

CHARACTERISTICS OF PATIENTS WITH BURNOUT SYNDROME

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Apstrakt: Introduction: Burnout syndrome is a state of chronic stress associated with emotionally demanding work that a person is unable to cope with using their own self-help resources, resulting in exhaustion. The syndrome is always related to work and, in addition to emotional exhaustion, also includes depersonalization and a sense of reduced professional efficacy. The causes of burnout include: imbalance between an individual's personal psychological resources and unfavorable working conditions; lack of autonomy in the workplace and control over work; work that conflicts with ethical and personal values; absence of recognition or support from the team or supervisors; and situations in which work goals do not align with the individual's intrinsic motivations. Characteristics of burnout by profession: Among general practitioners, burnout is an increasingly common phenomenon with serious consequences for professional efficiency. Nurses are also significantly burdened by workload. In recent years, many studies have been published on burnout among employees in the telecommunications sector. Clinical picture: Symptoms of burnout include mental and psychological fatigue, reduced immune response leading to more frequent illnesses, recurrent headaches, back pain, muscle pain, feelings of anxiety when going to work, irritability and anger, as well as feelings of helplessness, failure, hopelessness, and loneliness. Individuals often require more time to complete routine tasks. Diagnosis: As many as 75–90% of all doctor visits are related to chronic stress, and patients often consult multiple specialists in search of a definitive diagnosis. A detailed medical history is essential, followed by physical examination and laboratory tests to exclude other clinical conditions. Burnout syndrome may also present with cardiac symptoms, neurological manifestations, or psychiatric disorders. Principles of treatment: Treatment focuses on managing the symptoms and signs of occupational burnout. Depending on the predominant symptoms, appropriate therapeutic approaches are prioritized. In developed centers, employees have access to art therapy, music therapy, mindfulness training, and counseling services. Role of psychiatrists and psychotherapists: Literature data indicate that some hospitals offer free mental health support and counseling services for their employees. Individuals experiencing burnout may hesitate to seek help and instead progressively deteriorate. Preventive measures: Promotion of a supportive work culture, psychological support, workload rationalization, and team collaboration. Conclusion: This paper presents the etiological factors contributing to burnout syndrome and highlights the characteristics of its clinical presentation to facilitate recognition of the condition. It outlines principles of treatment and emphasizes the importance of psychotherapeutic support in education and patient care. Burnout should be viewed as a systemic warning signal, and more flexible working hours should be considered for employees. Strategies aimed at improving work–life balance should be further developed.

Key words: burnout, burning, profession, doctor, prevention

Introduction

Burnout syndrome, or burnout syndrome in Anglo-Saxon literature, is a phenomenon in modern medicine that was described in the seventies of the twentieth century. It was first introduced into medical use by Freudenberg [1], and then elaborated by Maslach et al. [2, 3]. It is the chronic stress associated with an emotionally draining job that a person cannot cope with with their self-help resources,

resulting in burnout. The syndrome is always associated with work, and in addition to emotional exhaustion, it also implies depersonalization and the impression of insufficient efficiency. There are many works on this topic. It is described by professions.

Doctors feel exhausted with the impression of being used up at the end of the shift and that they cannot provide the same quality service to patients. The depersonalization of doctors means that they view patients as an object, not

as a human being, and they become increasingly unkind. This is especially reflected in the inability to help patients with their problems as well as in health care. The professional progress of doctors also suffers [4,5,6,7].

"Managerial disease" is a term that can be synonymous with burnout, and represents a set of symptoms that arise as a result of long-term exposure to stress at work. Although the profession of director-manager is associated with great responsibility and duties, work overload leads to physiological and later psychosomatic reactions. Deterioration of the health condition is accompanied by extreme physical and psychological exhaustion [8,9,10].

Cause of burnout

The causes of burnout syndrome are: -imbalance between the individual's personal psychological strengths and unfavorable conditions at work: lack of autonomy in the workplace and work control; work that conflicts with ethical and personal feelings; lack of praise or support from the team or superiors; to strive even though the goals are not what the individual deeply desires[11].

Dullness towards professions

Burnout syndrome among general practitioners is an increasingly common phenomenon with serious consequences for professional efficiency, the quality of health care, and the personal mental health of health workers. Doctors often feel emotional isolation, overwhelm and loss of meaning in their work.

Nurses are also a work load. Nurses in intensive care or who work at an oncology clinic are particularly exposed to this syndrome [12].

Managers, directors, and especially employees in banking have been a frequently studied occupational group in the literature. In recent years, numerous studies have also been published on burnout among employees in the telecommunications sector. These jobs are highly exhausting, as the performance targets that employees must achieve on the one hand, and very limited interpersonal interaction among employees on the other, create a favorable environment for the development of burnout syndrome. These are sedentary jobs with very little physical activity. It is considered that this profession involves all three dimensions of burnout: job demands, lack of adequate managerial control, and reduced interaction among employees [13, 14].

Clinical picture

Stress is experienced and processed differently by each individual, so symptomatology also varies.

