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QUALITY ADMINISTRATIVE WORKLOAD AND DOCUMENTATION BURDEN, BURNOUT, AND JOB SATISFACTION AMONG EMERGENCY DEPARTMENT PHYSICIANS: A HEALTHCARE MANAGEMENT PERSPECTIVE ON WORKFORCE WELL-BEING AND OPERATIONAL PERFORMANCE

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Abstract
Quality documentation is essential in healthcare management for ensuring patient safety, supporting accreditation standards, facilitating quality improvement initiatives, and maintaining organisational accountability. Its importance, increasing documentation requirements can impose additional administrative responsibilities on physicians, potentially affecting their well-being and work experience. This study aimed to evaluate the perceived quality Administrative workload and documentation burden, Employee strain and burnout-related symptoms, and job satisfaction among Emergency Department doctors. A quantitative cross-sectional descriptive study was conducted among 80 physicians working in the Emergency Department of a tertiary care hospital. Data were collected using a structured self-administered questionnaire consisting of 15 items grouped into three domains: quality Administrative workload and documentation burden, Employee strain and burnout-related symptoms, and job satisfaction. Responses were recorded on a five-point Likert scale and analysed using descriptive statistics, including frequencies, percentages, mean scores, and standard deviations. The findings indicated a high level of Administrative workload and documentation burden, with most respondents reporting that documentation consumed substantial working time and increased workload through accreditation and audit-related activities. Employee strain and burnout-related symptoms, particularly mental fatigue and reduced motivation, were also reported by many participants. Overall job satisfaction remained high among respondents. The study concludes that Administrative workload and documentation burden contributes to workload pressure and Employee strain and burnout-related symptoms, while supportive organisational practices may help sustain physician job satisfaction, engagement, and overall professional well-being.

Keywords: *Quality Administrative workload and documentation burden, Employee strain and burnout-related symptoms, Job Demands-Resources Theory, Emergency Department Doctors, Organizational Support, Healthcare Workforce Management*

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1. Introduction

The Emergency Departments (EDs) are a unit that is in demand in healthcare organizations. They are responsible for the care of patients who have an urgent, unpredictable and life threatening condition. In the Emergency Department, doctors are required to make quick decisions, coordinate different departments, handle a large number of needs and provide quality in the midst of pressure. In addition to clinical responsibility, they meet the safety, quality assurance, accreditation, regulation and monitoring requirements. The nature of these roles renders EDs significant with respect to the well-being, satisfaction, and performance of the workforce (Asplin et al., 2003; Hoot & Aronsky, 2008). EDs work in high workload situations due to the variability of demand, the scarcity of resources, time pressure and fast coordination. These pressures have an impact on the efficiency of workflow, service quality, staff performance and the time spent with the patient (McCarthy et al., 2009). This means that the time and effort required to document it is an extra burden to administrative tasks and can impact the efficiency of the operation, which is already a burden in delivering clinical care. The principles of quality improvement, accreditation, accountability and patient safety are highlighted in healthcare management.

Documentation is used to communicate, support continuity of care, risk management, reporting and audits, and to monitor services. Good documentation equals good practice and the meeting of standards. But it is possible that the demand will rise the workload of administration. When performing urgent medical care, emergency physicians frequently have to fill out clinical notes, incident reports, consent forms, quality indicators, electronic records and accreditation documents. Therefore, documentation affects the workload and efficiency of physicians' workflow (Institute for Healthcare Improvement, 2020). In the business and management science context, workload (of the administration) and documentation burden are organizational workload factors that impact the HR performance, operational efficiency, employee well-being and the quality of services provided. Too much documentation can lead to role overload, time loss for doing essential work and a decrease in workflow efficiency. Thus, this is a relevant study for human resource management, operations management, organizational behavior and healthcare performance management.

Operations management considers the performance of Emergency Departments to be reliant on Clinical work, Staffing, service capacity, information flow and administration. It is important to consider documentation as part of the operation system since inadequate documentation practices can result in delays, work overload and decreased process efficiency (Haghighinejad et al., 2016, Saghafian et al., 2015). There are also implications for quality documentation with regards to business ethics and corporate governance. It helps to hold people accountable and be transparent in the way that all care processes, safety practices, decisions and responsibilities for quality are documented. Compliance monitoring and audit documentation with accreditation supports administrators to monitor compliance and gaps. But, hospitals need to strike a balance between compliance and workload to ensure that systems for documentation do not increase workload or induce burnout and do not consume time from patient care. As the use of EHRs evolves, physicians might have to dedicate time to inputting data, navigating interfaces, and filling out reports (Holmgren et al., 2023). Quality administrative workload and documentation burden is the documentation work for quality management, accreditation requirements, patient safety initiatives, electronic documentation and regulatory requirements. This burden is both mental and time consuming and to ensure accuracy, completeness and meeting expectations. In EDs, it can be difficult because the working environment is often fast-paced with interruptions, competing priorities, uncertainty of work flow and need to make quick decisions. Documentation systems that are poorly designed can lead to a decrease in patient interaction, workflow inefficiencies (Murad et al., 2024). Clinical acuity, system demand, administrative processes, information systems and workflow constraints are all factors that impact Emergency Department workload.

