European Journal of Public Health Studies
ISSN: 2668 - 1056
ISSN-L:2668 - 1056
Available on-line at: www.oapub.org/hlt

DOI: 10.46827/ejphs.v9i2.269 Volume 9 | Issue 2 | 2026

THE IMPACT OF MANAGING GOVERNMENT HEALTHCARE SYSTEMS DURING CRISIS PERIODS ON DECISION-MAKING PROCESSES, LEADERSHIP, AND BURNOUT AMONG HEALTHCARE SYSTEM MANAGERS: A QUALITATIVE STUDY

Hanan Moussa[i]
Dr.,
Girne American University (GAU),
Northern Cyprus

Abstract:
Public healthcare systems have faced increasingly complex realities in recent decades, characterized by the growing frequency and intensity of crises, including pandemics, national emergencies, extraordinary healthcare demands, resource shortages, and persistent systemic challenges. These situations require healthcare system managers to operate in environments characterized by high levels of uncertainty, time pressure, and the need to make decisions with broad implications for patients, employees, and the overall functioning of healthcare organizations (World Health Organization [WHO], 2020). Managing healthcare systems during crisis periods is not based solely on operational management capabilities but requires an integration of effective leadership, organizational flexibility, adaptive capacity, and rapid decision-making under conditions of incomplete and constantly changing information. Research in crisis management emphasizes that the ability of healthcare systems to cope with unexpected events depends significantly on managers' ability to lead change, maintain organizational communication, and develop systemic resilience (Boin *et al.*, 2016). Despite extensive knowledge regarding healthcare leadership and burnout among healthcare professionals, a research gap remains regarding the experiences of healthcare system managers who occupy key positions in decision-making and organizational management during crisis periods. In particular, there is limited understanding of how increased managerial demands influence decision-making processes, leadership styles, and burnout levels among senior healthcare managers. The aim of this study is to examine the impact of managing government healthcare systems during crisis periods on decision-making processes, leadership, and burnout among healthcare system managers. The study is based on a qualitative interpretive approach (Interpretivist Approach) using semi-structured in-depth interviews with 30 managers within the public healthcare system, including hospital managers, department directors, nursing managers, and senior healthcare executives. Data analysis using thematic analysis identified five major

[i] Correspondence: email mousaa_h@gmail.com

themes: decision-making under conditions of uncertainty, adaptive leadership during crisis periods, managerial and emotional responsibility burden, organizational support as a protective resource, and burnout alongside the development of professional resilience. The findings contribute to understanding the relationship between job demands and organizational resources according to the Job Demands–Resources Model (JD-R), which suggests that high workload and insufficient resources may increase burnout, whereas organizational support and professional resources may strengthen coping abilities and resilience (Bakker & Demerouti, 2017). This study provides theoretical and practical contributions to the field of healthcare systems management by emphasizing the need to develop crisis leadership capabilities, strengthen managerial support mechanisms, and establish organizational policies that promote resilience and protect the professional well-being of healthcare system managers.

Keywords: healthcare systems management; crisis management; healthcare leadership; decision-making; professional burnout; job demands–resources model (JD-R); organizational resilience; qualitative research

1. Introduction

Healthcare systems represent one of the most essential components of national and social infrastructure, with the responsibility of ensuring the delivery of high-quality, accessible, and safe healthcare services to populations. However, in recent decades, healthcare systems have faced increasingly complex and dynamic environments characterized by population aging, growing demand for healthcare services, technological developments, and the emergence of multiple large-scale emergencies and crises (WHO, 2020).

Healthcare crises, including pandemics, natural disasters, security emergencies, and extraordinary healthcare demands, create significant challenges for healthcare organizations and require changes in traditional management approaches. During such periods, managers are required to make critical decisions under conditions of uncertainty, manage limited resources, lead professional teams, and maintain continuity of essential healthcare services (Boin *et al.*, 2016).

Crisis management differs from routine management because it occurs in environments where information may be incomplete, the pace of change is rapid, and decisions must be made under significant time constraints. Therefore, healthcare system managers require not only professional managerial skills but also leadership capabilities, including cognitive flexibility, adaptability, effective communication, and the ability to motivate employees during periods of pressure (Heifetz *et al.*, 2009).

The literature indicates that leadership during crisis periods represents a critical factor in organizational capacity to cope with uncertainty. Effective leaders do not merely provide instructions; they create meaning, strengthen trust, and enable teams to adapt to changing circumstances (Northouse, 2022).

At the same time, increased job demands during crisis periods may significantly affect the well-being of healthcare system managers. Prolonged workloads, extensive organizational responsibility, exposure to stress, and decision-making with significant consequences may contribute to professional burnout (Maslach & Leiter, 2016).

