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Administrative Challenges in Healthcare: A Review of the Effects on Medical Workers

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A B S T R A C T

Healthcare administrative challenges affect medical workers' morale, well-being, and productivity. Stress, burnout, and job dissatisfaction are driven primarily by excessive documentation, regulatory compliance, and inefficient electronic health records (EHRs), especially by nurses and primary care physicians. This narrative review aimed to examine the administrative challenges faced by medical workers, explore their professional and organizational consequences, and identify potential strategies to mitigate these burdens. A comprehensive literature search was conducted in ScienceDirect, ProQuest, CINAHL, and Emerald Insight databases, focusing on studies published between 2020 and 2024. Twenty-three studies, selected based on rigorous inclusion criteria, were synthesized using thematic analysis. Studies were appraised using CASP and STROBE tools to ensure methodological quality. Initially, EHRs were designed to streamline workflow and enhance data accessibility; however, they frequently resulted in inefficiencies. Medical professionals, including physicians and nurses, recognized prevalent frustrations associated with usability challenges, alert weariness, and extended after-hours documentation. Documentation consumes considerable time, particularly in nursing and psychiatric care, with substantial documentation requirements, intense time constraints, and reduced professional satisfaction. Emotional exhaustion and depersonalization are further aggravated by poorly designed EHR systems, extended off-hours documentation, inadequate training, and deficient technological support, which have also been linked to increased turnover intentions. Mitigation strategies include increasing EHR usability, distributing non-clinical work, eliminating redundant documentation, and supportive leadership. The findings underscore that the primary problem is to ascertain how to effectuate systemic reforms that alleviate administrative difficulties for healthcare workers and enhance the sustainability of the healthcare system. Future interventions must prioritize healthcare personnel's well-being to ensure high-quality care and organizational efficiency.

INTRODUCTION

The healthcare industry is a complex and highly demanding field that requires clinical excellence and sound administration of affairs to achieve optimized patient outcomes. Unfortunately, throughout the world, administrative burdens have been mounting on medical workers and have become common problems, disturbing their professional efficacy, job satisfaction, and well-being (Alshammari & Alenezi, 2023; De Hert, 2020). The challenges common in advertising administration in healthcare include creating too much documentation (Lorkowski et al., 2021), complying with regulatory requirements (Al-Alawy et al., 2021), coding (Tanios et al., 2022), and technology implementation in a day-to-day workflow (Golz et al., 2021). Despite efforts to enhance patient care quality, administrative burdens reduce medical workers' ability to focus on direct patient care (Bhati et al., 2023).

The intensification of administrative tasks has been increasingly linked to critical health sector issues, particularly healthcare worker burnout. High administrative workloads correlate with heightened emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Claponea & Iorga, 2023). Healthcare professionals—including doctors, nurses, and allied health workers—are especially vulnerable, as they must navigate intricate administrative systems alongside clinical responsibilities. Recent studies (Rollins et al., 2021; Gesner et al. 2022) indicate that medical workers often spend a disproportionate amount of time on administrative tasks they find dissatisfying, resulting in professional disengagement and psychological distress.

The extensive use of electronic health records (EHRs) is among the major contributors to administrative burden. Although EHRs were initially intended to streamline clinical workflows and enhance data accessibility, they have frequently led to unintended negative consequences. Physicians now spend nearly twice as much time on EHR tasks compared to direct patient interactions (Melnick et al., 2021), resulting in widespread frustration due to inefficient user interfaces, excessive documentation demands, and technical complexities (Wilbanks & Moss, 2021; Holmgren et al., 2024). The rise of regulatory compliance obligations linked to EHR use has further exacerbated these challenges (Yogesh & Karthikeyan, 2022).

Administrative burdens extend beyond individual healthcare workers, impacting organizational performance and patient care quality. Overburdened professionals are associated with increased medical errors, reduced productivity, and higher staff turnover rates, all of which threaten healthcare system sustainability (De Vries et al., 2023; Rasool et al., 2020). Additionally, the financial costs associated with replacing and training healthcare workers who leave due to burnout present significant economic challenges. These systemic consequences highlight the urgent need to address the internal sources of administrative inefficiencies.

This narrative review aims to examine the administrative challenges faced by medical workers, analyze their effects on professional and organizational outcomes, and explore potential interventions to mitigate these issues by synthesizing the evidence from the literature to understand the scope and nature of these challenges. This review presents findings to inform

policymakers, healthcare administrators, and researchers about the necessity to redesign administrative processes to value the well-being of medical workers and provide high-quality care.

RESEARCH METHODS

This narrative review explores healthcare administrative challenges and their effects on medical workers. A comprehensive literature search was conducted using four electronic databases: ScienceDirect, ProQuest, CINAHL, and Emerald Insight. These databases were chosen because they cover the areas of healthcare, management, administration, and workplace studies in great depth, providing access to relevant, high-quality sources.

Keywords and subject-specific terms were used as search strategies to retrieve relevant articles. The primary search terms were "administrative burden", "medical workers", "healthcare management", "burnout", "electronic health records", "job satisfaction", "job performance", and "workplace stress". A Boolean search was conducted using the search terms combined and refined by Boolean operators like "AND" and "OR" to allow the search of articles to be performed in a targeted but comprehensive manner. Articles were included only if published in English between 2020 and 2024 to ensure the most recent developments and challenges in healthcare administration, especially in light of the COVID-19 global pandemic and constant technological advancements.

Eligibility criteria were set to ensure that the articles included were relevant and of good quality. Eligible studies explicitly examined the administrative challenges faced by medical workers and empirically or theoretically examined the effect of such challenges on healthcare professionals' well-being, job satisfaction, or organizational outcomes. The author favored peer-reviewed journal articles with rigorous methods, such as quantitative, qualitative, and mixed methods studies. Articles were removed if they did not examine administrative challenges directly or focused exclusively on patient outcomes without examining their relationship to administration, or were published in languages other than English, or were out of the time frame.

