American Journal of Multidisciplinary Research & Development (AJMRD)
*Volume 07, Issue 05 (**May - 2025**), PP 09-18*
ISSN: 2360-821X
www.ajmrd.com

Research Paper **Open Access**

Emotional Burnout Among Helping Professionals: A Theoretical Review and Practical Implications

Valeriya Kovbuz
Student of Masters in Psychology, University of Derby, UK

ABSTRACT: Emotional burnout has become increasingly prevalent among helping professionals such as psychologists, healthcare workers, social workers, and educators, individuals whose roles demand sustained emotional engagement. This theoretical review explores emotional burnout not as a unidimensional construct, but as a complex, evolving phenomenon shaped by both personal and systemic factors. Drawing on foundational frameworks such as the Maslach Burnout Inventory (MBI) and the Job Demands-Resources (JD-R) Model, the paper synthesizes traditional and contemporary perspectives to analyze root causes, expressions, and implications of burnout. Key contributing factors include emotional labor, role overload, diminished autonomy, and unsupportive organizational cultures.

Recent empirical studies, particularly those published in the last five years, reveal a growing prevalence of emotional burnout, exacerbated by global stressors such as the COVID-19 pandemic. Beyond description, this review offers theoretical critique and highlights inconsistencies across dominant models. It proposes integrative frameworks better suited to the shifting realities of modern caregiving professions.

Practical, evidence-based strategies are also presented. These include individual-level interventions such as mindfulness training and resilience-building, as well as organizational practices like workload restructuring, supervisory support, and systemic wellness initiatives. By linking theoretical insight with applied solutions, the article seeks to guide practitioners, scholars, and policymakers toward more sustainable, multilevel responses to emotional burnout. Ensuring the well-being of those who serve others is not only ethical but essential to the health of the systems they support.

Keywords*: Emotional Burnout, Helping Professionals, Emotional Labor, Maslach Burnout Inventory, Job Demands-Resources Model, Compassion Fatigue, Resilience, Organizational Support*

I. INTRODUCTION

1.1 Definition of Emotional Burnout

Emotional burnout is a psychological syndrome, arising from prolonged exposure to chronic interpersonal stressors at work, particularly in emotionally charged settings. This syndrome is characterized by three primary dimensions: emotional exhaustion, depersonalization or cynicism, and diminished personal accomplishment (Maslach & Leiter, 2016). Whereas burnout was largely regarded as a consequence of chronic physical overload, present-day definitions acknowledge its affective and relational nature, thereby bringing into focus a principal emotional burden borne by professionals charged with caring for or assisting others (Schaufeli et al., 2009). Among helping professionals, stressors of emotional burnout entail the enduring exposure to the suffering of clients/patients; scanners, unethical situations, bureaucratic impediments, not to mention the anticipation for constant empathy and support. Thus, emotional burnout becomes not a temporary emotive phase but a condition characterized by progressive irreversible disability, impacting personal health and professional effectiveness.

1.2 Prevalence Among Helping Professionals

Helping professionals—psychologists, health workers, social workers, and educators—represent some of the most susceptible occupational groups to emotional burnout. Recent studies show how diverse populations have been experiencing burnout over the past decade, reporting prevalence rates ranging from 30% to 60%, with even more elevated levels of emotional exhaustion and detachment noted in certain subgroups, such as frontline nurses, early-career teachers, and child welfare social workers (Moss et al., 2021; De Hert, 2020). The COVID-19 pandemic has aggravated these conditions and created a global rise in cases of emotional burnout among essential caregivers, due to increased workloads, systemic failures, and extended periods of emotional exposure without adequate support (Salvagioni et al., 2017). Added to the development of chronic burnout, mental health

professionals experience another layer of emotional distress secondary to vicarious trauma, often known as "compassion fatigue" (Figley, 2002).