The **Job Demands–Resources Model (JD-R)** provides a theoretical framework for understanding this process by distinguishing between job demands that may contribute to stress and burnout and organizational resources that support coping, motivation, and professional well-being (Demerouti *et al.*, 2001; Bakker & Demerouti, 2017).

Despite the importance of this topic, much of the existing research has focused on burnout among physicians and nurses, while fewer studies have examined the experiences of senior healthcare managers responsible for system-level decision-making during crises.

Therefore, the present study seeks to deepen understanding of how government healthcare system managers cope with crisis management, how they make decisions under conditions of uncertainty, how different leadership patterns emerge, and how job demands influence burnout and professional resilience.

1.1 Research Problem

Managing healthcare systems during crisis periods represents one of the major challenges faced by managers within public healthcare organizations. While healthcare systems are required to maintain operational continuity, quality of care, and patient safety, managers must simultaneously cope with exceptional workloads, limited resources, rapid organizational changes, and decision-making under conditions of uncertainty (World Health Organization [WHO], 2020).

Large-scale healthcare crises, such as the COVID-19 pandemic, have highlighted the complexity of healthcare management roles and the need for flexible and adaptive leadership. Managers were required to make strategic and operational decisions rapidly while balancing medical, organizational, and human needs, often without complete information or certainty regarding the consequences of their decisions (Boin *et al.*, 2016). Despite the central role of healthcare system managers in crisis response, much of the existing research has focused primarily on frontline healthcare professionals, such as physicians and nurses, while fewer studies have examined the experiences of senior managers responsible for organizational leadership and system-level decision-making (Greenberg *et al.*, 2020).

Furthermore, there is a growing need to understand the relationship between managerial demands during crisis periods and the development of professional burnout among healthcare managers. According to the **Job Demands–Resources Model (JD-R)**, burnout develops when high job demands exceed the available organizational and personal resources required for effective coping (Demerouti *et al.*, 2001). However, limited understanding remains regarding how healthcare managers experience this

process and how organizational support factors influence their ability to lead effectively during complex situations.

Therefore, the central research problem addressed in this study is the insufficient understanding of how government healthcare system managers experience decision-making processes, leadership challenges, and professional burnout during crisis periods, as well as the organizational and personal factors that influence their ability to lead healthcare systems under complex and uncertain conditions.

1.2 Importance and Contribution of the Study

The importance of this study derives from the growing need to understand the role of healthcare system managers in responding to crisis situations and the factors that enable them to maintain effective performance over time.

From a theoretical perspective, this study contributes to expanding knowledge in the field of healthcare systems management by integrating three major theoretical frameworks: crisis management theory, leadership theories, and the **Job Demands–Resources Model (JD-R)**. This integration enables examination not only of how managers make decisions during crises but also of how working conditions and organizational resources influence their coping abilities and professional well-being (Bakker & Demerouti, 2017).

From an empirical perspective, the study provides an in-depth understanding of the personal and professional experiences of healthcare system managers through qualitative research based on in-depth interviews. This approach enables the exploration of complex aspects that are not always captured through quantitative measures, including feelings of responsibility, managerial dilemmas, emotional burden, and perceptions of leadership during crises (Creswell & Poth, 2018).

From a practical perspective, the findings of this study may assist policymakers and healthcare organizations in developing more effective management strategies, including crisis leadership training, organizational support mechanisms, and strengthening managerial and organizational resilience.

1.3 Research Aim

The aim of this study is to examine and understand the impact of managing government healthcare systems during crisis periods on decision-making processes, leadership patterns, and burnout levels among healthcare system managers.

By exploring the experiences of managers within the public healthcare system, this study seeks to identify the major challenges they encounter, the strategies they use to manage crises, and the organizational and personal factors influencing their ability to cope effectively over time.

1.4 Research Questions

Based on the aim of the study, the following research questions were formulated:

1.4.1 Main Research Question

How do government healthcare system managers experience the process of managing during crisis periods, and how do these experiences influence decision-making, leadership, and professional burnout?

1.4.2 Sub-Research Questions

1) How do healthcare system managers make decisions under conditions of uncertainty and crisis?
2) Which leadership styles and approaches emerge among healthcare managers during crisis periods?
3) How do workload demands and managerial responsibilities influence burnout experiences among healthcare system managers?
4) Which organizational and personal resources assist managers in coping with crisis-related demands?
5) How can managerial resilience within healthcare systems be strengthened in preparation for future crises?

2. Literature Review

The literature review of the present study focuses on four major theoretical domains related to healthcare systems management during crisis periods: crisis management in healthcare systems, leadership during crises, decision-making under conditions of uncertainty, and professional burnout according to the Job Demands–Resources (JD-R) Model. In addition, the review addresses the importance of organizational resilience and the existing research gap regarding healthcare system managers in public healthcare organizations.

