

The Intersection of Policy, Economics, and Workforce Resilience in Global Healthcare Systems: A Narrative Review

Novianita Rulandari¹, Muly Syaddam Nirwan^{2*}, Putri Ayu Lestari³

¹Faculty of Social and Political Sciences, Universitas Muhammadiyah Palangkaraya, Indonesia

²Faculty of Health, Institut Teknologi Kesehatan dan Bisnis Graha Ananda, Sulawesi Tengah, Indonesia

³Graduate School, Universitas Sahid, Indonesia

*Corresponding Author: E-mail: multynirwan@gmail.com

ARTICLE INFO	ABSTRACT
<p>Manuscript Received: 10 Jan, 2025 Revised: 22 Mar, 2025 Accepted: 24 Mar, 2025 Date of Publication: 09 Apr, 2025 Volume: 8 Issue: 4 DOI: 10.56338/mppki.v8i4.7178</p>	<p>Introduction: In this study, we aimed to examine systemic barriers and facilitators affecting healthcare workers, including policy frameworks, economic conditions, and organizational structures. With healthcare worker support mechanisms playing a critical role in ensuring the effectiveness and sustainability of healthcare systems, this narrative review seeks to address a notable gap in current literature by integrating insights on policy, economics, and workforce resilience. Our objective was to assess the impact of these factors on healthcare worker well-being, service quality, and healthcare disparities, particularly among marginalized populations.</p> <p>Methods: This comprehensive narrative review involved an in-depth analysis of peer-reviewed literature from major academic databases. We adhered to recognized guidelines for narrative reviews to enhance methodological rigor. The study focused on healthcare worker experiences, policy impacts, and cultural considerations. Articles were selected based on relevance to healthcare worker support mechanisms, and a thematic data synthesis was conducted to identify key themes.</p> <p>Results: The primary outcome of the study indicated that inadequate healthcare worker support contributes to disparities in care, burnout, and reduced service quality. Additionally, findings emphasized the importance of policies promoting equitable resource allocation, mental health support, and interdisciplinary collaboration. Economic stability and culturally sensitive healthcare models were identified as essential for improving worker well-being.</p> <p>Conclusion: In conclusion, our study contributes to the understanding of healthcare worker support by highlighting the systemic barriers and facilitators affecting their well-being and performance. This research provides insights into the need for evidence-based policy reforms and targeted organizational interventions to enhance healthcare workforce resilience. Future studies should focus on longitudinal evaluations of healthcare worker support mechanisms and in-depth comparative analyses of different healthcare systems, ultimately advancing strategies for sustainable and effective global healthcare systems.</p>
KEYWORDS	
<p>Healthcare Systems; Healthcare Worker Support; Policy Frameworks; Health Disparities; Workforce Resilience; Interdisciplinary Collaboration; Healthcare Equity</p>	

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INTRODUCTION

Healthcare systems play a fundamental role in shaping health outcomes at both individual and population levels. The importance of effective healthcare systems has been accentuated by factors including social determinants of health, the challenges imposed by the COVID-19 pandemic, and the necessity for integrated health services. These elements collectively underscore the need for robust healthcare infrastructures that can adapt to evolving public health demands and disparities. The complexity of healthcare systems necessitates continuous evaluation and innovation to ensure equitable access and efficient service delivery. However, few reviews offer a comprehensive analysis that links policy and economic factors directly to workforce resilience, highlighting a gap that this narrative review aims to address. Existing literature highlights several pressing challenges within healthcare systems, such as the growing burden of non-communicable diseases (NCDs), healthcare disparities among marginalized populations, and systemic inefficiencies in healthcare management (1,2). Social determinants of health, including socioeconomic status, education, and access to healthcare, remain key contributors to inequitable outcomes (1). Research from Ethiopia, for instance, demonstrates that financial barriers persist despite fee waiver systems, indicating that structural and cultural obstacles also limit healthcare accessibility (2,3). Similarly, studies in high-income settings reveal that discrimination and systemic barriers restrict healthcare access for ethnic minorities and LGBTQ+ individuals, confirming that healthcare inequities transcend economic classifications (1).