1.3 Rationale for Focus

The realizations of emotional burnout in a helping profession are deep-seated and far-reaching. On the individual level, chronic burnout bears an extra hitch of depression, tendency towards substance use, sleep disorders, and, in certain cases suicidal ideation (Ahola et al., 2005). Professionally, it has an impact on diminished quality of care, medical and ethical errors, absenteeism, and turn toward turnover intention—all of which directly threaten the very sustainability of the public health and education systems into which they have been employed for good (West et al., 2018). For institutions, costly direct impacts of burnout include costs for their replacement of workers, the effects of productivity loss, and reduced client satisfaction. Most importantly, burnout in care providers and support workers undermines the core values of empathy, trust, and human connection, which, in turn, erodes the very therapeutic or educative alliance critical to generating positive outcomes (Maslach & Leiter, 2016). Due to this critical intersection of personal and systemic effects, emotional burnout should strongly attract theoretical interest and development of real-world interventions fit for different helping contexts.

1.4 Purpose and Structure of the Paper

This article offers a comprehensive theoretical review of emotional burnout among helping professionals, integrating traditional psychological models with empirical findings applied across diverse professional domains. The paper presents a literature review modeling the theoretical frame based on the Maslach Burnout Inventory, the Job Demands-Resources model, and the theory of compassion fatigue. Then it describes the related factors at the individual, organizational, and systemic levels. An optional theoretical discussion will follow that reflects upon and critiques the assumptions underlying the already existing models. Recommendations for interventions designed to alleviate burnout at both personal and systemic levels conclude the article. The theoretical rigor coupled with practical insights provides the reader—scholars, practitioners, and policymakers—with a framework for understanding and addressing emotional burnout in contemporary helping professions.

II. LITERATURE REVIEW

2.1 Important Theories and Models of Emotional Burnout

This construct of burnout has been within the domain of psychological theory for a long time, especially in the field of occupational health and stress. One of the earliest and most popular theories about burnout has been that of Maslach Burnout Inventory (MBI), developed by Christina Maslach and Susan Jackson in the early 1980s. The MBI conceptualizes burnout in a tripartite syndromic form, which comprises emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion relates to the feelings of having being drained or depleted of emotional resources, depersonalization involves an uncaring or impersonal response to those receiving one`s care or service, and reduced personal accomplishment denotes reduced feelings of competence and successful achievement in the workplace (Maslach & Jackson, 1981). This MBI has been validated widely and is now the most common instrument in the field for measuring burnout in various professional settings.

In contrast, there is the Job Demands-Resources (JD-R) Model, which provides a broader framework within the organization, arguing that burnout is the result of an imbalance between job demands and resources available to meet such demands (Demerouti et al., 2001). Job demands would typically include psychological pressure, emotional labor, time limitation, and role ambiguity, while all other resources include supervisory support, autonomy, or meaningful feedback. In a chronic situation of higher demands than resources, exhaustion and disheartenment arise. The JD-R model thus becomes very suitable for studying job-specific burnouts as it provides the flexibility to define stressors and coping strategies.

The theory to which this framework has a close association is the Compassion Fatigue Theory which posits that burnout among helping professions may not be significantly from workload or stress but engage more with the emotional party of traumatic experience and suffering. Figley (1995) describes that "cost of caring" is compassion fatigue, a condition that results from repeated exposure to the emotional pain of others. This model has been gaining popularity especially among mental health professionals and trauma workers when there are occurrences of vicarious trauma or emotional overexposure.

All three theories of MBI, JD-R, and Compassion Fatigue Theory can be taken together to assess the causal and exhibited dimensions about emotional burnout. However, they are different as per their emphasis, as depicted in Table 1: MBI defines burnout in terms of its symptoms; JD-R sees those structural factors that induce burnout; and Compassion Fatigue Theory sees client contact as an emotional contagion.

Model	Focus	Key Components	Application
Maslach Burnout Inventory	Psychological symptoms	Emotional exhaustion, depersonalization, low personal accomplishment	Healthcare, education, and social work
JD-R Model	Work demands vs. available resources	Job demands, job resources, personal resources	Organizational studies, HR frameworks
Compassion Fatigue Theory	Emotional impact of caregiving	Secondary trauma, empathetic strain, emotional depletion	Mental health, trauma work

2.2 Contributing Factors to Emotional Burnout

The emergence of burnout in helping professionals is rarely, if ever, a result of a single factor; more often, a constellation of personal, organizational, and systemic stressors is responsible for the development of the phenomenon. One of the most critical individual factors is considered emotional labor, which is the process of managing feelings and expressions in response to the requirements of a particular job. Hochschild (1983) described the consequences of emotional labor, especially in service and caregiving occupations, where workers would often suppress their emotions in order to display acceptable behavior. This state of dissonance places considerable emotional strain upon the workers and can create high levels of fatigue and alienation.

