
BURNOUT: A BRIEF THEORETICAL APPROACH IN THE CURRENT GLOBAL CONTEXT

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Abstract: *The study of the burnout syndrome is important in order to explain and identify its main defining coordinates, causes and trends, being seen as a disease of the modern world. Overall, the present study provides a theoretical analysis of the burnout syndrome, through the investigation of the specialized scientific literature. After a brief (1) introduction to the context, the study provides a series of answers to several questions such as: (2) Short theoretical discussion: What is burnout?; (3) How does it manifest?; (4) What are the main risk factors favouring the appearance and maintenance of burnout?; (5) What are the consequences of burnout? (6) Burnout: What are the main methods and techniques of prevention and treatment?. The study concludes with a series of relevant discussions and (7) conclusions. The main purpose of the study is to outline a clear picture of the burnout syndrome, which can later contribute to future empirical studies. The principal limitation was the impossibility of anticipating future trends in the evolution of the burnout syndrome, given the current period characterized by uncertainties and unprecedented changes, which inevitably have a direct or indirect impact with its occurrence and manifestation.*

Keywords: *burnout, exhaustion, stress, work, crisis.*

Introduction to the context

The rapid, large-scale spread of the SARS-CoV-2 virus led the World Health Organization (WHO) to declare a global pandemic of COVID-19 in March 2020. According to WHO, until August 1st, 2023, a number of 768,560,727 confirmed cases of infection with COVID-19 were reported globally, of which 6,952,522 deaths. By 17th May, the number of confirmed cases arrived at over 775 million confirmed cases world wide, with more than seven million deaths. Thus, it was necessary to impose quarantine and social isolation, as the main measure to protect the population against

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the spread of the virus at the community level. In such circumstances, there have been many changes in work, society and disruptions to the individual's life. The new challenges that came in the avalanche forced the ability of states, organizations and individuals to face and adapt. In other words, in the current global context, in which fast changes are occurring, as a result of the globalization of crises on several levels, the burnout syndrome has known an ascending evolution as it has become more and more analysed, mainly in the context of the work environment (Sann, 2003; Chirico, 2016). In conclusion, the Covid-19 pandemic has brought about a multitude of changes whose effects are difficult to analyse in the long run, highlighting the need to adapt to new challenges at work especially (Arpinte, et al., 2020; Roşca, 2021; Bonea, 2022a, 2022b). In this context, work exclusively at home or hybrid work involved unprecedented changes, which outlined new problems and vulnerabilities on all levels of life (Meynaar et al., 2021; Barriga Medina et al., 2021; Sklar et al., 2021).

Also, the development of artificial intelligence (AI) follows a fast upward course with numerous changes both in people's daily life and especially in the labor market. We are talking about an unprecedented technological revolution in which AI meets human intelligence and ingenuity to respond to the new challenges of the future labor market (Joamets and Chochia, 2020, 255). AI has a major and important impact in the development of the work of the future, as well as global economic growth. In its infancy, AI is rapidly taking shape, encompassing more and more segments of the labor market (Zhou, et.al. 2020). The COVID-19 pandemic only accelerated the development of new technologies, showing new directions for the development of the workforce (Kutnjak, 2021).

With these coordinates, the study of burnout syndrome began to acquire new valences, as the pandemic context imposed certain unpredictable changes, but also restrictions, especially regarding professional and social life. Mainly, the burnout syndrome is discussed in the context of career, work and professional life, regardless of the field of activity, but it can also be analysed in the individual, family, social, educational or organizational context (Chirico, 2016; Pedrabissi, et al., 1993; Freudenberger and Richelson, 1980; Bridgeman, et al., 2018). Burnout syndrome differs from one individual to another, because it must consider a number of characteristics such as: age, gender, physical and mental resources, degree of resistance to stressors, relationships with others, attitude towards work,

the ability to adapt to the new (Manzano-García and Ayala-Calvo, 2013, 800).

The mission of the current study is to reveal certain characteristics on the subject of burnout syndrome. The definition, diagnosis and especially the treatment of the burnout syndrome is an extremely interesting and debatable topic, with many unknowns to be discovered and analysed as specific empirical studies progress (Korczak et al., 2012).

Through the theoretical analysis of specialized scientific literature, the objective of the present study is to build an overview of the coordinates of burnout syndrome, answering several questions aimed at defining, forms of manifestation, favourable factors, consequences, prevention and treatment. The paper can be a good basis for qualitative and/or quantitative research, providing the necessary theoretical clarifications. The findings will complete the analysis, offering a number of clarifications on burnout syndrome.

Considering the current global context, characterized by rapid and unforeseen changes at all levels, one of the main limitations of the study was the difficulty of outlining the whole picture of future developments and new challenges of the burnout syndrome in the scientific world. Another major limitation was the unpredictability of imposing new rules of interaction, work and relationships, given the pandemic context and, at the same time, the globalization of various crisis situations, with an impact on burnout. The importance of existing specific studies regarding burnout syndrome research is obvious, but another major limitation was due to the fact that it is a condition of the modern society, which was relatively recently introduced in the research area (in 1974 by Freudenberger). In other words, on the one hand, it is a relatively new research topic and a very important aspect for the health of the contemporary individual, especially in the occupational context, but on the other hand, a series of specific limitations appeared precisely for this reason.

Through the theoretical analysis of the burnout syndrome, the current study seeks to answer a series of questions aimed at defining the phenomenon; its forms of manifestation; the main supporting factors; the consequences from an individual, organizational and relational level; as well as prevention and treatment methods. In conclusion, the study offers a series of relevant conclusions and solutions resulting from the analysis.

Short theoretical discussion: What is burnout?

Burnout is one of the most harmful negative effects of a socio-psychological nature in the working environment of today's society (Salanova and Llorens, 2008, 59). The psychologist Herbert Freudenberger used the term *burnout* in 1974, for the first time, to describe the state of physical and mental exhaustion of the workers in the public domain. There is no generally valid and globally accepted definition, but there are certain symptoms, common signs and causal factors that are generally valid (Kaschka, et al., 2011, 782). In short, burnout syndrome translates into increased fatigue, low energy, depersonalization and reduced professional accomplishment which are the main signs of prolonged exposure to certain stressors (Freudenberger and Richelson, 1980). On the other hand, stress is directly related to burnout syndrome and the term *stress* was first used in 1950 by Hans Selye. Stress usually occurs when an individual's requirements far exceed the resources available to him in terms of adaptation. The burnout syndrome is often translated as *exhaustion*, either mental and/or physical, which usually occurs as a result of prolonged exposure to various stressors and constant tension (Freudenberger and Richelson, 1980; Sann, 2003).

The burnt-out expression means that the individual no longer has energy, can no longer be productive and is exhausted (Ochentel et al., 2018, 475). Most often, burnout syndrome is generally characterized as a condition of overwork until exhaustion, as well as continuous and prolonged exposure to stressors (Ndetei et al., 2008; Carod-Artal and Vázquez-Cabrera, 2013). In conclusion, burnout is the consequence of a difficult, tense, stressful work environment (Schonfeld et al., 2018, 218). Therefore, burnout is an emotional response to chronic stress, which is defined by physical and emotional exhaustion, depersonalization and decreased productivity at work (Perlman and Hartman, 1982).

WHO (28 May 2019) links the burnout syndrome to occupational mental health and defines it by the following elements: a feeling of loss of energy, exhaustion, significant mental distance from the job, negativism about the job and poor efficiency in achieving goals, low productivity. Consequently, burnout is often analysed as a work-related phenomenon (West et al., 2018, 516).