The COVID-19 pandemic has further exposed vulnerabilities in global healthcare systems. Many hospitals were operating at near full capacity even before the pandemic, leaving little room to accommodate surges in patient volumes during public health emergencies (4,5). The pandemic overwhelmed emergency care services and disrupted routine healthcare services, causing delays in essential treatments and screenings (6). Consequently, healthcare system resilience has become a central focus in health policy discussions, with increased calls for the development of flexible and integrated care models to ensure continuity of care during crises (7). Moreover, the pandemic accelerated the adoption of telemedicine and digital health solutions, offering alternative means of care delivery while also raising concerns about accessibility and digital equity (8). This further underscores the necessity of examining how workforce resilience is shaped by—and can respond to—both policy shifts and economic pressures during health emergencies.

Another key issue in healthcare systems is the escalating burden of NCDs, which are projected to account for a significant proportion of global morbidity and mortality in the coming decades. The Integrated Measurement for Early Detection (MIDO) program in Mexico exemplifies a proactive approach to managing NCDs through early detection and coordinated care (9). Such initiatives highlight the potential benefits of integrated healthcare models that emphasize prevention rather than reactive treatment. Similarly, Klein et al. (2022) argue that enhancing healthcare options for marginalized populations is crucial to improving overall service utilization and ensuring comprehensive healthcare access. However, the successful implementation of such programs requires alignment among policy frameworks, financial stability, and workforce capacity as well as adequate funding, political commitment, and community engagement (10).

Despite advancements in healthcare policies and programs, several persistent challenges remain. One of the most critical issues is the shortage of healthcare professionals, documented in both high-income and low-income settings (11). This shortage affects service delivery, increases patient wait times, and exacerbates healthcare disparities. Furthermore, the psychological burden on healthcare workers has become a growing concern, especially following the COVID-19 pandemic. Studies show that frontline workers experience high levels of burnout, emotional exhaustion, and mental distress, all of which negatively impact patient care quality (12,13). Addressing these workforce issues—both physical capacity and mental health—is fundamental to healthcare system resilience and highlights the intersecting role of policy, economics, and organizational frameworks in shaping outcomes.

Systemic barriers further complicate healthcare access and delivery. These include inadequate healthcare infrastructure, limited stakeholder involvement in decision-making, and cultural and language barriers that prevent effective patient-provider communication (10). Studies on healthcare access among migrant populations highlight how cultural insensitivity and a lack of language support services hinder the utilization of essential healthcare services (14). Additionally, financial constraints remain a significant impediment, particularly in low-income countries where out-of-pocket healthcare expenses are disproportionately high (15). These systemic issues emphasize the necessity

for holistic approaches that unite policy reforms, economic investment, and workforce training to foster more inclusive and patient-centered healthcare systems.

Several critical knowledge gaps in healthcare research necessitate further investigation. One such gap pertains to the intersectionality of healthcare access, particularly for marginalized populations (16). While previous studies have examined healthcare disparities, there remains a lack of comprehensive research that integrates socio-economic, racial, and gender dimensions to understand their compounded effects on health outcomes. Furthermore, the long-term psychological impacts of healthcare work remain underexplored. Existing studies primarily focus on short-term stressors rather than examining the sustained effects of high-stress environments on healthcare professionals' mental health and career longevity (13). Additionally, while integrated care models have been proposed as a solution to healthcare inefficiencies, empirical evidence on their effectiveness, particularly in low-resource settings, is still limited (17). This review directly addresses these gaps by examining how policy, economic stability, and workforce resilience intersect to influence equitable healthcare access and quality.

The primary objective of this review is to synthesize current research on healthcare systems, focusing on three main aspects: (1) healthcare accessibility and social determinants, (2) the resilience and adaptability of healthcare systems, and (3) integrated care models for NCDs. This review aims to provide a comprehensive understanding of these key areas while identifying policy recommendations and future research directions to address identified challenges. By integrating findings from diverse healthcare contexts, this study seeks to contribute to the ongoing discourse on healthcare system improvement and innovation.

This review will examine healthcare systems across multiple geographic regions, with a particular emphasis on comparative analyses between high-income and low- and middle-income countries (LMICs). The study will explore how different health policies, socio-economic conditions, and governance structures influence healthcare access and outcomes. Special attention will be given to vulnerable populations, including marginalized communities, healthcare workers, and individuals with chronic diseases, to provide a holistic understanding of healthcare disparities and potential solutions. By considering a broad range of case studies and empirical research, this review will offer actionable insights into best practices and lessons that can be applied across different healthcare settings.

