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EMOTIONAL BURNOUT SYNDROME IN HEALTHCARE WORKERS AND ITS IMPACT ON INTERPERSONAL RELATIONSHIPS

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Abstract

This literature review provides a comprehensive analysis of the prevalence of emotional burnout syndrome (EBS) among healthcare workers, its contributing factors, and its impact on interpersonal relationships. Contemporary epidemiological data indicate that burnout is highly prevalent, affecting approximately 30–60% of healthcare professionals. The findings demonstrate that emotional exhaustion, depersonalization, and reduced personal accomplishment represent the core components of the syndrome. Furthermore, EBS extends beyond the workplace, adversely influencing family and social relationships and increasing the risk of depression and suicidal ideation. The analysis highlights that emotional burnout is not only an individual issue but also a systemic challenge within healthcare systems. Therefore, the development and implementation of comprehensive preventive and organizational strategies aimed at reducing burnout are of critical importance.

Keywords: emotional burnout syndrome, healthcare workers, emotional exhaustion, depersonalization, empathy, interpersonal relationships, stress, depression, suicidal ideation, work performance, hygiene, prevention.

Introduction

Emotional burnout syndrome (EBS) among healthcare workers is one of the most pressing psycho-hygienic problems in modern healthcare systems. It has been recognized by the World Health Organization as an occupational phenomenon



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resulting from chronic workplace stress that has not been successfully managed. According to recent epidemiological studies, 30–60% of healthcare workers exhibit varying degrees of burnout symptoms.

In recent years, increased workload in healthcare systems, pandemics, staff shortages, and high levels of responsibility have intensified chronic stress among medical personnel. This has contributed to the widespread prevalence of burnout. In the International Classification of Diseases (ICD-11), EBS is defined as a work-related phenomenon associated with prolonged occupational stress.

In scientific literature, burnout is commonly explained using a three-component model: emotional exhaustion, depersonalization, and reduced personal accomplishment. The model developed by Christina Maslach remains the most widely applied theoretical framework. Epidemiological studies show that burnout is particularly prevalent among healthcare workers in intensive care, oncology, and infectious disease departments.

Objective of the study. To analyze the factors contributing to the development of emotional burnout syndrome among healthcare workers, its mechanisms of impact on interpersonal relationships, and its socio-psychological consequences within healthcare systems, based on scientific literature.

Materials and methods. This study was conducted as a systematic literature review with elements of a narrative approach. Scientific articles, meta-analyses, and epidemiological reports published between 2015 and 2025 were selected. Major databases included PubMed, Scopus, Web of Science, and official WHO reports.

Main part. The analysis indicates a high prevalence of burnout among healthcare professionals, exceeding 50% in some studies. Meta-analyses conducted in the United States and Europe report emotional exhaustion in 44–54% of physicians.



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The impact of burnout on interpersonal relationships manifests in several key domains:

Depersonalization leads to perceiving patients as “objects,” resulting in reduced empathy. Studies show that patient satisfaction is 20–30% lower among physicians with high levels of burnout.

In team environments, the number of conflicts increases. Disruptions in communication, social isolation, and decreased professional trust among colleagues are commonly observed. This, in turn, increases the risk of medical errors.

Burnout also negatively affects family and social relationships. Chronic stress reduces an individual’s ability to fulfill social roles, leading to family conflicts and social withdrawal.

Statistical data further indicate that healthcare workers with high levels of burnout have a twofold increased risk of depression and a 1.5–2 times higher prevalence of suicidal ideation.

Conclusion. Emotional burnout syndrome is widespread among healthcare workers and significantly affects not only individual health but also the overall effectiveness of healthcare systems.

Burnout occurs in approximately 30–50% of healthcare workers and is primarily manifested through emotional exhaustion and depersonalization. It leads to reduced quality of communication with patients and diminished empathy.

EBS disrupts team dynamics, increases workplace conflicts, and elevates the risk of medical errors. Its social consequences extend to family relationships and the psychological well-being of individuals.

Therefore, reducing burnout requires the development and implementation of comprehensive preventive measures at both individual and institutional levels.



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