In addition, workload intensity plays an important role. Often, healthcare providers face time limits and must make decisions where life and death hang in the balance. Teachers, all the while, are trying to instruct large heterogeneous classes where the needs of the students are diverse and the means are limited. Overburdened with social work caseloads that far surpass their limits, it is well acknowledged that social workers are being stressed out by excessive workload. Excessive workload is consistently related to increased levels of burnout across all professions (Salvagioni et al., 2017).

Role ambiguity and role conflict are situations where professional responsibilities are poorly defined and conflict. Helping professionals who undergo uncertainty about what is expected from them on the job, especially in regard to instructions from conflicting superiors, will have more job dissatisfaction and are likely to suffer from emotional burnout (Schaufeli & Taris, 2014).

Organizational and systemic factors such as chronic underfunding, lack of autonomy, and poor administrative leadership have important effects on the experience of burnout. Bureaucratic pressures and scarcity of resources are upon professionals in numerous health systems, while the voices of teachers and social workers have generally maligned the lack of support given to practice by policy frameworks and government institutions, especially in neglected areas. This systematic neglect erodes self-efficacy and causes disengagement.

2.3 Current Empirical Studies (2019–2024)

Within the last five years, some of the important cross-sectional studies have attempted to shed light on burnout and its dynamics in helping professions. For example, Rotenstein et al. in a meta-analysis involving 42 countries found burnout levels ranging up to 52% among healthcare professionals reporting moderate to severe levels, with emotional exhaustion being the most reported dimension. The figures were found to be compounded during the time of the COVID-19 pandemic. For example, nurse studies in Italy during the pandemic reported emotional exhaustion rates 25% higher than those in the pre-pandemic period (Rossi et al., 2020).

In the field of education, another study conducted in 2022 showed that 59% of teachers reported symptoms of burnout, with emotional tiredness being the most commonly cited concern. The study credited the challenges associated with remote teaching, pressures from parents, and disengaged students as the contributing factors (Greenberg et al., 2022).

Mental health professionals had a disturbing trend. A survey conducted in 2021 by the American Psychological Association showed almost 46% of psychologists were experiencing increasing burnout symptoms post-COVID-19 due to heightened caseload levels and longer teletherapy sessions (APA, 2021). Intersectional vulnerabilities were also persistently higher in early-career professionals and female practitioners.

Evidence points toward some protective factors: workplace interventions with supportive supervision, flexible scheduling of work, and access to wellness resources have been shown to have some measurable effect in reducing indicators of burnout (West et al., 2018). This is consistent with the JD-R model, which asserts that increased resources can buffer the effects of high demands.

More research is now underway, exploring the idea of intersectionality, which states that an individual's risk of burnout is heightened when they belong to multiple marginalized groups. For example,

BIPOC (Black, Indigenous, and People of Color) professionals report that emotional burnout intertwined with racial microaggressions within workplace settings creates vulnerable layers (Smith et al., 2022).

2.4 Emerging Gaps in the Literature

Despite the growing body of literature on emotional burnout, several critical gaps remain. First, many prevailing models still conceptualize burnout primarily as an individual psychological deficit, rather than as a consequence of organizational or systemic dysfunction. This framing risks pathologizing the worker rather than addressing the structures that perpetuate emotional exhaustion. While models like the Maslach Burnout Inventory (MBI) and the Job Demands-Resources (JD-R) model remain foundational, they often underrepresent the emotional intimacy involved in caregiving professions, where personal identity and professional duty frequently overlap. The experience of compassion fatigue, for example, is not fully addressed within frameworks focused on workload or engagement metrics alone.

Another significant limitation is the lack of longitudinal research tracing how emotional burnout develops and evolves over time. Most existing studies provide cross-sectional snapshots rather than capturing the transitional stages from initial stress to chronic exhaustion, or the effectiveness of phased interventions. This is particularly relevant in post-crisis contexts such as the COVID-19 pandemic, where the nature of burnout may shift as systems recover or fail to.

