

## THE PSYCHOLOGICAL WELL-BEING OF HEALTHCARE PROFESSIONALS AND ITS IMPACT ON PATIENT CARE: A SCOPING REVIEW

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### Abstract

**Background:** The psychological well-being of healthcare professionals is increasingly recognized as a crucial factor affecting both the quality of care provided to patients and the efficiency of healthcare systems. The COVID-19 pandemic and global economic challenges have exacerbated stress, burnout, and mental health concerns among medical personnel. Despite numerous efforts to address these issues, the link between healthcare professionals' well-being and patient experiences remains underexplored.

**Methods:** This scoping review follows the framework outlined by Arksey and O'Malley (2005) and updated by Levac et al. (2010). The review was conducted using databases such as PubMed, CINAHL, Scopus, and PsycINFO. A broad search strategy was employed to identify studies exploring healthcare professionals' psychological well-being, patient perceptions of care, and the relationship between the two. Studies focusing on administrators or non-clinical staff were excluded. Data extraction and synthesis were performed using thematic analysis.

**Results:** A total of 15 studies were included in the final review, covering various healthcare settings and professional groups. The findings highlighted five key themes: (1) defining psychological well-being in healthcare professionals, (2) the impact of healthcare work on mental health, (3) organizational influences on well-being, (4) effects of the COVID-19 pandemic, and (5) the relationship between staff well-being and patient care experiences. The review found that while organizational support and professional development contributed positively to well-being, factors such as burnout, lack of autonomy, and emotional labor negatively affected healthcare professionals. The absence of patient perspectives in most studies was a notable gap.

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**Conclusion:** Healthcare professionals' psychological well-being is closely linked to the quality of patient care, yet significant challenges remain in defining and addressing these issues. Future research should incorporate patient perspectives and explore interventions to support healthcare workers' mental health. Organizations must foster a culture that prioritizes well-being to improve patient outcomes and workforce sustainability.

### Introduction

The psychological well-being of healthcare workers has become an increasing concern over the past 15 years, and the recent effects of COVID-19, along with global economic uncertainty, have escalated the issue to a critical level. Before the pandemic, healthcare systems were already under significant strain, trying to manage a growing number of individuals with complex health conditions. This pressure contributed to healthcare professionals experiencing mental health issues, burnout, and stress due to their work environment (Health Education England, 2019; Point of Care Foundation, 2017; Royal College of Nursing, 2013; Wilkinson, 2015). During the pandemic, the stress on healthcare workers was relentless, and now, even as they return to their normal duties, they face additional challenges such as clinical backlogs and global workforce shortages (Reed et al., 2022). This situation is further complicated by increasing staff departures and the widening gap between salaries and the rising cost of living (British Medical Association, 2021; Royal College of Nursing, 2022), pushing the mental well-being of healthcare professionals to unprecedented levels of stress.

The importance of healthcare worker well-being has been highlighted in the UK since 2009, starting with the review of the National Health Service (NHS) workforce well-being (Department of Health, 2009a). The "Boorman Report" (Department of Health, 2009b) was pivotal in stressing the link between the well-being of healthcare professionals and patient outcomes. It found that NHS Trusts with lower levels of sickness absence, turnover, and agency costs tended to achieve better patient satisfaction, higher quality care, more efficient resource use, and lower infection rates (Department of Health, 2009b). Research has since shown that the experiences of healthcare professionals directly influence patient care (Dawson, 2018; Maben et al., 2012a, 2012b). Despite policy efforts to enhance healthcare worker experiences, the annual NHS survey has documented rising levels of staff reporting stress-related illness over the past few years (NHS Survey Coordination Centre, 2022).

The global impact of COVID-19, compounded by workforce shortages and economic instability, has brought these concerns to the forefront. Healthcare

workers are now reporting significant emotional exhaustion and symptoms of post-traumatic stress due to their work (Gilleen et al., 2021; Royal College of Nursing, 2022; Wanigasooriya et al., 2021). The decline in the psychological well-being of healthcare workers is evident worldwide (Søvdal et al., 2021), underscoring the urgent need to address this issue.

While there has been some research examining the connection between the psychological well-being of healthcare professionals and patient outcomes, much of the focus has been on quantitative studies and interventions. This paper aims to offer a comprehensive review of the literature regarding healthcare worker well-being and its effects on patient experiences, especially in light of the COVID-19 pandemic and the global economic challenges.

