

FEATURES OF EMOTIONAL BURNOUT SYNDROME
IN MEDICAL COLLEGE TEACHERS*Kulyk A., Bezditko T.*

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ABSTRACT

Background. Due to the high emotional intensity of the teacher's professional activity, responsibility and complexity of the of teaching work, the risk of developing emotional burnout syndrome increases.

Aim. To investigate the characteristics of emotional burnout syndrome in medical college teachers.

Material & Methods. This work was carried out using the sociological method (according to Maslach Burnout Inventory by Maslach K. & Jackson S., 1986) at the Bohodukhiv Medical Vocational College, a municipal health care institution of the Kharkiv Regional Council. The survey involved 38 teachers, including 6 men and 32 women. The age of the teachers ranged from 30 to 62 years, and their teaching experience ranged from 3 to 35 years.

Results. According to the "emotional exhaustion" scale, 15 (39.4%) of the respondents had the first degree of emotional burnout, 13 (34.2%) had the second degree, and 4 (10.5%) had the third degree. According to the scale of "alienation", 14 (36.8%) of the respondents showed the first degree of emotional burnout, and 10 (26.3%) – the second degree. According to the scale of "devaluation of own achievements", 7 (18.4%) of the respondents had the first degree of emotional burnout, 8 (21.1%) – the second degree, and 4 (10.5%) – the third degree. It should be noted that the teaching experience of all 4 (100.0%) respondents with the third degree of emotional burnout was over 20 years.

Conclusions. Emotional burnout poses a threat to both personal and professional development, as well as mental and somatic health. Teaching experience is directly proportional to the increase in the degree of emotional burnout. The prevention of emotional burnout symptoms should be comprehensive, psychological, and organisational, aimed at correcting mental health disorders and, if necessary, improving the psychological climate in the team, optimising the teacher's work.

Keywords: *emotional exhaustion, alienation, devaluation of personal achievements.*

Introduction

Teaching activity is constantly accompanied by a large number of stress factors that cause high emotional stress. In particular, it is the need for frequent and intensive contacts, high dynamism, lack of time, work overload, complexity of pedagogical situations, social evaluation, etc. Due to the high emotional intensity of the teacher's professional activity, responsibility and complexity

of the teacher's professional work, the risk of developing emotional burnout syndrome increases [1].

The study of the problem of emotional burnout originated in foreign psychology at the end of the XX century. The term "emotional burnout" appeared in 1974, when psychiatrist Herbert Freudenberg noticed exhaustion in psychiatric hospital volunteers [2]. Nowadays, many scientists are actively studying this problem [3; 4].

Symptoms of burnout indicate the characteristic signs of prolonged stress and mental overload that accompany professional activities, the main content of which is interpersonal interaction. The development of burnout syndrome has a staged

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nature, during which there is a change in attitude towards professional activity to indifference and even negative, disruption of contacts with people, and suppression of humane forms of behavior. All researchers, without exception, point out that burnout poses a threat to both personal and professional development, as well as to a person's mental and somatic health.

Maslach C. (1998) conditionally divides the symptoms of emotional burnout into physical (fatigue, feeling of exhaustion, asthenia, frequent headaches, gastrointestinal disorders, overweight or underweight, shortness of breath, insomnia), behavioural and psychological (work becomes more and more difficult, and the ability to perform it becomes less and less, feelings of unconscious anxiety, decreased enthusiasm, feelings of resentment, frustration, uncertainty, guilt, easily triggered anger, irritability, rigidity, general negative attitude towards life prospects, alcohol abuse, etc. [5].

According to [6], the professional burnout of a higher education teacher can be caused by objective and subjective factors. Researchers [7–9] refers to subjective factors as insufficient motivation or formation of a value-based attitude to professional activity; some personal characteristics: anxiety, introversion, perfectionism, workaholism, presentism, etc.

Objective factors include socio-economic transformations in Ukraine that affect the material stability of society members, psychological state and professional well-being; the risk of losing a job due to lack of funds associated with low (absent) funding and insufficient enrolment of applicants during the admission campaign; failure to provide an employee with a full-time job if he or she wants to work fully and efficiently; overloading a teacher with work tasks in the absence of encouragement and appropriate remuneration, etc.

