Healthcare Professionals Mental Health: What the Data Tells Us

Yar Yi Pin

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Executive Summary



In early 2021, approximately 1,500 healthcare workers in Singapore resigned (Channel News Asia¹, 2021). In our synthetic dataset of 5,000 healthcare professionals, about 66% expressed an intention to leave their roles.



What We Did

- Applied statistical and predictive methods to analyze workplace factors linked to turnover
- Built an interactive dashboard for department-level insights

Key Findings

- experienced occasional and
- frequent burnout
- Low job satisfaction and more mental health absences are linked to turnover
- Heavy workload is the top stressor
 - 28% lack access to Employee Assistance Programs (EAPs)



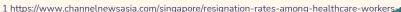
Predictive Model

- Logistic Regression was chosen for reliability and easy interpretation
- High ability to identify at-risk staff

Recommendations

- Support high-risk staff early
- Workload re-distribution, staffing adjustment
- **Expand EAP and monitor** effectiveness

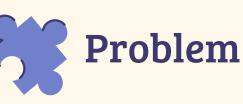




Problem Statement



The Challenges in Retaining Healthcare Professionals





Current Situation

High stress, burnout, and job dissatisfaction are driving healthcare staff turnover, impacting patient care.

What's Available

Support programs exist, but access is uneven and datadriven action is limited

What Success Looks Like

Department heads can use insights to identify at-risk staff early, support workforce well-being to reduce attrition

Objective

Goal

- Identify key drivers of burnout and turnover intention among healthcare staff
- Develop a predictive model to flag highrisk individuals
- Provide actionable, data-driven insights and tools for intervention

Target Audience

Department heads responsible for managing healthcare teams and retaining staff



Case for Action

- To support employee well-being and mental health
- To reduce staff attrition and burnout
- To ensure continuity and quality of patient care

Data Source

- Healthcare Workforce Mental Health Dataset (Kaggle¹)
- 5,000 synthetic records

* Data Cleaning

- Ready for analysis without major preprocessing
- No duplicates or missing values
- Column dropped as it contained overlapping information

* Variables

- Employee details
- Workplace Factor
- Stress level
- Burnout frequency
- Job satisfaction
- Access to EAPs
- Mental health absences
- Turnover intention









Limitation

Synthetic Dataset

- The data used is artificially generated
- May not fully reflect the real-world complexity or behavior of healthcare professionals

Lack of Personal Context

- Does not account for individual mental health history, personal stressors, or coping strategies
- Missing interpersonal and organizational dynamics that may influence burnout or turnover



Findings

Burnout & Turnover Are Widespread

- 66% of staff intend to leave their roles
- 83% experience occasional or frequent burnout
- Heavy workload is the top stressor reported

Mental Health Strain Evident

- High stress (8–9/10) and low job satisfaction (2/5) reported
- Mental health absences (5–7.5 days) are common
- Low job satisfaction and more mental health absences are linked to turnover

Gaps in Support Access

28% does not have access to Employee Assistance programme



Approach

Predictive Analysis using Logistic Regression

	Train	Test
Accuracy	74.3%	74.6%
Precision	76%	77%
Recall	90%	88%

Strong recall means the model effectively flags most at-risk staff

Interactive Dashboard for Department Insights

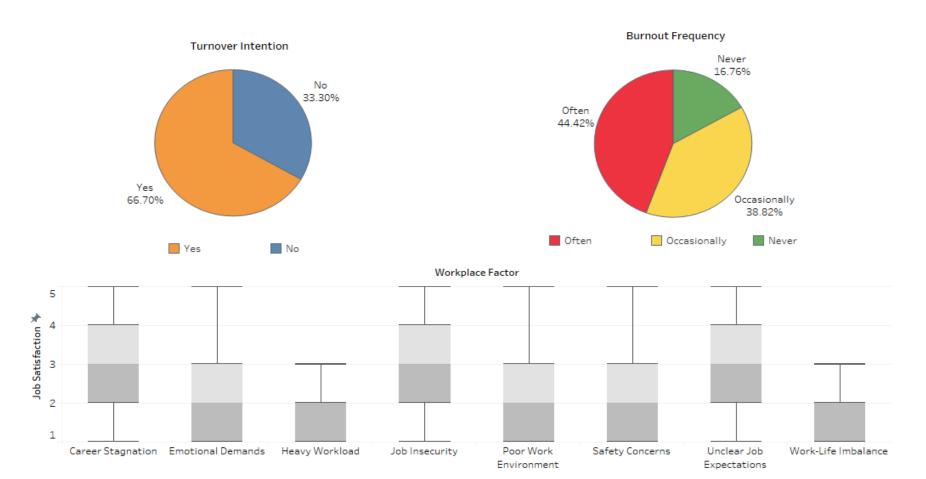
Enables department heads to explore by department:

- Turnover Intention
- Burnout Frequency
- Job satisfaction vs workplace stressors



All - Overview





Recommendation

Support High-Risk Staff Early

- Use the model to identify high-risk department
- Prioritize check-ins and mental health support for individuals who reach out for help





 Address "Heavy workload" by considering workload redistribution, staffing adjustments, or workflow redesign



Expand Mental Health Support

- Broaden access to EAPs and actively promote usage
- Monitor effectiveness over time

Next Step

Evaluate Impact

 Use pre- and postintervention data to track changes in job satisfaction and turnover intention



InterDepartments Collaboration

- Partner with HR and leadership to tailor support for high-risk groups
- Advocate for wellbeing policy improvements



Improve Data Collection

- Collect insights on work schedule variability managerial support, and participation in wellness programme
- Enhance model accuracy and intervention targeting