In other words, the stress and exhaustion accumulated over a long period

of time becomes chronic and leads to the appearance of burnout syndrome. More precisely, emotional exhaustion and later physical exhaustion, depersonalization and ignoring personal life, are the essence of burnout (Schonfeld et al., 2018, 218). Exhaustion occurs when working hours are a lot, while time spent relaxing and resting is very short or non-existent. It must be emphasized that defining the burnout syndrome is a very complex process in itself, because it includes aspects that are constantly changing, such as social dynamics and society itself, the labour market and the work environment, the individual and interrelationships etc. (see Box 1).

Box 1. The main explanatory theoretical models of burnout syndrome: short exposure

The cognitive-social theory of the self explains burnout through the factors related to the competition between individuals and their efficiency, and the motivation determines the effectiveness in order to achieve the objectives set in the work (Harrison, 1983).

The appearance and manifestation of the burnout syndrome is explained, mainly, in *the work environment*, being characterized by exhaustion, dissatisfaction with the work done, negative attitude and insensitivity towards those around, depersonalization. This is one of the main explanatory theoretical models of burnout, proposed by Maslach, Jackson, and Leiter (1986), who suggested the *Maslach Burnout Inventory* (MBI).

Furthermore, the *explanatory theoretical model* proposed by Golembiewski, Munzenrider and Stevenson (1986) shows that burnout can range from depersonalization of the employee to lack of personal and professional achievement, which leads to emotional exhaustion.

Another theoretical model, developed by Lee and Ashforth (1993), drew attention to the fact that burnout can range from emotional exhaustion of the individual to depersonalization and, at the same time, from emotional exhaustion to lack of personal fulfilment.

The social exchange theoretical model analyses burnout syndrome in nurses through emotional and aptitude. Also, in the social exchange with patients, there are three major stressors such as: uncertainty, perception of fairness and lack of control (Buunk and Schaufeli, 1993).

Furthermore, according to *the conservation of resources theory*, stress occurs when there are certain frustrations related to the work environment or when the job is threatened, leading to undermining confidence in their own skills (Hobfoll and Freedy (1993).

Also, *the organizational theory* shows that burnout is the physical, emotional and mental exhaustion caused by work, being identified a close relationship between culture, social support, organizational climate and structure within the organization (Winnubst, 1993).

Furthermore, *the structural model* analysed three major areas of research, as follows: 1) the emphasis is on personal variables, highlighting competence, meaning of work, level of awareness; 2) the focus is on social exchange processes and the consequences that professionals may face, emphasizing the perception of equal, equitable

relationships, without incurring losses or threats; 3) The emphasis is on variables related to the work environment, which can cause various problems from organization to work climate (Gil-Monte, et al., 1995).

The model of guilt highlights and analyses the feeling of guilt in the individual, in which exhaustion plays an important role in the onset of burnout syndrome through two profiles: 1) a situation in which workers, although they have developed burnout syndrome, do not suffer from guilt and can perform their tasks, even at a lower efficiency; 2) the situation in which the feeling of guilt is strong and the worker will make a greater effort at work in order to compensate for remorse. Thus, there is exhaustion and the feeling of unrealisation, non-fulfilment on a professional level, depersonalization appearing (Gil-Monte et al., 1995; Gil-Monte and Moreno-Jiménez, 2005).

Self-determination theory it is useful in explaining the occurrence of exhaustion on the background of considerable long-term efforts in any field of activity in order to achieve predetermined objectives. However, the links between a strong motivation and the occurrence of burnout are not demonstrated.

Source: Carod-Artal and Vázquez-Cabrera, 2013; Leiter, 2018; Manzano-García and Ayala-Calvo, 2013; Chirico, 2016; Maslach et al., 1986; Cresswell and Eklund, 2005.

Depending on the individual's level of dedication to his work, which is one of the classification criteria of burnout, several types of burnouts can be identified, as there is a real imbalance between work and remuneration. Therefore, the *frenetic* is the profile that characterizes an individual totally dedicated to his work; followed by *the unchallenged profile*, characterized by his evasive coping style; then *the used profile*, which is one of the least dedicated individuals, with a passive coping style (Montero-Marín et al., 2014, 2016).

There are, however, notable differences between burnout and stress, for example, stress is caused by a certain passing tension, while burnout is caused by continuous tensions, with very high demands and a maximum exploitation of one's own physical, mental and cognitive resources (Pines and Keinan, 2005; Pedrabissi et al., 1993). Stress that cannot be managed and overcome will later turn into burnout, when the individual can no longer keep up with high blood pressure and chronic exhaustion (Silbiger and Pines, 2014; Moate et al., 2016).

Burnout syndrome is one of the biggest challenges in the contemporary world when it comes to the work environment and stressors that can cause various health problems both physically, acting and mentally for the individual. In other words, the continuous stress caused by exhaustion, difficult conditions at work, and various individual features of vulnerability

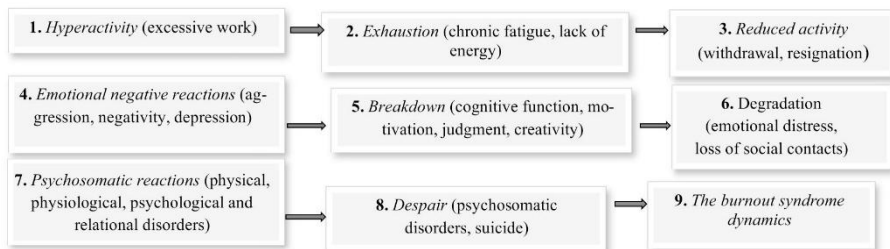
can define burnout syndrome (Carod-Artal and Vázquez-Cabrera, 2013, 15).

To conclude, burnout is, in general terms, an incorporation of the following symptoms: physical and mental exhaustion, personal failure, chronic fatigue, cynicism, depersonalization, distancing from everyone around and low performance in reaching predetermined objectives. The causes of burnout are among the most varied, from overwork at work, lack of free time, ignoring one's own needs, insufficient salary, very high demand and high responsibility at work (Hillert and Marwitz, 2006).

How does burnout manifest itself?

Chronic stress that extends over a long period of time leads to exhaustion, whether we are talking about professional, social or family exhaustion. Thus, the inability to complete the tasks intervenes, during which the individual feels helplessness and despair. Against this background, negative emotions appear, confidence in one's own strengths and abilities decreases, and various physical and mental health problems become visible. Also, an unhealthy activity environment, characterized by excessive control, unfriendly and toxic environment, poorly organized, can quickly lead to burnout. At the same time, the COVID-19 pandemic had a major negative impact on the well-being of individuals, causing many worries, fears, emotional stress, anxiety, burnout and even depression (Alrawashdeh et al., 2021, 2).

Figure 1. The burnout syndrome dynamics



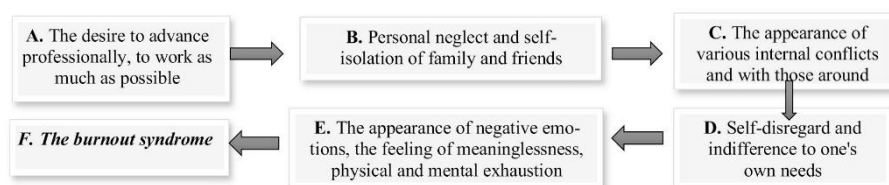
Source: Weber and Jaekel-Reinhard, 2000, 514.

It should be remembered that burnout is a dynamic process, from its appearance and manifestation to diagnosis and adequate treatment

(Dunford et al., 2012; Weber and Jaekel-Reinhard, 2000; Gavish and Friedman, 2010) (see Figure 1).