2.1 Crisis Management in Healthcare Systems

Healthcare systems are complex organizations characterized by high interdependence among professional units, human resources, and organizational processes. This complexity makes healthcare systems particularly vulnerable to crisis situations, in which rapid response, coordination among multiple stakeholders, and maintenance of operational continuity are required (World Health Organization [WHO], 2020;Ghorbani *et al.*, 2026).

A crisis is defined as an event characterized by a significant threat to organizational functioning, high time pressure, and considerable uncertainty regarding future developments (Boin *et al.*, 2016). Unlike routine management, crisis management requires the ability to operate within a constantly changing environment, make rapid decisions, and adapt organizational processes to new realities.

Research in crisis management indicates that the ability of healthcare organizations to cope with crises depends not only on the availability of resources but

also on managerial capabilities to create coordination, effective communication, and organizational learning during and after crisis events (Boin & 't Hart, 2010).

During large-scale healthcare crises, such as the COVID-19 pandemic, healthcare system managers were required to address unprecedented challenges, including a sharp increase in demand for medical services, workforce shortages, resource allocation under constraints, and decision-making based on changing and incomplete information (WHO, 2020).

Therefore, crisis management in healthcare systems requires a transition from traditional management approaches based on planning and control toward dynamic approaches emphasizing flexibility, adaptation, and the ability to cope with complex and uncertain environments.

2.2 Healthcare Leadership During Crisis Periods

Leadership is considered one of the central factors influencing the ability of healthcare organizations to respond effectively to crisis situations. During such periods, the role of leaders extends beyond operational decision-making and includes creating vision, building trust, supporting teams, and leading organizational change (Northouse, 2022).
The concept of **Adaptive Leadership** emphasizes leaders' ability to address new and complex situations through continuous learning, adjustment of strategies, and collaboration among diverse stakeholders (Heifetz *et al.*, 2009).

Within healthcare systems, leadership during crisis periods requires balancing professional demands with human needs. Managers must ensure quality and patient safety while simultaneously addressing anxiety, emotional stress, and burnout among healthcare teams (Dirani *et al.*, 2020).

Furthermore, research highlights the importance of **Transformational Leadership**, which focuses on empowering employees, creating professional meaning, and strengthening organizational commitment (Bass, 1985). This leadership approach may contribute to increased organizational resilience and improve the ability of healthcare systems to cope with change and uncertainty.

In the context of healthcare system managers, effective leadership represents a significant organizational resource that helps reduce the negative effects of prolonged stress and strengthens the system's capacity to respond to crises.

2.3 Decision-Making Under Conditions of Uncertainty

Decision-making represents one of the fundamental components of healthcare management, particularly during crisis periods when decisions must be made rapidly under conditions of incomplete information.

According to decision-making literature, managers operating in emergency situations do not always follow fully rational decision-making models; rather, they rely on a combination of professional experience, intuition, situational assessment, and adaptive capabilities (Klein, 1998).

During crises, healthcare system managers are required to assess risks, prioritize resources, and select among alternative courses of action when each decision may have significant consequences. Such conditions create substantial cognitive and emotional demands among decision-makers (Kahneman, 2011).

Research on crisis leadership suggests that effective decision-making during such periods requires integration of professional knowledge, inter-organizational communication, and the ability to modify decisions according to emerging developments (Boin *et al.*, 2016).

2.4 Professional Burnout and the Job Demands–Resources Model

Professional burnout has become one of the major challenges in healthcare systems in recent years, particularly among professionals and managers working in environments characterized by high workload, continuous responsibility, and significant emotional demands. The World Health Organization defines burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. Burnout is characterized by three main dimensions: emotional exhaustion, professional cynicism or detachment, and reduced professional efficacy (World Health Organization [WHO], 2019).

Healthcare system managers occupy a unique position in which they must cope with both high operational demands and extensive emotional and organizational responsibilities. Unlike employees who focus primarily on professional tasks, managers are responsible for strategic decision-making, team management, resource allocation, and maintaining organizational functioning during periods of uncertainty (Maslach & Leiter, 2016).

The **Job Demands–Resources Model (JD-R)** represents one of the leading theoretical frameworks for understanding the burnout process. According to this model, every occupation includes job demands, such as workload, time pressure, complexity, and high responsibility, alongside job resources, including organizational support, autonomy, leadership, and social support (Demerouti *et al.*, 2001).

When job demands remain high over an extended period and are not balanced by sufficient resources, a burnout process may develop, characterized by physical and emotional exhaustion, reduced motivation, and impaired professional functioning. In contrast, strong organizational resources can reduce the negative effects of stress and improve the coping abilities of employees and managers (Bakker & Demerouti, 2017).