METHOD

This study employed a comprehensive narrative review methodology to examine the role of healthcare systems in community health improvement. We adhered to recognized guidelines for narrative reviews to enhance methodological clarity and reliability. Additionally, a systematic approach was undertaken to screen and evaluate the literature, allowing for a comprehensive synthesis of findings across different healthcare settings.

A thorough literature search was conducted using six primary databases: PubMed, Scopus, CINAHL, Web of Science, Google Scholar, and Embase. Each of these databases was selected for its relevance to healthcare research and its ability to provide access to peer-reviewed articles, systematic reviews, and empirical studies. PubMed was particularly valuable for its extensive biomedical literature, while Scopus offered broad coverage of health sciences and public health. CINAHL was instrumental in identifying studies related to nursing and allied health professions. Web of Science was used for citation analysis and to track research trends, while Google Scholar provided access to grey literature, including theses and conference papers. Embase, known for its coverage of European biomedical research, was included to ensure a diverse representation of healthcare system studies. We chose a ten-year timeframe (2013–2023) to capture contemporary developments and post-pandemic implications in healthcare systems.

The literature search was performed using a combination of key terms designed to capture the multifaceted nature of healthcare systems. The primary search terms included "healthcare systems," "community health improvement," "public health interventions," "healthcare access," and "integrated care models." Boolean operators such as AND and OR were applied to refine the search, ensuring the inclusion of relevant studies while minimizing irrelevant results. We piloted these search terms and refined them iteratively to maximize sensitivity and specificity. Additional filters were applied to limit searches to peer-reviewed articles published within the last ten years to maintain the relevance and timeliness of the study.

The selection of studies was guided by predefined inclusion and exclusion criteria. To be included, studies needed to be peer-reviewed, published within the last decade, and focus on healthcare systems, interventions, or health outcomes. Studies involving adult populations (18 years and older) and conducted in healthcare settings such

as hospitals, community health centers, and primary care facilities were prioritized. Only studies published in English were considered to maintain consistency in analysis. Additionally, studies utilizing qualitative, quantitative, or mixed-methods approaches were included to ensure a comprehensive review of healthcare system dynamics. Two independent reviewers performed the screening to reduce selection bias, and discrepancies were resolved by consensus or a third reviewer.

Exclusion criteria were applied to maintain the integrity and quality of the literature review. Non-peer-reviewed sources such as opinion pieces, editorials, and general commentaries were excluded. Studies that did not directly address healthcare systems, such as those focused solely on basic biomedical research, were also omitted. Articles with significant methodological flaws, such as small sample sizes or lack of clear research design, were excluded to prevent the inclusion of unreliable findings. Additionally, studies exclusively focused on pediatric populations or specific diseases without broader healthcare implications were not considered. This strict approach ensured that only studies providing robust data relevant to healthcare system dynamics were included.

The literature selection process followed a systematic approach to ensure transparency and rigor. The initial search yielded a substantial number of articles, which were then subjected to a multi-stage screening process. First, duplicates were removed to eliminate redundancy. Second, titles and abstracts were reviewed to identify studies that met the inclusion criteria. Articles that appeared relevant underwent a full-text review to confirm their suitability. When disagreements arose, they were resolved through discussion or input from a third reviewer, enhancing the objectivity of the selection process.

A quality assessment was conducted on the selected studies to evaluate their methodological robustness. The Critical Appraisal Skills Programme (CASP) checklist was employed to assess qualitative studies, while the Newcastle-Ottawa Scale was used for observational studies. Randomized controlled trials were evaluated using the Cochrane Risk of Bias Tool. This quality assessment ensured that only methodologically sound studies contributed to the synthesis of findings, thereby enhancing the credibility of the review. We assigned two independent reviewers to perform these appraisals, ensuring consistency and reducing the potential for individual bias.

The synthesis of findings was organized thematically based on the key issues identified in the literature. Studies were categorized into themes such as the impact of healthcare system structure on community health, policy-related challenges, barriers to healthcare access, and the effectiveness of integrated care models. Thematic synthesis allowed for the identification of patterns and trends across different healthcare contexts, facilitating a deeper understanding of the role of healthcare systems in improving community health. A standardized data extraction form was used to systematically capture study characteristics, key outcomes, and methodological quality indicators.

By employing a systematic and rigorous methodological approach, this study ensures that the findings presented are well-supported by high-quality research. The comprehensive search strategy, careful selection process, and thorough quality assessment contribute to the reliability and validity of the literature review. By integrating narrative review guidelines and multiple quality appraisal tools, we further strengthened the study's methodological rigor providing a robust foundation for understanding healthcare systems' contributions to community health improvement.