The selection process involved a two-stage approach. The first stage involved screening the identified articles based on titles and abstracts to exclude the unrelated articles. The second stage consisted of reviewing the full texts of potentially eligible articles for inclusion. To ensure against selection bias in this process, two independent reviewers assessed the articles, and any disagreements were resolved by discussion and consensus.

Data extraction was conducted systematically to capture essential information from the selected articles. The report data contained the authorship, publication year, study design, population characteristics, and main findings. Particular emphasis was given to those studies that examined the administrative burdens' psychological, professional, and organizational impact, including effects on technology, regulatory compliance, and time spent. The data were then thematically organized to find recurring patterns and synthesize them into themes.

Each study was evaluated using established appraisal tools to validate and verify the review methodologically. Qualitative studies were assessed using the Critical Appraisal Skills Programme (CASP) checklist, and observational studies were assessed using Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. These tools facilitated a critical examination of each study's strengths and weaknesses to maximize the conclusions drawn from the review of the evidence.

RESULTS & DISCUSSION

Study Characteristics. This narrative review synthesizes findings from 23 studies that examine the administrative challenges in the workplace of medical workers and the impacts of these challenges on professional and personal well-being. They come from diverse healthcare systems within the United States, Canada, the United Kingdom, Saudi Arabia, Ghana, Switzerland, Finland, the Netherlands, and China, and the time frames, methods, population groups, and magnitudes of diastema range widely. This geographical diversity speaks for itself; the universality of administrative burdens in healthcare is independent of specific designs of systems and policy frameworks. Qualitative, quantitative, and mixed-method designs were the methodological approaches. The most frequently used methods were cross-sectional surveys and semi-structured interviews, and where possible, these were supplemented by retrospective analysis, producing longitudinal insights.

The studies included populations of nurses, physicians, psychiatric trainees, and other allied health professionals to be examined. Dataset sizes ranged from small, focused groups of 28 participants to datasets with more than 2,000 respondents, blending specific individual perspectives with broader trends. Study settings were diverse psychiatric facilities, nursing homes, academic medical centers, intensive care units, and general hospitals. The inclusion of participants at the early stage of their career, seasoned practitioners, and leaders captured the multi-dimensional nature of administrative burdens concerning role and career stage.

The evaluation tools were explicitly tailored to the particular administrative challenges examined. The System Usability Scale (SUS) was widely used to assess EHR usability (Eschenroeder et al., 2021; Tajirian et al., 2020), as was the Maslach Burnout Inventory (MBI) to evaluate burnout dimensions characterized by emotional exhaustion and depersonalization (Alhur, 2023; Gesner et al., 2022; Skeff et al., 2022), and to analyze perceptions of EHR functionality, the Technology Acceptance Model (TAM) was used (Alhur, 2023). Furthermore, unique tools such as the Burden of Documentation for Nurses and Midwives (BurDoNsaM) served as a more in-depth means of assessing nursing workload burdens (Gesner et al., 2022). This range of methodologies made evaluating a broad spectrum of administrative challenges across disparate organizational roles and healthcare systems possible. **Table 1** summarizes the authors, year of publication, study design, populations, data used, and key findings.

Table 1. Summary of Articles Included in the Narrative Review

No.	Study, year, country	Study design	Population	Administration challenge factors	Outcomes
1	Apaydin et al., 2020, USA	Cross-sectional survey	Primary care physicians	EHR usability (SUS), documentation burden	Burnout, job satisfaction Poor EHR usability was linked to higher burnout.
2	Holmgren et al., 2024, USA	Cross-sectional survey	Nurses	EHR usability, documentation workload	Burnout, job satisfaction Poor usability was linked to burnout.
3	Melnick et al., 2021, USA	Cross-sectional survey	Physicians	EHR usability, work hours, after-hours documentation	Burnout Each point improvement in SUS was linked to lower burnout.
4	Kutney-Lee et al., 2021, USA	Cross-sectional analysis	Nurses and surgical patients	EHR usability	Burnout in nurses, mortality and readmissions in patients Worse EHR usability was linked to worse outcomes.
5	Golz et al., 2021, Switzerland	Secondary analysis of cross-sectional data	Health professionals	HIT use	Technostress HIT contributes to technostress as an administrative challenge among health professionals.
6	Micek et al., 2020, USA	Observational cohort study	Primary care physicians	EHR use during clinic hours	Burnout Higher in-clinic EHR use was linked to higher burnout.
7	Gesner et al., 2022, USA	Cross-sectional survey	Nurses	Documentation burden, EHR usability	Burnout Poor usability was linked to higher burnout.
8	Skeff et al., 2022, USA	Qualitative study	Physicians and trainees	EHR-related distressing events	Burnout EHR system blocks and poor implementation contributed to stress.
9	Tajirian et al., 2020, Canada	Cross-sectional survey	Physicians, residents, fellows	EHR use and proficiency, time spent on documentation	Burnout Frustration and dissatisfaction with EHR contributed to burnout.
10	Peccoralo et al., 2021, USA	Cross-sectional survey	Clinical faculty	Time spent on EHR, clerical tasks outside work	Burnout More than 90 minutes of EHR use outside work is associated with burnout.