During crisis periods, such as pandemics or national emergencies, the job demands placed on healthcare system managers increase significantly. Managers are required to work extended hours, cope with workforce shortages, make critical decisions, and support teams operating under continuous pressure. These conditions may increase the risk of burnout among managers and affect management quality and system stability (Greenberg *et al.*, 2020).

However, research indicates that personal resilience, organizational support, professional meaning, and a supportive work environment may serve as protective factors that reduce the impact of workload and promote positive adaptation during crisis situations (Bakker & Demerouti, 2017).

2.5 Organizational Resilience and Research Gap

Organizational resilience refers to an organization's ability to cope with disruptive events, adapt to changing conditions, and maintain operational continuity while learning and developing from experience (Lengnick-Hall *et al.*, 2011).

Within healthcare systems, organizational resilience represents a critical component due to the need to respond to unexpected events that affect resources, work processes, and service quality. A resilient healthcare system does not merely respond after a crisis occurs but develops proactive capabilities related to preparedness, flexibility, and organizational learning (WHO, 2020).

Managers play a central role in developing organizational resilience because they are responsible for creating an organizational culture that encourages collaboration, effective communication, innovation, and learning from experience. During crises, managers' ability to lead change and maintain a sense of stability among employees significantly influences the organization's capacity to overcome challenges (Boin *et al.*, 2016).

Despite the significant importance of crisis management and leadership in healthcare systems, a substantial research gap remains regarding the subjective experiences of senior healthcare system managers. Most existing studies have focused on the impact of crises on frontline healthcare professionals, while fewer studies have examined the perspectives of managers responsible for system-level decision-making and organizational management under conditions of uncertainty (Greenberg *et al.*, 2020). Furthermore, limited knowledge exists regarding how the interaction between high managerial demands and organizational resources influences burnout, leadership practices, and decision-making processes among managers in public healthcare systems. Therefore, the present study seeks to address this research gap through a qualitative examination of healthcare system managers' experiences, focusing on the relationship between crisis management, leadership, decision-making, and professional burnout.

3. Methodology

3.1 Research Design

The present study is based on a qualitative methodology using an **interpretivist approach**, aimed at gaining an in-depth understanding of the experiences, perceptions, and meanings that healthcare system managers attribute to their professional experiences during crisis periods.

The selection of a qualitative approach derives from the need to explore complex processes, such as decision-making under conditions of uncertainty, leadership experiences, emotional burden, and professional burnout, which cannot be fully understood through quantitative measures alone. Qualitative research enables the examination of social and organizational phenomena from the participants' perspectives and provides insight into how individuals interpret the professional realities in which they operate (Creswell & Poth, 2018; Ghorbani Golzari Nezhad *et al*., 2017).

The interpretivist perspective assumes that organizational reality is not solely an objective phenomenon but is constructed through interactions, personal experiences, and the perceptions of individuals involved in the process. Accordingly, this study focuses on how managers interpret their roles, managerial challenges, and coping strategies developed during crisis situations.

3.2 Research Population and Participants

The study population consisted of **30 healthcare system managers** within the public healthcare sector who had direct experience in managing healthcare systems and responding to crisis situations.

The participants included:

- Hospital managers.
- Medical department directors.
- Nursing managers.
- Senior managers within government healthcare systems.
- Healthcare executives with organizational responsibility.

Participants were selected using **purposive sampling**, a commonly used strategy in qualitative research when the aim is to obtain rich and meaningful information from individuals with relevant knowledge and experience related to the phenomenon under investigation (Patton, 2015).

The inclusion criteria included managerial experience within healthcare organizations, involvement in decision-making processes, and experience in dealing with organizational crisis situations.

To protect participants' privacy and maintain ethical research standards, all data were presented anonymously, without identifying personal or organizational details.

3.3 Research Instrument and Data Collection

The primary research instrument was **semi-structured in-depth interviews**

This interview method enables a combination of a predefined research structure with sufficient flexibility to allow participants to elaborate, explain, and describe their personal experiences in depth (Creswell & Poth, 2018).

The interviews focused on several major areas:

1) Experiences of healthcare system management during crisis periods.
2) Decision-making processes under conditions of uncertainty.

3) Leadership styles and approaches to organizational change.
4) Professional and emotional workload.
5) Organizational support and coping resources.
6) Experiences related to professional burnout and personal resilience.

The interview structure enabled participants to freely express their perceptions regarding managerial challenges, professional dilemmas, and strategies used to cope with crisis situations.

3.4 Data Analysis

The research data were analyzed using **Thematic Analysis**, a qualitative method that enables the identification of patterns, central themes, and recurring meanings within interview data (Braun & Clarke, 2006).

The analysis process included several stages:

Stage 1: Familiarization with the Data

Repeated reading of interview transcripts in order to gain a comprehensive understanding of the content and identify initial ideas.