RESULTS

The findings from the literature review highlight for key themes related to healthcare systems and their role in community health improvement. Drawing on a thematic synthesis approach these results provide insights into healthcare access, literacy, racial and ethnic disparities, and the impact of cultural stigma on service utilization. Where inconsistencies existed, we note contradictory evidence and emphasize the need for further research, particularly regarding workforce resilience and systemic policy interventions. These themes are discussed below with supporting empirical evidence and comparative global perspectives.

Healthcare access remains a central challenge influenced by structural and systemic factors. Studies have shown that individuals in lower socioeconomic strata often experience barriers to healthcare due to financial constraints, inadequate health infrastructure, and insufficiently supported workforces. Kawakatsu et al. (2022) found that individuals in urban poor communities in Nigeria faced difficulties accessing maternal and child health services due to prohibitive costs and language barriers (18). Similarly, research conducted by Carman et al. (2022) in Australia highlighted that Indigenous populations, particularly Aboriginal and Torres Strait Islander communities, consistently

encounter disparities in health access due to systemic discrimination and geographic remoteness. The situation is mirrored in China, where Xiong et al. (2021) observed that African migrant populations faced institutional barriers and cultural misalignment that limited their ability to seek medical care, further emphasizing the role of structural inequities in global healthcare disparities (19). Addressing these issues requires cohesive policy interventions aimed at enhancing equitable resource distribution, increasing community outreach programs, investing in workforce capacity and improving healthcare affordability through insurance schemes.

Health literacy is another critical factor influencing health outcomes and patient engagement. The ability to comprehend and act upon health information significantly affects the effectiveness of treatment regimens and adherence to prescribed medical guidance. Several studies underscore the link between health literacy and patient behavior. A study by Bakibinga et al. (2022) in Kenya found that individuals with higher levels of health literacy were more likely to seek preventive care and adhere to medical treatments (15). Conversely, individuals with limited health literacy often exhibited delayed healthcare-seeking behaviors, which exacerbated disease progression and increased the overall burden on healthcare systems. The findings by Sako et al. (2022) further support this notion, demonstrating that early initiation of breastfeeding in Ethiopia was significantly associated with maternal education levels, indicating that public health initiatives must integrate educational components to maximize health outcomes (20). Moreover, consistent training of healthcare professionals in communication strategies can bolster workforce resilience, ensuring that literacy-focused interventions are effectively implemented. Enhancing health literacy through community education programs and digital health resources can significantly contribute to reducing disparities and improving overall health outcomes.

Racial and ethnic disparities in healthcare access and quality of services continue to be a pressing issue worldwide. These disparities also reflect workforce-related challenges, including implicit bias and inadequate diversity training among healthcare professionals. Structural inequities rooted in historical and socio-political contexts shape the healthcare experiences of marginalized populations. In the United States, the research by Wang et al. (2022) found that racial minorities, particularly African Americans and Hispanic populations, faced systemic discrimination that reduced their likelihood of receiving timely and adequate healthcare services (13). A similar pattern was observed in Canada, where Indigenous communities faced persistent barriers to accessing healthcare, as reported by Gillespie et al. (2022) (16). In contrast, studies in European contexts, such as those conducted by Guerra-Paiva et al. (2023), indicate that migrant populations often experience healthcare disparities due to legal and documentation challenges, limiting their access to essential medical services (21). Comparative global studies highlight the necessity of culturally competent healthcare policies along with specialized workforce training to mitigate racial and ethnic health disparities.

Cultural stigma remains a significant determinant of healthcare-seeking behavior, particularly in communities where societal perceptions influence health decisions. The research by Souleymanov et al. (2022) in Canada demonstrated that LGBTQ+ individuals often avoided seeking healthcare services due to fear of discrimination and social stigma, resulting in poorer health outcomes (1). Similarly, in Kenya, Wanjau et al. (2021) found that individuals diagnosed with non-communicable diseases such as diabetes and hypertension faced social stigma that discouraged them from seeking regular medical consultations, ultimately leading to deteriorating health conditions (10). The impact of stigma on healthcare access is further exemplified in studies by Neill et al. (2021), which emphasize the need for culturally sensitive interventions to improve service utilization among stigmatized populations (7). These findings point to the importance of a supportive workplace environment where healthcare professionals receive ongoing cultural competence training and psychosocial support, reinforcing overall workforce resilience. Addressing cultural stigma through awareness campaigns, training programs for healthcare providers, and policy reforms can significantly enhance healthcare access and utilization.