No.	Study, year, country	Study design	Population	Administration challenge factors	Outcomes
11	Kaihlanen et al., 2021, Finland	Cross-sectional study	Nurses	Information system stress, nursing informatics competence	Stress and psychological distress Higher SRIS scores were associated with higher levels of stress and psychological distress in both NGNs and experienced nurses.
12	Eschenroeder et al., 2021, USA	Cross-sectional survey	Physicians	EHR support, after-hours charting	Burnout, stress Physicians who reported spending five or fewer hours per week on after-hours charting were significantly less likely to report burnout.
13	Elliott et al., 2022, USA	Cross-sectional survey	Physicians	EHR problems in medical practice (self-reported frequency scale)	Stress A higher frequency of EHR-related problems was directly linked to increased physician distress.
14	Chen et al., 2021, China	Cross-sectional survey	Physicians	Use of basic and advanced HIT	Empowerment, stress, job satisfaction Advanced HIT use had a positive effect on empowerment and job satisfaction and a negative impact on stress.
15	Alqahtani et al., 2020, Saudi Arabia	Cross-sectional survey	Nurses	EHR-related stress	EHR-related stress 50 percent of the nurses reported some level of EHR-related stress.
16	Mensah et al., 2024, Ghana	Mixed-methods study	Physicians, nurses, biomedical scientists, and other allied health professionals	Implementation and use of EHR systems	Job satisfaction The majority of health professionals expressed satisfaction with the system.

No.	Study, year, country	Study design	Population	Administration challenge factors	Outcomes
17	Rotenstein et al., 2022, USA	Cross-sectional analysis	Physicians	EHR satisfaction, time spent on documentation, staff support for documentation	Burnout, job satisfaction EHR satisfaction and the adequacy of documentation time were strongly correlated with physician well-being.
18	Khairat et al., 2020, USA	Cross-sectional survey	ICU registered nurses	EHR satisfaction	Nurse well-being Higher satisfaction with EHR systems was linked to higher self-reported well-being scores.
19	Johnson et al., 2021, USA	Retrospective analysis of cross-sectional survey data	Nurses	EMR usability	Job satisfaction, burnout EMR usability had a significant impact on nurses' job satisfaction. Poorly designed EMRs could have long-term impacts on burnout.
20	Alhur, 2023, Saudi Arabia	Cross-sectional study	Nurses	Perceived usefulness and perceived ease of use of EMR	Job performance EMRs help nurses accomplish tasks more quickly and efficiently.
21	Deschamps et al., 2023, The Netherlands	Pilot study, mixed-methods	Psychiatry trainees	Perceived administrative workload, coping strategies	Job performance Administrative coping strategies were linked to decreased time spent on administrative tasks and a better sense of control over their workload.
22	Benoit & Marier, 2024, Canada	Mixed-methods study	Older adults, homecare workers	Administrative burden in homecare services	Job experience, stress Homecare professionals identified administrative burdens as significant stressors.

No.	Study, year, country	Study design	Population	Administration challenge factors	Outcomes
23	Ausserhofer et al., 2023, Switzerland	Cross-sectional study	Nurses	Administrative burden in nursing homes	Job satisfaction, emotional exhaustion, intention to leave Higher administrative burden was significantly associated with higher job dissatisfaction, emotional exhaustion, and intention to leave.

Source: data processed, 2025
USA: United States of America; EHR: Electronic Health Record; EMR: Electronic Medical Record; HIT: Health Information Technology; ICU: Intensive Care Unit; SRIS: Stress Related to Information System; NGN: Newly Graduated Nurse

Key Administrative Challenges. The studies reviewed here find pervasive and multifaceted administrative challenges that characterize the healthcare setting. A common theme of the research was EHRs. EHRs, to help improve the efficiency and precision of healthcare delivery, were usually viewed as a way to increase inefficiency and aggravation. In particular, usability had been particularly problematic, with all systems being low in SUS in every study (Khairat et al., 2020; Tajirian et al., 2020), implying general dissatisfaction with system design and functionality. Specific problems included that it was difficult to retrieve historical patient data, that systems frequently went down, and that irrelevant or too many alerts resulted in cognitive overload and slow workflows (Gesner et al., 2022; Peccoralo et al., 2021). EHR systems were cumbersome, said nurses and physicians alike, and were more a barrier than an enabler of quality care (Alhur, 2023; Eschenroeder et al., 2021). According to Holmgren et al. (2024), the low satisfaction scores of family physicians are due to poor EHR system usability, such as inefficient data entry and irrelevant alerts, which all contribute to dissatisfaction. In addition, Melnick et al. (2021) reached the same conclusion that nurses rated EHR usability poorly and attributed decreased SUS scores to burnout.

Documentation and clerical tasks emerged as another significant source of administrative burden. According to Golz et al. (2021), information systems' technostress significantly affected the job satisfaction and stress levels of healthcare professionals. Primarily, nurses reported that duplicative, overly complex, and time-consuming documentation requirements were burdensome. Usually, these tasks took away their ability to offer direct patient care (Alhur, 2023; Ausserhofer et al., 2023). Managing the supply inventories, coordinating patient care activities, and completing and detailing patient records were all examples. Around 73 percent of workers in Swiss nursing homes reported a high documentation burden, and over one-third indicated two hours per day on documents (Ausserhofer et al., 2023). According to psychiatric trainees, much time was spent on administrative work, which advocated reducing it from 50

percent of their workload to less than 25 percent (Deschamps et al., 2023). Nurses working in hospitals with suboptimal EHR usability experienced more burnout and job dissatisfaction than those working in supportive facilities (Kutney-Lee et al., 2021). Furthermore, Kaihlanen et al. (2021) pointed out the problem of stress associated with information systems for new nurses. They noted high levels of psychological distress caused by a lack of informatics competence.