Stage 2: Initial Coding

Identification of meaningful data segments and assignment of codes representing key concepts and phenomena emerging from participants' accounts.

Stage 3: Development of Categories and Themes

Organization of codes into broader categories and identification of major themes representing participants' experiences.

Stage 4: Reviewing and Refining Themes

Re-examination of relationships among themes and alignment with the research questions and theoretical framework.

Stage 5: Theoretical Interpretation

Connecting the findings to the theoretical models underlying the study, including the **Job Demands–Resources (JD-R) Model** and leadership theories.

3.5 Trustworthiness of the Qualitative Study

In qualitative research, the evaluation of research quality is not based solely on quantitative concepts of validity and reliability but rather on specific criteria appropriate to the nature of qualitative inquiry. According to Lincoln and Guba (1985), the quality of qualitative research is assessed through four main principles: **credibility, transferability, dependability, and confirmability**.

3.5.1 Credibility

To strengthen the credibility of the study, an in-depth examination of interview data was conducted, including repeated reviews of transcripts and systematic identification of central patterns. In addition, the data analysis process was conducted systematically by comparing participants' accounts with the research questions and theoretical framework.

3.5.2 Transferability

The study provides a detailed description of participant characteristics, the research context, and the data collection process, enabling readers to assess the relevance and applicability of the findings to other organizational contexts.

3.5.3 Dependability

The research process was documented systematically, including the stages of data collection, coding procedures, and theme development. This documentation supports evaluation of the consistency of the research process and the transparency of the analytical procedures.

3.5.4 Confirmability

The researcher maintained a reflective approach throughout the study and attempted to minimize personal influence and interpretive bias by relying on participants' accounts and evidence derived directly from the interviews (Lincoln & Guba, 1985).

3.6 Ethical Considerations

The study was conducted according to accepted ethical principles for research involving human participants, while ensuring respect for participants, protection of privacy, and their right to participate voluntarily.

Before data collection began, participants received an explanation regarding the purpose of the study, the interview process, the use of collected information, and the confidentiality measures applied. Participation was based on **informed consent**.

Furthermore, participants' anonymity was maintained through the removal of identifying information and the presentation of findings in a manner that does not allow identification of specific individuals or organizations. Personal information obtained during interviews was used solely for research purposes.

Maintaining these ethical principles is particularly important in studies involving senior healthcare managers, as their perspectives and experiences may include sensitive information related to management processes, decision-making practices, and organizational challenges.

4. Findings

Analysis of the in-depth interviews with 30 healthcare system managers revealed five major themes describing participants' experiences in managing healthcare systems during crisis periods:

1) Decision-Making Under Conditions of Uncertainty and Managerial Complexity,
2) Adaptive Leadership and Managing Change During Crisis Periods,
3) Managerial and Emotional Responsibility Burden Among Healthcare Managers,
4) Organizational Support as a Key Resource for Coping,
5) Professional Burnout Alongside the Development of Personal and Organizational Resilience.

4.1 Theme One: Decision-Making Under Conditions of Uncertainty and Managerial Complexity

One of the central themes emerging from the interviews was the continuous challenge faced by healthcare system managers in making decisions under conditions of incomplete information, rapid changes, and uncertainty regarding the consequences of their decisions.

Participants described that during crisis periods they were required to make decisions with significant organizational implications within short timeframes, often without the ability to conduct lengthy planning processes or rely on previous experiences.

Many managers emphasized that decision-making involved continuous balancing between medical needs, resource limitations, staff requirements, and the need to maintain quality and patient safety.

This finding is consistent with crisis management literature, which emphasizes that managers during emergency situations must integrate professional knowledge, managerial experience, and cognitive flexibility in order to respond effectively to changing realities (Boin *et al.*, 2016).

Furthermore, these findings support research on decision-making under pressure, demonstrating that experienced managers rely on rapid assessment processes based on accumulated knowledge and pattern recognition when making decisions during emergency situations (Klein, 1998).

4.2 Theme Two: Adaptive Leadership and Managing Change During Crisis Periods

One of the major themes emerging from the interviews was the importance of adaptive leadership in coping with crisis situations. Participants described that during crisis periods they were required to demonstrate the ability to lead rapid change, adjust work processes to evolving circumstances, and maintain a sense of stability among employees and professional teams.

Many managers emphasized that leadership during crises is not based solely on formal authority or top-down decision-making, but requires managerial presence, open communication, trust-building, and the ability to motivate employees under conditions of pressure and uncertainty.

Participants indicated that one of the main challenges was maintaining a balance between providing clear guidance and allowing teams sufficient flexibility to respond to unexpected situations. This ability enabled organizations to adapt rapidly to changing conditions and maintain operational continuity.