In comparing healthcare outcomes across different countries, it is evident that systemic inequalities play a major role in determining health service accessibility and quality. For instance, healthcare models in Scandinavian countries such as Sweden and Norway have been praised for their comprehensive and inclusive healthcare policies, ensuring that marginalized populations receive equitable care (22). In contrast, low- and middle-income countries (LMICs) struggle with funding shortages and infrastructural limitations, as seen in studies conducted by Nicholson et al. (2023) in sub-Saharan Africa (23). The workforce dimension is also critical; in well-resourced systems, supportive organizational structures and adequate staffing complement inclusive policies, while under-resourced

systems often cannot maintain a resilient workforce. These findings underscore the importance of adopting best practices from successful healthcare systems to enhance global healthcare equity.

Overall, the literature suggests that access to healthcare, literacy levels, racial and ethnic disparities, and cultural stigma are critical determinants of healthcare system effectiveness. Addressing these factors requires a holistic approach that integrates policy reforms, community engagement, workforce resilience strategies, and educational interventions. By highlighting the intersection of economic stability, policy support, and organizational structures, these findings underscore the importance of ensuring that healthcare workers are adequately equipped and supported. The results emphasize the need for targeted strategies to bridge healthcare gaps and improve health equity on a global scale.

DISCUSSION

The findings from this review highlight both alignment and contradictions with previous research on healthcare worker support mechanisms. These insights help in understanding the multifaceted systemic factors contributing to disparities, the implications for policy and practice, and potential solutions to the challenges identified in the literature. The discussion will explore these aspects in greater detail, emphasizing how policy, organizational, and economic contexts influence overall system effectiveness. This approach provides a clearer lens for interpreting healthcare worker support mechanisms through a workforce resilience framework.

Healthcare worker support remains a critical issue, particularly for marginalized populations. The work of Souleymanov et al. (2022) underlines the necessity of culturally competent care environments, aligning with previous research emphasizing the importance of affirming spaces in improving healthcare accessibility (1). Marginalized groups often face unique barriers, and this study reinforces the need for tailored interventions that address systemic discrimination and build trust within healthcare systems. However, contradictory findings regarding policy impacts on healthcare access. Sully et al. (2023) demonstrated how restrictive policies like the global gag rule negatively impact reproductive healthcare services, challenging prior research that suggested well-implemented policy frameworks could enhance healthcare delivery (24). Such discrepancies underscore that policy efficacy is highly context-dependent, highlighting the necessity for nuanced policy evaluations and greater alignment with evidence-based guidelines.

The impact of cultural contexts on healthcare interventions also presents complex findings. Kim (2021) identified that parental and household influences played a more substantial role in childhood vaccination rates in Nagaland, India, than healthcare supply factors (25). This aligns with existing research that underscores the role of community engagement in increasing vaccine uptake. However, it also challenges traditional models that prioritize infrastructure and healthcare worker availability as primary determinants of immunization success. These insights emphasize the importance of designing support strategies that integrate sociocultural factors into program implementation, reinforcing that community-driven health education and cultural competence training for healthcare workers can be as impactful as institutional medical services.

Healthcare worker experiences during crises, such as the COVID-19 pandemic, provide further insights into system resilience. O’Rielly et al. (2021) illustrated how healthcare worker support systems were essential in maintaining surgical service delivery amid pandemic disruptions (26). This aligns with prior findings emphasizing the necessity of robust support mechanisms for frontline workers. However, sustaining these efforts remain regarding the sustainability of such support, as healthcare systems often struggle to maintain the same level of responsiveness post-crisis. This calls for comprehensive workforce resilience frameworks that extend beyond emergency preparedness, ensuring continuous access to mental health resources, professional development, and workload management.

The quality of healthcare service delivery is also closely linked to healthcare worker support. Sanogo et al. (2020) found that increased workloads due to expanded health insurance coverage in Gabon negatively affected prenatal care quality (11). This supports previous findings that highlight the unintended consequences of healthcare system expansions when they are not accompanied by workforce capacity-building efforts. As demonstrated, effective worker support entails strategic planning that addresses staff well-being, particularly in terms of equitable workload distribution, mental health resources, and professional development in tandem with service accessibility improvements.