In short, the burnout syndrome sums up three major stages of the manifestation of symptoms, as follows: I. general exhaustion, caused by overwork; II depersonalization, adopting a cynical attitude and the appearance of impersonal feelings; III. decreased performance, difficulty concentrating, inefficiency in daily activities (Maslach et. al., 1986) (see Figure 2).

Figure 2. The stages of burnout syndrome vary from one individual to another, but there are some similarities



Source: Maslach et. al., 1986; Carod-Artal and Vázquez-Cabrera, 2013; Freudenberg, 1974.

What are the main risk factors favoring the appearance and manifestation of burnout?

With the restrictions during the pandemic, working from home became mandatory, so that after the lifting of the restrictions, it will remain in the options of many employees and employers. It is about a new dynamic dictated in work, as well as the acceleration of the change of work relations (Molina-Praena et al., 2018; Aydemir and Icelli, 2013). In addition to the multiple advantages of turning personal home into an office, there are also some disadvantages such as: overwork, the inability to differentiate between free time and work, the employer's excessive control over the employee's activity and results, various abuses by the employer, isolation of the employee from his colleagues, insufficient or absent feedback from superiors (Bria et al., 2012). In other words, on the one hand, the employee's mobility is increased by working remotely (from anywhere), but on the other hand, it can affect productivity, mood, the appearance of feelings of confusion, exhaustion, loneliness and burnout.

Working from home was suddenly imposed as a form of protecting the health of the population in the first two years of the pandemic. Time

dedicated to work and time at home have become, in some situations, one and the same thing (Hayes et al., 2021; Joshi and Sharma, 2020). Suddenly, movement restrictions and quarantine brought to the fore the relocation of the work space to the employee's residence, where this was possible. This change had a major impact on employees, involving the ability to adapt and respond, but especially the creation of a separate space and time for home and work (Fajri and Haerudin, 2022; Queen and Harding, 2020). Thus, isolation and social distancing led, in some cases, to an increase in the level of stress and exhaustion at work, which inevitably leads to burnout. In addition to the benefit of eliminating the commute between home and workplace, working from home implies a series of disadvantages, such as: lack of interactions between colleagues, lack of physical separation between home and work, isolation of employees, but especially eliminating the difference between professional life and personal life (Hoffman et al., 2020).

However, it cannot be said that remote work is a main factor in the occurrence of employee burnout. We are, therefore, talking about a multitude, an amalgam of favourable factors that lead to the appearance and manifestation of burnout, but here the defining characteristics of each person's personality, as well as his emotional and cognitive resources, must also be included. In general, apart from the location at work, there are a number of factors favoring the occurrence and manifestation of the burnout syndrome (see Table 1).

Table 1. The main risk factors of burnout for the employee

<i>Burnout: risk factors for the employee</i>
→ Very high workload
→ Poor adaptation to the new and fear of change
→ Old age
→ Low self-esteem
→ Sudden changes and very strict rules imposed on employees
→ Poor work organization
→ Financial issues
→ Personal problems
→ Too many and too high requirements for employees
→ The insecurity of tomorrow at work
→ Lack of free time
→ Zero chances of advancing to a higher position

<i>Burnout: risk factors for the employee</i>
→ Very low salary
→ Stressful work environment
→ Lack of encouragement and support from superiors
→ Too much pressure that superiors put on employees
→ Competitive and malicious attitude of colleagues
→ Unrealistic expectations of both the employee and the superiors

Source: Carod-Artal and Vázquez-Cabrera, 2013, 16.

In addition to the major, unprecedented changes imposed by the pandemic on the labour market and in the way of working, physical and emotional exhaustion has become an important component of studies and, at the same time, a trending diagnosis among the employees (Anjum et al., 2020). As Maslach points out, *chronic exhaustion* is a very serious problem with consequences over time and occurs as a result of the worker's prolonged exposure to one or more of the following aspects of a *toxic work environment* (see Table 2).

Table 2. The principal elements of a toxic work environment, which can cause burnout

<i>Main elements</i>	<i>Short explanation</i>
a) Work	→ Too much work and without the possibility of relaxation and rest
b) Compensation	→ Insufficient or delayed compensation
c) Control	→ Excessive control
d) Values	→ Employee is forced to act against his own values
e) Fairness	→ The existence of inequities at the workplace
f) Community	→ The community of employees that is not united

Source: Maslach, 1998; Maslach et al., 2001; Maslach and Leiter, 2008; Maslach, 2018.

Depending on the multitude and complexity of demands from the workplace and the available resources, one can talk about employee well-being or burnout. This is the *Job Demands-Resources model*, which can be explained by job resources and job demands (Demerouti et al., 2001; Hakanen et al., 2008). The resources available at the workplace, referring to all aspects of job organization, can reduce demands and especially the associated physical and mental costs and can stimulate motivation and the achievement of objectives. On the other hand, job demands refer to the

physical and mental efforts that the employee must make. Also, motivation, dedication, enthusiasm and pride are some of the most important aspects of a positive work environment necessary for the employee (Schaufeli, 2017; Llorens et al., 2006; Adil and Baig, 2018). Thus, by focusing on the positive aspects and by strengthening them, burnout at work can be prevented, avoided among employees.

What are the consequences of burnout ?

If left untreated, burnout can lead to complications such as depression. The signs of burnout are relatively similar to those of depression, dying for which some confusion can be created. The mixture of chronic fatigue, apathy, lack of energy and low productivity are signs of burnout but can be easily overlooked as signs of *workplace depression* (Schonfeld et al., 2018, 218-219).

The signs and consequences of burnout syndrome are very wide and different, and their manifestation is different from one individual to another, but there are some small generalities (Norlund, et al., 2010). Depending on the age, gender, the degree of stress resistance, personal resources and personal life experiences of each individual, can influence the appearance, definition and manifestation of the burnout syndrome at individual, organizational or relational level (Stanetić and Tešanović, 2013; Maslach, 2018).

There are several types of burnouts, such as: 1) individual burnout; 2) burnout at the organizational level; 3) burnout at the relational level. Individual burnout can be characterized by expectations and standards that are too high and inconsistent with available own resources, at which point the stress level may increase (Van Dierendonck et al., 1998; Kelchtermans and Strittmatter, 1999; Janssen et al., 1999). *Organizational burnout* usually occurs where the work environment is toxic, where employees are exploited to the maximum and kept under constant stress (Chamberlain et al., 2016; Halbesleben and Buckley, 2004). *Relational burnout* can take place in the family, in the circle of friends or between colleagues and is translated by difficult, often conflicting relationships (Pickett et al., 2017; Aydogan and Kizildag, 2017) (see Table 3).

Table 3. The main consequences of the burnout syndrome at individual, organizational and relational level

1.	<i>Main consequences</i>
<i>Individual level</i>	Apathy, passivity, creating a mental block
	Depression and panic attacks
	Difficulty in managing daily activities
	Increasing physical and mental sensitivity
	Stagnation, exhaustion and helplessness
	Lack of future plans and desire for success
	Anger and frustration
<i>Source: Maslach and Leiter, 2016; Weber, Jaekel-Reinhard, 2000; Kelchtermans and Strittmatter, 1999; Alemany Martínez et al., 2008.</i>	
2.	<i>Main consequences</i>
<i>Organizational level</i>	Disappearance of satisfaction with work and depersonalization
	Feeling of permanent fatigue and difficulty concentrating and decrease or disappearance of initiatives and ideas in teamwork: exhaustion, helplessness, apathy
	Self-insulation and increasing the number of sick leave and unmotivated absences
	Recourse to shelters such as: consumption of alcohol and / or other substances with psychotropic effects and decreased of productivity and the ability to solve problems
	Decreased self-confidence and self-strength and acute fear of not making mistakes, of not being laughed at, feeling overwhelmed
	Loss of meaning and fear of new challenges and the appearance of various behavioural disorders like: eating disorders, sleep disorders, depression etc.
<i>Source: Bridgeman et al., 2018; Chirico, 2016; Chamberlain et al., 2016; Molassiotis, Haberman, 1996.</i>	
1.	<i>Main consequences</i>
<i>Relational level</i>	Often misunderstandings and lack of reaction and desire to withdraw
	Conflicts are becoming more frequent and the appearance of aggressive and inappropriate reactions: rage and frustration
	Difficult relationships and fear of trusting the other: withdrawal and isolation
	Lack of effective communication and constant misunderstandings
	Insulation and self-closing, fear of communicating or returning to a relationship
	Differences in vision and understanding: boredom social isolation, sadness and apathy
<i>Source: Aydoğan and Kızıldağ, 2017; Trindade et al., 2010; Kulkarni, 2006; Malaquin et al., 2017.</i>	

Burnout: What are the main methods and techniques of prevention and treatment?