This finding is consistent with the concept of **Adaptive Leadership**, which emphasizes that leaders operating in complex environments must recognize changes, learn from evolving circumstances, and develop new solutions according to emerging needs (Heifetz *et al.*, 2009).

Furthermore, the findings correspond with research on **Transformational Leadership**, demonstrating that leaders who create meaning, strengthen commitment, and empower employees can improve organizational capacity to cope with stress and change (Bass, 1985).

4.3 Theme Three: Managerial and Emotional Responsibility Burden

Another significant theme emerging from the interviews was the high level of responsibility experienced by healthcare system managers during crisis periods.

Participants described that their responsibility extended beyond managing organizational tasks and processes and included direct responsibility for patient health, employee well-being, resource allocation, and maintaining system stability.

Many managers reported experiencing substantial emotional burden resulting from the need to make decisions with broad consequences, often when each available option involved professional or human costs.

In addition, some participants described a sense of managerial isolation, resulting from the expectation that senior managers must project confidence and stability externally, even while personally experiencing stress and uncertainty.

These findings are consistent with the literature on burnout among managers, which highlights that high organizational responsibility, decision-making overload, and prolonged exposure to stressful conditions represent significant risk factors for professional burnout (Maslach & Leiter, 2016).

4.4 Theme Four: Organizational Support as a Key Resource for Coping

Another theme identified from the data was the essential role of organizational support as a mechanism enabling managers to cope with crisis-related demands.

Participants emphasized that support from senior leadership, collaboration among organizational units, availability of resources, and effective organizational communication were significant factors that strengthened their ability to manage during periods of intense pressure.

In contrast, lack of organizational support, feelings of limited control, or insufficient resources were perceived as factors that intensified workload and burnout experiences.

This finding is consistent with the **Job Demands–Resources Model (JD-R)**, which suggests that job resources, such as organizational support, autonomy, and supportive leadership, can reduce the negative effects of high job demands and strengthen employees' and managers' coping abilities (Bakker & Demerouti, 2017).

4.5 Theme Five: Professional Burnout Alongside Personal and Organizational Resilience

The final theme identified from the findings relates to the tension between professional burnout and the development of resilience among healthcare system managers.

Participants described that crisis periods created significant pressures expressed through fatigue, continuous stress, and disruption of work–life balance. However, alongside these challenges, many participants also described processes of professional growth, learning, and the development of new coping capabilities.

Managers indicated that accumulated experience, professional commitment, peer support, and the ability to find meaning in their roles were important factors that assisted them in overcoming challenges.

This finding aligns with the **Job Demands–Resources Model (JD-R)**, which emphasizes that alongside job demands that may contribute to burnout, personal and organizational resources can promote resilience, motivation, and effective coping (Demerouti *et al.*, 2001; Bakker & Demerouti, 2017).

Therefore, the findings suggest that the experience of managing healthcare systems during crisis periods is not characterized solely by workload and burnout but also by processes of adaptation, learning, and the development of a renewed leadership identity.

5. Discussion

The aim of the present study was to examine how government healthcare system managers experience the process of management during crisis periods and how these situations influence decision-making processes, leadership patterns, and professional burnout levels. The findings are based on an analysis of in-depth interviews with 30 managers within the public healthcare system and present a complex picture of crisis management that combines professional challenges, emotional demands, and the development of adaptive capabilities and resilience.

The main findings indicate that managing healthcare systems during crisis periods is not based solely on formal managerial capabilities but requires advanced competencies in adaptive leadership, decision-making under uncertainty, emotional management, and effective utilization of organizational resources.

5.1 Decision-Making During Crisis Periods

One of the major findings of the study was the considerable complexity of decision-making processes among healthcare system managers. Participants described a reality in which they were required to make rapid decisions under time constraints, incomplete information, and frequent changes within the organizational environment.

This finding is consistent with previous research in crisis management, demonstrating that managers during crises do not operate within conditions of complete certainty but must rely on professional judgment, accumulated experience, and cognitive flexibility (Boin *et al.*, 2016).

Furthermore, the findings strengthen the understanding that crisis decision-making is not solely a rational process but also involves emotional and social dimensions. Managers must consider not only professional data but also the impact of their decisions on employees, patients, and the organization as a whole.

In this context, the present study contributes to existing knowledge by emphasizing the perspectives of decision-makers themselves and the personal experiences associated with managing under conditions of uncertainty.

5.2 Leadership During Crisis Periods

The findings highlight the central role of adaptive leadership during crisis situations. Participants described that effective leadership included the ability to respond rapidly to changes, establish clear communication, strengthen trust among teams, and maintain a sense of professional meaning.

These findings are consistent with the adaptive leadership approach proposed by Heifetz *et al.* (2009), which suggests that leaders operating in complex environments must not only solve existing problems but also address new challenges for which predefined solutions may not exist.

