
EMOTIONAL BURNOUT IN HEALTHCARE FACILITIES AND ITS PREVENTION

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DOI <https://doi.org/10.30525/978-9934-26-466-5-5>

INTRODUCTION

Emotional burnout is a complex psychophysiological phenomenon that occurs as a result of prolonged exposure to occupational stress and is characterized by the depletion of emotional, mental and physical resources. It is a state of deep emotional, cognitive, and physical exhaustion that develops against the background of prolonged stress at work and leads to personal changes in communication and professional motivation¹.

Burnout syndrome first attracted the attention of researchers in the 70s of the twentieth century. The American psychiatrist Herbert Freudenberger, who worked in a clinic for drug addicts, noticed that many clinic employees began to feel emotionally exhausted, lost motivation and commitment to their work a year and a half after starting work. He used the metaphor of "burnout" to describe this condition².

Since then, the concept of emotional burnout has become firmly established in the scientific community and has become widespread. In 2019, the World Health Organization included emotional burnout in the 11th revision of the International Classification of Diseases (ICD-11) in the section "Factors Affecting Public Health and Healthcare Use", defining it as a syndrome resulting from chronic stress in the workplace that has not been successfully overcome³.

Although emotional burnout was initially studied mainly among workers in social and medical professions (doctors, nurses, teachers, social workers), it is now recognized that this syndrome can develop in any profession that involves close interaction with people and emotional involvement. According to research, from 20% to 60% of workers in various industries experience

¹ Maslach, C., Schaufeli, W. B., Leiter, M. P. Job burnout. *Annual Review of Psychology*. 2001. Vol. 52, no. 1, pp. 397-422.

² Freudenberger, H. J. Staff burn-out. *Journal of Social Issues*. 1974. Vol. 30, no. 1, pp. 159-165.

³ World Health Organization. Burn-out an "occupational phenomenon": International Classification of Diseases. 2019. URL: https://www.who.int/mental_health/evidence/burn-out/en/

symptoms of emotional burnout, which makes this problem one of the most pressing in the field of occupational safety and health⁴.

Emotional burnout has a whole range of negative consequences for both the employee and the organization in which he or she works. At the individual level, burnout leads to poor physical and mental health, reduced performance, and a lower quality of life. At the organizational level, this is manifested in a decrease in work productivity, staff turnover, and a deterioration in the psychological climate in the team⁵.

The problem of emotional burnout is especially relevant for “people person” professions, where the main utility is the personality of the specialist, his or her emotional and communicative competence.

Representatives of these professions face high emotional demands on a daily basis, the need to control their feelings and behavior, which puts a heavy strain on their adaptive resources⁶.

In this regard, understanding the essence of emotional burnout, its symptoms, risk factors, and consequences is crucial for developing effective strategies to prevent and overcome this syndrome. This task requires the integration of efforts of specialists from different fields – psychologists, doctors, managers, and occupational health and safety specialists.

The authors plan to analyze the phenomenon of emotional burnout from different angles, based on modern scientific research and practical experience. The concepts and signs of emotional burnout, its connection with occupational stress, and its impact on employee health and personality will be discussed. Special attention will be paid to the issues of diagnosis, prevention and correction of emotional burnout at the individual and organizational levels.

This information will be useful for a wide range of readers – both for professionals who work with people and seek to maintain their professional health and efficiency, and for managers of organizations who are interested in creating favorable working conditions and preserving human resources.

After all, caring for the psychological well-being of employees is not just a tribute to humanism, but also a guarantee of the successful functioning and development of any organization.

⁴ Aronsson, G., Theorell, T., Grape, T., Hammarström, A., Hogstedt, C., Marteinsdottir, I., Hall, C. A systematic review including meta-analysis of work environment and burnout symptoms. *BMC Public Health*. 2017. Vol. 17, no. 1, pp. 264.

⁵ Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., Andrade, S. M. Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS One*. 2017. Vol. 12, no. 10, e0185781.

⁶ Maslach, C., Leiter, M. P. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016. Vol. 15, no. 2, pp. 103-111.

