

## Professional Burnout in Medicine: Concept, Causes

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**Abstract:** The problem of professional burnout syndrome is directly related to the development and implementation of psychological tools for assessing and preventing professional stress, as one of the main sources of reduced work efficiency and disorders of mental and physical health of professionals. The medical and psychological problem of professional burnout of people working in the information technology sector is insufficiently researched.

**Keywords:** professional burnout, information technology sector.

### Introduction.

Burnout syndrome is a special human condition that arises as a response to the effects of chronic stressors associated with professional activities. This syndrome is most often and most clearly manifested in socially oriented, communicative professions, the “person-to-person” system: social workers, police officers, psychologists, psychiatrists, doctors, teachers, consultants, managers, service workers, etc - all those whose activities are impossible without communication.[1]

Burnout is discussed in the section “Factors affecting health or contact with health services” in the 10th International Classification of Diseases (ICD-10). On May 20, 2019, in Geneva, the World Health Organization (WHO) presented the new 11th edition of the International Classification of Diseases (ICD-11) at the World Health Assembly, where the concept of burnout is presented more broadly. ICD11 will enter into force after approval by all countries of the World Health Organization (WHO). The estimated date of entry into force is January 2022.[2]

According to ICD-11, burnout is a syndrome that occurs as a result of chronic stress at work.[3]

The main signs of professional burnout:

- energy is lost, a feeling of exhaustion appears;
- psychological distancing from work increases, negative and pessimistic thoughts about work;
- professional effectiveness decreases.[4]

The symptoms characteristic of burnout syndrome can be conditionally divided into three main groups: psychophysiological, socio-psychological and behavioral.[5]

Psychophysiological symptoms of burnout include:

- a feeling of constant, unremitting fatigue not only in the evenings, but also in the morning, immediately after sleep (a symptom of chronic fatigue);
- a feeling of emotional and physical exhaustion;
- a decrease in susceptibility and reactivity to changes in the external environment (lack of interest in novelty or fear reaction to a threatening situation);
- general asthenia (weakness, decreased activity and energy, deterioration of blood biochemistry and hormonal indicators);

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- frequent causeless headaches; constant digestive system disorders;
- sharp weight loss/gain;
- complete or partial insomnia;
- lethargy, drowsiness and desire to sleep throughout the day;
- shortness of breath or breathing problems during physical or emotional stress;
- a noticeable decrease in external and internal sensory sensitivity:

Impaired vision, hearing, etc., loss of bodily sensations.

Social and psychological symptoms of professional burnout include:

- Indifference, passivity and depression (reduced emotional tone, feeling of depression);
- increased irritability over minor events;
- frequent nervous "breakdowns" (outbursts of unmotivated anger or refusal to communicate, );
- exaggeration of negative emotions (feelings of guilt, resentment, suspicion);
- a feeling of unconscious excitement and increased anxiety (a feeling that "something is not right");
- a feeling of hyper-responsibility and a constant feeling of fear ("it won't work out", "I won't cope");
- a general negative attitude towards life and professional prospects ("No matter how hard you try, nothing will work out")

Behavioral symptoms of professional burnout include:

- a feeling that work is becoming harder, and performing it is increasingly difficult;
- an employee noticeably changes his daily work schedule (comes to work early and leaves late, or vice versa);
- regardless of objective necessity, the employee constantly takes work home, but does not do it at home;
- an employee refuses to make decisions, finding various reasons for justifications;
- a feeling of his uselessness, decreased enthusiasm, indifference to results;
- inability to perform important, priority tasks and "getting stuck" on minor details;
- conscious "social isolation" from the environment, increased inadequate criticality;
- alcohol abuse, a sharp increase in the number of cigarettes smoked per day, taking drugs.[6]

It is noted that the symptoms of professional burnout can manifest themselves not only in individual employees. Often, there is professional burnout of organizations, which manifests itself in the fact that the majority of employees have the same symptoms in their physical and emotional states (people become "one-faced"). They do not believe in positive changes at work and the ability to change anything through their own efforts.[7]

Symptoms of professional burnout in an organization: inadequately increased staff turnover (from 100% and more during the year, that is, almost all employees are fired during the year, and some work for less than a year); reduced motivation to work, too frequent "smoke breaks" and "tea parties" (more than 30% of the total working time); professional dependence of staff on the manager, which manifests itself either in an increased and inadequate critical attitude towards management, or in a feeling of helplessness without active help from management; too high conflict among staff and a difficult atmosphere in the organization.[8]