Documentation burden should be looked at as a workload factor for an organization and its impact on efficiency, productivity and service performance for managers. Changes in documentation are ushered in by electronic health records (EHRs). EHR systems make information more easily accessible and help with clinical decision making (Adler-Milstein et al., 2020). With complex systems or systems that don't support workflow, there may be an increase in administrative duties. EHR burden has been linked to exhaustion, work-life imbalance, decreased career satisfaction and burnout outcomes (Frintner et al., 2021; Holmgren et al., 2024). Burnout is a critical issue in healthcare workforce management as it impacts organizations as well as workers. It relates to emotional fatigue, lowered motivation, depersonalization and less achievement. As a high-pressure job with unpredictable workload, acuity and stress, emergency physicians might be at risk in such situations. Burnout can lead to a decline in productivity, a rise in absenteeism, diminish engagement, and cause instability. When documentation is

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too much or doesn't feel like it is part of a meaningful care process, it can contribute to a strain of the employee (Kruse et al., 2022; Thomas Craig et al., 2021).Job satisfaction is also a measure of workforce stability and an organization's effectiveness. Having good support systems, a minimal amount of documentation, administrative support, training, and easy-to-use records may lessen the workload pressure and maintain motivation, engagement, and retention (Quigley et al., 2024; Back et al., 2017). While attention has been given to physician burnout and workload due to EHR use, little is known about the burden of quality administrative workload and EHR documentation burden in the emergency physician setting. It is important but not yet fully understood, how accreditation, audits, quality indicators and compliance impact the well-being of the workforce, the performance of the organization, and the job satisfaction.

The Job Demands-Resources perspective is applied in this study, postulating that too high job demands can lead to strain, and organizational resources can buffer the employees. In the present study, quality administrative workload and documentation burden, as well as employee strain and burnout-related symptoms and job satisfaction of Emergency Department doctors are examined. The aims are to evaluate job satisfaction with workload, organisation support, and documentation burden; describe the strain and burnout related symptoms in relation to documentation and workload; and evaluate perceived documentation burden.

1. Methodology

1.1 Study Design

A descriptive cross sectional quantitative study design was used to evaluate perceived quality Administrative workload and documentation burden, Employee strain and burnout related symptoms and job satisfaction among doctors working in ED. This study was cross sectional since the data were gathered at one point in time and descriptive since the analysis of the data was summarising respondents' perceptions based on frequencies, percentage, mean scores and standard deviations. No inferential statistical tests were used, so the results are viewed as a description of perceptions and reactions reported, not causal relationships.

1.2 Study Setting

This study was done in the Emergency Department of a tertiary care hospital. An Emergency Department was chosen as doctors engaged in this unit must attend to patient-care needs in an emergency situation, as well as document patient records, quality indicators, audits, accreditation needs and EMRs. This condition seemed to be suitable to evaluate the Administrative workload and documentation burden, Employee strain and burnout-related symptoms, and job satisfaction.

1.3 Study Population

The study population comprised of all medical doctors working in the Emergency Department. In this study, Emergency Department doctors were considered as qualified doctors engaged in emergency patient care, clinical decision making, patient coordination etc. and who normally perform routine documentation tasks.

1.4 Inclusion Criteria

Doctors who met the following criteria were included in the study: currently working in Emergency Department, had at least 6 months work experience in Emergency Department, participated in patient care and routine documentation and gave informed consent for the study.

1.5 Exclusion Criteria

The doctors who had not been working in Emergency Department (ED), who had less than six months of ED experience, interns, observers, temporary trainees and doctors who were not independently responsible for the documentation were excluded from the study. There were also a number of doctors who were reluctant to participate or doctors who did not complete all the questionnaires and so these were not included in the final analysis.