Additionally, the findings reinforce the importance of transformational leadership within healthcare systems. Managers who successfully create a sense of purpose, empowerment, and collaboration may strengthen employee commitment and enhance organizational capacity to cope with significant changes (Bass, 1985).

The present study demonstrates that leadership during crises is not merely a managerial skill but represents a significant organizational resource influencing system performance and employee well-being.

5.3 Professional Burnout and the Job Demands–Resources Model (JD-R)

One of the central aspects identified in the study was the relationship between managerial demands during crisis periods and experiences of professional burnout.

The findings indicate that healthcare system managers face substantial job demands, including broad organizational responsibility, decision-making overload, continuous pressure, and the need to manage complex emotional situations.

These findings correspond with the **Job Demands–Resources Model (JD-R)**, which proposes that burnout develops when job demands remain high over time and are not adequately balanced by sufficient resources (Demerouti *et al.*, 2001).

However, the study found that resources such as organizational support, professional meaning, managerial experience, and collaboration among colleagues may reduce the negative impact of workload and contribute to the development of personal and organizational resilience.

This finding strengthens the argument that addressing burnout should not focus solely on individual-level interventions but should also involve organizational changes and the creation of more supportive work environments (Bakker & Demerouti, 2017).

5.4 Theoretical and Practical Contributions of the Study

The present study provides several significant theoretical and practical contributions to the field of healthcare systems management.

At the theoretical level, the study expands existing knowledge by integrating three major frameworks: crisis management, leadership theories, and the Job Demands–Resources (JD-R) Model. This integration enables a deeper understanding of healthcare system management during crisis periods as a complex process that involves not only organizational decision-making but also the personal and emotional experiences of managers themselves.

While many previous studies have focused on the impact of crises on frontline healthcare professionals, the current study focuses on healthcare system managers, who play a central role in shaping organizational responses during crises. Therefore, the study contributes a unique perspective regarding management processes and leadership practices at senior levels of healthcare organizations.

Furthermore, the study strengthens the understanding that organizational resources, such as managerial support, effective communication, professional autonomy, and a supportive organizational culture, represent significant factors influencing managers' ability to cope with crisis-related demands (Bakker & Demerouti, 2017).

At the practical level, the study provides important insights for healthcare managers, decision-makers, and policymakers. The findings emphasize the need to develop dedicated training programs for healthcare managers in areas such as crisis management, decision-making under uncertainty, and adaptive leadership skills.

In addition, the study highlights the importance of establishing support mechanisms for managers themselves, rather than focusing exclusively on frontline healthcare teams, recognizing that managers' well-being directly influences management quality and the healthcare system's ability to cope with future crises.

5.5 Implications for Healthcare Systems Management

The findings of this study have several important implications for public healthcare organizations.

First, there is a need to strengthen leadership capabilities among healthcare managers through continuous professional development in areas such as crisis management, emergency communication, decision-making under pressure, and the development of personal and organizational resilience.

Second, healthcare organizations should develop organizational policies that recognize burnout among managers as a systemic challenge rather than merely an individual issue. According to the JD-R Model, organizations should reduce excessive and unbalanced job demands while strengthening organizational resources that enable effective coping.

Third, healthcare organizations should establish formal support mechanisms for managers during crisis periods, including:

- Professional and emotional support systems.
- Peer-support groups for managers.
- Organizational consultation during periods of intensive workload.
- Improvement of information flow and communication between management levels.

Fourth, healthcare organizations should promote an organizational culture based on learning from crises. Organizations with strong learning and adaptation capabilities can improve preparedness for future events and strengthen their overall resilience (Lengnick-Hall *et al.*, 2011).

6. Conclusion and Recommendations

This study examined the impact of managing government healthcare systems during crisis periods on decision-making processes, leadership, and burnout among healthcare system managers.

The findings indicate that healthcare system managers play a central role in determining the ability of healthcare organizations to respond effectively to crisis situations. Their role requires an integration of managerial, leadership, and emotional capabilities while coping with uncertainty, extensive responsibility, and continuous pressure.

The study found that decision-making during crises is characterized by the need to act rapidly based on incomplete information, and that adaptive leadership represents a critical component in maintaining organizational stability and operational continuity.

Furthermore, the study highlights that professional burnout among managers is not merely a result of individual weakness but rather an outcome of the interaction between high job demands and the availability of organizational resources. Therefore, addressing burnout requires systemic solutions that include organizational support, leadership development, and strengthening organizational resilience.

6.1 Key Recommendations

Based on the findings of the study, the following recommendations are proposed:

6.1.1 Development of Healthcare Crisis Leadership Training Programs

Healthcare organizations should establish specialized training programs for managers that include crisis simulations, decision-making under uncertainty, and team management during high-pressure situations.