### Methods

This scoping review was conducted following the framework proposed by Arksey et al. (2005) and updated by Levac et al. (2010). A protocol for the review was developed in advance and registered with the Open Science Framework (Bamforth et al., 2021). The review process adhered to the PRISMA-ScR checklist for scoping reviews (Tricco et al., 2018). The primary objective of this scoping review was to address two key questions:

1. What is known about both healthcare professionals' and patients' perceptions of healthcare professionals' psychological well-being at work?
2. How does the psychological well-being of healthcare professionals influence patients' experiences with care?

The review aimed to gather research on healthcare professionals' psychological well-being at work, specifically focusing on:

- The definitions or terms used to describe healthcare professionals' psychological well-being.
- Both healthcare professionals' and patients' perceptions of healthcare professionals' psychological well-being at work.
- The impact of healthcare professionals' psychological well-being on patients' experiences of care.

Database of Systematic Reviews and Implementation Reports, Prospero register of systematic reviews, and the Cochrane Library using the term "wellbeing," but no current systematic or scoping reviews with these objectives were found. A comprehensive search was performed across four databases: PubMed, CINAHL

(via EBSCOhost), Scopus, and Psych Info. The search strategy, developed with the assistance of an information specialist, was intentionally broad to include the wide range of terms associated with well-being. The full search included terms such as: (nurse OR doctor OR "allied health professional" OR therapist OR "nursing staff" OR "medical staff" OR "healthcare professional" OR "health care professional" OR "health-care professional" OR "health personnel") AND (patient OR "patient care" OR "quality of care" OR "patient safety" OR "patient satisfaction") AND (wellbeing OR "well-being" OR "well-being" OR "job satisfaction" OR "psychological aspect" OR "occupational health" OR "mental health" OR motivation OR "emotional exhaustion" OR burnout OR stress OR depression OR wellness OR "positive affect" OR "emotional intelligence" OR emotions OR "psychological factor" OR "psychosocial factor" OR "compassion fatigue" OR empathy OR "caring behaviour" OR "moral distress" OR "emotional labour") AND (experience OR attitude OR perception OR perspective OR impact OR view OR opinion OR relations\*).

The reference lists of all selected articles were manually checked for additional studies meeting the inclusion criteria. We also searched for grey literature through sources such as NIHR Journals, ETHOS, Open Grey, Google Scholar, and relevant health policy websites or those identified by the review team.

### Study Selection

We established predefined inclusion criteria for this review. The term "psychological wellbeing" encompassed mental, emotional, and psychological health (excluding physical or spiritual wellbeing). Studies included in the review involved healthcare professionals, which were defined according to the World Health Organization (2010) classification as individuals with formal healthcare qualifications (e.g., doctors, nurses, allied health professionals), healthcare associates (e.g., technicians, nursing associates), and personal care workers (e.g., healthcare assistants). The review excluded studies that focused on health management or administrative support staff, such as service managers and secretaries. Empirical research, theses, reviews, and reports were included, while book chapters, editorials, and opinion pieces were excluded. Only studies published in English were included due to resource constraints. To manage the large volume of returned articles, we refined the inclusion criteria to focus on publications that specifically mentioned "wellbeing," "well-being," or "well-being" in the title or abstract, and excluded studies involving students or volunteers. This approach helped narrow the dataset and maintain the focus on healthcare professionals.

### Data Extraction

Data from the selected studies were extracted using a data extraction tool developed by KB, aligned with the research question (Arksey et al., 2005). This tool was refined after a pilot test and was reviewed for consistency by KB and PR. The tool collected the following information: (1) bibliographic data; (2) aim/purpose of the study; (3) study design; (4) key concept measured; (5) instruments used to assess the core concept; (6) target population; (7) description/definition of wellbeing; (8) methods of analysis; (9) key findings; (10) limitations; and (11) recommendations for further research. KB and PR independently reviewed five studies to test the tool, and any discrepancies were discussed. KB then completed the data extraction for all full-text articles, with PR reviewing 10% of the data independently to reduce bias. A third independent reviewer was available for dispute resolution, though no disagreements arose. As this was a scoping review, no quality assessment of the evidence was performed. The extracted data were then synthesized and summarized into a narrative, highlighting key themes relevant to the research questions (Arksey et al., 2005).

### Results

The extracted data were collated and summarized using the three steps recommended by Levac et al. (2010): descriptive numerical summary, qualitative thematic analysis, and thematic coding. The findings were coded by KB, and these codes were thematically grouped and discussed with SP, HL, and JM. The results are discussed in relation to the research questions, with implications for future research, practice, and policy.