1.6 Sample Size and Sampling Technique

In total 80 Emergency Department doctors participated in the study. Convenience sampling was employed which considered people who were available and willing to participate in the data collection period. The sampling method was non-probability sampling, so the results of the study can only be generalized to the

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selected sampling, which is a hospital.

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1.7 Development of the Questionnaire

Data was gathered on a structured self-administered questionnaire which was created following a review of relevant literature on Administrative workload and documentation burden, physician workload, burnout, job satisfaction, use of EMR and healthcare quality documentation. The questionnaire also was oriented towards the study's goals and the Emergency Department work context. In the questionnaire, there were 15 closed questions in three sections. The first domain was the perceived quality of Administrative workload and documentation burden and included documentation time, time spent away from providing patient care, workload associated with accreditation and audit, electronic medical record burden and workload efficiency. The second domain assessed Employee strain and burnout-related symptoms and incorporated such items as emotional exhaustion, mental fatigue, stress in the workplace, loss of motivation and challenges in balancing between caring for patients and completing paperwork.

The third domain was job satisfaction with items on job environment, work and documentation balance, organizational support, role satisfaction and job satisfaction. The responses were on a five point Likert continuum: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. The Likert was chosen since the respondents were able to indicate the extent of their agreement with each statement and it was appropriate to measure perceptions, attitudes and work related experiences. Prior to the actual data collection, the questionnaire was checked for clarity of the items, relevance, and appropriateness to the Emergency Department doctors. The items were simple and directly related to Administrative workload, Documentation burden, Employee strain and Burnout related symptoms and job satisfaction.

1.8 Data Collection Procedure

The data was obtained from a self-administered questionnaire which was sent to the eligible doctors of Emergency Department. Participants were advised regarding the academic nature of the study, all participation was voluntary and their responses would be kept confidential. The questionnaire was only given to doctors who consented to take part. The respondents filled in the questionnaire on their own experience and perception of Administrative workload and documentation burden, Employee strain and burnout related symptoms, and job satisfaction. Completed questionnaires were picked up and the completed questionnaires were checked. If the respondents did not complete the answer then the answer was eliminated.

1.9 Data Analysis

Data collected were entered and analyzed using the Microsoft Excel. Descriptive statistical methods were used for summarizing the responses. Each item of the questionnaire was analysed by frequencies and percentages. When interpreting, the responses of “Agree” and “Strongly Agree” were grouped together to signify agreement, and “Disagree” and “Strongly Disagree” were grouped together to signify disagreement. The responses were recorded separately if they were neutral. The percentages of agreement, neutral, and disagreement were computed for quality Administrative workload, the documentation burden, Employee strain and burnout related symptoms, and job satisfaction and were averaged by domain.

Additionally, mean scores and SDs were computed for each domain to provide an overview of the level of responses. Quality Administrative was considered high if the mean score was closer to the "agree" position in the scale and Quality Administrative workload and documentation burden and job satisfaction were considered high if the domain mean score was near the "agree" position in the scale, and moderate to high if the domain mean score was near the "agree" position in the scale. Because the study was conducted as a descriptive approach with cross sectional design and convenience sampling, the results of this study should be interpreted as a perceived pattern of the responses and not as causal or generalizable results. Associational analysis of the documentation burden, burnout related symptoms and job satisfaction was not performed using inferential statistical tests. Future research can be conducted with larger multi-centre samples and regression, correlation or structural equation modeling can be used to test relationships between the variables.

2. Data Analysis and Results

2.1 Introduction to Data Analysis

Descriptive statistical techniques were used for analysing the data. A total of 80 doctors working in the Emergency Departments were surveyed in three areas: Administrative workload and documentation burden, Employee strain and burnout-related symptoms and job satisfaction. To sum up the results

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frequencies, percentages, mean scores and standard deviations were calculated. The results are shown domain wise and interpreted.

2.2 Section A: Quality Administrative workload and documentation burden

This section examines respondents' perceptions regarding the burden of quality-related documentation and its impact on workload, patient care, and workflow efficiency.

