



International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Scholarly Publisher
RS Global Sp. z O.O.
ISNI: 0000 0004 8495 2390

Dolna 17, Warsaw,
Poland 00-773
+48 226 0 227 03
editorial_office@rsglobal.pl

ARTICLE TITLE	BURNOUT AS AN “OCCUPATIONAL PHENOMENON” AMONG HEALTHCARE WORKERS AND COPING STRATEGIES – A REVIEW OF LITERATURE
----------------------	---

DOI	https://doi.org/10.31435/ijitss.3(47).2025.3802
------------	---

RECEIVED	11 July 2025
-----------------	--------------

ACCEPTED	23 September 2025
-----------------	-------------------

PUBLISHED	30 September 2025
------------------	-------------------

LICENSE	 The article is licensed under a Creative Commons Attribution 4.0 International License .
----------------	--

© The author(s) 2025.

This article is published as open access under the Creative Commons Attribution 4.0 International License (CC BY 4.0), allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

BURNOUT AS AN “OCCUPATIONAL PHENOMENON” AMONG HEALTHCARE WORKERS AND COPING STRATEGIES – A REVIEW OF LITERATURE

Hanna Paszkiewicz (Corresponding Author, Email: hania.paszkiewicz@gmail.com)

5th Military Hospital with Polyclinic in Cracow, Wroclawska 1-3, 30-901 Kraków, Poland

ORCID ID: 0009-0007-6536-3311

Oliwia Gugala

University Clinical Hospital No. 2 PMU in Szczecin, Powstańców Wielkopolskich 72 St, 70-111 Szczecin, Poland

ORCID ID: 0009-0002-4081-4140

Kamil Nowak

Specialist Hospital No. 4 in Bytom, al. Legionów 10, 41-902 Bytom, Poland

ORCID ID: 0009-0001-2539-3360

Alicja Stryczek-Schlusche

University Clinical Hospital in Opole, al. W. Witosa 26, 45-401 Opole, Poland

ORCID ID: 0009-0005-3033-1083

Patryk Kowalczyk

10th Military Research Hospital and Polyclinic, Independent Public Healthcare Centre in Bydgoszcz, Powstańców Warszawy 5, 85-681 Bydgoszcz, Poland

ORCID ID: 0009-0009-7303-8185

Bartłomiej Trzeciński

10th Military Research Hospital and Polyclinic, Independent Public Healthcare Centre in Bydgoszcz, Powstańców Warszawy 5, 85-681 Bydgoszcz, Poland

ORCID ID: 0009-0007-1309-0470

Igor Winogrodzki

Military Institute of Aviation Medicine, Krasińskiego 54/56, 01-755 Warsaw, Poland

ORCID ID: 0009-0009-0751-6636

Aleksandra Magdalena Furczyńska

Medical University of Lodz, Al. Kościuszki 4, 90-419 Łódź, Poland

ORCID ID: 0009-0009-3165-8247

Filip Bracichowicz

Military Institute of Aviation Medicine, Krasińskiego 54/56, 01-755 Warsaw, Poland

ORCID ID: 0009-0008-6661-5450

Aleksandra Gęsińska

Medical University of Lodz, Al. Kościuszki 4, 90-419 Łódź, Poland

ORCID ID: 0009-0005-6062-4995

ABSTRACT

Introduction: Burnout is a syndrome that has become a major problem in modern, hectic lives. It is scientifically proven that the medics report higher level of burnout than any other working field. It has been recognized as a exhaustion, depersonalization and decreased satisfaction and efficiency at work. It leads to severe states like depression, anxiety and permanent weariness. It can cause drastic deterioration in the health care system and have negative consequences for the patients. Therefore, we undertook this study to investigate the scale of the problem.

Materials and Methods: A detailed review of literature was conducted to investigate the problem of burnout and to focus on possible coping strategies using PubMed, Google Scholar and MEDLINE databases.

Keywords: burn-out, medical burn-out, occupational stress, coping strategies, physicians, medical students, mindfulness, exhaustion, occupational burn-out

Results: Data shows that 50% of physicians are affected by burnout syndrome. Documented symptoms are both mental and physical, most common are depression, anxiety and lack of work satisfaction. The scale of the suffering healthcare workers reached its peak during COVID-19 pandemic. Women declared higher levels of burn-out, comparing to male coworkers. The problem occurs at the early stages of medical career, as around 20% of medical students declared adequate symptoms.

Conclusions: Burn-out phenomenon must be taken under further research, as it becomes worldwide health issue among healthcare workers. It is essential to spread awareness, encourage medics to seek for professional help and collect a significant amount of data to prepare a concrete strategies and treatments programs.