Systemic factors contribute significantly to the observed patterns in healthcare worker support. Policy environments shape how resources are allocated and influence the effectiveness of support interventions. Souleymanov et al. (2022) emphasized the role of policies that promote safe spaces for marginalized populations, demonstrating how legislative backing can facilitate improved healthcare experiences (1). Conversely, Sully et al. (2023) provided an example of restrictive policies hindering service availability, illustrating the detrimental effects of policy-driven limitations (24). Collectively, these findings underscore that policy consistency, evidence-based guidelines, and stakeholder engagement are essential ensuring healthcare worker support mechanisms function optimally.

Organizational structures also play a pivotal role in healthcare worker experiences. Guerra-Paiva et al. (2023) highlighted how inadequate staffing and high patient loads contribute to worker burnout, which is a recurring theme in healthcare system evaluations (21). Xiao et al. (2020) similarly noted that organizational inefficiencies could exacerbate job dissatisfaction among healthcare professionals, leading to reduced service quality (27). Addressing these challenges through institutional reforms involves aligning human resources planning with demand forecasting, streamlining administrative processes, and embedding workforce well-being into organizational priorities.

Cultural influences remain a defining factor in healthcare worker support. The findings from Mersha et al. (2021) suggest that cultural perceptions of health and disease affect healthcare utilization and adherence to treatment recommendations (28). Gillespie et al. (2022) further emphasize the importance of culturally sensitive healthcare interventions for migrant and refugee populations, reinforcing the necessity of training programs that equip healthcare workers with the skills to navigate diverse cultural contexts (16). Integrating cultural competency into training curricula and organizational policies can bolster patient-provider relationships, improve health outcomes, and reduce disparities in service delivery, particularly among marginalized groups.

Economic conditions directly impact healthcare worker support and overall system performance. Crookes et al. (2020) illustrated how economic downturns increase reliance on public healthcare systems, placing additional strain on already burdened healthcare workers (29). These findings align with previous research showing that healthcare funding fluctuations can influence workforce retention, job satisfaction, and patient outcomes. Securing economic stability and investing strategically in public healthcare ensure that worker support mechanisms—such as equitable compensation, training programs, and mental health resources—remain sustainable and resilient over time.

Community engagement emerges as a significant determinant of healthcare effectiveness. Bhalla et al. (2020) found that community-based services within the Veterans Health Administration improved healthcare access for individuals with multimorbid conditions (30). This underscores the potential of decentralized healthcare models that incorporate community health workers and local resources to extend service reach and reduce the burden on primary healthcare institutions. Integrating community partnerships not only fosters patient trust but also relieves pressure on healthcare professionals by distributing certain tasks, thereby reinforcing overall workforce well-being.

Interdisciplinary collaboration is another important factor influencing healthcare worker support. Zhu and Ariana (2020) found that multidisciplinary approaches improved patient outcomes and healthcare worker satisfaction, reinforcing the idea that collaborative environments foster both professional growth and service efficiency (31). Fostering such collaboration often requires organizational policies that reward teamwork, ongoing cross-training opportunities, and open communication channels among different healthcare disciplines. This approach can lead to more holistic patient care models and reduce burnout among healthcare professionals.

The implications of these findings for policy and clinical practice are substantial. Sully et al. (2023) emphasize the need for policy frameworks that remove barriers to healthcare worker support, advocating for increased resource allocation to underserved populations (24). Guerra-Paiva et al. (2023) recommend institutional investments in staff training, mental health support, and adequate staffing levels to ensure sustainable workforce management (21). Additionally, Mersha et al. (2021) highlight the necessity of culturally tailored healthcare interventions that improve accessibility for diverse patient populations (28). Taken together, these points underline how policy reforms, economic resources, and organizational strategies must intersect to foster workforce well-being, enhance service equity, and increase healthcare system efficiency.

The findings from this discussion highlight the complexities of healthcare worker support, illustrating both systemic challenges and potential solutions. Addressing policy inconsistencies, organizational inefficiencies, cultural barriers, economic constraints, and gaps in interdisciplinary collaboration can significantly enhance worker support

mechanisms and ultimately improve health outcomes on a global scale. This integrated perspective underscores the value of adopting long-term resilience plans that embed equity, cultural competence, and mental health resources into the core of healthcare systems.