Table 3.1. Responses on Quality Administrative workload and documentation burden among Emergency Department Doctors

S. No.	Statement	Disagree (%)	Neutral (%)	Agree (%)	Interpretation
1	Quality-related documentation consumes a significant portion of my working time.	6.3	10.0	83.8	Very high Administrative workload and documentation burden
2	Documentation requirements reduce the time available for direct patient care.	15.0	26.3	58.8	Documentation affects patient care time
3	Accreditation and audit-related documentation increase my workload.	3.8	15.0	81.3	Accreditation activities increase workload
4	Electronic medical record documentation adds to my work burden.	11.3	13.8	75.0	EMR documentation contributes to workload
5	Documentation requirements interfere with efficient emergency department workflow.	15.0	16.3	68.8	Documentation affects workflow efficiency

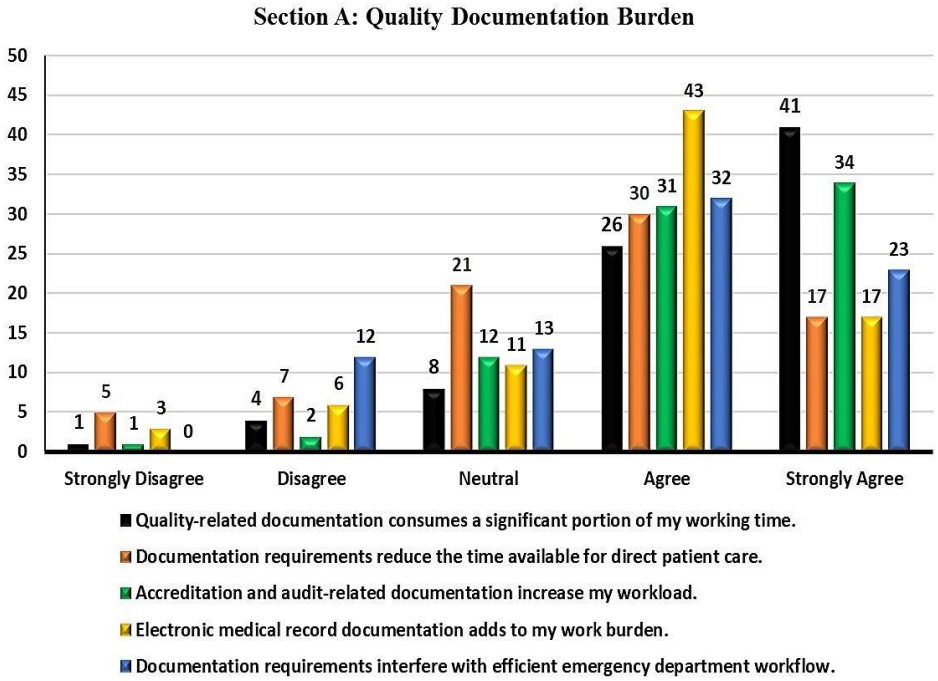


Figure 3.1. Distribution of Responses on Quality Administrative workload and documentation burden among Emergency Department Doctors

Table 3.1 shows that most respondents perceived documentation as a significant workload burden. There was the highest level of agreement with documentation taking time from work (83.8%) and accreditation related documentation increasing workload (81.3%). In general, documentation was thought to impact patient care time and the efficiency of workflow. Figure 3.1 shows the areas of concern that respondents felt about documentation time, direct care of the patient, accreditation/audit workload, electronic medical

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record burden and Efficiency of workflow in the ED.

2.3 Section B: Employee strain and burnout-related symptoms

This section presents the responses related to Employee strain and burnout-related symptoms experienced by Emergency Department doctors due to workload and documentation responsibilities.

Table 3.2. Responses on Employee strain and burnout-related symptoms among Emergency Department Doctors

S. No.	Statement	Disagree (%)	Neutral (%)	Agree (%)	Interpretation
1	I feel emotionally exhausted.	18.8	21.3	60.0	Moderate emotional exhaustion
2	I feel mentally drained because of my workload.	12.5	13.8	73.8	High mental fatigue
3	I experience stress due to clinical and administrative responsibilities.	23.8	27.5	48.8	Moderate work-related stress
4	I feel less motivated because of excessive documentation requirements.	15.0	10.0	75.0	Documentation affects motivation
5	I feel burned out from balancing patient care and documentation tasks.	35.0	18.8	46.3	Moderate Employee strain and burnout-related symptoms