The scoping review included 15 articles. By the conclusion of the review, however, the number of countries conducting relevant studies had expanded. The UK was the leading contributor publications, followed by Australia, and the USA. Other countries contributed fewer publications.

Nurses were the primary focus of studies examining a single professional group, followed by doctors, practice psychologists, and non-registered healthcare assistants. Studies investigating multiple professional groups involved a wide range of healthcare staff, such as doctors, nurses, and various allied health professionals. Additionally, the research settings varied, including specialties like mental health, palliative care, critical care, and primary care, among others. Some studies lacked details about their specific settings.

Out of the 15 articles reviewed, employed empirical data collection, with

qualitative methods being the most common. Other studies used surveys, and different quantitative scales and tools were utilized in the research.

The findings were synthesized by KB, with input from PR, SP, HL, and JM through a collaborative process (Levac et al., 2010). Five major themes emerged: 1) defining healthcare professionals' psychological wellbeing; 2) the relationship between healthcare professionals' wellbeing and the nature of healthcare work; 3) the influence of organizational culture on healthcare workers' wellbeing; 4) the impact of the COVID-19 pandemic on wellbeing; and 5) the link between healthcare professionals' wellbeing and patient care experiences.

Out of the 15 articles, some did not provide a specific definition of wellbeing, while others articles offered clear definitions, citing or paraphrasing other authors or proposing their own. However, in these definitions, wellbeing was generally discussed as a broad concept, without specifically addressing "psychological wellbeing." Many studies that did not offer explicit definitions of wellbeing often discussed it negatively, associating it with issues like stress, anxiety, and burnout (n = 14). Some authors (e.g., Selamu et al., 2017) found that healthcare professionals conceptualized wellbeing as the absence of stress, while others noted that the literature predominantly took a negative perspective on wellbeing (Chaguaceda, 2020). The challenge of defining healthcare professional psychological wellbeing was acknowledged by several authors (Ahmed, 2019; Boateng et al., 2019; Chaguaceda, 2020; Creese et al., 2021; Oates, 2018; Selamu et al., 2017).

### Discussion

The reviewed studies highlighted how the psychological wellbeing of healthcare professionals is closely tied to the nature of their work. Many healthcare workers found personal fulfillment in providing care to patients, forming meaningful human connections, and making a difference (Boateng et al., 2019; Chaguaceda, 2020; Chung et al., 2021; Galuska et al., 2018, 2020; Latimer, 2013; Murray et al., 2020; Siffleet et al., 2015; Wei et al., 2020; West et al., 2020). Autonomy was also identified as a significant contributor to wellbeing (Chaguaceda, 2020; Mascari, 2020; McGlinchey et al., 2021; McLellan, 2018; Oates, 2018; West et al., 2020), with workers feeling valued and recognized by their colleagues and managers contributing positively to their wellbeing (McLellan, 2018). The opportunity to support colleagues' development and pursue personal professional growth also played a role in improving job satisfaction (Chaguaceda, 2020; Donoso et al., 2015; Galuska et al., 2018; McLellan, 2018; Wood et al., 2021b). A moderate level of challenge in the workplace further boosted nurses' motivation and overall wellbeing (Donoso et al., 2015; Jakimowicz et al., 2018; Wood et al., 2021b).

Despite these benefits, healthcare work, especially in settings involving vulnerable populations, was also described as demanding and emotionally taxing (Boateng et al., 2019; Diehl et al., 2021; Hayes et al., 2019; Kinman et al., 2020; Maben et al., 2012b; Selamu et al., 2017; Siffleet et al., 2015; Wei et al., 2020). The emotional toll of dealing with death, vulnerability, and anxiety was discussed, with professionals needing strong emotional resilience (Hubik et al., 2021; Nwozichi et al., 2020). Furthermore, the expectation to remain calm and professional in high-pressure environments was noted (Jakimowicz et al., 2018; Matthews et al., 2016).

A recurring theme in the literature was the tension between caring for others and self-care. Healthcare professionals often prioritized patient needs over their own, perceiving self-care as secondary or even as a weakness (Andrews et al., 2020). Mental health nurses, for instance, struggled with separating personal challenges from their professional roles, sometimes suppressing their emotional needs to maintain a professional image (Oates, 2018). Some studies found that healthcare workers only recognized their own lack of coping skills after being given time to reflect (Terry et al., 2020; Hayes et al., 2017; Selamu et al., 2017). Additionally, there was a stigma around discussing mental health concerns within the healthcare setting, leading to avoidance or suppression of personal needs (Hayes et al., 2017; Selamu et al., 2017).