Time management challenges were pervasive. Physicians often spent many hours working on after-hours charting, including multiple that were reported to be six hours a week or more (Eschenroeder et al., 2021). Additionally, nurses claimed to allocate substantial time to clerical work, spending anywhere from two to four hours a day in nonclinical activities (Ausserhofer et al., 2023). These time demands were considered excessive and led to inefficient and professional dissatisfaction. Micek et al. (2020) found significant associations between in-clinic EHR use and primary care physician burnout. Additionally, stress level depends on essential versus advanced EHR features (Chen et al., 2021). Unstable internet connectivity and routinary power supply also contributed to workflow complications (Mensah et al., 2024). These challenges were further compounded by training and adaptation challenges, especially for older workers or those new to electronic platforms, having previously used paper systems. A common complaint in all studies was inadequate training on EHR functionalities and technical support for the ongoing work (Alhur, 2023; Alqahtani et al., 2021).

Organizational and policy barriers also compounded administrative challenges. However, different patient-to-staff ratios, rigid policies, and fragmented care systems were reported to impede effective workflow management. In many studies, policymakers who emphasized financial documentation and compliance policies before clinical care orders experienced tension between professional ethics and institutional demands (Benoit & Marier, 2024; Skeff et al., 2022). Systemic reasons for these problems, exacerbated by administrative burdens and across-the-board issues, indicated that extensive organizational remedies were warranted.

Effects on Medical Workers. Administrative burdens significantly affected healthcare workers' emotional well-being, job satisfaction, and performance. Burnout was the most frequently reported impact, with prevalence rates between 24% and 50% (Eschenroeder et al., 2021; Tajirian et al., 2020). Nurses and primary care physicians deeply described being emotionally exhausted and overwhelmed by the nonstop demands of documentation and EHR-related tasks. Studies using the Maslach Burnout Inventory showed strong relationships between the number of administrative responsibilities and the lack of autonomy and the burnout dimensions of emotional exhaustion and depersonalization (Gesner et al., 2022; Skeff et al., 2022).

Job dissatisfaction and turnover intentions were also prevalent. The higher administrative burden is strongly associated with higher job dissatisfaction, especially in environments without sufficient support or rigid workflows (Alhur, 2023; Ausserhofer et al., 2023). For example, in Swiss nursing homes, job dissatisfaction and intention to leave the nursing profession were 1.42

times and 1.52 times higher, respectively, with higher administrative loads (Ausserhofer et al., 2023). Physicians in non-physician-owned practices reported higher dissatisfaction with EHR systems than physicians in physician-owned practices, suggesting that organizational culture plays a role in mitigating administrative stress (Rotenstein et al., 2022). Nurses and doctors alike demonstrated similar patterns with increased disengagement and diminished professional fulfillment among those lower in EHR satisfaction (Alhur, 2023; Khairat et al., 2020), even after years of use (Johnson et al., 2021).

Another significant outcome was cognitive and emotional stress, especially among early career professionals. Deschamps et al. (2023) found that psychiatric trainees often expressed anxiety and frustration from having to strike a balance between clinical roles and exceeding administrative burdens. However, organizational cultures that regard administrative compliance as more critical than adequate care support further reduce satisfaction (Apaydin, 2020; Elliott et al., 2022).

Demographic factors strongly influenced these effects. For instance, older workers, for example, reported more difficulties adapting to EHR systems and more elevated stress levels in administrative tasks (Alhur, 2023; Alqahtani et al., 2021). Gender differences were also seen, where many female healthcare workers indicated that they experienced more burnout and emotional exhaustion than their male counterparts (Alhur, 2023; Ausserhofer et al., 2023). The effect of experience level depended on whether the worker was early in the career, affecting their time management and adaptation to the workflow, or experienced, faced with adapting to new technologies and increased documentation requirements (Alhur, 2023; Alqahtani et al., 2021). There was a moderate difference in medians of stress levels between younger and newly graduated nurses and newer professionals, and these nurses scored higher in stress levels due to insufficient training in nursing informatics (Kaihlanen et al., 2021). However, these findings highlight the diversity of administrative burdens and how their effects differentially affect different groups of healthcare workers. By contrast, when experienced physicians were interviewed, they talked about how they were becoming frustrated adapting to the evolving EHR features (Holmgren et al., 2024). Practice ownership variations also impacted outcomes, as physician-owned practices demonstrated higher satisfaction and better support systems (Rotenstein et al., 2022).

Mitigation Strategies. While pervasive, the studies reviewed provided a wealth of recommendations to alleviate administrative burdens. However, a common theme at the technological level was optimizing EHR usability. Chen et al. (2021) suggested that medical health information technology (HIT), including decision support systems, should be employed to relieve stress and promote empowerment. More often, hospitals mentioned improving efficiency via reduced cognitive loads and greater efficiency as critical, e.g., improved user interfaces, reduced alert fatigue, and better workflow integration (Alqahtani et al., 2021; Kutney-Lee et al., 2021). Moreover, some advanced EHR features such as voice recognition software, standardized templates, and clinical decision support tools were provided that can help improve documentation tasks by enhancing efficiency (Alqahtani et al., 2021; Khairat et

al., 2020).

In all mitigation efforts, training and support were recognized as key elements. Adjustable training programs needed to be delivered, ongoing technological support was critical (Alhur, 2023; Ausserhofer et al., 2023), and tailored training programs about specific EHR functionalities were highly recommended. One measure involves employing scribes and administrative aides instead of using clerical tasks to free clinicians to focus more on patient care; studies in places that have done this have reported increases in job satisfaction and productivity (Khairat et al., 2020; Rotenstein et al., 2022). Moreover, organizational reforms were emphasized. Mensah et al. (2024) also proposed that infrastructure-related problems (like Internet connectivity) should be tackled to increase system reliability and user confidence. Revising policies for less duplicative documentation requirements, reducing administrative burden by giving healthcare workers the ability to self-manage their work, and building supportive leadership environments were all practical solutions to decrease administrative burden and increase workers' satisfaction (Ausserhofer et al., 2023; Benoit & Marier, 2024).