Moreover, much of the empirical focus remains concentrated on Western, high-income contexts, particularly in North America and Europe. Burnout experiences in underrepresented regions such as Africa, Asia, and Latin America remain underexplored, despite evidence that socio-cultural expectations, resource limitations, and communal coping strategies shape how emotional burnout is perceived and managed. For example, studies in the Philippines and Nigeria have highlighted the influence of collectivist values and religious coping mechanisms on professional well-being, suggesting the need for culturally responsive models that move beyond Western assumptions of individualism and emotional detachment.

Finally, the current literature often generalizes "helping professionals" as a monolithic group, overlooking how emotional burnout manifests differently across fields. A trauma therapist may experience burnout through sustained empathetic engagement and secondary traumatic stress, while a teacher may face demoralization driven by systemic neglect or policy failure. In healthcare, emotional burnout may stem from moral injury due to life-and-death decision-making. These field-specific emotional landscapes must be clearly articulated in theoretical discourse to enable more targeted interventions and policy design.

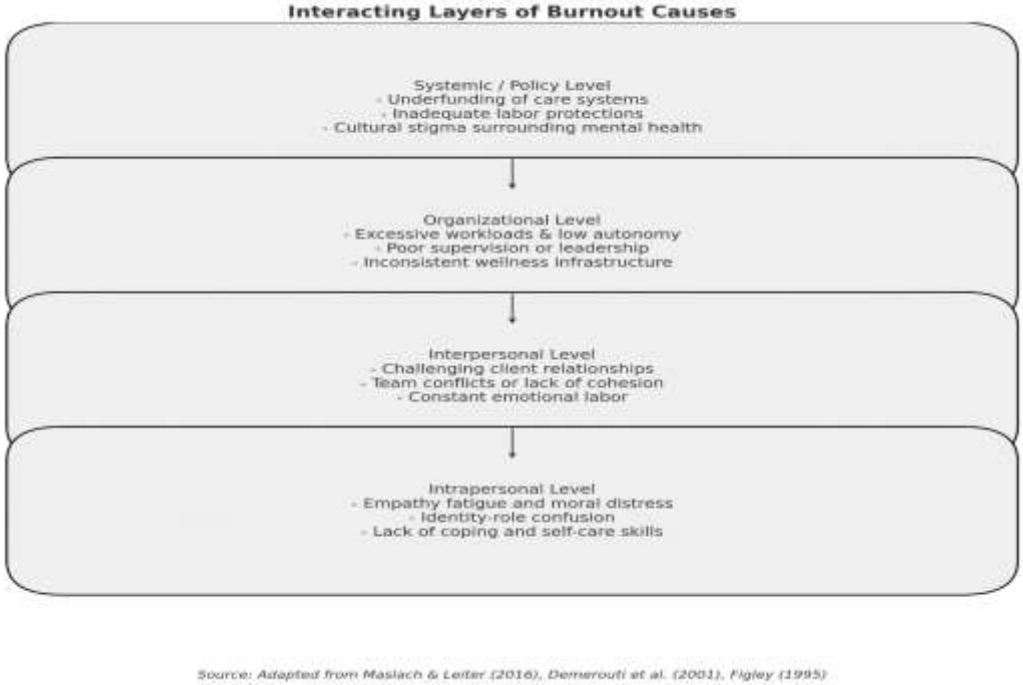

Figure 1: Interacting Layers of Burnout Causes

Emotional burnout is, in effect, an experience most complex and multilayered, dependent on several forces. MBI, JD-R, and Compassion Fatigue all focus on critical aspects, but the realities of today's helping professionals are so fluid that they do not convey the full understanding. This section would deal with these

theoretical models in a slightly more critical way in terms of areas of overlapping, contradiction, and synthesis potential.

III. THEORETICAL ANALYSIS

3.1 Comparative Assessment of Burnout Models

Theoretical models of emotional burnout offer valuable frameworks to interpret its causes and manifestations, yet each model exhibits specific limitations that merit critical examination. The Maslach Burnout Inventory (MBI) remains the most empirically validated and widely applied construct, defining burnout as a triad of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). The strength of the MBI lies in its clarity and diagnostic utility across professions such as healthcare, education, and human services. However, it has been critiqued for its narrow focus on individual symptomatology, often neglecting systemic and organizational contributors to burnout.