Interpretation of Key Findings

This narrative review finds that insufficient support for healthcare workers leads to disparities in service quality, burnout, and challenges in providing equitable care, particularly for marginalized communities. The study underscores the importance of cohesive policy frameworks that ensure fair resource distribution, mental health support, and interdisciplinary teamwork to enhance workforce well-being and efficiency. Economic stability is vital for sustaining the healthcare workforce, as financial limitations in low-income regions worsen disparities. Cultural competence is another crucial factor, as language barriers and implicit biases hinder effective patient-provider interactions, highlighting the need for targeted training programs. Interdisciplinary collaboration improves workforce performance by distributing workload and improving patient care. Additionally, mental health concerns persist, with high workloads and limited psychological support contributing to burnout. Structural challenges such as financial limitations and geographic inaccessibility further restrict healthcare access, necessitating innovative solutions like digital health and community-based care models. Collectively, these findings emphasize the critical role of an integrated, resilience-focused approach—encompassing policy, economics, and cultural competence—to build a more robust and equitable global healthcare system.

Limitations and Cautions

Several limitations in this study include potential publication bias due to restricted literature sources, a lack of primary data analysis, and challenges in generalizing findings across different healthcare systems globally. Additionally, variations in healthcare worker experiences, limited longitudinal evidence, and economic and policy constraints in implementing interventions are also key concerns. Moreover, the absence of a standardized theoretical framework for resilience in some reviewed studies further complicates the synthesis of evidence. Social and cultural factors, as well as the impact of healthcare technology on workforce resilience, have not been explored in depth. To address these limitations, future research should focus on longitudinal studies, context-specific analyses, economic sustainability evaluations of healthcare workforce support programs, and the integration of an intersectional approach to understand social factors influencing workforce resilience and healthcare equity.

Recommendations for Future Research

Future research should prioritize comparative analyses across diverse healthcare settings to provide a more nuanced understanding of workforce challenges. Additionally, longitudinal studies are needed to assess the long-term impacts of healthcare worker support mechanisms, particularly in response to evolving public health crises. Investigations incorporating resilience frameworks would offer deeper insights into how policy, economics, and organizational culture interact to influence workforce stability. More research is also required on the intersectionality of healthcare access, ensuring that policies and interventions adequately address the unique needs of marginalized populations. Finally, cost-effectiveness evaluations could inform policymakers on optimal resource allocation strategies to sustain comprehensive worker support programs.

CONCLUSION

This study investigated the role of healthcare worker support mechanisms in enhancing healthcare delivery and improving patient outcomes. The study aimed to examine the impact of systemic barriers, including policy restrictions, economic constraints, and organizational inefficiencies, on healthcare worker well-being and effectiveness.

The findings demonstrated that these barriers significantly affect healthcare workers, underscoring the necessity of culturally competent, community-driven, and interdisciplinary approaches to healthcare worker support. Notably, the literature review revealed the importance of addressing healthcare disparities through comprehensive policies prioritizing mental health, fair resource allocation, and equitable access to training and career development. Moreover, a focus on sustainable workforce resilience—via consistent funding, supportive organizational structures,

and culturally informed practices—emerged as a critical element for long-term system viability. These results emphasize the need for cross-sector solutions integrating interdisciplinary collaboration, community engagement, and resilient healthcare infrastructure to adapt to future crises.

While this study provides valuable insights into healthcare worker support mechanisms, certain limitations should be noted, such as the reliance on existing literature, which may not fully capture real-time healthcare workforce challenges in rapidly changing environments. Future research should explore longitudinal assessments of healthcare worker support mechanisms, particularly in low-resource settings, to better understand their long-term effects. Additionally, comparative studies across different healthcare systems can provide insights into best practices for optimizing healthcare worker support globally. Ensuring that healthcare workers receive adequate support is essential for strengthening health systems and improving global health outcomes.

AUTHOR'S CONTRIBUTION STATEMENT

Novianita Rulandari designed and managed the research, supervised the entire research process, and contributed to the preparation and revision of the manuscript. Mulya Syaddam Nirwan was responsible for data collection, statistical analysis, and drafting the methodology and results sections of the manuscript. Putri Ayu Lestari contributed to data analysis and interpretation, assisted in the discussion and literature review, and helped review the manuscript. All authors have read and approved the final version of the manuscript and take full responsibility for all aspects of the work.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest related to this study. All efforts have been made to ensure an objective and balanced analysis of the available literature.

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