Workplace stress - a mismatch between the individual and the demands placed on them - is a key component of burnout.[9]



The main organizational factors that contribute to burnout include:

high workload; lack or lack of social support from colleagues and management; insufficient compensation for work; a high degree of uncertainty in job evaluation; inability to influence decision-making; ambiguous work requirements; constant risk of disciplinary sanctions; monotonous, monotonous and unpromising activities; the need to outwardly display emotions that do not correspond to reality; lack of days off, vacations and interests outside of work.[10]

The development of burnout is facilitated by the following personality traits: a high level of emotional lability; high self-control, especially when suppressing negative emotions willfully; rationalization of the motives of one's behavior; tendency to increased anxiety and depressive reactions associated with the unattainability of the "internal standard" and blocking of negative experiences; rigid personal structure.[11]

Often, burnout is caused by a discrepancy between the desire of employees to have a greater degree of independence in their work, to find ways and methods to achieve the results for which they are responsible, and the rigid, irrational policy of the administration in organizing work activity and controlling it. The result of such control is the emergence of a feeling of uselessness of one's activities and lack of responsibility.[12]

The causes of professional burnout in an organization are constant contradictions in strategic and tactical management; excessive, unrealistic work requirements; transfer of responsibility to employees who do not have authority; lack of objective criteria for assessing work results; ineffective system of personnel motivation.[13]

Professional burnout syndrome occurs in stages and is divided into three phases:

The "Anxiety Tension" phase is a precursor and "trigger" in the formation of emotional burnout:

1. Experiencing traumatic circumstances.
2. Dissatisfaction with oneself.
3. Feeling of hopelessness.[14]
4. Anxiety and depression: a feeling of dissatisfaction with one's activities and oneself generates great tension in the form of experiencing situational or personal anxiety.[15]

The "Emotional-ethical disorientation" phase: manifests itself in the fact that the employee's emotions do not motivate or do not sufficiently stimulate ethical feelings.[16]

Without showing proper emotional attitude towards his ward (client, patient, witness, etc.), he defends his strategy: he makes excuses to himself for the alleged rudeness or lack of attention to the subject, rationalizes his actions or projects responsibility onto the subject instead of adequately admitting his guilt.

Symptoms of the phase: the employee experiences an expansion of the sphere of saving emotions: it manifests itself outside of professional activities. At work, the specialist becomes so tired of contacts, conversations, and answers to questions that he does not feel like communicating even with loved ones. A reduction of professional duties is manifested: it manifests itself in attempts to ease or reduce duties that require emotional costs.

Phase "Exhaustion". It is characterized by a more or less pronounced drop in general tone and a weakening of the nervous system. Emotional defense becomes an integral attribute of the person.

Symptoms of the phase:

1. Emotional deficit: emotionally the professional can no longer help the subjects of his activity.
2. Emotional alienation: the employee is almost not concerned with anything: neither positive nor negative circumstances.



3. Personal detachment, or depersonalization: complete or partial loss of interest in the person - the subject of professional activity.
4. Psychosomatic and psych vegetative disorders: manifest themselves at the level of mental and physical well-being.[17]

### Conclusion

Professional burnout in the medical field is a critical issue that affects healthcare workers' mental, emotional, and physical well-being. The analysis of burnout syndrome reveals that it develops as a result of chronic occupational stress, particularly in professions that require continuous social interaction and emotional engagement, such as healthcare. The symptoms of burnout manifest in psychophysiological, socio-psychological, and behavioral dimensions, leading to exhaustion, reduced professional efficiency, and emotional detachment.

This study highlights the organizational and individual factors that contribute to professional burnout. High workloads, lack of social support, inadequate compensation, and constant exposure to stressful situations are among the primary causes. Additionally, personal traits such as emotional sensitivity, perfectionism, and high self-control can further increase susceptibility to burnout. Over time, unaddressed burnout not only affects individual healthcare workers but can also lead to a decline in institutional performance, increased staff turnover, and decreased quality of patient care.

To mitigate burnout, systematic interventions are necessary, including organizational support, psychological resilience training, improved work-life balance, and stress management programs. Institutions must implement policies that prioritize mental well-being, promote teamwork, and foster a supportive work environment. Future research should explore effective intervention strategies and assess the long-term impact of burnout on healthcare systems.

Addressing professional burnout is essential to ensuring sustainable healthcare systems, maintaining high-quality medical services, and protecting the well-being of medical professionals. A proactive approach to burnout prevention can enhance job satisfaction, professional motivation, and overall workplace efficiency in the medical field.

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