Finally, individual-level interventions were examined, including resilience training and workshops on time management and prioritization. While far less transformational than systemic changes, these provided the device for healthcare employees to grapple with anxiety and productivity (Deschamps et al., 2023; Gesner et al., 2022). Not surprisingly, these results support a more comprehensive administrative strategy for resolving administrative problems, including technological, organizational, and individual interventions that foster more sustainable and effective healthcare systems.

Summary of the Main Findings. Based on findings from 23 studies, a synthesis of knowledge is produced on the multiverse administration challenges of the health context. Administrative tasks, specifically those related to EHRs, were reported as consistently burdened administrative tasks that impede patient care and generate significant cognitive and emotional stress. The author found that many systems did not achieve acceptable levels and that usability is critically essential to EHRs. Data retrieval was frequently reported to be a significant source of frustration for healthcare workers due to excessive alerts and poorly designed workflows. Moreover, the documentation requirements became nonsense, as nurses and physicians spent more time than they should have to perform clerical duties away from direct patient contact.

Time spent on administrative work was another central theme, with after-hours charting and extensive clerical duties frequently cited as contributors to work-life imbalance. These challenges compounded each other and resulted in high burnout rates—especially among nurses and primary care providers. Emotional exhaustion and depersonalization were common and correlated with increased job dissatisfaction and turnover intentions. Despite these challenges, the review highlighted effective mitigation strategies, including technological optimizations, task delegation, tailored training programs, and organizational reforms. These findings underscore the requirement to change systems to decrease administrative burdens and improve

fulfillment of healthcare worker satisfaction and function.

Integration of Findings within the Wider Empirical Literature. The findings of these administrative challenges in this review match well with previous empirical literature and closely resemble administrative challenges faced by various healthcare systems. The literature abounds with repeated calls that EHRs represent burdens, a recurring theme in this review. For example, Budd (2023) demonstrated that, in the United States, primary care physicians interact with EHRs for nearly half their work day—at the expense of patient care. In parallel, Shanafelt et al. (2016) also showed a clear association between heavy EHR usage and physician burnout, reinforcing the low SUS scores and dissatisfaction with usability demonstrated in this review.

Other documentation and clerical tasks have long been considered stressors for healthcare workers. According to Gardner et al. (2019), more than 70 percent of physicians recognized the tasks of documentation as being too complex and too time-consuming, a trend also discovered in studies among Swiss nursing homes and U.S. hospitals included in this review (Ausserhofer et al., 2023; Gesner et al., 2022). Similarly, Molina-Mula & Gallo-Estrada (2020)claimed that high documentation requirements are a false allocation of healthcare resources, leading to decreased patient care time and diminishing professional engagement. Like participants in this review, the participants often commented on frustration due to time lost on non-clinical tasks.

Administrative burden is already well established in the literature as a cause of burnout. Indeed, Harry et al. (2021) roughly 30 percent of physicians experienced 'burnout' with excessive workload, cognitive demands, and organizational inefficiency as the main drivers. These trends are supported by the findings of this review, particularly concerning emotional exhaustion and depersonalization, particularly in primary care and nursing (Eschenroeder et al., 2021; Skeff et al., 2022). Additionally, it was found that demographic factors (age, gender, and experience level) modulate the effects of these administrative burdens. Older individuals with difficulty adjusting to EHR systems, younger professionals without experience working with complex workflows, and all others with lowered resistance to such a system evolution. These findings are supported by Buck et al. (2019), demonstrating how individual characteristics and administrative burdens interact.

The empirical findings and mitigation strategies are also identified as they relate to this review. For example, Pfoh et al. (2022) found that scribes help decrease cognitive load and increase job satisfaction. Tailored EHR training programs and organization renovations directed by leadership are also indicated as equally effective methods to improve system usability and reduce stress. Topol (2019)and Khosravi et al. (2024) have revealed that streamlining documentation and aiding clinical decision-making is possible by deploying voice recognition software and artificial intelligence.

Although these findings are consistent with the broader literature, they add to the conversations by examining systemic barriers through the lens of individual experience. On the other hand, the detailed examination of mitigation strategies and the attention brought to the zoning of supportive leadership and tailor-made interventions pave the way to informal remedies to

reduce the administrative burden in many healthcare settings.

Strengths and Limitations. Administrative challenges and their impact on healthcare workers are thoroughly examined by synthesizing evidence from 23 studies in this narrative review. The review provides a comprehensive and multidimensional understanding of the issues by integrating findings across diverse methodologies, populations, and healthcare systems. The use of validated tools such as the System Usability Scale (SUS), Maslach Burnout Inventory (MBI), and Technology Acceptance Model (TAM) enhances the reliability and rigor of the findings. Moreover, the methodological variation among the included studies — combining cross-sectional, qualitative, and mixed-method designs — further enriches the depth and robustness of the results, allowing for a broader perspective on the administrative challenges in healthcare.

Nevertheless, several methodological limitations should be acknowledged. First, many of the included studies were conducted within specific countries, primarily the United States and Switzerland, which may limit the generalizability of the findings across different healthcare systems and cultural contexts. Second, a significant reliance on self-reported data introduces the potential for response bias, particularly in measuring burnout, job satisfaction, and administrative burden. Third, the lack of longitudinal studies among the included research restricts the ability to assess the long-term impacts of administrative challenges on healthcare workers' well-being and organizational outcomes. Finally, excluding grey literature and unpublished studies may narrow the scope of available evidence. These limitations should be considered when interpreting the conclusions of this review.

Future Implications. This review results highlight the compelling need for systemic change to overcome healthcare administrative challenges. User-centered EHR systems should receive more significant development and evaluation when they are more usable, have less alert fatigue, and are more integrated into clinical workflows. This presents a massive opportunity to embed newer technologies, such as artificial intelligence and machine learning, to automate administrative processes and influence clinical decision-making.