Based on the model of the American researchers Maslach C. and Goldberg J., "burnout" is interpreted as a syndrome of emotional exhaustion, alienation and devaluation of personal achievements. Emotional exhaustion is seen as the main component of "professional burnout" and is characterised by a low emotional background, indifference or emotional overload. Alienation manifests itself in deformation of relationships with other people. In some cases, this may be an increase in dependence on other people, in others – an increase in negativism, cynicism and feelings towards recipients: patients, clients, subordinates, etc. The devaluation of personal achievements is either a tendency to negatively assess oneself,

one's professional achievements and successes, negativism about one's professional dignity and capabilities, or the levelling of personal dignity, limiting one's capabilities, responsibilities towards others [5].

Aim of study was to investigate the peculiarities of the course of emotional burnout syndrome in medical college teachers.

Material and Methods

This work was carried out using the sociological method (according to Maslach Burnout Inventory by Maslach K. & Jackson S., 1986) on the basis of the Municipal Health Care Institution "Bohodukhiv Medical Professional College" of the Kharkiv Regional Council. The survey involved 38 teachers, including 6 men and 32 women. The age of the teachers ranged from 30 to 62 years, and their teaching experience was from 3 to 35 years. All survey participants signed an informed consent for participation in scientific research. Statistical processing of the data was carried out using Excel 2019 (Microsoft, USA).

Results

The age of the teachers ranged from 30 to 62 years, the teaching experience – from 3 to 35 years (*Table 1*).

The *Table 1* shows that the largest number of teachers was aged 30–50 years – 24 (63.2%), of which 18 had more than 10 years of experience, i.e. were specialists of a high level of teaching skills. Distribution of respondents by level of emotional burnout and key components Maslach Burnout Inventory is given in *Table 2*.

In the group of surveyed teachers, 18 (47.4%) had a pronounced first degree of general emotional burnout, which was manifested by rare and short-lived symptoms (fatigue, feeling of exhaustion, decreased enthusiasm, irritability, general negative attitude to life prospects). They were alleviated by the ability to take care of oneself and relaxation (rest and holidays). It should be noted that out of 18 teachers, 13 (72.2%) had more than 10 years of experience, and 5 (27.8%) had over 20 years of experience.

In 10 (26.3%) of the teachers, there were pronounced symptoms of the second degree of general emotional burnout (asthenia, frequent headaches, gastrointestinal disorders, insomnia, feelings of resentment, feelings of disappointment, uncertainty, guilt, rigidity). At this stage, the signs of burnout are more regular, last longer and are more severe. Strategies that were previously suitable for relieving symptoms (rest and holidays) become ineffective. Teachers may continue to feel tired

Table 1. Age and length of service of teachers of the "Bohodukhiv Medical Professional College"

Age	n (%)	Work experience		
		1–10 years	10–20 years	>20 years
25–30 years	6 (15.8%)	4	2	-
30–45 years	15 (39.5%)	5	6	4
40–50 years	9 (23.7%)	1	2	6
more than 50 years	8 (21.1%)	–	–	8

Table 2. The severity of emotional burnout syndrome among teachers of the "Bohodukhiv Medical Professional College"

Components of emotional burnout syndrome	Levels of emotional burnout		
	first degree	second degree	third degree
General emotional burnout	18 (47.4%)	10 (26.3%)	-
Emotional exhaustion	15 (39.5%)	13 (34.2%)	4 (10.5%)
Alienation	14 (36.8%)	10 (26.3%)	-
Devaluation of personal achievements	7 (18.4%)	8 (21.1%)	4 (10.5%)

after a night's sleep, after a weekend's rest. More and more effort is required to "get back to normal" and take care of oneself. It is worth noting that the teaching experience of all 10 (100%) respondents with the second degree of general emotional burnout was over 20 years.

