------|--------|------|------|------|
| Intervention group (n = 36) | age (years) | 38.58 | 13.18 | 26 | 27 | 21 | 65 |
| | healthcare experience (years) | 6.67 | 3.81 | 9 | 3 | 1 | 13 |
| | emergency experience (years) | 6.9 | 7.2 | 4 | 2 | 1 | 37 |
| | Győr emergency experience (years) | 5.1 | 3.5 | 4 | 11 | 1 | 11 |
| Control group (n = 93) | age (years) | 41.80 | 12.05 | 33 | 26 | 22 | 66 |
| | healthcare experience (years) | 7.06 | 3.68 | 9 | 3 | 1 | 15 |
| | emergency experience (years) | 6.1 | 4.1 | 5 | 4 | 1 | 22 |
| | Győr emergency experience (years) | 5.6 | 3.6 | 4 | 4 | 1 | 14 |

Table 1.

Descriptive statistics of the intervention group (n = 36) and the control group (n = 93)

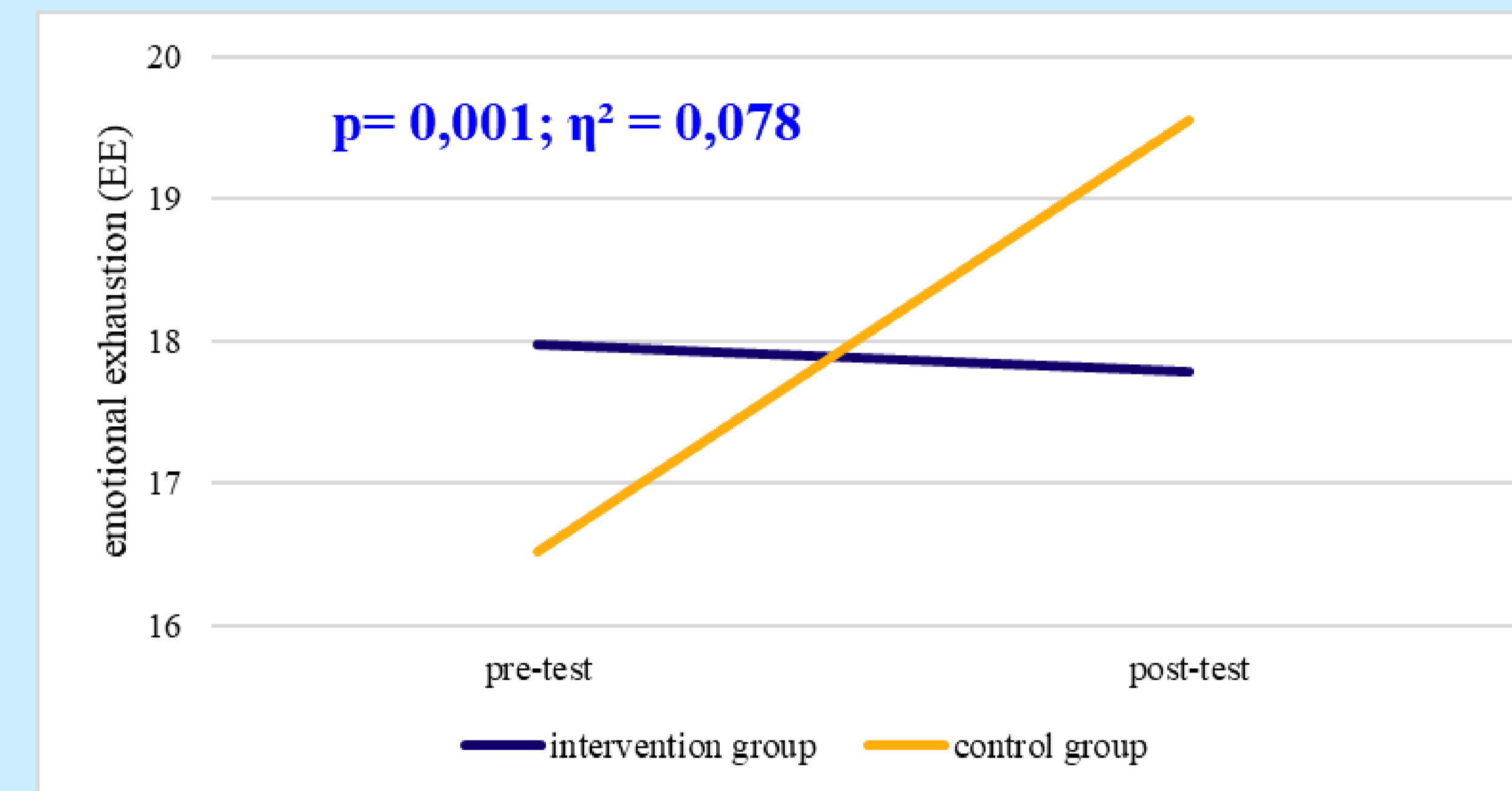


Figure 1. Changes in emotional exhaustion over time in the training and control groups