The individual characteristics of each person can have a greater or lesser influence on the appearance and manifestation of burnout. There are many factors that contribute to the occurrence and manifestation of the burnout syndrome. But it can include a series of somatic and psychological disorders and some social and relational dysfunctions (Lyll, 1989). In general, the diagnosis of burnout involves *three categories of symptoms*, as follows: 1) physical symptoms, which include exhaustion and the development of physical dysfunctions that can even lead to the appearance of diseases; 2) psychological symptoms, which include low self-esteem, emotional exhaustion, disinterest in itself and everything around; 3) symptoms related to behaviour, which include depersonalization, decreased productivity at work, dissatisfaction with the results of work performed, general disinterest (Gold, 1985). Since each individual is different and exhibits different symptoms of the same burnout syndrome, diagnosis and treatment are individualized. Thus, there is no standard diagnosis or treatment that can be applied to every individual suffering from burnout syndrome (West et al., 2018).

Depending on personality, available resources and environment, the manifestation of the burnout symptoms palette is varied (Kaschka et al., 2011, 783). The diagnosis of the burnout syndrome must consider a series of elements such as: the medical history, the particular symptomatology of the individual, the history of alcohol and/or drug consumption, various specific laboratory tests, psychometric tests (for example, the *Maslach Burnout Inventory* - MBI), the socio-professional history (Weber and Jaekel-Reinhard, 2000, 515).

Diagnosing and identifying the most suitable treatment according to the characteristics and resources of the individual, as well as adjusting the therapy, involve a process in itself. The diagnosis involves the identification of the factors that facilitated and led to the emergence and manifestation of the burnout syndrome, such as, for example: the work environment, working time and time for rest and relaxation, the employer's demands on the employee, the objectives set at work, the organization of work, the resources available at the workplace and those available to the employee etc. Achieving the balance between work and rest hours involves identifying the moments when the employee tends to give up his own needs in favour of excessive work (see Table 4).

Table 4. The main general strategies of psychological intervention in the treatment of burnout syndrome

<i>The general strategies of psychological intervention for treating burnout</i>		
<i>Goal</i>	<i>Individual strategies</i>	<i>Organizational strategies</i>
Diagnosis	Self-assessment	Psychosocial health audit
Primary prevention	Time management Social skills training Work-life balance	Job content improvement Working hours Managerial development
Secondary prevention	Improvement groups Coaching and consultation	Anticipatory socialization Organizational development
Therapy prevention / Treatment	Counselling Psychotherapy	Institutionalization of Occupational Health and Safety services

Source: Salanova and Llorens, 2008, 63.

However, there are several relevant questionnaires for establishing a diagnosis, and one of the most common is the MBI (see Appendix 1, Part 1 and Appendix 1, Part 2), being customized according to certain professional groups of individuals. Unfortunately, these questionnaires make it difficult to distinguish between burnout and depression, or other psychological problems such as, for example, anxiety with its somatic forms of manifestation (Maslach, 2018; Maslach et al., 1986; Vachon et al., 1997) (see Table 5).

Table 5. Burnout syndrome: Brief review of the main coordinates regarding prevention, diagnosis and treatment

Prevention: <i>General directions</i>	Diagnosis: <i>Most frequent symptoms</i>	Treatment: <i>The main cardinal points</i>
The importance of rest	Sleep disorders and low level of energy resources	Giving due importance to sleep hours
Physical activities	Decrease in productivity at work and degradation of physical and mental health	Avoiding to overwork and following the treatment and therapy process recommended by the specialist
Healthy diet	Eating disorders	Avoiding food excesses and adopting a personalized healthy diet
Allowing free time	Somatic disorders and decreased quality of life:	Identification of symptoms by a specialist and allowing

Prevention: <i>General directions</i>	Diagnosis: <i>Most frequent symptoms</i>	Treatment: <i>The main cardinal points</i>
	compulsive work without free time	time to carry out the treatment
Carrying out activities that give pleasure with the close ones	Dysfunctions in interrelationship and dissatisfaction with personal life	Developing and cultivating healthy relationships and reporting correctly to those around you
Recharging the batteries	Emotional exhaustion and loss of interest in any type of activity	Development of methods and techniques to reduce fears and stress
Obtaining constructive feedback from superiors at work	Lack of interest in work and low achievement	Selecting what is important and avoiding exhausting itself on unnecessary activities
Giving due importance to the family and friends	Various negative emotions	Changing the attitude towards loved ones
Creating a network of friends	No personal life and self-isolation	Capitalizing on interpersonal relationships
High degree of satisfaction with daily activities and planning for the future	Low self-esteem and general loss of interest	Respecting itself and gradually building self-confidence
Exploitation of one or more hobbies	Negative attitudes regarding life and itself	Searching and implementing methods of managing negative attitudes and strategies to combat stress at work
Maintaining a general positive attitude at work and in life	Setting unrealistic targets and overload at work and depersonalization	Giving accommodation time to implement new things in personal life and at work
Patience and tolerance towards itself and attention to the supervision of psychological and mental health	The appearance and ignoring psychological disorders	Identification and appropriate treatment of health problems
Maintaining a healthy lifestyle without excesses	The neglect of personal needs and desires	Changing the attitude towards itself and towards work and planning a work and rest schedule

Source: Couper, 2005; Vachon et al., 1997; Amanullah et al., 2017; Gabbe et al., 2002; Kakiasvili et al., 2013.

Most of the time, burnout syndrome is associated with a poor state of health, with various psychosomatic disorders, with chronic fatigue and exhaustion. Thus, progressive damage due to work without rest and free time seems to be the main cause of burnout (Lloyd et al., 2013; Montero-Marín et al., 2016, 231).

Therapies for treating burnout syndrome must be adapted according to the defining and, at the same time, distinct characteristics of each individual (Korczak et al., 2018; Ochentel et al., 2018). However, there is a series of therapies developed over time, and which continue to be developed and improved according to the new coordinates dictated by the changes taking place worldwide. For example, *cognitive behavioural therapy* is a common method in the treatment of burnout syndrome, being a way of changing thinking and managing tension factors that produce stress (Montero-Marín et al., 2016) (see Table 6).