1. Definition of emotional burnout and its manifestations

As already mentioned, the concept of emotional burnout has been firmly established in scientific circles since the mid-70s of the twentieth century and was introduced by the American psychologist Herbert Freudenberger to describe the state of emotional and physical exhaustion he observed in himself and his colleagues – employees of social services and volunteer organizations. Freudenberger noticed that after a year or two of dedicated work, many employees began to feel tired, irritable, cynical towards clients, and reduced motivation and efficiency.

Subsequently, the concept of emotional burnout has attracted the attention of many researchers and practitioners in the field of occupational and organizational psychology. A significant contribution to the development of this concept was made by the American researcher Christine Maslach, who proposed one of the most famous and recognized models of emotional burnout.

As defined by Maslach and her colleagues, emotional burnout is a syndrome of emotional exhaustion, depersonalization, and diminishing of personal accomplishments that can occur among people working in the “people person” occupational sector⁷. Let's take a closer look at each of these components:

1. Emotional exhaustion is a feeling of emotional emptiness and fatigue caused by one's own work. A person feels that they cannot devote themselves to work with the same enthusiasm and emotional commitment as before. It is increasingly difficult for them to establish emotional contact with clients, colleagues, and loved ones.

2. Depersonalization is a cynical, inhumane, detached attitude towards clients and colleagues. A person begins to perceive them as objects, not as individuals, and switches to formal, impersonal communication. Negativism, callousness, and even aggressiveness towards others may be manifested.

3. Diminishment of personal accomplishments is a decrease in the sense of competence in one's work, dissatisfaction with oneself, and a decrease in the value of one's work. A person ceases to see the prospects for their professional development, loses faith in their abilities, and may even realize their professional failure.

These three components of emotional burnout do not necessarily develop simultaneously and with the same intensity. Research shows that emotional exhaustion usually comes first and is the main symptom of burnout.

⁷ Maslach, C., Jackson, S. E., Leiter, M. P. Maslach Burnout Inventory manual (3rd ed.). Palo Alto, CA: Consulting Psychologists Press, 1996.

Depersonalization and diminishment of accomplishments can be both its consequence and independent phenomena⁸.

Emotional burnout is not a one-time condition, but a dynamic process that develops gradually. Researchers identify several stages or phases of burnout. One of the most famous models proposed by V. V. Boyko describes three stages:

1. Tension – a person experiences emotional and physical discomfort, anxiety, dissatisfaction with themselves and their activities. They try to cope with this state, often by denying the problem or by trying to "escape" from it (into work, alcohol, food, etc.).

2. Resistance – a person tries to protect themselves from unpleasant impressions in some way, to limit his/her emotional involvement in professional affairs. This can be manifested through selective emotional response (emotional callousness), expanding the scope of emotional economy (in communication with loved ones), reducing professional responsibilities (formal work performance).

3. Exhaustion – occurs when psychological defenses are ineffective and manifests itself through emotional devastation, a sense of helplessness and futility, a decrease in energy tone and a weakening of the nervous system. At this stage, the burnout syndrome develops into psychosomatic disorders of various kinds.

An interesting model of burnout dynamics was proposed by the German psychologist M. Burisch⁹. He identified 6 phases of this process:

1. The warning phase is excessive involvement, a sense of indispensability, and the rejection of non-work-related needs.

2. A decrease in the level of personal involvement means a loss of positive perception of colleagues, a sense of superiority over others, and a negative perception of work.

3. Emotional reactions – depression, aggression.

4. The phase of destructive behavior is a decrease in cognitive achievement, motivation, creativity, and rigidity of thinking.

5. Psychosomatic reactions.

6. Disillusionment is a negative attitude, a feeling of helplessness and meaninglessness in life.

Regardless of the specific model, most researchers agree that emotional burnout is a cumulative process that unfolds over time and goes through certain stages. At the same time, the rate of burnout development may vary from person to person and depends on both personal factors (emotional

⁸ Taris, T. W., Le Blanc, P. M., Schaufeli, W. B., Schreurs, P. J. Are there causal relationships between the dimensions of the Maslach Burnout Inventory? A review and two longitudinal tests. *Work & Stress*. 2005. Vol. 19, no. 3, pp. 238-255.