In contrast, the Job Demands-Resources (JD-R) Model conceptualizes burnout as the result of an ongoing imbalance between job demands (e.g., workload, time pressure, emotional labor) and available resources (e.g., support, autonomy, recognition) (Demerouti et al., 2001). Its flexibility allows the model to be adapted across various occupational settings, and it offers predictive capacity for both burnout and engagement. However, critics argue that the JD-R model may sacrifice psychological depth for organizational breadth, offering limited engagement with the emotional or relational burden of caregiving roles.

Bridging this gap, the Compassion Fatigue Theory, advanced by Charles Figley (1995), highlights the emotional toll of sustained empathetic engagement with traumatized individuals. Terms such as “secondary traumatic stress” and “empathy-based strain” reflect the unique psychological burdens of those repeatedly exposed to suffering. While valuable, this model often centers trauma-focused professions such as counseling or emergency care, limiting its applicability in roles like education or casework where trauma may be indirect or institutional rather than interpersonal.

Collectively, these models span a spectrum from psychological (MBI), to structural (JD-R), to affective (Compassion Fatigue). However, they tend to operate in silos seldom addressing how these dimensions overlap or evolve over time.

3.2 Conceptual Gaps Among Theoretical Models

One critical limitation across models is the absence of temporal development. Burnout is inherently cumulative, yet most frameworks assess it cross-sectionally, failing to capture the progression from stress to full burnout or the windows where early intervention is most effective (Shirom, 2003). Additionally, the frameworks inadequately account for intersectionality—the ways in which race, gender, class, and culture interact with professional identity and affect the burnout experience. Most validation studies are Western-centric, raising questions about cultural relevance in collectivist or under-resourced contexts.

While the JD-R model maps out structural stressors well, it often underrepresents the moral dimensions of burnout. Professionals may experience high emotional strain even with adequate resources, due to ethical dilemmas, vicarious trauma, or lack of meaning in their work. The MBI, in turn, conflates symptoms from different origins, emotional exhaustion caused by system dysfunction may resemble that caused by client trauma but require very different interventions.

Additionally, many models overgeneralize professional roles. Burnout among teachers, for example, may stem from political demoralization, whereas therapists may suffer from empathy overload. Treating these as equivalent erases important context-specific dynamics.

3.3 Toward an Integrative Framework

In response to these shortcomings, scholars have proposed integrative frameworks that unify personal, relational, organizational, and sociocultural dimensions of burnout. One such model is the Multilevel Contextual Burnout Model (MCBM) proposed by Leiter et al. (2018), which integrates symptom-focused measures from MBI, structural insights from JD-R, and emotional dynamics from compassion fatigue theory. The MCBM treats burnout as a dynamic, feedback-driven condition, shaped by layered interactions across multiple contexts.

Figure 2: Integrated Framework for Understanding Burnout in Helping Professions

An integrative framework allows for customized interventions. For instance, a school counselor experiencing emotional exhaustion due to high caseloads and limited peer support may benefit from organizational solutions like team-building or workload redistribution. In contrast, a trauma therapist facing moral injury may require intrapersonal interventions such as reflective supervision or personal trauma processing.

Moreover, applying Ecological Systems Theory (Bronfenbrenner, 1979) enriches this approach by situating burnout within broader systemic influences such as institutional racism, labor precarity, or policy neglect. This is especially crucial in post-pandemic labor markets where emotional burnout is becoming endemic.

Finally, integrative frameworks invite the development of composite diagnostic tools that go beyond traditional scales. Combining trauma screens, resilience indices, and environmental audits can yield more accurate burnout assessments and targeted responses. Most importantly, such frameworks position burnout not as personal failure but as a systemic condition, one requiring multilevel, collective solutions.

4. Practical Implications

4.1 Personal Strategies for Preventing and Managing Emotional Burnout

Helping professionals must adopt sustainable self-regulation strategies to cope with emotional burnout. One of the most evidence-based methods is Mindfulness-Based Stress Reduction (MBSR), developed by Kabat-Zinn (1990). MBSR trains individuals to cultivate non-judgmental awareness of thoughts and bodily sensations. Numerous randomized controlled trials confirm its efficacy in reducing stress, emotional exhaustion, and psychological distress among professionals such as nurses, social workers, and therapists (Gilmartin et al., 2017).