Organizational culture has been identified as a significant factor influencing healthcare professionals' psychological wellbeing, with both positive and negative effects. Positive leadership, strong supervision, recognition of staff, support for professional growth, and the promotion of self-care have been crucial in fostering wellbeing (Ahmed, 2019; Andrews et al., 2020; Chaguaceda, 2020; Galuska et al., 2018; Maben et al., 2012b; McLellan, 2018; Wei et al., 2020; Zhao et al., 2015). Additionally, teamwork, support from colleagues, a manageable workload, and low levels of emotional exhaustion were recognized as essential elements for maintaining wellbeing (Chaguaceda, 2020; Galuska et al., 2018; Maben et al., 2012b; Murray et al., 2020; Siffleet et al., 2015). Three studies highlighted the importance of the working environment, with Sansó et al. (2020) suggesting that nurses' ratings of self-care and professional quality of life were influenced by the practice environment. Andrews et al. (2020) emphasized that a stable environment fosters the trust needed for professionals to share vulnerabilities and improve their wellbeing. Jakimowicz

et al. (2018) also stressed the necessity for time to debrief and receive counselling to support wellbeing.

However, many studies revealed that organizational cultures often failed to support the wellbeing of healthcare professionals. Challenges such as shift work, lack of schedule flexibility, long working hours, and limited opportunities for sick leave hindered healthcare workers' ability to maintain health and achieve a healthy work-life balance (Abhary et al., 2021; Kinman et al., 2020; McLellan, 2018). The demanding nature of healthcare work left little room for reflection and debriefing, which are necessary for addressing emotional needs (Boateng et al., 2019; Jakimowicz et al., 2018; Maben et al., 2012b). Nurses in intensive care units, for example, reported feeling distressed when they could not provide optimal care, reflect on difficult incidents, or distance themselves from stressful situations (Siffleet et al., 2015). In a national survey, doctors reported poor work-life balance, excessive work stress, and burnout, with nearly a third experiencing burnout (Hayes et al., 2019). Additionally, unclear roles and feelings of isolation negatively affected the wellbeing of healthcare professionals, leaving them feeling unsafe at work (Maben et al., 2012b; Selamu et al., 2017; Whiteing et al., 2021).

Conflicts between individual values and those of the organization were shown to negatively impact wellbeing. Nurses in one study felt that their organization's focus on resource management and targets compromised patient-centered care, which they valued (Dunning et al., 2021). Similarly, efforts to implement safety and wellbeing reporting tools were thwarted in organizations where managers and staff did not align on the importance of wellbeing, fearing it would be misused to assign blame (Bruno et al., 2016). Workplace bullying, harassment, and power imbalances were also reported as major stressors that harmed the psychological wellbeing of nurses and midwives, highlighting the urgent need for future research (Kinman et al., 2020).

studies in this review focused on the psychological impact of the COVID-19 pandemic on healthcare professionals. In the early stages of the pandemic, some healthcare workers reported improvements in wellbeing due to enforced changes in work practices. For instance, some doctors benefited from mandatory sick leave and increased senior support, while certain teams felt a strong sense of camaraderie and pride (Aughterson et al., 2021; Billings et al., 2021a; Khatatbeh et al., 2021). The pandemic was also seen by some as an opportunity for professional growth (Aughterson et al., 2021; Billings et al., 2021b; Creese et al., 2021), and the lockdown allowed some professionals the chance to reflect on their personal values and career (Aughterson et al., 2021; Creese et al., 2021).

However, as the pandemic continued, the immense pressure and high personal risks began to take a severe toll on healthcare professionals' mental health (Billings et al., 2021c; Creese et al., 2021; Cubitt et al., 2021; De Kock et al., 2021; Khatatbeh et al., 2021; Munn et al., 2021; Yayla et al., 2021). Healthcare workers described their experiences using military metaphors, likening their work to being "in a war zone" or "self-sacrifice" (Baldwin et al., 2021; Billings et al., 2021b). Prior to the pandemic, stress and burnout were the primary focus of studies on wellbeing, but post-2019 studies framed wellbeing in terms of more extreme concepts like moral distress and post-traumatic stress disorder (Billings et al., 2021a, 2021b, 2021c). These studies indicated a decline in psychological safety and overall wellbeing (Creese et al., 2021; Cubitt et al., 2021; De Kock et al., 2021; Munn et al., 2021). Stressors included increased workloads, redeployment to unfamiliar roles, fears of contracting or transmitting COVID-19 due to inadequate protective equipment, and low staffing levels (Billings et al., 2021b, 2021c; Cubitt et al., 2021; Khatatbeh et al., 2021; McGlinchey et al., 2021; Munn et al., 2021). Healthcare professionals also dealt with isolation from loved ones and the emotional strain of caring for severely ill or dying patients without physical contact (Khatatbeh et al., 2021; McGlinchey et al., 2021).