However significant the organizational reforms are, so are those changes to the coordinating device. Healthcare policies can lighten the load on healthcare workers by helping eliminate duplicated documentation requirements, relieve workflow time, and shift task delegation. Leadership engagement and building supportive work cultures are required to sustain tense changes. Training programs can be made so older professionals and early career workers are more adaptable and increase system efficiency.

Longitudinal studies are needed to understand the long-term impacts of administrative burdens and the effects of mitigation strategies as a next step. Interactions between systemic and individual factors, such as demographic characteristics, professional roles, and organizational contexts, require research consideration. Using this thesis, future studies can fill these gaps to

build an environment where all workers are supported, provided that quality of patient care is a top priority.

CONCLUSION & SUGGESTION

Conclusion. This narrative review has highlighted the widespread administrative burdens affecting healthcare workers globally, emphasizing the inefficiencies of electronic health records (EHRs) and excessive documentation requirements. Despite their intended purpose to streamline clinical workflows, EHRs often disrupt operational efficiency, increase clinicians' cognitive load, and detract from patient-centered care. These administrative challenges contribute significantly to burnout, emotional exhaustion, job dissatisfaction, and a heightened intention among healthcare workers to leave the profession.

Moreover, individual factors such as age, level of experience, and access to adequate training and technical support influence the degree of impact. The review demonstrates that administrative burdens not only affect individual well-being but also impair organizational performance and healthcare delivery quality. Addressing these challenges is critical for ensuring a sustainable, efficient, and supportive healthcare system.

Suggestions. A comprehensive and multifaceted approach is required to mitigate administrative burdens on healthcare workers. Technological improvements must focus on enhancing EHR usability by adopting better user interface designs, integrating clinical decision support systems, and introducing automation tools such as voice recognition software. Experiences from Finland and Denmark demonstrate that user-centered EHR designs can significantly reduce administrative time and improve clinical workflows.

In addition to technological advances, task delegation should be promoted by employing medical scribes or administrative assistants, thereby allowing clinicians to focus more fully on patient care. This strategy has been successfully implemented in healthcare systems such as those in the United States and Australia, resulting in improved physician satisfaction and reduced rates of burnout.

At the policy level, governments and healthcare regulators should initiate reforms aimed at minimizing redundant documentation requirements and streamlining reporting obligations. The Netherlands, for example, has demonstrated that simplifying regulatory documentation processes can maintain patient safety standards while significantly reducing clerical burdens.

Finally, fostering collaboration between governments, healthcare institutions, and health technology developers is crucial. Collaborative policymaking and system design can ensure that technological solutions and regulatory reforms prioritize the efficiency, autonomy, and well-being of healthcare workers. By implementing these integrated strategies, healthcare systems can substantially alleviate administrative burdens, enhance workforce satisfaction, and ultimately improve the quality and effectiveness of patient care.

REFERENCES

Al-Alawy, K., Moonesar, I. A., Mubarak Obaid, H. A., Al-Abed Bawadi, E. I., & Gaafar, R. (2021). Hospital accreditation: A review of evidence, regulatory compliance, and healthcare outcome measures. *Dubai Medical Journal*, *4*(3), 248–255. https://doi.org/10.1159/000516483

Alhur, A. A. (2023). An Investigation of Nurses' Perceptions of the Usefulness and Easiness of Using Electronic Medical Records in Saudi Arabia: A Technology Acceptance Model. *Cininta Indonesian Journal of Information Systems (IJIS)*, *5*(2), 31.

Alqahtani, M., Alshaibani, W., Alamri, E., Edward, D., & Khandekar, R. (2021). Electronic Health Record-Related Stress among Nurses: Determinants and Solutions. *Telemedicine and E-Health*, *27*(5), 544–550. https://doi.org/10.1089/tmj.2020.0059

Alshammari, M. H., & Alenezi, A. (2023). Nursing workforce competencies and job satisfaction: the role of technology integration, self-efficacy, social support, and prior experience. *BMC Nursing*, *22*(1), 308. https://doi.org/10.1186/s12912-023-01474-8

Apaydin, E. (2020). Administrative Work and Job Role Beliefs in Primary Care Physicians: An Analysis of Semi-Structured Interviews. *SAGE Open*, *10*(1). https://doi.org/10.1177/2158244019899092

Arndt, B. G., Beasley, J. W., Watkinson, M. D., Temte, J. L., Tuan, W. J., Sinsky, C. A., & Gilchrist, V. J. (2017). Tethered to the EHR: Primary care physician workload assessment using EHR event log data and time-motion observations. *Annals of Family Medicine*, *15*(5), 419–426. https://doi.org/10.1370/afm.2121

Ausserhofer, D., Tappeiner, W., Wieser, H., Serdaly, C., Simon, M., Zúñiga, F., & Favez, L. (2023). Administrative burden in Swiss nursing homes and its association with care workers' outcomes—a multicenter cross-sectional study. *BMC Geriatrics*, *23*(1). https://doi.org/10.1186/s12877-023-04022-w

Benoit, M., & Marier, P. (2024). When hidden politics become visible: Administrative burden experiences of older adults and professionals in home care. *International Journal of Social Welfare*. https://doi.org/10.1111/ijsw.12664

Bhati, D., Deogade, M. S., & Kanyal, D. (2023). Improving Patient Outcomes Through Effective Hospital Administration: A Comprehensive Review. *Cureus*, *15*(10), e47731. https://doi.org/10.7759/cureus.47731

Bodenheimer, T., & Sinsky, C. (2014). From triple to Quadruple Aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, *12*(6), 573–576. https://doi.org/10.1370/afm.1713

Buck, K., Williamson, M., Ogbeide, S., & Norberg, B. (2019). Family physician burnout and resilience: A cross-sectional analysis. *Family Medicine*, *51*(8), 657–663. https://doi.org/10.22454/FamMed.2019.424025