⁹ Burisch, M. *Das Burnout-Syndrom: Theorie der inneren Erschöpfung [The Burnout-Syndrome: A Theory of inner Exhaustion]*. Heidelberg: Springer Medizin Verlag, 2006.

stability, locus of control, stress coping strategies) and organizational conditions (workload, social and psychological climate in the team, opportunities for rest and recovery).

Let us define the main symptoms and signs of emotional burnout. They can manifest themselves on the physical, emotional, cognitive, and behavioral levels¹⁰:

Physical symptoms:

- chronic fatigue, exhaustion;
- insomnia or, conversely, increased sleepiness;
- headaches, muscle pain;
- digestive disorders, changes in appetite;
- weakened immunity, frequent colds;
- cardiovascular problems.

Emotional symptoms:

- pessimism, cynicism, a sense of hopelessness;
- irritability, aggressiveness;
- anxiety, increased irrational fears;
- general decline in mood, depressive tendencies;
- feelings of loneliness and alienation;
- feelings of guilt and hyper-responsibility;
- loss of motivation, enthusiasm, and ideals.

Cognitive symptoms:

- difficulty concentrating, distraction;
- rigidity of thinking, difficulty making decisions;
- negative self-perception, devaluation of one's own achievements;
- fixation on failures and mistakes;
- immersion in fantasies and dreams instead of real problem solving.

Behavioral symptoms:

- alcohol, tobacco, and coffee abuse;
- impulsive emotional behavior;
- appetite disorders (overeating or malnutrition);
- failure to fulfill important, priority tasks and getting stuck on trivialities;
- distancing from clients and colleagues, seeking privacy;
- a decrease in enthusiasm for work, a decrease in the number of contacts with colleagues;
- purely formal execution of the work.

Of course, the presence of one or more of these symptoms does not mean that a person has developed burnout syndrome. To establish a diagnosis, a comprehensive assessment of the physical and mental state, analysis of the

¹⁰ Kaschka, W. P., Korczak, D., Broich, K. Burnout: a fashionable diagnosis. *Deutsches Ärzteblatt International*. 2011. Vol. 108, no. 46, pp. 781.

dynamics of symptoms and their relationship to the work situation is required. Psychological diagnosis plays an important role here.

The gold standard for diagnosing the level of emotional burnout is the MBI (Maslach Burnout Inventory), developed by C. Maslach and S. Jackson. It measures three components of burnout: emotional exhaustion, depersonalization, and diminishment of personal accomplishments¹¹.

Psychodiagnostic tools allow us to assess the severity of emotional burnout syndrome, identify its dominant symptoms and "risk zones". Regular diagnostics of burnout is an important component of monitoring the psychological health of employees in professions with a high level of emotional stress.

Thus, emotional burnout is a complex phenomenon that has its own specific symptoms, developmental dynamics, and diagnostic criteria. Understanding the nature of this syndrome, the ability to recognize its signs and assess its severity is a prerequisite for developing effective strategies to prevent and overcome burnout at both the individual and organizational levels.

2. Health consequences of burnout

Emotional burnout is not just a temporary state of fatigue or reduced performance. It is a serious syndrome of physical, emotional and mental exhaustion that develops as a result of chronic stress at work and has far-reaching consequences for a person's health and quality of life.

First of all, burnout causes significant damage to physical well-being. Prolonged stress depletes the body's adaptive resources, disrupts the neuroendocrine and immune systems. This makes a person vulnerable to a wide range of somatic diseases. People with burnout often experience (as mentioned above):

- Sleep disorders (difficulty falling asleep, frequent awakenings, lack of rest after sleep).
- Disorders of appetite and digestion (lack of appetite or overeating, nausea, heartburn, constipation or diarrhea).
- Cardiovascular problems (heart palpitations, chest pain, blood pressure fluctuations).
- Chronic headaches, migraines.
- Constant fatigue, muscle weakness, back and neck pain.
- Frequent colds and infectious diseases due to reduced immunity.
- Exacerbation of chronic pathologies (hypertension, diabetes, bronchial asthma, etc.).