The focus on patient care led many healthcare professionals to neglect their own wellbeing needs (Baldwin et al., 2021; Billings et al., 2021a, 2021b). Guilt also surfaced among healthcare workers for having to cancel non-COVID care, for not providing emotional support through physical touch, for taking time off when ill, and for potentially infecting others (Creese et al., 2021). Many staff members were reluctant to seek help for their mental health, citing stigmas and concerns that support services were not designed for them. When staff did seek help, they often found it difficult to access formal psychological support during working hours (Baldwin et al., 2021; Billings et al., 2021a; Creese et al., 2021). Instead, many turned to informal support networks such as their teams and line managers, often using tools like WhatsApp (Aughterson et al., 2021; Billings et al., 2021a, 2021c; Byrne et al., 2021). However, redeployed staff found their access to these informal support systems limited, contributing to increased stress and anxiety (Billings et al., 2021c; Cubitt et al., 2021; McGlinchey et al., 2021).

One notable finding from this review is the lack of patient representation in studies on healthcare professionals' wellbeing. Only one study included patients and found a significant relationship between staff wellbeing and patients' experiences of care (Maben et al., 2012b). Patients, particularly older

individuals, valued relational care, but felt this was often compromised by the challenges faced by healthcare workers. Patients also expressed reluctance to voice concerns about poor care for fear of negatively affecting their own treatment experience.

Three studies included the perspectives of patients indirectly by gathering data from healthcare professionals. For instance, Chung et al. (2021) examined the wellbeing of nurses and its connection to their competence in nurse-patient interactions. Andrews et al. (2020) and Hall et al. (2020) focused on how healthcare professionals' wellbeing affected patient care, though they did not involve patient participants. The exclusion of patients limits the ability to understand their direct experiences, introduces bias, and leads to assumptions about their perceptions.

The link between staff wellbeing and patient safety was also highlighted. Hall et al. (2016) found in their review of 46 articles that staff wellbeing and patient safety were positively correlated. Similarly, Maben et al. (2012b) observed that patient safety was closely tied to the experiences of both staff and patients. Hall et al. (2020) noted that general practitioners' burnout was associated with a decrease in their ability to show empathy, listen to patients, and make appropriate referrals, which in turn affected the quality of patient care.

This scoping review aimed to explore two main research questions: 1) What is known about the perceptions of healthcare professionals and patients regarding the psychological wellbeing of healthcare professionals at work? 2) How does the psychological wellbeing of healthcare professionals impact patients' experiences of care? A total of 15 articles were included in the review. In contrast to the Maben et al. (2012b) review, which focused on quantitative and survey-based methods examining the connection between staff wellbeing and patient care, this review shows a noticeable shift toward qualitative methods, particularly interviews, in studies focusing on staff wellbeing. This shift reflects an increasing need to understand wellbeing beyond mere prevalence and correlation metrics. Despite the widespread use of the term "wellbeing," many articles lacked a clear definition, and when one was provided, it lacked consistency. This inconsistency, along with a focus on the negative aspects of wellbeing, emphasizes its absence rather than its presence, contributing to a skewed understanding.

The absence of a standardized definition makes it challenging to establish a common starting point for research, further complicating efforts to measure psychological wellbeing. This confusion may explain the varied outcome measures used across studies. Only four measures were specifically designed to assess wellbeing; others targeted related concepts such as work-life balance, job satisfaction, resilience, stress, and anxiety. This variation in metrics hinders comparisons between studies and may dilute the overall understanding of psychological wellbeing. The review highlights the necessity of developing a unified definition to clarify and focus future research.

The findings reveal a dynamic relationship between the psychological wellbeing of healthcare professionals, their work environment, organizational culture, and patient care experiences. Healthcare professionals often derive significant wellbeing from factors like team collaboration, personal and professional development, and recognition. When these elements are supported by organizational culture, they positively influence the wellbeing of staff and, in turn, enhance the quality of care provided. However, the intense emotional and physical demands of healthcare work pose challenges to maintaining positive wellbeing.