Budd, J. (2023). Burnout Related to Electronic Health Record Use in Primary Care. *Journal of Primary Care and Community Health*, *14*, 21501319231166920. https://doi.org/10.1177/21501319231166921

Chen, Y., Aljafari, R., Xiao, B., & Venkatesh, V. (2021). Empowering physicians with health information technology: An empirical investigation in Chinese hospitals. *Journal of the American Medical Informatics Association*, *28*(5), 915–922. https://doi.org/10.1093/jamia/ocab034

De Hert, S. (2020). Burnout in healthcare workers: Prevalence, impact and preventative strategies. *Local and Regional Anesthesia*, *13*, 171–183. https://doi.org/10.2147/LRA.S240564

De Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K., Godderis, L., & De Winter, P. (2023). Retaining Healthcare Workers: A Systematic Review of Strategies for Sustaining Power in the Workplace. *Healthcare (Switzerland)*, *11*(13), 1887. https://doi.org/10.3390/healthcare11131887

Deschamps, P., Seker, A., van der Schaaf, M., & Piot, M. A. (2023). Coping with Administrative Workload: a Pilot Study in the Usefulness of a Workshop for Psychiatric Trainees. *Academic Psychiatry*, *47*(5), 510–514. https://doi.org/10.1007/s40596-023-01787-5

Elliott, M., Padua, M., & Schwenk, T. L. (2022). Electronic Health Records, Medical Practice Problems, and Physician Distress. *International Journal of Behavioral Medicine*, *29*(3), 387–392. https://doi.org/10.1007/s12529-021-10010-4

Eschenroeder, H. C., Manzione, L. C., Adler-Milstein, J., Bice, C., Cash, R., Duda, C., Joseph, C., Lee, J. S., Maneker, A., Poterack, K. A., Rahman, S. B., Jeppson, J., & Longhurst, C. (2021). Associations of physician burnout with organizational electronic health record support and after-hours charting. *Journal of the American Medical Informatics Association*, *28*(5), 960–966. https://doi.org/10.1093/jamia/ocab053

Gardner, R. L., Cooper, E., Haskell, J., Harris, D. A., Poplau, S., Kroth, P. J., & Linzer, M. (2019). Physician stress and burnout: the impact of health information technology. *Journal of the American Medical Informatics Association*, *26*(2), 106–114. https://doi.org/10.1093/jamia/ocy145

Gesner, E., Dykes, P. C., Zhang, L., & Gazarian, P. (2022). Documentation Burden in Nursing and Its Role in Clinician Burnout Syndrome. *Applied Clinical Informatics*, *13*(5), 983–990. https://doi.org/10.1055/s-0042-1757157

Golz, C., Peter, K. A., Zwakhalen, S. M. G., & Hahn, S. (2021). Technostress Among Health Professionals–A Multilevel Model and Group Comparisons between Settings and Professions. *Informatics for Health and Social Care*, *46*(2), 136–147. https://doi.org/10.1080/17538157.2021.1872579

Harry, E., Sinsky, C., Dyrbye, L. N., Makowski, M. S., Trockel, M., Tutty, M., Carlasare, L. E., West, C. P., & Shanafelt, T. D. (2021). Physician Task Load and the Risk of Burnout Among US Physicians in a National Survey. *Joint Commission Journal on Quality and Patient Safety*, *47*(2), 76–85. https://doi.org/10.1016/j.jcjq.2020.09.011

Holmgren, A. J., Hendrix, N., Maisel, N., Everson, J., Bazemore, A., Rotenstein, L., Phillips, R. L., & Adler-Milstein, J. (2024). Electronic Health Record Usability, Satisfaction, and Burnout for Family Physicians. *JAMA Network Open*, *7*(8), e2426956. https://doi.org/10.1001/jamanetworkopen.2024.26956

Johnson, W. G., Gee, P. M., Kelly, L. A., & Butler, R. J. (2021). The Effect of Electronic Medical Records on Nurses' Job Satisfaction: A Multi-Year Analysis. *Urban Studies and Public Administration*, *4*(3), p1. https://doi.org/10.22158/uspa.v4n3p1

Kaihlanen, A. M., Gluschkoff, K., Laukka, E., & Heponiemi, T. (2021). The information system stress, informatics competence and well-being of newly graduated and experienced nurses: a cross-sectional study. *BMC Health Services Research*, *21*(1). https://doi.org/10.1186/s12913-021-07132-6

Khairat, S., Xi, L., Liu, S., Shrestha, S., & Austin, C. (2020). Understanding the Association Between Electronic Health Record Satisfaction and the Well-Being of Nurses: Survey Study. *JMIR Nursing*, *3*(1). https://doi.org/10.2196/13996

Khosravi, M., Zare, Z., Mojtabaeian, S. M., & Izadi, R. (2024). Artificial Intelligence and Decision-Making in Healthcare: A Thematic Analysis of a Systematic Review of Reviews. In *Health Services Research and Managerial Epidemiology* (Vol. 11). SAGE Publications Inc. https://doi.org/10.1177/23333928241234863

Kutney-Lee, A., Brooks Carthon, M., Sloane, D. M., Bowles, K. H., McHugh, M. D., & Aiken, L. H. (2021). Electronic Health Record Usability: Associations with Nurse and Patient Outcomes in Hospitals. *Medical Care*, *59*(7), 625–631. https://doi.org/10.1097/MLR.0000000000001536

Kwon, J., & Johnson, M. E. (2013). Security practices and regulatory compliance in the healthcare industry. *Journal of the American Medical Informatics Association*, *20*(1), 44–51. https://doi.org/10.1136/amiajnl-2012-000906