Studies show that people with a high level of professional burnout have an increased risk of developing cardiovascular disease (by 30–50%), metabolic

¹¹ Maslach, C., Jackson, S. E. The measurement of experienced burnout. *Journal of Occupational Behaviour*. 1981. Vol. 2, no. 2, pp. 99-113.

syndrome (by 60–80%), type 2 diabetes (by 40–60%), and other chronic pathologies. This is due to the fact that chronic stress activates the sympathetic nervous system and the hypothalamus-pituitary-adrenal axis, which leads to excessive release of stress hormones such as cortisol, epinephrine, and norepinephrine. Their prolonged circulation in the body contributes to the development of inflammation, insulin resistance, atherosclerosis, obesity, and other pathological processes¹².

In addition, emotional burnout is a risk factor for the development of psychosomatic disorders. These are diseases based on a disruption in the interaction between the mind and body, when emotional stress is "somatized," i.e., manifested through physical symptoms. Psychosomatic illnesses associated with burnout include hypertension, gastric and duodenal ulcers, irritable bowel syndrome, bronchial asthma, neurodermatitis, alopecia, etc.¹³. Frequent complaints of somatic ailments along with emotional distress may indicate burnout.

The impact of burnout on mental health is no less devastating. Constant emotional overstrain, feelings of helplessness and hopelessness create a favorable environment for the development of anxiety and depression. People with burnout are prone to:

- Depressed mood, anhedonia (inability to feel pleasure from things that used to bring joy).
- Feeling devastated, devaluing yourself, your abilities and achievements.
- Irritability, emotional lability (sudden mood swings).
- Anxiety, panic attacks.
- Obsessive thoughts, irrational fears.
- Apathy, indifference to what is happening around them.
- Social isolation, avoiding contact with friends and family.
- Outbursts of anger, aggression and conflict in relationships.

A meta-analysis of 15 studies found that emotional burnout syndrome increases the risk of developing depression by 3.8 times and anxiety disorders by 3.1 times¹⁴. Severe forms of burnout are particularly dangerous, as they can lead to clinical depression, suicidal thoughts and attempts. Without timely psychological assistance and correction of coping strategies, a person with burnout risks being caught in a vicious cycle of negative emotions and destructive behavior.

¹² Kavanagh, J. *Stress and Performance: A Review of the Literature and its Applicability to the Military*. Santa Monica, Calif.: RAND Corporation, 2005.

¹³ Nakao, M. Work-related stress and psychosomatic medicine. *BioPsychoSocial Medicine*. 2010. Vol. 4, no. 1, pp. 1-8.

¹⁴ Koutsimani, P., Montgomery, A., Georganta, K. The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology*. 2019. Vol. 10, pp. 284.

The professional sector also suffers significant losses due to burnout. An emotionally exhausted person is unable to effectively perform their duties, make informed decisions, and interact constructively with colleagues and clients. Typical manifestations of burnout at work are:

- Decreased concentration, difficulty memorizing new information.
- Procrastination, putting off important things "for later".
- Formal approach to work, loss of initiative and creativity.
- Negative, cynical attitude towards clients/colleagues, blaming them for their own failures.
- Violation of professional ethics, disregard for rules and standards.
- Insensitivity to other people's needs, unwillingness to make contact and cooperate.
- Frequent errors, defects due to inattention and negligence.
- Chronic job dissatisfaction, thoughts of changing jobs.

According to a study conducted in 6 European countries, emotional burnout causes a 13–24% decrease in labor productivity and a 2–3-fold increase in the risk of serious errors at work¹⁵. The American Psychological Association estimates that the annual economic losses from reduced productivity due to burnout reach \$500 billion¹⁶. Ultimately, burnout can lead to dismissal, long-term disability, or even complete abandonment of professional activities. A person feels devastated, disappointed, even "being at the rock bottom" Recovery from severe burnout can take months and require comprehensive medical and psychological assistance.

