



The hidden strain: Why healthcare leaders are at highest risk of burnout

Insights from over 20,000 healthcare workers across Australia

The issue

Recent analysis we conducted at Insync of employee experience data from more than 20,000 healthcare workers in Australia (2024–2026) highlights a pattern that many leaders will recognise. Still, few systems have recognised that senior leaders, particularly in Australia’s public health system, are the least able to switch off from work among the country’s healthcare workforce.

While private sector healthcare leaders report slightly higher levels of psychological detachment, the difference is marginal. Across both sectors, **fewer than half** of these leaders consistently report being able to disconnect from work after hours. This is not a wellbeing issue in isolation. It is a system performance risk.

The consequences of leaders not being able to switch off impact several aspects of an organisation, including:

- slower, more conservative decision-making
- reduced capacity for strategic thinking
- increased leadership turnover.

A system that has increased demands without redesigning roles

The role of a healthcare executive has changed materially over the past decade, but its structure has not. Leaders are now expected to deliver financial performance in constrained environments simultaneously, lead major system reform, manage workforce shortages, and maintain the hospital’s quality and safety, as well as an optimal patient experience.

As A/Prof Rex Prabhu PSM, Chief Medical Officer at Bendigo Health and the Loddon Mallee region, observes:

“**Healthcare leadership roles have become overloaded with compliance and operational demands, leaving too little room for innovation, strategy, and relational leadership.**”

This misalignment is critical. We have increased expectations of our leaders without redesigning their decision rights, role scope, or support structures, resulting in a leadership model that relies heavily on individual capacity rather than system capability.

<1 in 2

senior healthcare leaders
can’t switch off after work

The public vs private divide: Same pressure, different intensity

The data shows a consistent pattern:

- **Public sector leaders experience deeper and more sustained pressure**, driven by system reform, funding constraints, and scale
- **Private sector leaders experience similar dynamics**, but with slightly more flexibility and control

However, the underlying issue is shared: *leadership roles across both systems are absorbing complexity faster than they are being redesigned to manage it.* This is why even in better-performing environments, favourable scores remain well below what would be considered sustainable.

What is actually driving the pressure?

Across conversations with senior healthcare leaders, four systemic drivers emerge, not as isolated issues, but as drivers that reinforce each other.

1 Leaders are operating too far into the operational layer

Leaders are spending disproportionate time on recruitment, workforce gaps, and operational problem-solving. This is not just inefficiency; it is role dilution. When executives are pulled into operational detail, strategic capacity declines, decision-making slows, and the system becomes more reactive instead of responsive.

"Given turnover and workforce shortages, the amount of time leaders spend recruiting is significant and an impediment to them focusing on the strategic aspects of their roles".

Chief People Officer, large faith-based group of hospitals

"In senior leadership roles you're on the hamster wheel from hell, and you never get time to reflect or be strategic - you're just constantly putting out fires and moving onto the next thing that requires attention".

Experienced leader, large healthcare group

2 Accountability is concentrated, but authority is not distributed

Many leaders are ultimately accountable for outcomes, but do not operate in systems where authority is sufficiently pushed down. This highlights a structural imbalance. Middle leaders are critical to outcomes but are not always empowered and may at times lack the leadership capability to own those outcomes. The result is escalation as issues move upward and decisions centralise, which in turn accumulates pressure at the top.

"It very much depends on the immediate manager... they can make or break you. However, like all workplace issues, the impact on any individual is closely linked to the support from the immediate manager of each person, including the most senior. We know that employees, no matter the seniority, join organisations and leave managers - even at the highest level. So, all leaders need supportive structures and an ability to speak up safely. If you cannot raise concerns, particularly on issues that affect a business at the enterprise level, it can eventually lead to senior leaders finding a workplace where they are supported to raise concerns."

Chanelle McEnallay, Group Chief Safety Officer, Ramsay Health Care

"A lot of middle leaders in healthcare are often appointed to roles without having the right experience, capability, or skill set - and are often left to find their own way. Organisations are not always structured to give new leaders the support they need. Many new leaders don't feel they have permission to speak up about the gaps in their knowledge or skills."