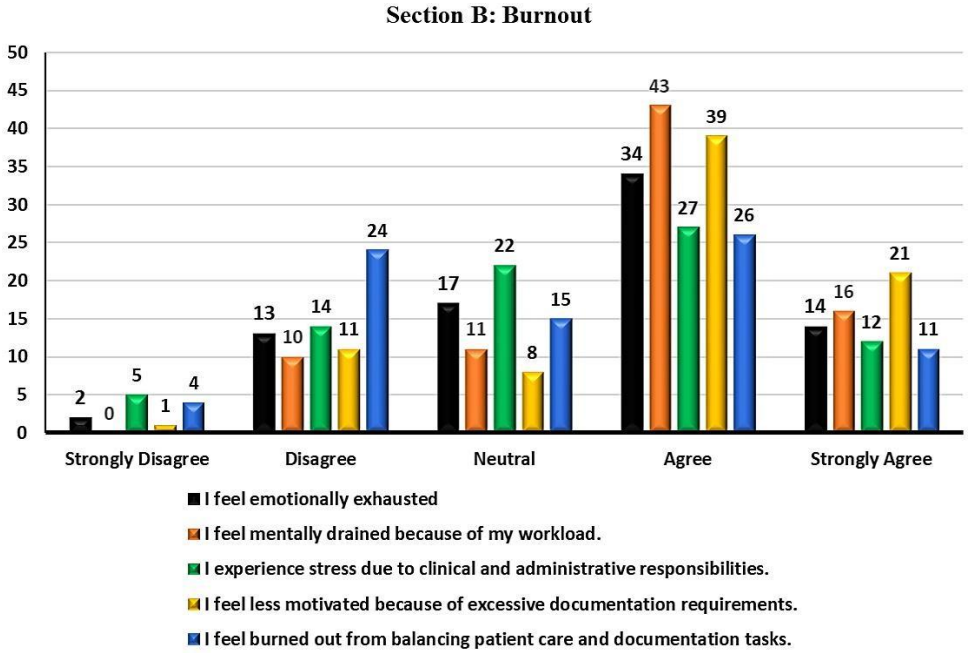


Figure 3.2. Distribution of Responses on Employee strain and burnout-related symptoms among Emergency Department Doctors

The response pattern of doctors working in the Emergency Department for Employee strain/ burnout related symptoms is shown in Figure 3.2. The figure indicates the degree to which the respondents experienced emotional exhaustion, mental fatigue, work related stress, loss of motivation and burnout due to the balancing of patient care with documentation demands. Results suggest that there is Employee strain and burnout related symptoms among respondents. Documentation requirements (75.0%) and mental fatigue (73.8%) were the top two concerns reported. A large number of doctors also reported emotional exhaustion and work related stress.

2.4 Section C: Job Satisfaction

This section evaluates the level of job satisfaction among Emergency Department doctors in relation to their work environment, organizational support, and professional role.

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Table 3.3. Responses on Job Satisfaction among Emergency Department Doctors

S. No.	Statement	Disagree (%)	Neutral (%)	Agree (%)	Interpretation
1	I am satisfied with my current work environment.	21.3	17.5	61.3	Positive work environment perception
2	I am satisfied with the balance between clinical work and documentation responsibilities.	23.8	15.0	61.3	Acceptable work balance
3	I receive adequate organizational support for documentation requirements.	8.8	18.8	72.5	Strong organizational support
4	I am satisfied with my overall role in the emergency department.	10.0	22.5	67.5	Positive role satisfaction
5	Overall, I am satisfied with my job.	1.3	6.3	92.5	Very high overall job satisfaction

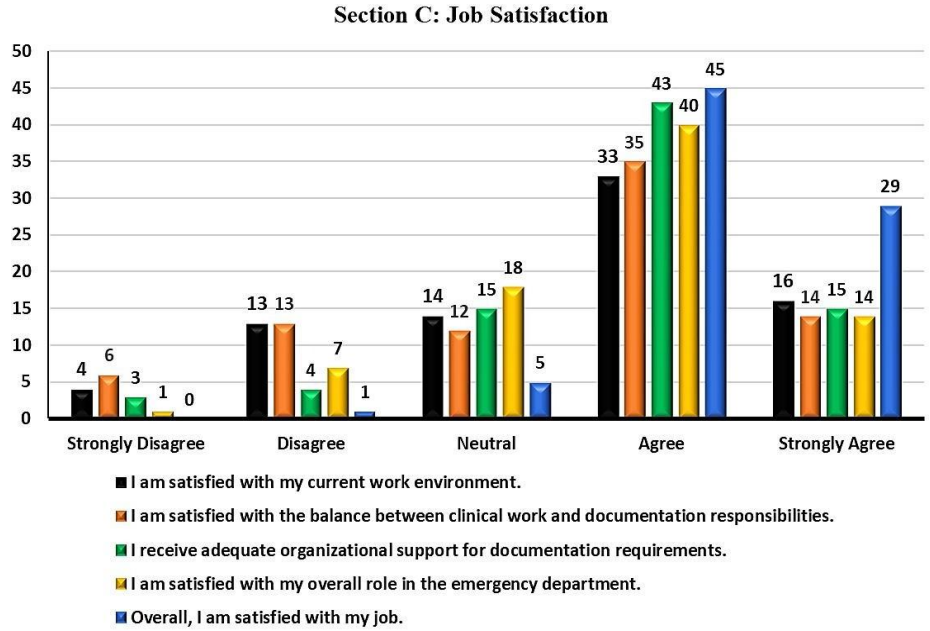


Figure 3.3. Distribution of Responses on Job Satisfaction among Emergency Department Doctors