Thus, emotional burnout syndrome is a serious threat, and its consequences extend far beyond the current stressful state and can lead to the development of chronic diseases, mental disorders, reduced performance and quality of life in general.

3. Connection between burnout and personality traits

Although emotional burnout is mainly the result of external work-related stressors, the role of personality traits in the development of this syndrome cannot be ignored. Numerous studies have shown that certain personality traits and characteristics can make a person more vulnerable to burnout or, conversely, act as protective factors.

One of the best-studied personality predictors of burnout is neuroticism, a trait characterized by a tendency to experience negative emotions such as anxiety, depression, irritation, and vulnerability. People with a high level of neuroticism usually have low stress resistance, pessimistic assessments of

¹⁵ Lastovkova, A., Carder, M., Rasmussen, H. M., et al. Burnout syndrome as an occupational disease in the European Union: an exploratory study. *Industrial Health*. 2018. Vol. 56, no. 2, pp. 160-165.

¹⁶ American Psychological Association. *Stress in America: The State of Our Nation*. Stress in America™ Survey. 2017.

their capabilities, and dwell on failures and mistakes. A meta-analysis of 114 studies showed that neuroticism is the strongest personality predictor of all three components of burnout – emotional exhaustion, depersonalization, and diminishing of personal accomplishments¹⁷.

Perfectionism is another trait that is often associated with an increased risk of burnout. People with pronounced perfectionism have excessive, often unrealistic, demands on themselves and their work. They are not able to enjoy their achievements, constantly doubt the quality of their work, and are afraid of mistakes and failures. Studies show that perfectionism is positively correlated with emotional exhaustion and diminishment in professional accomplishments¹⁸.

Locus of control is an individual characteristic that reflects a person's tendency to attribute responsibility for the events of their life to external factors (external locus) or their own efforts and abilities (internal locus). Studies show that people with an external locus of control are more prone to burnout because they do not feel that they can control and change stressful situations at work¹⁹. Instead, the internal locus of control is a protective factor, as it gives a person a sense of confidence in their ability to influence circumstances and overcome difficulties.

Coping strategies also play an important role in the development of burnout. People who use active, problem-oriented coping (search for information, planning, search for social support) are usually less prone to burnout compared to those who resort to avoidant, emotionally oriented strategies (denial of the problem, self-blame, alcohol consumption)²⁰. Effective coping strategies allow a person to reduce the impact of stressors, maintain psychological balance, and prevent exhaustion.

Among other personal factors that can influence the development of burnout, researchers identify the following:

- Self-esteem: people with low self-esteem are more vulnerable to stress and burnout because they tend to underestimate their abilities and achievements, as well as be overly critical of themselves²¹.

¹⁷ Swider, B. W., Zimmerman, R. D. Born to burnout: A meta-analytic path model of personality, job burnout, and work outcomes. *Journal of Vocational Behavior*. 2010. Vol. 76, no. 3, pp. 487-506.

¹⁸ Stoeber, J., Rennert, D. Perfectionism in school teachers: Relations with stress appraisals, coping styles, and burnout. *Anxiety, Stress, and Coping*. 2008. Vol. 21, no. 1, pp. 37-53.

¹⁹ Glass, D. C., McKnight, J. D. Perceived control, depressive symptomatology, and professional burnout: A review of the evidence. *Psychology and Health*. 1996. Vol. 11, no. 1, pp. 23-48.

²⁰ Shin, H., Park, Y. M., Ying, J. Y., Kim, B., Noh, H., Lee, S. M. Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *Professional Psychology: Research and Practice*. 2014. Vol. 45, no. 1, pp. 44.

²¹ Janssen, P. P., Schaufeli, W. B., Houkes, I. Work-related and individual determinants of the three burnout dimensions. *Work & Stress*. 1999. Vol. 13, no. 1, pp. 74-86.

– Empathy: a high level of empathy can be a risk factor for burnout for representatives of helping professions (doctors, psychologists, social workers), as emotional involvement in other people's problems depletes psychological resources²².