Symptoms of burnout include mental and psychological fatigue, reduced immune response leading to more frequent illness, recurrent headaches, back pain, muscle pain, feelings of fear when going to work, anger and irritability, as well as feelings of helplessness, failure, hopelessness, and loneliness. Individuals often require more time to complete assigned tasks.

All professions with high levels of responsibility and workload, in which physiological and later psychosomatic reactions occur due to overload, may lead to deterioration of health status and eventual physical and mental exhaustion. The most common manifestations include tachycardia, palpitations, excessive sweating, elevated blood glucose levels, increased cholesterol, and elevated blood pressure. The so-called "managerial disease" can be considered an epidemic of the modern era, increasingly affecting people of younger and middle age. The condition more frequently affects men than women. In men, it most commonly leads to cardiac problems, while women more often suffer from anxiety, apathy, and depression.

If acute health problems and symptoms are not treated adequately and in time, they may become chronic. This is a syndrome of chronic occupational stress, manifested as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment [15].

Among general practitioners, the incidence of this syndrome is increasing due to excessive workload during the working day, including scheduled and unscheduled patients, as well as detailed documentation of each visit. Workload, rigid organizational structure, a work policy that penalizes mistakes but does not reward success, along with lack of personal resources, all contribute to burnout syndrome.

Emotional support is often lacking. Burnout should be viewed as a systemic warning signal that exhausts the employee, rather than a personal weakness. Burnout is not merely job dissatisfaction or fatigue due to workload; it manifests as a combination of stress and depressive symptoms [16]. However, in some cases, these symptoms may be absent.

Burnout has been described as closely related to depression, but the presence of depersonalization and reduced professional

achievement clearly distinguishes it from depression and other psychiatric conditions. Consequences include reduced empathy, impaired patient relationships, and

deterioration of both physical and mental health [17,18]. Table 1 presents the difference between stress and burnout.

Table 1. Difference between stress and burnout

| stress | burnout |
|----------------------------------|----------------------------------------------------------|
| Over-engagement at work | Usually withdrawing into oneself |
| Excessive emotional response | Decreased emotional response, numbness |
| Overcrowding with work and dates | Slowness with a feeling of hopelessness and helplessness |
| Lack of energy | Decreased motivation, ideas and hopes |
| Usual individual response | Usual individual response |

Diagnosis of burnout syndrome

As many as 75–90% of all medical visits are related to chronic stress, and patients often consult multiple available specialists in order to reach a definitive diagnosis.

First, a detailed medical history is required, followed by a physical examination and available laboratory tests to exclude other clinical conditions. Burnout syndrome may also present with cardiac symptoms, neurological manifestations, or psychiatric disorders [19].

Principles of therapy

The principles of treatment are based on managing the symptoms and signs of occupational burnout. Depending on which symptoms are predominant, greater attention is given to their treatment.

In developed centers such as the Healthcare System, employees have access to art therapy, music therapy, and mindfulness training sessions through counseling services [20].

Role of psychiatrists and psychotherapists in patient care

Literature data indicate that some hospitals offer free mental health support and counseling services for their employees.

Psychotherapy should not be an instrument for adapting individuals to an exhausting system, but rather a means of preserving humanity, empathy, and professional ethics. Individuals experiencing burnout may sometimes hesitate to seek help and instead sink deeper into the condition.

A study conducted in Singapore reported a donation-funded program providing support to individuals facing various problems such as work-related stress, relationship issues, and personal or family dilemmas [21].

Preventive measures

Today, awareness of the importance of prevention is growing, and employers increasingly recognize the value of investing in employee health. Many encourage regular medical check-ups and provide voluntary health insurance for workers. Regular systematic examinations are an important preventive measure.

Preventive strategies include promoting a supportive workplace culture, psychological support, workload rationalization, and teamwork.

Common preventive measures include regular physical activity (as it stimulates endorphin release), a well-balanced diet rich in fruits and vegetables, boiled meat and fish rich in omega-3 fatty acids, and regular sleep (to allow body recovery), as well as avoiding harmful habits such as smoking, excessive alcohol consumption, and caffeine intake. It is important to be aware of one's own emotions and strengthen self-confidence in order to recognize early signs of burnout before they become severe. Finding meaning and satisfaction in the work environment is also important. Flexible working hours may also be considered.

A meta-analysis by Williams et al. indicated that physicians may benefit from stress-reduction interventions, including changes in organizational strategies, as the root of burnout lies in the balance between work environment and private life [22].

Conclusion

This paper presents the etiological factors contributing to burnout syndrome and highlights the characteristics of its clinical presentation to facilitate disease recognition, as well as the principles of treatment. The

importance of psychotherapeutic support in patient education and care is emphasized.

Burnout should be viewed as a systemic warning signal, and more flexible working hours for employees should be considered. Strategies for

improving work–life balance should be further developed. Interdisciplinary collaboration represents a key step toward a healthier and more humane working environment and society as a whole..

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