Next, the emotional burnout syndrome is analysed in terms of individual scales. According to the "emotional exhaustion" scale, 15 (39.4%) of the respondents had the first degree of emotional burnout, 13 (34.2%) had the second degree, and 4 (10.5%) had the third degree. According to the scale of "alienation", 14 (36.8%) of the respondents showed the first degree of emotional burnout, and 10 (26.3%) – the second degree. According to the scale of "devaluation of own achievements", 7 (18.4%) of the respondents had the first degree of emotional burnout, 8 (21.1%) – the second degree, and 4 (10.5%) – the third degree.

It should be noted that the teaching experience of all 4 (100%) respondents with the third degree of emotional burnout was over 20 years.

The obtained results indicate that the problem of emotional burnout is really relevant for medical college teachers.

Discussion

The findings of this study highlight significant parallels between emotional burnout in medical college teachers and other high-stress healthcare professions. Among the surveyed teachers, nearly half (47.4%) exhibited first degree of burnout, characterized by intermittent symptoms such as fatigue and irritability, while 26.3% reported se-

cond degree of emotional burnout, marked by chronic exhaustion and somatic complaints. Notably, all respondents with third degree of burnout – a severe condition involving emotional detachment – had over 20 years of teaching experience. This aligns with research by Galaiya R. et al. (2020), which found that senior surgeons with extensive career tenure were disproportionately affected by burnout due to prolonged exposure to high-stress environments [7]. The consistency in these trends underscores the role of occupational longevity as a critical risk factor across medical education and clinical practice.

Further comparisons reveal similarities in emotional exhaustion between educators and critical care nurses. In this study, 39.5% of teachers reported moderate emotional exhaustion, a figure comparable to rates observed among ICU nurses facing relentless workplace demands [9]. Both professions involve sustained emotional labor, whether through patient care or student engagement, suggesting that burnout mechanisms transcend specific job functions. However, while nurses often benefit from targeted resilience interventions – such as the positive emotion skills program tested by Cheung E.O. et al. (2020) [8] – medical educators rarely receive comparable support. This disparity points to an unmet need for institutional burnout prevention strategies in academic settings.

The depersonalization component of burnout, referred to as "alienation" in this study, affected 36.8% of teachers with first degree, with a subset progressing to second degree. This mirrors fin-

dings in surgical teams, where cynicism and emotional detachment were linked to reduced job satisfaction [7]. Strikingly, the most severe cases of burnout in both groups correlated with decades of service, implying that early intervention is essential to mitigate long-term consequences. Cochran K.L. et al. (2020) emphasized organizational-level changes – such as workload redistribution and mental health resources – as effective measures for healthcare workers [5]. Applying these approaches to medical education could similarly alleviate burnout among faculty, particularly those with extensive tenure.

Finally, the devaluation of personal achievements, reported by 18.4% of teachers with first degree and 21.1% with second degree of emotional burnout, reflects a broader pattern observed in caregiving professions. When educators or clinicians perceive their efforts as futile, motivation declines, exacerbating burnout. The results of this study reinforce the need for systemic reforms, including mentorship programs and recognition initiatives, to sustain professional fulfillment. The parallels between medical teachers and frontline healthcare workers underscore burnout as a universal occupational hazard, demanding tailored yet cohesive solutions across disciplines.

Conclusions

Emotional burnout poses a threat to both personal and professional development, as well as

mental and somatic health. Recommendations for the prevention and overcoming of teachers' emotional burnout syndrome include optimisation of work and rest regimes, healthy lifestyle, proper nutrition, mastering self-regulation skills, professional and personal development and self-improvement.

Teaching experience is directly proportional to the increase in the degree of emotional burnout.

Thus, the prevention of emotional burnout symptoms should be comprehensive, psychological, and organisational, aimed at correcting mental health disorders and, if necessary, improving the psychological climate in the team, optimising the teacher's work.

DECLARATIONS:

Disclosure Statement

The authors have no potential conflicts of interest to disclosure, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.

Statement of Ethics

The authors have no ethical conflicts to disclosure.

Data Transparency

The data can be requested from the authors.

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