Generally, a high level of job satisfaction was reflected by the respondents with a score of 4.89. The areas of overall job satisfaction had the highest agreement (92.5%) followed by organizational support (72.5%). Even though Administrative workload and documentation burden, majority of doctors were satisfied with their professional role and work environment. Figure 3.3 is an overview of the respondents' satisfaction with their work environment, work balance (clinical work and documentation), organizational support, professional role and job satisfaction.

2.5 Domain-Wise Summary

To provide an overall comparison, the average responses across the three study domains were calculated and summarized below.

Table 3.4. Domain-Wise Summary of Quality Administrative workload and documentation burden, Employee strain and burnout-related symptoms, and Job Satisfaction

S. No.	Domain	No. of Items	Average Agreement (%)	Average Neutral (%)	Average Disagreement (%)	Interpretation

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1	Quality Administrative workload and documentation burden	5	73.5	16.3	10.2	High Administrative workload and documentation burden perceived by respondents
2	Employee strain and burnout-related symptoms	5	60.8	18.3	20.9	Moderate to high Employee strain and burnout-related symptoms
3	Job Satisfaction	5	71.0	16.0	13.0	High job satisfaction despite workload challenges
4	Overall	15	68.4	16.9	14.7	Administrative workload and documentation burden and Employee strain and burnout-related symptoms exist; however, overall job satisfaction remains positive

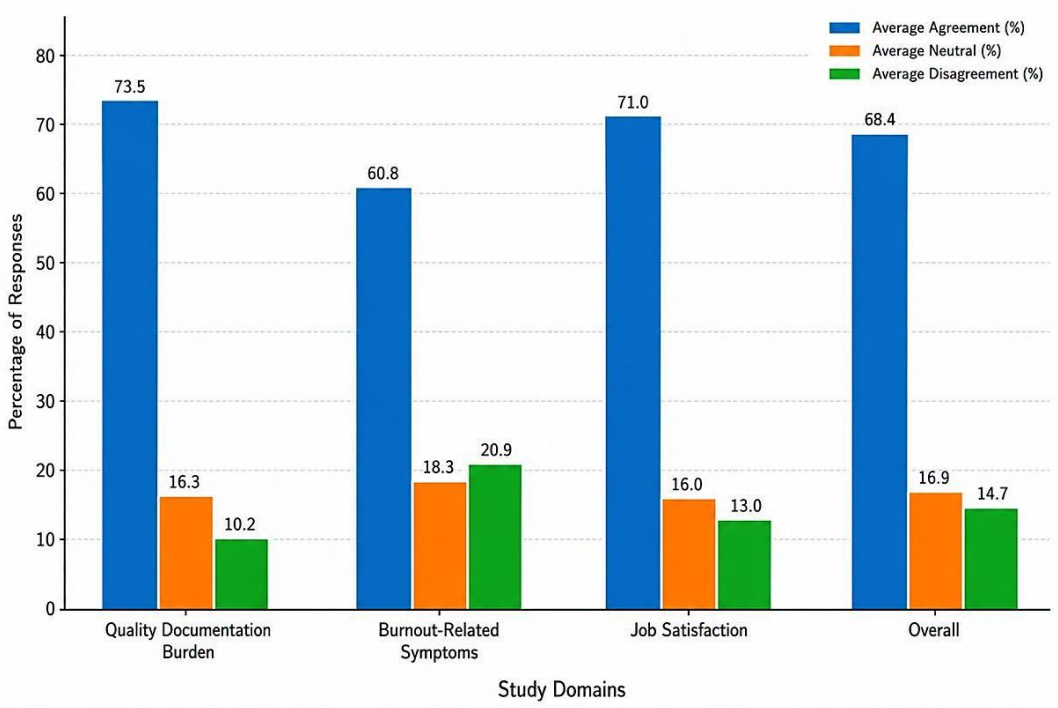


Figure 3.4. Domain-Wise Summary of Quality Administrative workload and documentation burden, Employee strain and burnout-related symptoms, and Job Satisfaction among Emergency Department Doctors