Boundary setting is also a critical strategy. In professions with frequent emotional exposure, such as education, mental health, or community outreach blurred personal-professional boundaries increase the risk of fatigue. The ability to say “no,” define communication hours, and assert emotional limits can protect against overextension. Research indicates that early-career professionals who receive boundary training report significantly lower role overload (Rupert & Dorociak, 2019).

Self-care routines, including consistent sleep, exercise, nutrition, social support, and hobbies may seem basic, yet are strongly correlated with lower burnout levels. Awa et al. (2010) found that individuals who maintained structured health routines were not only less likely to experience burnout but also more engaged in their roles.

However, it is vital to view personal strategies not as a substitute for systemic reform. When self-care is promoted as the sole solution, it risks becoming another form of emotional labor that shifts responsibility away from institutions.

4.2 Organizational Strategies: Leadership, Supervision, and Structural Design

Organizations employing helping professionals must recognize that burnout is often a symptom of structural flaws not personal weakness. Among the most effective organizational strategies is supportive supervision, which has been shown to reduce emotional burnout and increase professional confidence across

healthcare and social service sectors (Skakon et al., 2010). Effective supervisors provide emotional validation, guidance, and regular feedback.

Workload management is equally essential. High caseloads and inadequate staffing are consistent predictors of emotional exhaustion and depersonalization. Organizations must prioritize caseload caps, task-sharing, and flexible scheduling. For example, a Canadian mental health agency reported a 30% reduction in burnout after implementing task redistribution policies (Taylor et al., 2021).

Embedded wellness programs, such as in-house counseling, mental health screenings, trauma-informed leadership training, and peer support groups are more impactful than superficial interventions like occasional wellness days or yoga classes. These programs cultivate a culture of care and psychological safety.

By way of illustration, Table two outlines a matrix of high-impact organizational strategies in different professional settings.

Strategy	Healthcare	Education	Social Work
Supervision	Weekly team debriefs	Instructional coaching	Reflective case consultations
Workload regulation	Patient-to-nurse ratio limits	Class size restrictions	Caseload caps
Wellness programs	Staff counseling access	Wellness coordinators	Peer trauma support groups
Flexible scheduling	Shift rotation autonomy	Remote prep time	Alternative workweek models

4.3 Evidence-Based Interventions and Models

Several interventions have shown strong evidence in reducing burnout. The Schwartz Center Rounds create space for emotional reflection in healthcare environments, resulting in greater empathy, lower stress, and improved collaboration (Lown & Manning, 2010).

Balint Groups, originally for physicians, now serve a range of professions by fostering reflective dialogue on emotionally difficult cases. A 2019 meta-analysis confirmed that Balint participation reduces burnout and boosts job satisfaction (Kjeldmand et al., 2019).

In education, the CARE Program (Cultivating Awareness and Resilience in Education) has demonstrated success in improving emotional regulation, mindfulness, and classroom management skills while lowering stress (Jennings et al., 2017).

The Sanctuary Model, used widely in social work, institutionalizes trauma-informed practices at the organizational level impacting hiring, supervision, and policy. Evaluations show it lowers staff turnover and enhances team cohesion (Bloom & Farragher, 2011).

4.4 Recommendations for Policy and Practice

To create lasting change, macro-level policy interventions must accompany organizational and personal strategies. Governments, licensing boards, and professional associations should enact legislative protections for psychological safety in the workplace.

Workforce regulations should enforce safe staffing ratios, caseload limits, and legally protected rest periods, similar to physical safety laws. Scandinavian countries that regulate psychosocial risk report significantly lower national burnout rates (Eurofound, 2020).

Licensing bodies should require wellness provisions and burnout education as certification criteria. Continuing education credits in emotional regulation, trauma-informed care, and organizational well-being could be mandated.

Training programs must embed burnout awareness, emotional literacy, and resilience-building into the curriculum of helping professions. Many new graduates enter emotionally intensive work unprepared for its psychological demands.

Equity must also be a priority. Marginalized professionals often endure a “double burden” of job stress and systemic discrimination. Organizations should monitor and report on equity-related indicators such as wage disparities, promotion bias, and cultural competence to ensure inclusive protection systems.