– Emotional intelligence: developed skills in recognizing, understanding, and managing emotions (both one's own and others') allow a person to better cope with stress and prevent burnout²³.

– Hardiness: is a complex personal characteristic that includes engagement (confidence in oneself and one's abilities), control (belief in one's ability to influence the situation), and challenge acceptance (perception of changes as opportunities for growth). Resilience is a powerful protective factor against burnout²⁴.

It is important to understand that the connection between personality traits and burnout is not linear and unambiguous. The same factor (e.g., empathy or perfectionism) can affect different people differently depending on the specific profession, work context, and interaction with other individual characteristics. In addition, personality traits are not unchangeable – they can develop and modify under the influence of experience, training, and psychotherapy.

Understanding the role of personal factors in the development of burnout is of great practical importance. On the one hand, it allows us to identify people who are at increased risk of burnout and develop individual prevention and psychological support programs for them. On the other hand, knowledge of one's "strengths" and "weaknesses" enables the employee to consciously develop their resources, learn effective strategies for coping with stress, and correct dysfunctional attitudes and behavioral patterns.

At the same time, the entire responsibility for burnout cannot be shifted to the employee's personality. Emotional burnout syndrome is always the result of a complex interaction between a person and his or her work environment. Therefore, preventing and overcoming burnout requires an integrated approach that includes both work at the individual level (developing stress resistance, mastering self-regulation skills, correcting dysfunctional traits) and changes at the organizational level (optimizing workload, providing social support, creating opportunities for professional development and self-realization of employees).

²² Tei, S., Becker, C., Kawada, R., Fujino, J., Jankowski, K. F., Sugihara, G., Takahashi, H. Can we predict burnout severity from empathy-related brain activity? *Translational Psychiatry*. 2014. Vol. 4, no. 6, e393-e393.

²³ Ju, C., Lan, J., Li, Y., Feng, W., You, X. The mediating role of workplace social support on the relationship between trait emotional intelligence and teacher burnout. *Teaching and Teacher Education*. 2015. Vol. 51, pp. 58-67.

²⁴ Maddi, S. R. Hardiness: The courage to grow from stresses. *The Journal of Positive Psychology*. 2006. Vol. 1, no. 3, pp. 160-168.

Thus, personality traits and characteristics play an important role in the development of emotional burnout syndrome. Factors such as neuroticism, perfectionism, external locus of control, ineffective coping strategies, low self-esteem, and resilience can make a person more vulnerable to burnout. At the same time, internal locus of control, active problem-oriented coping, high emotional intelligence, and resilience are protective factors.

4. Emotional burnout and professional deformation of healthcare workers

Healthcare professionals are a professional group that has one of the highest risks of developing emotional burnout syndrome. According to various studies, from 25% to 60% of doctors and nurses show signs of burnout of varying severity²⁵. This is due to a whole range of factors related to the specifics of medical work.

First, the work of a medical professional involves constant intensive communication, the need to establish and maintain emotional contact with patients and their relatives. This requires a doctor to have a high level of communication competence, empathy, and the ability to control their emotions. Secondly, working in the health care sector the involves great responsibility for the life and health of patients, the need to make decisions in conditions of time and information shortage. This creates constant tension, fear of making a mistake or wrong decision. Thirdly, doctors often face negative emotions from patients – fear, anger, despair – which requires significant emotional self-regulation efforts. Finally, medical activities are often associated with night shifts, irregular working hours, and the need to combine many different functions and roles, which leads to overwork and exhaustion.

Emotional burnout syndrome in healthcare professionals has a number of specific manifestations. At the emotional level, it can be cynicism towards patients, distancing from their problems and experiences, and loss of empathy. A doctor with signs of burnout perceives patients not as individuals, but as "cases" or "diagnoses", becomes callous and insensitive to other people's pain. At the behavioral level, emotional burnout manifests itself in formalism and impersonalization of contacts with patients, the desire to minimize communication, and concentration on the "technical" side of treatment. There may be outbursts of irritation, conflicts with patients and colleagues. At the cognitive level, negative attitudes toward patients ("they are all just pretenders", "I can't help them"), devaluation of their professional competence, and pessimism about treatment outcomes are typical.