Experienced leader, large healthcare group

3 Systems are complex, slow, and often misaligned with execution

From procurement to governance, system friction is a consistent theme.

"While government bodies deliberate... every day of administrative delay creates unnecessary pressure on a business's viability."

Margot Morton, CEO and Co-founder, CareZen

4 Insight exists - but is not translating into action

Perhaps the most critical issue is not a lack of data, but a lack of direct, unfiltered action.

When feedback is filtered, reinterpreted, or reshaped into diluted, "manageable" initiatives, the system fails to address what actually drives pressure. This can create a compounding effect that leads to a disengaged workforce, the erosion of trust within the organisation, and leaders inheriting unresolved issues.

This also requires moving beyond perception-based measures of burnout toward leading indicators that enable earlier intervention.

"There's still a culture of fear [at most healthcare organisations]... where people think 'I can't speak up', or 'nothing's going to change.'"

Director of Clinical Governance, large group of public-private hospitals

"Burnout is largely identified through self-reporting, which is inherently limited... stigma at senior levels, variation in resilience, and the fluctuating nature of burnout all reduce its reliability. What's needed is the ability to identify burnout risk more dynamically - through regular, systematic measurement combining leading indicators like workload, span of control, and hours worked."

Group Director of Medical Services and Clinical Governance, leading private hospital

Three systemic shifts that will actually reduce burnout

For senior executives, the question is not what the issues are but rather what is within our control to change. Here's what the leaders we spoke with told us.

1

Redesign executive roles around decision-making, not activity

The most immediate action for impact would be defining role clarity. Executives should not be the system's default problem-solvers. Rather, they need to be given less unnecessary operational load and clarity around decision rights across layers. Designing roles around value creation, not activity accumulation, will ensure that leaders can strategise for the long term rather than react.

2

Actively distribute leadership, don't only delegate tasks

Sustainable systems distribute authority, not just workload. This requires that organisations invest in middle leadership capability, create a culture that does not depend on hierarchy but rather genuine decision ownership, and accept variability (and some failure) as part of distributed leadership. We also have to acknowledge that this is easier said than done. A cultural shift like this can take years in some organisations, as it is not just about changing culture but, even more so, about changing 'how we do things here'.

"Sustainable leadership comes when leaders are trusted, empowered, and given real authority - so executives are not carrying the system alone."

Executive Director of Medical Services and Chief Medical Officer, leading paediatric hospital

3

Close the execution gap: act directly on workforce feedback

Your people are the experts. They know far more about what works, and what does not, on the ground. Ensure there are multiple ways for your people's feedback to reach you. While surveys are a great tool for hearing from the whole employee population, giving your people the opportunity to share feedback through various channels is important to ensure meaningful messages reach the executive level.

As one of our interviewees told us: "Let the data... say what it is rather than someone else interpreting it."

For executives, this has many implications. It is a call to prioritise fewer, more meaningful actions by linking decisions directly to the feedback provided and making change visible and measurable.

More importantly, this is not about doing more, but about doing what matters most.

The bottom line

Healthcare systems have reached a point where leadership sustainability is no longer a secondary concern. It is central to everything from workforce retention and patient safety to financial performance and even system reform. Our current model relies heavily on the individual endurance of those in leadership and their ability to create informal workarounds around systemic inefficiencies, which is not just unsustainable but also not scalable.

The opportunity - and the responsibility - for senior executives is clear: Redesign the system so leadership is sustainable by design, not sustained by effort.

About Insync

Insync is an employee and customer experience consultancy helping organisations build cultures where people and performance thrive. With over two decades of experience partnering with healthcare, government, and not-for-profit organisations, we specialise in turning workforce data into meaningful action. Our evidence-based approach — grounded in research with more than 20,000 healthcare workers — gives leaders the insight they need to address the systemic drivers of burnout, disengagement, and turnover before they compound. We don't just measure what's happening; we help organisations understand why, and what to do about it.

Insync extends our sincere thanks to the senior leaders who contributed their time and insights to this research. Their candid perspectives and depth of experience have played a critical role in shaping the findings and recommendations presented in this whitepaper.



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