Table 6. The main characteristics regarding therapies which can be applied for the burnout syndrome treatment

<i>Main therapies</i>	<i>Short description</i>
<i>The cognitive behavioral therapy</i>	It is brought to the fore, the change of the individual's thinking and the management of stressful factors. Practically, changing the attitude towards tense and stressful situations that lead to burnout.
<i>Physical exercises, sports therapy</i>	The focus on the physical and mental benefits of regular physical exercise and sports. The tension is removed and replaced with a state of well-being.
<i>Rational-Emotive Behaviour Therapy</i>	The aim is to change the distorted cognitive-emotional concepts, which are the basis of exhaustion and chronic fatigue. This therapy targets the ability to adapt (maladaptive cognitions and negative emotions), by: training resistance to stress, developing new adaptation capacities, various behavioral and interaction techniques. The so-called mental toughness is used to describe achieving success and overcoming obstacles, which means increased resistance to stress factors.
<i>Mindfulness-based cognitive therapy</i>	Awareness, identification and management of negative emotions is the main goal. This type of therapy was designed to be able to train the individual's ability not to return to the depressive state. Depressive relapse is associated with returning to negative thinking. Thus, mindfulness is important in recognizing these negative emotions and correcting them, being able to be applied in the therapy of burnout syndrome.

<i>Main therapies</i>	<i>Short description</i>
<i>Traditional yoga</i>	In the case of managing and combating chronic stress, yoga has a beneficial role, contributing to improving the physical and mental state. It is about improving the quality of life and overall health care.
<i>Original targeted therapy</i>	Very briefly, targeted therapy means identifying, blocking and treating specific symptoms, being a type of therapy with a wide spectrum of applicability, which is why it can also be used in the treatment of burnout syndrome.

Source: Montero-Marín et al., 2016; Weber and Jaekel-Reinhard, 2000; Ochentel et al., 2018; Ogbuanyia et al., 2019; Grensman et al., 2018; Grigorescu et al., 2020.

Conclusions

The COVID-19 pandemic has significantly affected the quality of life, forcing an increase in the degree of resistance to stress factors (Alrawashdeh et al., 2021, 3). The multiple globalized crises gradually begin to become a lifestyle, while individuals learn to cultivate and train their ability to identify symptoms and manage burnout. It is a global challenge, and the final impact is unknown and difficult to anticipate, due to the unpredictability with which it affected all aspects of life, the economy, health, society and interpersonal relations.

Working from home, during the pandemic, requires a change in the work environment, an emotional fund driven by fears and uncertainties, but also additional requests from the job. Thus, the differentiation between the space at home and that at work has become difficult to differentiate (Peeters et al, 2005). We are talking about physical, mental, social and financial consequences for the employee.

Stress and exhaustion at work, in today's society, are extremely serious problems and must be treated as such, because they can lead to burnout syndrome. Therefore, burnout is considered a fashionable diagnosis these days. Both the research and the identification of the symptoms, as well as the treatment, are a real challenge in the context of the new coordinates given by the current changes produced on an international scale regarding work, society and interrelationship (Weber and Jaekel-Reinhard, 2000). There are many changes in the field of work that have been imposed internationally due to the pandemic, creating an amalgam of adaptation challenges for all employees. (Montero-Marín et al., 2016).

The burnout syndrome is often related to the toxic work environment, unavailable or limited resources, low remuneration, job and organizational dissatisfaction, low resistance to stress and lack of adaptation to new situational challenges. Therefore, the burnout syndrome is an extremely complex multifactorial phenomenon, which implies increased attention in the process of identification, diagnosis and treatment.

The increased interest in research and analysis of the complexity of the burnout syndrome, especially in the work environment, demonstrates the importance and topicality of the subject. Also, with the changes occurring in all areas of life, burnout raises new future challenges, being characterized by the dynamics of these many and continuous turns.

Authorship

Georgiana-Virginia Bonea (GVB) conducted this study as base literature research for future empirical quantitative and/or quantitative exploration.

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References

- Adil, M. S. and Baig, M. (2018). Impact of job demands-resources model on burnout and employee's well-being: Evidence from the pharmaceutical organisations of Karachi. *IIMB management review*, 30(2), 119-133.
- Aleman Martínez, A., Berini Aytés, L. and Gay Escoda, C. (2008). The burnout syndrome and associated personality disturbances: The study in three graduate programs in Dentistry at the University of Barcelona, available online at:

- <https://roderic.uv.es/bitstream/handle/10550/60859/5976465.pdf?sequence=1>, retrieved on September 27 th, 2022, 11:29.
- Alrawashdeh, H.M., Al-Tammemi, A.A.B., Alzawahreh, M.K., Al-Tamimi, A., Elkholy, M., Al Sarireh, F., Abusamak, M., Elehamer, N.M., Malkawi, A., Al-Dolat, W. and Abu-Ismaïl, L. (2021). Occupational burnout and job satisfaction among physicians in times of COVID-19 crisis: a convergent parallel mixed-method study. *BMC public health*, 21(1), 1-18.
- Amanullah, S., McNally, K., Zelin, J., Cole, J. and Cernovsky, Z. (2017). Are burnout prevention programs for hospital physicians needed?. *Asian Journal of Psychiatry*, 26, 66-69.
- Anjum, M. A., Liang, D., Durrani, D. K. and Parvez, A. (2020). Workplace mistreatment and emotional exhaustion: The interaction effects of self-compassion. *Current Psychology*, 1-12.
- Arpinte, D., Cace, S., Mihaiu, S., Stănescu, I., Stănescu, S., Țoc, S. (2020). Pandemia și standardul de viață. Politici de protecție socială. In Zamfir, C. and Cace, S. (Coord.). Covid-19 în România, date, analize, evoluții și statistici. Raport Social. București, Expert, 26-89.
- Aydemir, O. and Icelli, I. (2013). Burnout: risk factors. In *Burnout for experts*. Springer, Boston, MA, 119-143.
- Aydogan, D. and Kizildag, S. (2017). Examination of relational resilience with couple burnout and spousal support in families with a disabled child. *The Family Journal*, 25(4), 407-413.
- Barriga Medina, H. R., Campoverde Aguirre, R., Coello-Montecel, D., Ochoa Pacheco, P. and Paredes-Aguirre, M. I. (2021). The influence of work-family conflict on burnout during the COVID-19 pandemic: The effect of teleworking overload. *International journal of environmental research and public health*, 18(19), 10302.
- Bonea, G. V. and Roșca, V. I. (2022b). Social policies around the minimum wage in Romania during the Covid-19 crisis. *Journal of Community Positive Practices*, (1), 3-19.
- Bonea, G. V., Buligescu, B. and Mihaiu, S. (2022a). Domestic violence before and during the first year of the Covid-19 pandemic: a rapid review of the context in Romania. *Journal of Community Positive Practices*, (1), 34-59.
- Bria, M., Baban, A. and Dumitrascu, D. L. (2012). Systematic review of burnout risk factors among European healthcare professionals. *Cognition, Brain, Behaviour: An Interdisciplinary Journal*, 16(3), 423-452.
- Bridgeman, P. J., Bridgeman, M. B. and Barone, J. (2018). Burnout syndrome among healthcare professionals. *The Bulletin of the American Society of Hospital Pharmacists*, 75(3), 147-152.
- Burnout: How to interpret the scores for The Maslach Burnout Inventory (MBI), General Self-Test regarding work, available online at:

- monkeypuzzletraining.co.uk/burnout-inventory-results, retrieved on July 21st, 12:19.
- Buunk, B. P. and Schaufeli, W. B. (1993). A perspective from social comparison theory. In: W. B. Schaufeli, C. Maslach y T. Marek (Eds.). Professional burnout: Recent developments in theory and research. Londres, Taylor & Francis, 53-69.
- Carod-Artal, F. J. and Vázquez-Cabrera, C. (2013). Burnout syndrome in an international setting. Burnout for experts Springer, Boston, MA. 15-35.
- Chamberlain, S. A., Hoben, M., Squires, J. E. and Estabrooks, C. A. (2016). Individual and organizational predictors of health care aide job satisfaction in long term care. BMC Health Services Research, 16(1), 1-9.
- Chirico, F. (2016). Job stress models for predicting burnout syndrome: a review. Annali dell'Istituto superiore di sanita, 52(3), 443-456.
- Couper, I. D. (2005). Approaching burnout. South African Family Practice, 47(2), 30-38.
- Cresswell, S. L. and Eklund, R. C. (2005). Motivation and burnout among top amateur rugby players. Medicine and Science in Sports and Exercise, 37(3), 469-477.
- Demerouti, E., Bakker, A. B., Nachreiner, F., and Schaufeli, W. B. (2001). The job demands-resources model of burnout. Journal of Applied psychology, 86(3), 499.
- Dunford, B. B., Shipp, A. J., Boss, R. W., Angermeier, I. and Boss, A. D. (2012). Is burnout static or dynamic? A career transition perspective of employee burnout trajectories. Journal of Applied Psychology, 97(3), 637.
- Fajri, A. and Haerudin, H. (2022). The Effect of Work-From Home on Burnout during COVID-19 Disease: The Mediating Effect of Organizational and Family Support. Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences, 5(1), 1846-1855.
- Freudenberger, H. (1974). Staff Burn-Out. Journal of Social Issues. Winter 1974, 30(1), 159-165.
- Freudenberger, H. J. (1989). Burnout: Past, present, and future concerns. Loss, Grief & Care, 3(1-2), 1-10.
- Freudenberger, H. J., and Richelson, G. (1980). Burn-out: The high cost of high achievement. What it is and how to survive it. Bantam, Garden City, NYC.
- Gabbe, S. G., Melville, J., Mandel, L. and Walker, E. (2002). Burnout in chairs of obstetrics and gynecology: Diagnosis, treatment, and prevention: Presidential address. American journal of obstetrics and gynecology, 186(4), 601-612.
- Gavish, B. and Friedman, I. A. (2010). Novice teachers' experience of teaching: A dynamic aspect of burnout. Social psychology of education, 13(2), 141-167.

- Gil-Monte, P. R. and Moreno-Jiménez, B. (2005). El síndrome de quemarse por el trabajo (burnout). Una enfermedad laboral en la sociedad del bienestar. Madrid, Pirámide, 36-37.
- Gil-Monte, P. R., Peiró, J. M. and Valcárcel, P. (1995). El síndrome de burnout entre profesionales de enfermería: una perspectiva desde los modelos cognitivos de estrés laboral. In: L. González, A. de La Torre y J. de Elena (Coord.). (1995). *Psicología del Trabajo y de las Organizaciones, Gestión de Recursos humanos y Nuevas Tecnologías*. Salamanca, Eudema, 211-224.
- Gold, Y. (1985). Burnout: Causes and solutions. *The Clearing House*, 58(5), 210-212.
- Golembiewski, R. T., Munzenrider, R. and Stevenson, J. G. (1986). *Stress in organizations: Toward a phase model of burnout*. New York, Praeger.
- Grensman, A., Acharya, B. D., Wändell, P., Nilsson, G. H., Falkenberg, T., Sundin, Ö. and Werner, S. (2018). Effect of traditional yoga, mindfulness-based cognitive therapy, and cognitive behavioural therapy, on health related quality of life: a randomized controlled trial on patients on sick leave because of burnout. *BMC complementary and alternative medicine*, 18(1), 1-16.
- Grigorescu, S., Cazan, A. M., Rogozea, L. and Grigorescu, D. O. (2020). Original targeted therapy for the management of the burnout syndrome in nurses: an innovative approach and a new opportunity in the context of predictive, preventive and personalized medicine. *EPMA Journal*, 11(2), 161-176.
- Hakanen, J. J., Schaufeli, W. B. and Ahola, K. (2008). The Job Demands-Resources model: A three-year cross-lagged study of burnout, depression, commitment, and work engagement. *Work & stress*, 22(3), 224-241.
- Halbesleben, J. R. and Buckley, M. R. (2004). Burnout in organizational life. *Journal of management*, 30(6), 859-879.
- Harrison, W. D. (1983). A social competence model of burnout. En B. A. Farber (Ed.), *Stress and burnout in the human services professions*. New York: Pergamon Press, 29-39.
- Hayes, S. W., Priestley, J. L., Moore, B. A. and Ray, H. E. (2021). Perceived stress, work-related burnout, and working from home before and during COVID-19: An examination of workers in the United States. *SAGE Open*, 11(4), 1-12.
- Hillert A. and Marwitz, M. (2006). *Die Burnout-Epidemie oder brennt die Leistungsgesellschaft aus?* Munchen: CH Beck.
- Hobfoll, S. E. and Freedy, J. R. (1993). Conservations of resources: A general stress theory applied to burnout. In: W. B. Schaufeli, C. Maslach y T. Marek (Eds.). (1993). *Professional burnout: Recent development in theory and research*. London: Taylor & Francis, 115-129.
- Hoffman, K. E., Garner, D., Koong, A. C. and Woodward, W. A. (2020). Understanding the intersection of working from home and burnout to

- optimize post-COVID19 work arrangements in radiation oncology. *International Journal of Radiation Oncology* Biology* Physics*, 108(2), 370-373.
- Janssen, P. P., Schaufelie, W. B. and Houkes, I. (1999). Work-related and individual determinants of the three burnout dimensions. *Work & stress*, 13(1), 74-86.
- Joamets, K., & Chochia, A. (2020). Artificial intelligence and its impact on labour relations in Estonia. *Slovak Journal of Political Sciences*, 20(2), 255-277.
- Joshi, G. and Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Asian journal of psychiatry*, 54, 102300.
- Kakiashvili, T., Leszek, J. and Rutkowski, K. (2013). The medical perspective on burnout. *International journal of occupational medicine and environmental health*, 26(3), 401-412.
- Kaschka, W. P., Korczak, D. and Broich, K. (2011). Burnout: a fashionable diagnosis. *Deutsches Ärzteblatt International*, 108(46), 781.
- Kelchtermans, G. and Strittmatter, A. (1999). 20. Beyond Individual Burnout: A Perspective for Improved Schools. *Understanding and preventing teacher burnout: A sourcebook of international research and practice*, 304, available online at: <https://smartlib.umri.ac.id/assets/uploads/files/ac963-teacher-burn-out.pdf#page=320>, retrieved on May 18 th, 2022, 14:07.
- Korczak, D., Wastian, M. and Schneider, M. (2012). Therapy of the burnout syndrome. *GMS health technology assessment*, 8, 1-9.
- Korczak, D., Wastian, M. and Schneider, M. (2012). Therapy of the burnout syndrome. *GMS health technology assessment*, 8.
- Kulkarni, G. K. (2006). Burnout. *Indian journal of Occupational and environmental medicine*, 10(1), 3.
- Kutnjak, A. (2021). Covid-19 accelerates digital transformation in industries: Challenges, issues, barriers and problems in transformation. *IEEE access*, 9, 79373-79388.
- Lee, R. T. and Ashforth, B. E. (1993). A further examination of managerial burnout: Toward an integrated model. *Journal of Organizational Behaviour*, 14, 3–20.
- Leiter, M. P. (2018). Burnout as a developmental process: Consideration of models. In *Professional burnout: Recent developments in theory and research*. CRC Press, 237-250.
- Llorens, S., Bakker, A. B., Schaufeli, W. and Salanova, M. (2006). Testing the robustness of the job demands-resources model. *International Journal of stress management*, 13(3), 378.
- Lloyd, J., Bond, F. W. and Flaxman, P. (2013). Identifying psychological mechanisms underpinning a cognitive behavioural therapy intervention for emotional burnout. *Work & Stress*, 27(2), 181-199.