²⁵ Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., Oreskovich, M. R. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of Internal Medicine*. 2012. Vol. 172, no. 18, pp. 1377-1385.

The emotional burnout of healthcare workers has serious negative consequences for doctors themselves, patients, and the healthcare system as a whole. Doctors with signs of burnout are more likely to make medical mistakes, are less attentive to patients' complaints and needs, and are less empathetic and compassionate. This worsens the quality of medical care and reduces patient satisfaction. Burnout also increases the risk of professional deformation of healthcare workers.

Occupational deformation is a negative change in a person's personal traits and behavioral patterns that arise under the influence of specific conditions of professional activity. For healthcare professionals, occupational deformation can manifest itself in the following forms:

1. Authoritarianism, directive style of communication with patients, intolerance of objections or disagreement.
2. Cynicism, inhumane treatment of patients, perception of them as objects of manipulation.
3. Emotional coldness, insensitivity to other people's pain and suffering.
4. Professional dogmatism, rigidity of thinking, inability to innovate and be creative.
5. Role expansion, transfer of professional behavioral stereotypes to other areas of life (directivity in the family, the desire to teach and control others)²⁶.

Occupational deformation occurs gradually, unnoticed by the healthcare professional. It is a consequence of prolonged exposure to occupational stress, especially if the doctor does not have emotional self-regulation skills and does not receive sufficient psychological support. According to research, the risk of occupational deformation increases with the length of service and age of the specialist. For example, among physicians with more than 10 years of work experience, 70–80% show signs of occupational deformation²⁷.

Prevention and correction of professional deformation of healthcare workers requires a comprehensive approach that includes both training doctors in emotional self-regulation and effective communication skills and creating favorable organizational conditions.

Of course, effective communication with colleagues is not just a set of techniques, but a part of the overall organizational culture of a medical institution. It is very important that the organization has clear ethical standards and rules of professional interaction, an atmosphere of respect and trust, and opportunities for open discussion of problems and exchange of experience. It is also advisable to conduct special trainings for healthcare professionals on the development of communication skills, conflict prevention and emotional burnout.

²⁶ Ковальчук, В. І., Гафткович, В. А. Професійна деформація медичних працівників та шляхи її профілактики. Медсестринство. 2017. № 2, с. 45-48.

²⁷ Лозинська, Л. Ф., Матвій-Лозинська, Ю. О. Професійне вигорання лікарів. Психологічні аспекти та профілактика. Практикуючий лікар. 2019. № 8(3), с. 33-38.

At the individual level, it is important to develop the skills of reflection, self-analysis, and critical thinking in physicians. It is also imperative to remember the importance of maintaining life balance, as the medical profession is associated with a high risk of emotional burnout due to the difficulty of combining intensive work and a fulfilling personal life. Therefore, an organizational culture that supports a healthy work-life balance is an important factor in preventing burnout. This can include flexible work schedules, the ability to take time off after night shifts, support in case of personal or family problems, and the organization of joint informal events for the team²⁸. Regular supervision, participation in ballistic groups, and personal psychotherapy should be considered as additional assistance, as they allow the doctor to realize his/her emotional difficulties, receive support, and correct ineffective attitudes and behavioral patterns:

- Individual or group supervision, during which health care workers can discuss complex clinical cases, receive feedback and emotional support from experienced supervisory colleagues²⁹.

- Balint groups are a special form of group work in which healthcare professionals share their experiences and difficulties in interacting with patients, and jointly look for ways to solve problem situations³⁰.

- Participation in professional communities and associations where you can share experiences, discuss current industry issues, and receive informational and emotional support from colleagues.

At the organizational level, prevention of occupational deformation involves optimizing workload, providing opportunities for professional development and experience exchange, and creating an atmosphere of openness and trust in the team.