As seen in Figure 3.4, the most identified concern by Emergency Department doctors was the Administrative workload / documentation burden with Job satisfaction coming closely after. Employee strain and burnout-related symptoms were not as high as Administrative workload and documentation burden, and job satisfaction, but still were significant. The results suggest that workload related to documentation is combined with positive job satisfaction which may relate to organizational support, professional commitment or meaningfulness of work environment. Moderate-to-high levels of Employee strain and burnout-related symptoms, however, indicate that it is important for managers to continue to focus on Workload balance, Documentation simplicity, and Workforce well-being and organizational performance.

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2.6 Mean and Standard Deviation Scores

Mean and standard deviation scores were calculated to determine the overall level of each study domain.

Table 3.5. Mean and Standard Deviation Scores of Study Domains

Domain	No. of Items	Mean Score	Standard Deviation	Level
Quality Administrative workload and documentation burden	5	4.00	0.68	High
Employee strain and burnout-related symptoms	5	3.64	0.74	Moderate to High
Job Satisfaction	5	3.99	0.71	High

Respondents experienced considerable Administrative workload and documentation burden and Employee strain and burnout-related symptoms but continued to report positive job satisfaction.

3. Discussion

3.1 Quality Administrative workload and documentation burden as a Workload Factor

Perceived quality (Administrative workload and documentation burden), Employee strain and burnout-related symptoms, and job satisfaction were assessed in the present study in Emergency Department doctors. The results show that documentation requirements were felt as an important factor which contributed to the workload in the Emergency Department. The average agreement for quality Administrative workload and documentation burden was 73.5% with a mean score of 4.00 ± 0.68 which is high. This indicates that compliance with quality standards, accreditation, audits, electronic medical records and workflow compliance is a significant amount of work for doctors. ER physicians have to make quick decisions about a patient's care in the ER, while dealing with fluctuating patient numbers and emergency care needs. Such extra requirements for documentation can put a strain on operations and minimize the time spent on actual patient care.

High levels of agreement that documentation takes up working time and adds to workload are consistent with previous evidence that Emergency Department (ED) environments are complex operational environments and involve continual coordination of clinical, administrative and system activities. Past studies have demonstrated that workload in the Emergency Department impacts service delivery, staff functioning and efficiency. The present study takes this discussion a step further by defining burden of documentation as another organizational workload factor. Documentation burden is different from patient-flow pressure: it's an information and administrative management challenge for doctors and therefore it's relevant to human resource management, operations management and hospital performance.

3.2 Accrediation, Audit Requirements, and Workflow Pressure

The results indicated 81.3% of the respondents agreed that accreditation and audit related documentation added to their workload. This is significant as accreditation and quality systems are designed to enhance the safety, accountability, standardization and institutional transparency. But if documentation is time-consuming, repetitive or not a part of a physician's everyday clinical activities, it can cause administrative stress for the doctor. Emergency Departments are time sensitive, demand variable and require quick action and coordination. In this context documentation needs can serve as a barrier to care when they are time-consuming, redundant, and/or not well integrated into the clinical workflow (Ahalt et al., 2016; Daldoul et al., 2018). Quality documentation should not be thought of as a compliance issue alone, but also one of workflow management, and how this impacts staff workload, process efficiency and patient-care time. Hospitals should find ways to make documentation easier and more efficient, and to better integrate the quality requirements with everyday Emergency Department (ED) work, using process-improvement methods (Huang, 2025; Wang et al., 2025).

3.3 Electronic Medical Records and Documentation Efficiency

75.0% of the respondents indicated that electronic medical record documentation contributed to workload. The result indicates that even though digital documentation systems provide good information storage, quality monitoring, communication, and continuity of care, they might also add to the workload if not designed to the needs of the clinical workflow. As a busy Emergency Department, physicians need systems that are simple, fast, reliable and user friendly when treating patients. There are similar concerns in the literature on operations in Emergency Departments (EDs) where information flow, system design and

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process

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efficiency are identified as key factors to reduce delays and enhance performance (Wiler et al., 2011). The current study thus emphasizes the importance of introducing a documentation system on an electronic platform, which can minimize duplication, enable faster documentation and be adapted to the practicalities of emergency care.