- Lyall, A. (1989). The prevention and treatment of professional burnout. *Loss, grief & care*, 3(1-2), 27-32.
- Malaquin, S., Mahjoub, Y., Musi, A., Zogheib, E., Salomon, A., Guilbart, M., and Dupont, H. (2017). Burnout syndrome in critical care team members: A monocentric cross sectional survey. *Anaesthesia Critical Care & Pain Medicine*, 36(4), 223-228.
- Manzano-García, G. and Ayala-Calvo, J. C. (2013). New Perspectives: Towards an Integration of the concept "burnout" and its explanatory models. *Anales de psicología*, 29(3), 800-809.
- Maslach, C. (1998). A multidimensional theory of burnout. *Theories of organizational stress*, 68(85), 16.
- Maslach, C. (2018). Burnout: A multidimensional perspective. In *Professional burnout: Recent developments in theory and research*, CRC Press, 19-32.
- Maslach, C. and Leiter, M. P. (2006). Burnout. *Stress and quality of working life: current perspectives in occupational health*, 37, 42-49, available online at: https://books.google.ro/books?hl=ro&lr=&id=LfonDwAAQBAJ&oi=fnd&xpg=PA37&dq=burnout+models&ots=nOhAgKEMpb&sig=ONKX_AI4AG7ReKqB8J9MKtcdtFc&redir_esc=y#v=onepage&q=burnout%20models&f=false, retrieved on July 16th, 2022, 15:38.
- Maslach, C. and Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of applied psychology*, 93(3), 498.
- Maslach, C., Jackson, S. E. and Leiter, M. P. (1986). *The Maslach Burnout Inventory Manual*. Consulting Psychologists Press.
- Maslach, C., Leiter, M. P. and Fink, G. (2016). *Stress: Concepts. Cognition, Emotion, and Behavior*, 4, 351.
- Maslach, C., Schaufeli, W. B. and Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 52(1), 397-422.
- Meynaar, I. A., Ottens, T., Zegers, M., van Mol, M. M. and Van Der Horst, I. C. (2021). Burnout, resilience and work engagement among Dutch intensivists in the aftermath of the COVID-19 crisis: a nationwide survey. *Journal of critical care*, 62, 1-5.
- Moate, R. M., Gnilka, P. B., West, E. M., and Bruns, K. L. (2016). Stress and burnout among counsellor educators: Differences between adaptive perfectionists, maladaptive perfectionists, and nonperfectionists. *Journal of Counseling & Development*, 94(2), 161-171.
- Molassiotis, A. and Haberman, M. (1996). Evaluation of burnout and job satisfaction in marrow transplant nurses. *Cancer Nursing*, 19(5), 360-367.
- Molina-Praena, J., Ramirez-Baena, L., Gómez-Urquiza, J. L., Cañadas, G. R., De la Fuente, E. I. and Cañadas-De la Fuente, G. A. (2018). Levels of burnout and risk factors in medical area nurses: A meta-analytic study. *International journal of environmental research and public health*, 15(12), 2800.

- Montero-Marín, J., Prado-Abril, J., Demarzo, M. M., García-Toro, M. and García-Campayo, J. (2016). Burnout subtypes and their clinical implications: A theoretical proposal for specific therapeutic approaches. *Revista de Psicopatología y Psicología Clínica*, 21(3), 231-242.
- Montero-Marín, J., Prado-Abril, J., Piva Demarzo, M. M., Gascon, S. and García-Campayo, J. (2014). Coping with stress and types of burnout: explanatory power of different coping strategies. *PloS one*, 9(2), e89090.
- Ndetei, D. M., Pizzo, M., Maru, H., Ongecha, F. A., Khasakhala, L. I., Mutiso, V. and Kokonya, D. A. (2008). Burnout in staff working at the Mathari psychiatric hospital. *African Journal of Psychiatry*, 11(3), 199-203.
- Norlund, S., Reuterwall, C., Höög, J., Lindahl, B., Janlert, U. and Birgander, L. S. (2010). Burnout, working conditions and gender—results from the northern Sweden MONICA Study. *BioMed Central Public Health*, 10, 326.
- Ochentel, O., Humphrey, C. and Pfeifer, K. (2018). Efficacy of exercise therapy in persons with burnout. A systematic review and meta-analysis. *Journal of sports science & medicine*, 17(3), 475.
- Ogbuanya, T. C., Eseadi, C., Orji, C. T., Omeje, J. C., Anyanwu, J. I., Ugwoke, S. C. and Edeh, N. C. (2019). Effect of rational-emotive behavior therapy program on the symptoms of burnout syndrome among undergraduate electronics work students in Nigeria. *Psychological Reports*, 122(1), 4-22.
- Pedrabissi, L., Rolland, J. P. and Santinello, M. (1993). Stress and burnout among teachers in Italy and France. *The Journal of psychology*, 127(5), 529-535.
- Peeters, M. C., Montgomery, A. J., Bakker, A. B. and Schaufeli, W. B. (2005). Balancing work and home: How job and home demands are related to burnout. *International Journal of Stress Management*, 12(1), 43.
- Perlman, B. and Hartman, E. A. (1982). Burnout: Summary and future research. *Human Relations*, 35, 283–305.
- Pickett, C. C., Barrett, J. L., Eriksson, C. B. and Kabiri, C. (2017). Social networks among ministry relationships: Relational capacity, burnout, & ministry effectiveness. *Journal of psychology and theology*, 45(2), 92-105.
- Pines, A. M. and Keinan, G. (2005). Stress and burnout: The significant difference. *Personality and individual differences*, 39(3), 625-635.
- Queen, D. and Harding, K. (2020). Societal pandemic burnout: A COVID legacy. *International Wound Journal*, 17(4), 873.
- Roșca, V. I. (2021). Zamfir Cătălin, Căce Sorin (Eds.): COVID19 în România. Date, analize, evoluții și statistici. *Calitatea Vieții*, 32(1), 1-22.
- Salanova, M. and Llorens, S. (2008). Current state of research on Burnout and future challenges. *Papeles del psicólogo*, 29(1), 59-67.
- Sann, U. (2003). Job conditions and wellness of German secondary school teachers. *Psychology and Health*, 18(4), 489-500.
- Schaufeli, W. B. (2017). Applying the job demands-resources model. *Organizational Dynamics*, 2(46), 120-132.

- Schonfeld, I. S., Bianchi, R. and Palazzi, S. (2018). What is the difference between depression and burnout? An ongoing debate, available online at: https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1565&context=gc_pubs, retrieved on July 04th, 2022, 12:26.
- Selye, H. (1950). Stress and the General Adaptation Syndrome. *Br Med J*. 1950 Jun 17;1(4667), 1383-92, available online at: doi: 10.1136/bmj.1.4667.1383. PMID: 15426759; PMCID: PMC2038162, retrieved on August 21st, 2022, 13:17.
- Silbiger, A. and Pines, A. M. (2014). Expatriate stress and burnout. *The International Journal of Human Resource Management*, 25(8), 1170-1183.
- Sklar, M., Ehrhart, M. G. and Aarons, G. A. (2021). COVID-related work changes, burnout, and turnover intentions in mental health providers: A moderated mediation analysis. *Psychiatric rehabilitation journal*, 44(3), 219.
- Stanetić, K., and Tešanović, G. (2013). Influence of age and length of service on the level of stress and burnout syndrome. *Medicinski pregljed*, 66(3-4), 153-162.
- Trindade, L. D. L., Lautert, L., Beck, C. L. C., Amestoy, S. C., and Pires, D. E. P. D. (2010). Stress and burnout syndrome among workers of the Family Health team. *Acta Paulista de Enfermagem*, 23, 684-689.
- Vachon, M. L., Bruera, E. and Portenoy, R. K. (1997). Staff burnout: sources, diagnosis, management, and prevention. *Topics in palliative care*, 2, 247-293.
- Van Dierendonck, D., Schaufeli, W. B. and Buunk, B. P. (1998). The evaluation of an individual burnout intervention program: The role of inequity and social support. *Journal of applied psychology*, 83(3), 392.
- Weber, A. and Jaekel-Reinhard, A. (2000). Burnout syndrome: a disease of modern societies?. *Occupational medicine*, 50(7).
- West, C. P., Dyrbye, L. N. and Shanafelt, T. D. (2018). Physician burnout: contributors, consequences and solutions. *Journal of internal medicine*, 283(6), 516-529.
- WHO (2020). Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020, available online at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>, retrieved on July 28th, 2022, 10:16.
- WHO (28 May 2019). Burn-out an “occupational phenomenon”: International classification of diseases, available online at: https://www.who.int/mental_health/evidence/burn-out/en/, retrieved on August 21st, 2022, 12:27.
- WHO, 2023. WHO Coronavirus (COVID-19) Dashboard, available online at: <https://covid19.who.int/>, retrieved on August 1st, 2023, 17:19.