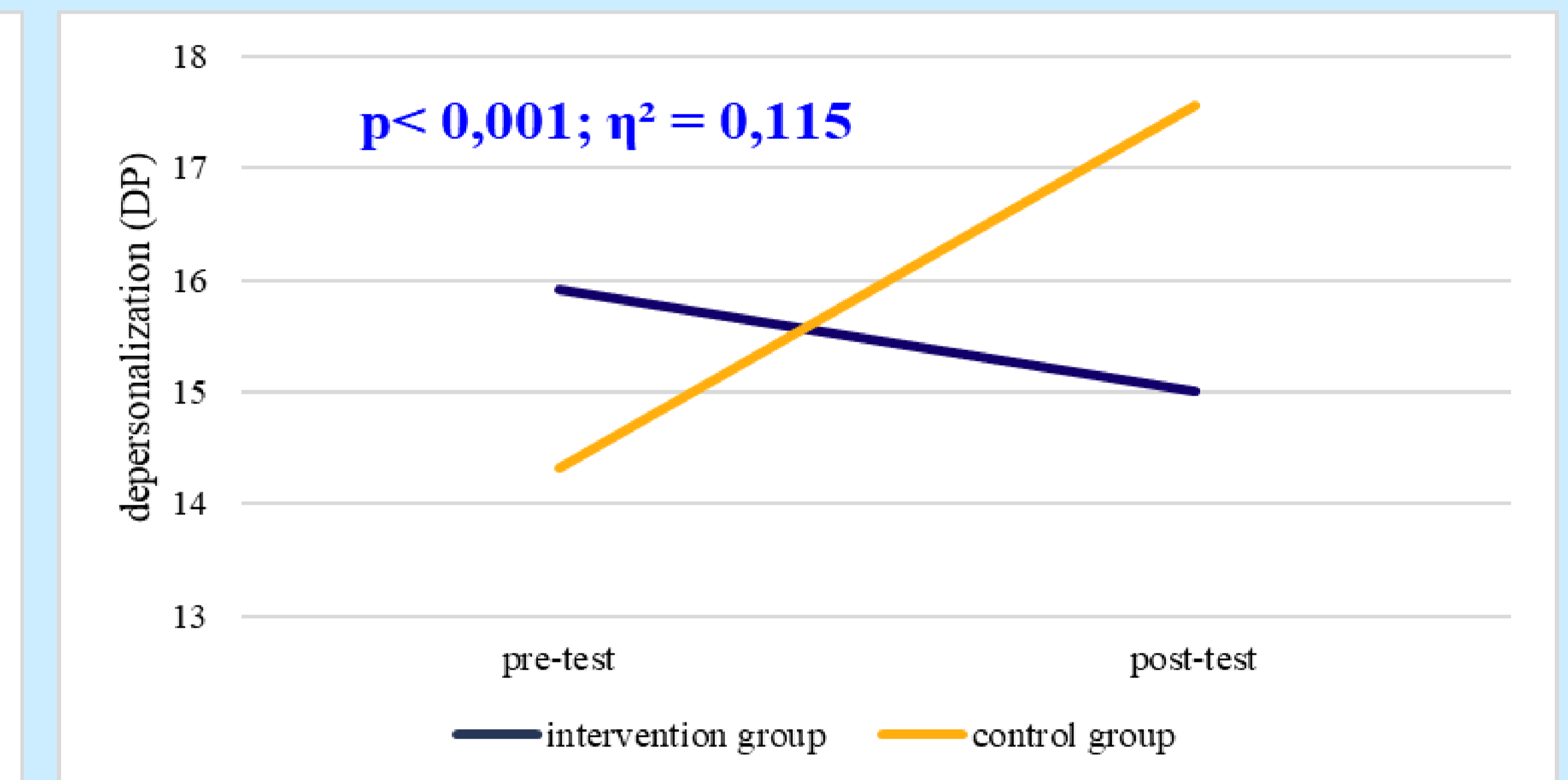


Figure 2. Changes in depersonalization scores in the training and control groups

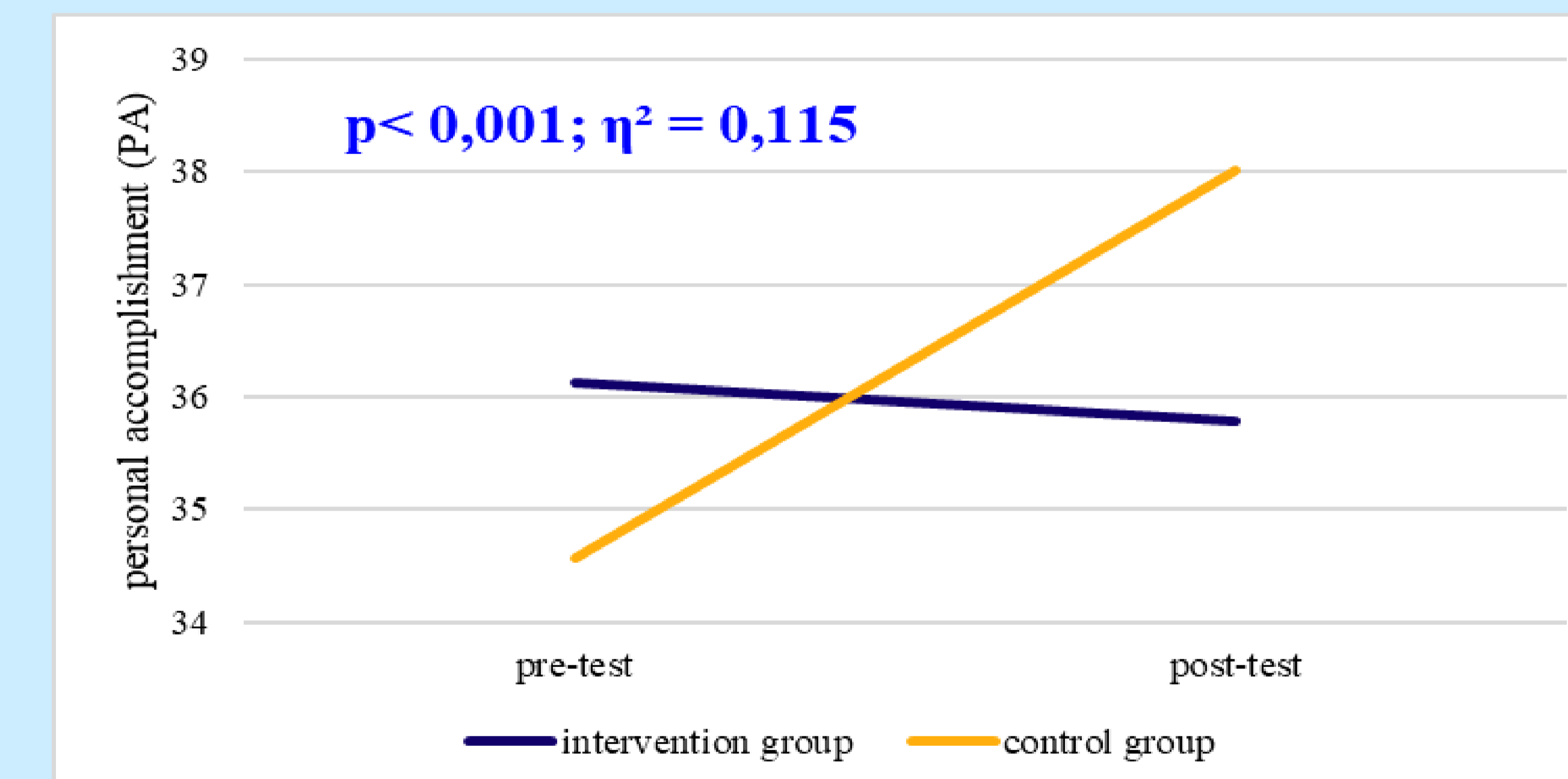



Figure 3. Changes in reduced personal accomplishment in the training and control groups

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