3.4 Employee strain and burnout-related symptoms among Emergency Department Doctors

There were indications of employee strain and burnout symptoms among the respondents as well. The average agreement for Employee strain and burnout related symptoms was 60.8% with a mean score of 3.64
± 0.74, which is considered to be a moderate to high level. Mental fatigue was mentioned by 73.8% and excessive documentation by 75.0% were factors that reduced the respondents' motivation. The results indicate that Administrative workload and documentation burden could be factors that lead to psychological burden particularly when doctors need to combine the role of caring for patients with administrative work.

From the current results, it is possible to conclude that documentation workload might be a factor that can lead to decreased motivation, mental fatigue and emotional exhaustion for Emergency Department doctors. From a Human Resource Management (HRM) viewpoint, these symptoms represent that the employees are under strain and that this could impact their engagement, productivity and workforce sustainability. This study however, did not use statistics to test the relationship but descriptive analysis only so the findings should be interpreted as perceived response patterns.

3.5 Job Satisfaction Despite Administrative workload and documentation burden

An interesting observation of the study was that Administrative workload and documentation burden and Employee strain and burnout related symptoms had no impact on job satisfaction. The average agreement on job satisfaction was 71.0% with the mean score of 3.99 ± 0.71. Job satisfaction overall was particularly positive with 92.5% of respondents saying that they are satisfied with their job. This can be attributed to professional commitment, meaningfulness of work, positive role identity and perceived organizational support. 72.5% of the respondents said that they had sufficient organizational support for documentation requirements. This indicates that supportive systems can contribute to lessening negative experience of workload pressure. Research into Emergency Department (ED) performance has focussed on the importance of staffing patterns, operational planning and process management in order to enhance the functioning of the department and staff experience (Jones et al., 2008; Sun et al., 2011). Thus, organisational support might be important to maintain job satisfaction despite high workload demands.

3.6 Managerial and Operational Implications

The results of this study have valuable implications for hospital administrators, quality managers, HR managers and operations managers. Indicators of high administrative workload and documentation burden were not necessarily associated with job dissatisfaction, however, as high job satisfaction was reported with both aspects. The moderately high strain and burnout-related symptom scores, however, suggest that job satisfaction does not necessarily mean that there is no occupational stress. Documentation requirements should be periodically evaluated at the hospital level to uncover any element of duplication, unnecessary steps and/or delays in workflow. Documentation solutions must not inadvertently drive physician burnout and facilitate a reduction of patient-care time, while helping to drive accountability, transparency, accreditation and compliance. Purchasing EHR systems that are easy for users to navigate can help minimize data-entry time and boost documentation efficiency. There may also be administrative support staff or documentation assistants who can help to make Emergency Department doctors' work less non-clinical.

The concepts of lean thinking and workflow improvement can be used to streamline records, minimize duplicate information and enhance quality requirements with Emergency Department workflow (Holden, 2011). There should also be training in better documentation practices, to eliminate some of the uncertainties and requirements for accreditation/audits. In summary, supportive management practices and workflow improvements can help maintain physician job satisfaction, operational efficiencies, workforce well-being and quality patient care. Documentation processes can be managed using a systems-based management approach as well (Kamal et al., 2014). Hospitals can benefit from less documentation duplication, fewer unnecessary steps in clinical processes, and a more efficient workflow by analyzing documentation flow and finding opportunities for reduction and better alignment with quality requirements.

4. Conclusion

Documentation and workload are problems that ED physicians encounter. Clumsy accreditation requirements, audits, EMRs, quality indicators and documentation compliance add to the burden and impede the patient interaction. In high-volume ED environments, there has been a correlation between too much documentation and inefficient workflow. Another finding of the study was an association between administrative burden and employee strain/burnout such as mental fatigue, emotional exhaustion, stress and decreased motivation. As such, documentation can be viewed as a healthcare management issue as it impacts employee wellness, employee process, clinical productivity and organizational performance. But, despite a heavy burden and the presence of all the symptoms of physician burnout, the job satisfaction of ED physicians was high. The findings are associated with positive attitudes regarding documentation, clinical practice, and work environment and organizational support. Given that, along with high job satisfaction, administrative burden and physician burnout are co-occurring, organizational supports can help ED physicians cope with their workload. Moderate to high scores of burnout indicate that satisfaction with work is not a measure to identify the lack of strain, and that practical steps must be taken. Specifically, these include optimization of documentation processes and integration into workflow, eliminating duplicate work, making sure that EMR software is user-friendly, providing administrative support and integrating documentation procedures. Additional research to investigate the relationship between the variables found in this study should be conducted with a larger sample and in a multicenter setting with the use of validated instruments and inferential analysis techniques.

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