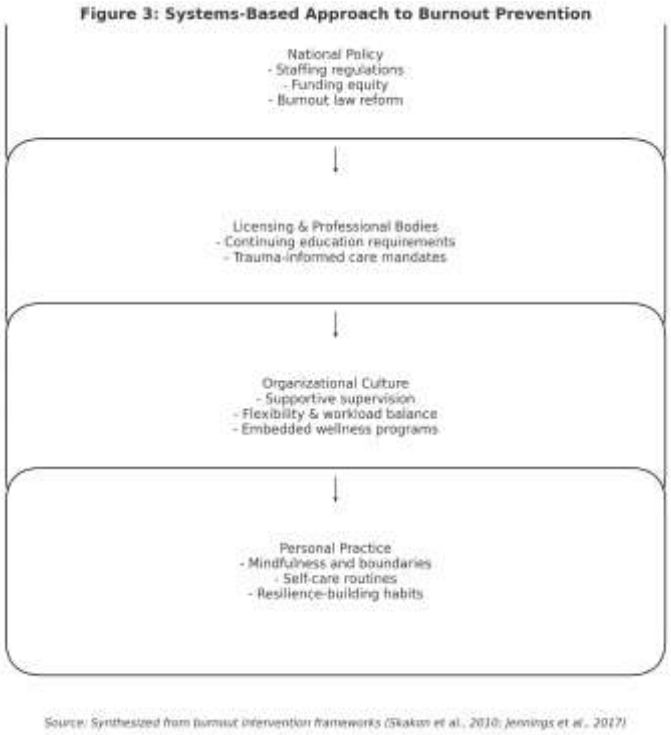

Figure 3: Systems-Based Approach to Burnout Prevention

A sustainable solution to emotional burnout requires multi-level alignment. Individual self-care is only one layer. Organizations must be redesigned for emotional sustainability, and policies must guard workers from structural exploitation. Only with coordinated, evidence-based action can the well-being of helping professionals be truly protected.

IV. CONCLUSION

5.1 Summary of Insights

This article has offered a comprehensive theoretical and practical review of emotional burnout among helping professionals, those engaged in care, education, treatment, or support roles. Utilizing foundational models such as the Maslach Burnout Inventory (MBI), the Job Demands-Resources (JD-R) Model, and Compassion Fatigue Theory, the paper examined emotional burnout as both a psychological condition and a systemic outcome. Burnout manifests through emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment symptoms linked to daily pressures, organizational inefficiencies, and chronic exposure to emotional stress.

Recent empirical studies confirm that burnout is particularly prevalent in under-resourced and trauma-exposed environments. At the personal level, strategies such as mindfulness, boundary setting, and self-care have been shown to build resilience and emotional stability. However, these practices alone are insufficient without parallel organizational transformation. Structural solutions including supportive supervision, equitable workload distribution, and embedded wellness programs are essential to lasting change. Scalable, evidence-based interventions such as Schwartz Center Rounds, Balint Groups, and the CARE program have shown promising results. On a policy level, labor protections, regulatory standards, and educational reforms centered on workplace mental health are urgently needed.

5.2 Significance of Addressing Burnout

Addressing emotional burnout is not merely a wellness initiative, it is a matter of professional sustainability and ethical responsibility. If left unaddressed, burnout compromises the health, retention, and ethical functioning of professionals and erodes the quality of public service systems. The COVID-19 pandemic has further intensified emotional burnout, making it a silent epidemic in essential sectors. Prioritizing the well-being of those who care for others is not only vital but just; societies must ensure that helping professionals are not sacrificed in the very act of service.

5.3 Future Research and Systemic Change

Future research should move beyond symptom tracking to explore the ecological, cultural, and developmental dimensions of burnout. Special attention must be given to intersectionality, examining how race, gender, and socioeconomic status shape burnout vulnerability. Longitudinal studies are needed to assess whether policy and organizational reforms lead to sustained change. Above all, systemic change must take precedence. Institutions, educators, and policymakers must realign values and redistribute resources to foster emotionally sustainable work environments. Emotional burnout is not inevitable, it is preventable, if we have the will to redesign the systems that create it.

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Valeriya Kovbuz
Student of Masters in Psychology, University of Derby, UK