- Winnubst, J. (1993). Organizational structure, social support and burnout. In: W. B. Schaufeli, C. Maslach y T. Marek. (Eds.). Professional burnout: Recent developments in theory and research. London, Taylor & Francis.
- Zhou, G., Chu, G., Li, L., & Meng, L. (2020). The effect of artificial intelligence on China's labor market. *China Economic Journal*, 13(1), 24-41.
- *** Burnout: Self-Test Maslach Burnout Inventory (MBI), available online at: [https://monkeypuzzlettraining.co.uk/free-downloads/Burnout-Self-Test-Inventory\(MBI\).pdf](https://monkeypuzzlettraining.co.uk/free-downloads/Burnout-Self-Test-Inventory(MBI).pdf), retrived on July 21st, 10:27.

Appendix 1. Part 1. The Maslach Burnout Inventory (MBI), General Self-Test regarding work

Box 2. Short introduction to The Maslach Burnout Inventory

„The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalisation and personal achievement. While this tool may be useful, it must not be used as a clinical diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. For each question, indicate the score that corresponds to your response relevant to that time. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document”.

Source: Burnout: Self-Test Maslach Burnout Inventory (MBI), available online at: [https://monkey-puzzletraining.co.uk/free-downloads/Burnout-Self-Test-Inventory\(MBI\).pdf](https://monkey-puzzletraining.co.uk/free-downloads/Burnout-Self-Test-Inventory(MBI).pdf), retrieved on July 21st, 10:27.

Self-Test MBI. Table 1, Section A, MBI

<i>Questions</i>	<i>Never</i>	<i>A Few Times per Year</i>	<i>Once a Month</i>	<i>A Few Times per Month</i>	<i>Once a Week</i>	<i>A Few Times per Week</i>	<i>Every Day</i>
SECTION A	0	1	2	3	4	5	6
I am feel emotionally drained by my work.							
Working with people all daylong requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel that I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I am at the end of my tether.							
<i>Sub scores</i>							
<i>Section A Total Score</i>							

Table 2, Section B, MBI

<i>Questions</i>	<i>Never</i>	<i>A Few Times per Year</i>	<i>Once a Month</i>	<i>A Few Times per Month</i>	<i>Once a Week</i>	<i>A Few Times per Week</i>	<i>Every Day</i>
SECTION B	0	1	2	3	4	5	6
I feel I deal with colleagues or clients impersonally, as if they were objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my colleagues or clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my colleagues/ clients.							
I am more insensitive to people I was working with.							
I am afraid that the job was making me uncaring.							
Sub scores							
Section B Total Score							

Table 3, Section C, MBI

<i>Questions</i>	<i>Never</i>	<i>A Few Times per Year</i>	<i>Once a Month</i>	<i>A Few Times per Month</i>	<i>Once a Week</i>	<i>A Few Times per Week</i>	<i>Every Day</i>
SECTION C	0	1	2	3	4	5	6
I have accomplished many worthwhile things in the job.							
I feel full of energy.							

<i>Questions</i>	<i>Never</i>	<i>A Few Times per Year</i>	<i>Once a Month</i>	<i>A Few Times per Month</i>	<i>Once a Week</i>	<i>A Few Times per Week</i>	<i>Every Day</i>
I can easily understand what my colleagues or clients feel.							
I look after my colleagues' or clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my colleagues or clients.							
I feel refreshed when I have been close to my colleagues or clients at work.							
<i>Sub scores</i>							
<i>Section C Total Score</i>							

Source: Burnout: Self-Test Maslach Burnout Inventory (MBI), available online at: [https://monkey-puzzletraining.co.uk/free-downloads/Burnout-Self-Test-Inventory\(MBI\).pdf](https://monkey-puzzletraining.co.uk/free-downloads/Burnout-Self-Test-Inventory(MBI).pdf), retrieved on July 21st, 10:27.

Appendix 1, Part 2. Brief interpretation of the results on the Maslach Burnout Inventory (MBI), General Self-Test regarding work

„How to interpret the scores: Burnout involves three main components; emotional exhaustion, depersonalisation and lack of achievement. In each section your scores will indicate the level of burnout you are experiencing ranging from Low-level burnout, moderate burnout or high-level burnout. You can compare your scores in each section below and find advice to help you manage your level of burnout”.

Source: Burnout: How to interpret the scores for The Maslach Burnout Inventory (MBI), General Self-Test regarding work, available online at: monkeypuzzletraining.co.uk/burnout-inventory-results, retrieved on July 21st, 12:19.

The interpretation of the results MBI. Section A, MBI: Emotional Exhaustion

- ⇒ Total 17 or less: Low-level burnout,
- ⇒ Total between 18 and 29 inclusive: Moderate burnout,
- ⇒ Total over 30: High-level burnout.

Emotional exhaustion is perhaps easiest to spot, you increasingly become tired more quickly and unable to bounce back in the way you normally would. Time off work and weekends no longer help you to feel refreshed.

✓ To resolve emotional exhaustion:

1. Ruthlessly prioritise,
2. Practice general good self-care; meditate, exercise (gently), eat well, get outside in nature, get sleep, but go easy on yourself and avoid becoming compulsive about your self care routines.

Section B, MBI: Depersonalisation

- ⇒ Total 5 or less: Low-level burnout,
- ⇒ Total between 6 and 11 inclusive: Moderate burnout,
- ⇒ Total of 12 and greater: High-level burnout.

Depersonalisation happens when, as a result of burnout, you detach from the relational aspect of your work because is it too draining. This often happens unconsciously and you may find it manifests itself in you becoming increasingly cynical, distant and unable to deal with the ‘people’ aspect of your work.

✓ To resolve depersonalisation:

1. Talk to people who can understand and avoid those who drain your energy,
2. If other people are too much - write in a journal.

Section C, MBI: Lack of Personal Achievement

- ⇒ Total 33 or less: High-level burnout,
- ⇒ Total between 34 and 39 inclusive: Moderate burnout,
- ⇒ Total greater than 40: Low-level burnout.

Experiencing a lack of achievement may be real or imagined, but you often no longer get satisfaction from achieving things in your role. This may cause you to become despondent or question whether the role is for you.

✓ To resolve lack of personal achievement:

1. 'Be bothered' on the things that really matter,
2. Know your triggers to entering into compulsive work.

Source: Burnout: How to interpret the scores for The Maslach Burnout Inventory (MBI), General Self-Test regarding work, available online at: monkeypuzzletraining.co.uk/burnout-inventory-results, retrieved on July 21st, 12:19.