Healthcare professionals often face the expectation to absorb and manage the emotional intensity inherent in their roles, a phenomenon known as "emotional labor." Staff are expected to suppress their emotions in order to ensure patients feel cared for and safe (Gray, 2009; Hochschild, 2003; Sawbridge et al., 2013). However, this expectation frequently leads to a lack of attention to staff psychological health, as the focus tends to be solely on patient needs. Emotional exhaustion has become normalized, and there is a pervasive stigma preventing healthcare professionals from disclosing their mental health struggles (Beresin et al., 2016; Carrieri et al., 2018; Riley et al., 2021). This stigma, identified in a study of nurses' psychological health during the COVID-19 pandemic, reveals that nurses often hesitate to share their issues with managers or colleagues, fearing judgment or career repercussions (Maben et al., 2022).

In line with Maben et al.'s (2012b) review, which described essential "wellbeing bundles" for organizations and individuals, the current review found that healthcare professionals often rely on their immediate teams for wellbeing support rather than formal interventions. The perception of formal wellbeing initiatives as impersonal and ineffective, especially in the context of the COVID-19 pandemic, underscores the chronic inadequacy of organizational support for staff psychological health.

The review also highlights a significant gap in research regarding the patient's perspective on the psychological wellbeing of healthcare professionals, despite patients being at the center of healthcare systems (Stewart, 2001;

Department of Health and Social Care, 2013). As the ultimate recipients of care, patients are directly impacted by the pressures faced by healthcare workers, including missed care opportunities and poorer outcomes (Ball et al., 2014; Recio-Saucedo et al., 2018). The deterioration of staff wellbeing often leads to a decline in care quality, with patients sometimes suppressing their needs when they perceive staff to be too overwhelmed (Maben et al., 2012b). This dynamic can create a dysfunctional relationship between staff and patients, inhibiting person-centered care and recovery (Bell et al., 2018; Delbanco et al., 2007; Frosch et al., 2012).

The relationship between the varying levels of psychological wellbeing needs in healthcare professionals is illustrated in Maslow's Hierarchy of Needs (1943), as adapted in the National Health Service Staff Wellbeing poster (NHS Employers, 2022). This model demonstrates that healthcare professionals must have their basic needs met before progressing to higher levels of psychological wellbeing. The review underscores how the pressures from the COVID-19 pandemic have threatened these basic needs, making it unrealistic to expect healthcare workers to excel in providing quality care without prioritizing their wellbeing. This finding is supported by Maben et al. (2023), which suggests that improving staff wellbeing can lead to better quality, safety, and improvement in care, as well as reducing negative outcomes like high turnover and absenteeism.

Overall, the review emphasizes the need for a cultural shift within healthcare organizations. There is a pressing need to move away from the expectation that healthcare professionals should endure poor psychological health and continue working without proper support. Organizations must recognize and assess the psychological wellbeing needs of their staff, providing targeted interventions that foster supportive and safe environments. Encouraging staff to explore and address their vulnerabilities is essential for improving both their psychological wellbeing and the quality of care they deliver to patients.

### Conclusion

The primary objectives of this scoping review were to answer two key questions: 1) What do we know about healthcare professionals' and patients' perceptions of healthcare professionals' psychological wellbeing at work? 2) How does the psychological wellbeing of healthcare professionals affect patients' experiences of care? We included 56 relevant studies that met our criteria. Considering the significant changes in healthcare over the past decade, particularly since the onset of the COVID-19 pandemic, the growing global interest in the psychological wellbeing of healthcare professionals is not surprising. Our findings underline the challenges in defining psychological wellbeing, the workplace barriers that hinder healthcare professionals' self-care, the importance of organizational culture in supporting staff wellbeing, the impact of the pandemic, and the scarcity of studies that incorporate direct patient feedback on their experiences.

In the current global context, post-pandemic healthcare systems, stagnant pay rates, the rising cost of living, and an overstretched workforce pose ongoing risks to the psychological wellbeing of healthcare professionals. Expectations for high-quality patient care in environments that do not explicitly prioritize staff wellbeing may be unrealistic. Our review indicates that when organizations invest in training, time, and support tailored to the specific needs of healthcare professionals, both the staff and the broader healthcare system benefit, with corresponding improvements in patient care and safety.

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