6.1.2 Strengthening Organizational Support for Managers

Healthcare systems should develop professional and emotional support mechanisms for managers serving in critical leadership positions.

6.1.3 Integration of Burnout Indicators into Organizational Management Systems

Organizations should monitor burnout levels among managers as part of strategic human resource management and organizational performance evaluation.

6.1.4 Development of Long-Term Organizational Resilience

Healthcare organizations should establish mechanisms for learning from crises and improving preparedness for future emergency situations.

6.2 Future Research Directions

Future studies are recommended to include quantitative and mixed-method approaches to further examine the relationships between leadership, organizational resources, burnout, and healthcare system outcomes.

Conflict of Interest Statement

The author declares no conflicts of interest.

References

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273–285. https://doi.org/10.1037/ocp0000056

Bass, B. M. (1985). *Leadership and performance beyond expectations*. Free Press. Retrieved from https://books.google.ro/books/about/Leadership_and_Performance_Beyond_Expect.html?id=NCd-QgAACAAJ&redir_esc=y

Boin, A., & 't Hart, P. (2010). Organising for effective emergency management: Lessons from research. *Australian Journal of Public Administration, 69*(4), 357–371. https://doi.org/10.1111/j.1467-8500.2010.00694.x

Boin, A., Hart, P., Stern, E., & Sundelius, B. (2016). *The politics of crisis management: Public leadership under pressure* (2nd ed.). Cambridge University Press. Retrieved from https://books.google.ro/books/about/The_Politics_of_Crisis_Management.html?hl=tr&id=sbStAQAAQBAJ&redir_esc=y

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications. Retrieved from https://books.google.ro/books/about/Qualitative_Inquiry_and_Research_Design.html?id=gX1ZDwAAQBAJ&redir_esc=y

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied Psychology, 86*(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499

Dirani, K. M., Abadi, M., Alizadeh, A., Barhate, B., Garza, R. C., Gunasekara, N., Ibrahim, G., & Majzun, Z. (2020). Leadership competencies and the essential role of human resource development in times of crisis: A response to COVID-19 pandemic. *Human Resource Development International, 23*(4), 380–394. https://doi.org/10.1080/13678868.2020.1780078

Ghorbani, S., Yıldırım, F., Bicer, A. A., Zavadskas, E. K., Antucheviciene, J., & Rostamzadeh, R. (2026). A Hybrid MCDM Framework for Overcoming Barriers in the Covid-19 Vaccine Supply Chain. Transformations In Business & Economics, 25(1 (67)), 482-506.

Ghorbani Golzari Nezhad, S., Shaye Sani, M. M., & Mirhoseini, S. A. (2017). Framework for X-engineering in supply chain management. *International Journal of Economic Research, 14*(4), 115-123.

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during COVID-19 pandemic. *BMJ,*

368, m1211. https://doi.org/10.1136/bmj.m1211

Heifetz, R. A., Grashow, A., & Linsky, M. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Harvard Business Press. Retrieved from https://books.google.ro/books/about/The_Practice_of_Adaptive_Leadership.html?id=86OJwyvGzCoC&redir_esc=y

Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus and Giroux. Retrieved from https://books.google.ro/books/about/Thinking_Fast_and_Slow.html?id=ZuKTvERuPG8C&redir_esc=y

Klein, G. (1998). *Sources of power: How people make decisions*. MIT Press. Retrieved from https://books.google.ro/books/about/Sources_of_Power.html?id=nn1kGwL4hRgC&redir_esc=y

Lengnick-Hall, C. A., Beck, T. E., & Lengnick-Hall, M. L. (2011). Developing a capacity for organizational resilience through strategic human resource management. *Human Resource Management Review, 21*(3), 243–255. https://doi.org/10.1016/j.hrmr.2010.07.001

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications. Retrieved from https://books.google.ro/books/about/Naturalistic_Inquiry.html?id=2oA9aWlNeooC&redir_esc=y

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103–111. https://doi.org/10.1002/wps.20311

Northouse, P. G. (2022). *Leadership: Theory and practice* (9th ed.). SAGE Publications. Retrieved from https://books.google.ro/books/about/Leadership.html?id=6qYLEAAAQBAJ&redir_esc=y

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). SAGE Publications. Retrieved from https://books.google.ro/books/about/Qualitative_Research_Evaluation_Methods.html?hl=tr&id=-CM9BQAAQBAJ&redir_esc=y

World Health Organization. (2019). *Burn-out an "occupational phenomenon": International Classification of Diseases*. World Health Organization. Retrieved from https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

World Health Organization. (2020). *Strengthening the health system response to COVID-19: Recommendations for the WHO European Region*. World Health Organization. Retrieved from https://www.who.int/europe/tools-and-toolkits/strengthening-the-health-system-response-to-covid-19