Lorkowski, J., Maciejowska-Wilcock, I., & Pokorski, M. (2021). Overload of Medical Documentation: A Disincentive for Healthcare Professionals. *Advances in Experimental Medicine and Biology*, *1324*, 1–10. https://doi.org/10.1007/5584_2020_587

Maslach, C., & Leiter, M. P. (2017). Understanding Burnout New Models. In C. L. Cooper & J. C. Quick (Eds.), *The handbook of stress and health: A guide to research and practice* (pp. 36–56). Wiley Blackwell. https://doi.org/10.1002/9781118993811.ch3

Melnick, E. R., West, C. P., Nath, B., Cipriano, P. F., Peterson, C., Satele, D. V., Shanafelt, T., & Dyrbye, L. N. (2021). The association between perceived electronic health record usability and professional burnout among US nurses. *Journal of the American Medical Informatics Association*, *28*(8), 1632–1641. https://doi.org/10.1093/jamia/ocab059

Mensah, N. K., Adzakpah, G., Kissi, J., Abdulai, K., Taylor-Abdulai, H., Johnson, S. B., Opoku, C., Hallo, C., & Boadu, R. O. (2024). Health professionals' perceptions of electronic health records system: a mixed method study in Ghana. *BMC Medical Informatics and Decision Making*, *24*(1). https://doi.org/10.1186/s12911-024-02672-3

Micek, M. A., Arndt, B., Tuan, W.-J., Trowbridge, E., Dean, S. M., Lochner, J., Sampene, E., & Pandhi, N. (2020). Physician Burnout and Timing of Electronic Health Record Use. *ACI Open*, *04*(01), e1–e8. https://doi.org/10.1055/s-0039-3401815

Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. *International journal of environmental research and public health*, *17*(3), 835. https://doi.org/10.3390/ijerph17030835

Peccoralo, L. A., Kaplan, C. A., Pietrzak, R. H., Charney, D. S., & Ripp, J. A. (2021). The impact of time spent on the electronic health record after work and of clerical work on burnout among clinical faculty. *Journal of the American Medical Informatics Association*, *28*(5), 938–947. https://doi.org/10.1093/jamia/ocaa349

Pfoh, E. R., Hong, S., Baranek, L., Rothberg, M. B., Beinkampen, S., Misra-Hebert, A. D., Rehm, S. J., & Sikon, A. L. (2022). Reduced Cognitive Burden and Increased Focus: A Mixed-methods Study Exploring How Implementing Scribes Impacted Physicians. *Medical Care*, *60*(4), 316–320. https://doi.org/10.1097/MLR.0000000000001688

Rasool, M. F., Rehman, A. U., Imran, I., Abbas, S., Shah, S., Abbas, G., Khan, I., Shakeel, S., Ahmad Hassali, M. A., & Hayat, K. (2020). Risk Factors Associated With Medication Errors Among Patients Suffering From Chronic Disorders. *Frontiers in public health*, *8*, 531038. https://doi.org/10.3389/fpubh.2020.531038

Rollins, A. L., Eliacin, J., Russ-Jara, A. L., Monroe-Devita, M., Wasmuth, S., Flanagan, M. E., Morse, G. A., Leiter, M., & Salyers, M. P. (2021). Organizational Conditions That Influence Work Engagement and Burnout: A Qualitative Study of Mental Health Workers. *Psychiatric Rehabilitation Journal*, *44*(3), 229–237. https://doi.org/10.1037/prj0000472

Rotenstein, L. S., Apathy, N., Landon, B., & Bates, D. W. (2022). Assessment of Satisfaction With

the Electronic Health Record Among Physicians in Physician-Owned vs Non-Physician-Owned Practices. *JAMA Network Open*, *5*(4), E228301. https://doi.org/10.1001/jamanetworkopen.2022.8301

Shanafelt, T., Dyrbye, L., Sinsky, C., Hasan, O., Satele, D., Sloan, J., & West, C. (2016). Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction. *Mayo Clinic Proceedings*, *91*(7), 836–848.

Sinsky, C., Colligan, L., Li, L., Prgomet, M., Reynolds, S., Goeders, L., & Blike, G. (2016). Allocation of physician time in ambulatory practice: A time and motion study in 4 specialties. *Annals of Internal Medicine*, *165*(11), 753–760.

Skeff, K. M., Brown-Johnson, C. G., Asch, S. M., Zionts, D. L., Winget, M., & Kerem, Y. (2022). Professional Behavior and Value Erosion: A Qualitative Study of Physicians and the Electronic Health Record. *Journal of Healthcare Management*, *67*(5), 339–352. https://doi.org/10.1097/JHM-D-21-00070

Tajirian, T., Stergiopoulos, V., Strudwick, G., Sequeira, L., Sanches, M., Kemp, J., Ramamoorthi, K., Zhang, T., & Jankowicz, D. (2020). The influence of electronic health record use on physician burnout: Cross-sectional survey. *Journal of Medical Internet Research*, *22*(7). https://doi.org/10.2196/19274

Tanios, M., Haberman, D., Bouchard, J., Motherwell, M., & Patel, J. (2022). Analyses of burn-out among medical professionals and suggested solutions—a narrative review. *Journal of Hospital Management and Health Policy*, *6*(7), 1. https://doi.org/10.21037/JHMHP-20-153

Topol, E. J. (2019). High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine*, *25*(1), 44–56. https://doi.org/10.1038/s41591-018-0300-7

Wilbanks, B. A., & Moss, J. A. (2021). Impact of Data Entry Interface Design on Cognitive Workload, Documentation Correctness, and Documentation Efficiency. *AMIA Joint Summits on Translational Science Proceedings*, 634–643.

Yogesh, M. J., & Karthikeyan, J. (2022). Health Informatics: Engaging Modern Healthcare Units: A Brief Overview. *Frontiers in Public Health*, *10*, 854688. https://doi.org/10.3389/fpubh.2022.854688