Thus, effective communication with colleagues is a powerful resource for preventing emotional burnout among healthcare professionals. Active listening, self-expression, constructive feedback, empathy, cooperation, and conflict resolution are communication skills that help build healthy professional relationships, receive social support, and maintain emotional balance. At the same time, efforts at the level of the entire organization are important to create a favorable psychological climate in the medical team. Investing in the development of healthcare professionals' communication competence is an investment in their professional longevity and quality patient care.

It is important to understand that emotional burnout and professional deformation are not an individual problem for an individual doctor, but a systemic challenge for the entire healthcare industry. The high prevalence of these phenomena among physicians reflects the existence of serious

²⁸ Romppanen, J., Häggman-Laitila, A. Interventions for nurses' well-being at work: a quantitative systematic review. *Journal of Advanced Nursing*. 2017. Vol. 73, no. 7, pp. 1555-1569.

²⁹ Wallbank, S. Maintaining professional resilience through group restorative supervision. *Community Practitioner*. 2013. Vol. 86, no. 8.

³⁰ Salinsky, J. A very short introduction to Balint groups. The Balint Society. 2009.

organizational and psychological problems in the healthcare system. Therefore, the prevention of burnout and professional deformation requires not only efforts on the part of healthcare workers themselves, but also changes at the level of the organizational culture of medical institutions, the medical education system, and public health policy.

CONCLUSIONS

Taking into consideration all said above, it could be stated that emotional burnout and professional deformation have a negative impact on the quality of medical care, doctor's relationships with patients and colleagues, satisfaction with one's work results and process, and overall psychological well-being of physicians. Only by creating conditions for the emotional well-being and professional development of healthcare workers can we ensure high quality and humanity of medical care.

To this end, the prevention of emotional burnout during daily work should not be forgotten. That is, to take a set of measures aimed at reducing the impact of occupational stressors and increasing employees' resilience to their impact. These measures can be implemented both at the organizational level and at the individual level.

In addition to these general principles, it is imperative to keep in mind some specific techniques and practices that healthcare professionals can use personally to prevent burnout:

1. Calming practices: progressive muscle relaxation, diaphragmatic breathing, and guided imagination. These techniques help relieve physical and emotional stress and calm the nervous system.

2. Practicing accepting one's feelings without judgment. This helps one avoid fighting their emotions, which only increases stress. Instead, calmly observing and accepting the reactions helps to restore mental clarity.

3. Practicing self-support and self-compassion. Instead of self-criticism and devaluation, it is important to treat oneself with warmth and understanding, to encourage and inspire oneself in difficult moments.

4. Rational organization of working time: prioritization, delegation, planning breaks and rest.

5. Communication skills: active listening, self-expression, assertiveness. This allows one to build healthy relationships with colleagues and patients, and receive social support.

6. Resource-building practices: healthy sleep, regular physical activity, balanced diet, rich leisure activities, socializing with friends.

Thus, preventing emotional burnout is a complex and multilevel task. It requires efforts both from the employee (development of self-regulation skills, self-care, effective communication) and the organization (creation of favorable working conditions, provision of opportunities for development and support). Only in the synergy of individual responsibility and organizational culture can the main goal of preserving the psychological health and well-being of those who work with the health of others on a daily basis be achieved.

SUMMARY

Emotional burnout is a complex psychophysiological phenomenon that occurs as a result of prolonged exposure to professional stress and is characterized by the depletion of a person's emotional, mental and physical resources. Emotional burnout has a whole range of negative consequences for both the employee and the organization in which he or she works. The consequences of emotional burnout extend far beyond the current stressful state of a healthcare worker and can lead to the development of chronic diseases, mental disorders, reduced performance and quality of life in general. Emotional burnout of healthcare professionals has serious negative consequences for doctors themselves, patients, and the healthcare system as a whole. Doctors with signs of burnout are more likely to make medical mistakes, are less attentive to patients' complaints and needs, and are less empathetic and compassionate. This worsens the quality of medical care and reduces patient satisfaction. Burnout also increases the risk of professional deformation of healthcare workers. Preventing burnout and professional deformation requires not only efforts on the part of healthcare workers themselves, but also changes at the level of the organizational culture of healthcare institutions, the medical education system, and public health policy.

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