RESEARCH PAPER

The Imperative of Measurement: Routine Implementation of the PRIUSS Scale for Workforce Health

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To the Editor,

Professional healthcare journals serve as vital forums for addressing systemic challenges in clinical practice. I submit this letter to emphasize a critical threat to healthcare quality and sustainability globally: the escalating rates of professional burnout, moral distress, and workforce attrition and manpower loss [1]. While the gravity of the clinician crisis is broadly acknowledged, our ability to enact effective, large-scale solutions remains critically compromised by a persistent deficit in routine, standardized measurement. The focused adoption of a validated instrument, such as the **PRIUSS scale**, represents the essential next step required to transition from reactive dialogue to data-driven systemic intervention [2].

The daily operational burdens on our healthcare workforce—including chronic understaffing, escalating administrative duties, and inefficient Electronic Health Record (EHR) systems—are thoroughly documented. Yet, current mitigation efforts often lack specificity because they are based on anecdotal evidence or general organizational feelings. It is impossible to manage this crisis effectively without consistently quantifying its severity, identifying localized stressors, and tracking the precise impact of interventions. The PRIUSS scale, or a comparable comprehensive screening mechanism, provides the necessary reliable metric to objectively benchmark workforce well-being, pinpoint high-risk units, and establish a quantitative baseline for organizational accountability [3].

To successfully transform professional well-being from a passive concern into an actively managed public health priority, we must commit to institutional and policy changes founded squarely on continuous measurement:

- **Mandate PRIUSS Implementation:** Health systems must establish the mandatory, frequent (e.g., quarterly) application of the PRIUSS scale across all units to generate continuous, comparable data streams. This data must be aggregated and depersonalized, serving as the foundational evidence base for administrative decision-making and resource allocation.
- **Data-Driven Administrative Reduction:** The granular data yielded from PRIUSS scoring must be utilized to pinpoint the specific non-clinical tasks and documentation pain points that contribute most significantly to professional burden, allowing for highly targeted process re-engineering and streamlining efforts [4].
- **Localize Integrated Support:** Comprehensive, confidential, and easily accessible mental health and wellness programs must be strategically funded and deployed. Resource localization should be strictly determined by the high-risk profiles and specific needs identified through PRIUSS data, ensuring interventions are delivered where the clinical necessity is greatest.

We call upon the readership of this publication—including hospital executives, policy leaders, and departmental chairs—to champion the routine use of the PRIUSS scale. Protecting the health of the professional is intrinsically linked to protecting the health of the community, and rigorous measurement is the undisputed key to meaningful systemic change.

I will be conducting a study regarding “Internet addiction and addictive usage among adolescents and young adults in the health care profession: A cross-sectional study” and the implementation phase will involve data collection from medical students, practicing doctors and medical educators (faculty) using PRIUSS scale.

Sincerely,

Dr. Palwai Santhoshi

Prof. Dr. Nirmala Devi Chandrasekaran

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