KEYWORDS

Burn-Out, Medical Burn-Out, Occupational Stress, Coping Strategies, Physicians, Medical Students, Mindfulness, Exhaustion, Occupational Burn-Out

CITATION

Hanna Paszkiewicz, Oliwia Gugala, Kamil Nowak, Alicja Stryczek-Schlusche, Patryk Kowalczyk, Bartłomiej Trzcinski, Igor Winogrodzki, Aleksandra Magdalena Furczyńska, Filip Bracichowicz, Aleksandra Gęsińska. (2025) Burnout as an "Occupational Phenomenon" Among Healthcare Workers and Coping Strategies – A Review of Literature. *International Journal of Innovative Technologies in Social Science*, 3(47). doi: 10.31435/ijitss.3(47).2025.3802

COPYRIGHT

© **The author(s) 2025.** This article is published as open access under the **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

Introduction

Burn-out (referring also as *burn-out syndrome* or *burn-out phenomenon*) is not classified as an illness, nor any kind of medical condition. According to the 11th Revision of the International Classification of Diseases (ICD-11), quoting WHO:

„Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- *feelings of energy depletion or exhaustion;*
- *increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and*
- *reduced professional efficacy.*

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life." [29]

The first time it was ever documented was by Freudenberg in 1974. [1] The symptoms are not clearly determined as it is not a concrete medical state. Both physical and mental problems may be described, such as depression, anxiety, insomnia, cardiovascular disorders, metabolic deviations. [2] It leads to decreased working efficiency, performance and career fulfilment. [3]

It is becoming drastically increasing problem mostly among the group of healthcare workers. [4] The crucial factors that occur to this work sector are permanent stress, time pressure, emotional distress, work overload, constant exposure to people suffering, pain, death and trauma. Moreover, taken under account must be working long-hours, short-staffed medical centres and gradually more demanding patients.[5] The COVID-19 pandemic has had a significant impact on the progress of the burn-out syndrome, as it put enormous amount of pressure and trauma on the whole health care system. [6], [7], [8]

Materials and Methods

A detailed review of literature was conducted to investigate the problem of burnout and to focus on possible coping strategies using PubMed, Google Scholar and MEDLINE databases, using the following keywords: burn-out, medical burn-out, occupational stress, coping strategies, physicians, medical students, mindfulness, exhaustion, occupational burn-out.

Results

There is a study that demonstrates that 50% of physicians are affected by burnout syndrome [9]. The most documented symptoms are anxiety, depression, intensified self-consciousness, lack of energy, trouble sleeping, impaired concentration. [10], [11] [12]; back pain, limb/joint pains, numbness, headaches and gastrological problems [13]. It leads to reduced quality of the medical services, and visibly lowered outcomes of treatments. [4]

Furthermore, a great amount of new cases of burn-out have been delivered as a consequence of the COVID-19 pandemic. Could we even consider it a global traumatic event? It undeniably made a mark on a mental health of medics, as the ones who were on the frontline working with COVID-19 patients reported greater stress level[6]. The percentage of healthcare workers that declared post-traumatic stress symptoms reached from 43% [14] to even 56, 6% [8]. In the analysed studies women reported higher levels of burnout, stress and fatigue [15], even up to 16.6 times comparing to their male coworkers [7]. The female gender itself was pointed as a risk factor for severe somatic symptoms [16].

In addition, burn-out phenomenon is declared by medics in very early stages of their careers. Data shows that around 20% of medical students feel the need to seek for psychological help, as they experience anxiety, depression and even suicidal thoughts [17]. It comes as a consequence for an enormous amount of stress, study load, lack of free time, and permanent pressure and rivalry with peers. No proper psychological preparation for starting a clinical rotations [17], the fear of making a mistake, constant exams and other forms of testing knowledge [18] have drastic impact on self-consciousness of med students. Data shows that, even though they have academic background to understand the need to get psychiatric treatment, they are afraid of it being documented [17][19].

Taking under consideration the scale of the problem, some interventions and strategies need to be provided. The research conducted on the group of residents proved that the limitation of working hours has significant impact on decreasing the level of burnout and emotional exhaustion [20]. A different study showed that mindfulness training (mental training) is more beneficial than cutting down on shift hours. [21] It is scientifically proven that a 12-month therapy improves the well-being and mental stability. [22] Furthermore, some aspects to release tension in everyday work life of medical staff that are pointed out are movement, meditation, having a balanced relationships with patients and coworkers [23] [24] and having planned, regular breaks and moments to relax. [25] Moreover, data shows that lack of psychical activity is a key factor for a burnout [26]. The research indicates a strong correlation between movement and exhaustion. The physical activity decreases the level of exhaustion and cortisol, which leads to being less prone to burnout and achieving satisfaction and higher efficiency and effectiveness at work [27].

All those strategies should be implemented since the very beginning of medical careers. An adequate psychological help, support groups encountering senior students are documented to be crucial for young medics [3][28].

Conclusions

A burnout phenomenon is a common state among all kinds of healthcare workers. As it starts affecting younger age groups, conducting programs since the early stages of the medical career must be implemented. A professional psychological and psychiatric help should be easily accessible, support groups, mindfulness therapy, a facilities for physical activity, strict working hours schedule are crucial factors for the medics' well-being. Nevertheless, more research has to be done to prepare a complete strategy to cope with burnout syndrome to protect the whole health care system.

Author's contribution:

Research concept and design – Hanna Paszkiewicz, Oliwia Gugąła, Kamil Nowak, Alicja Stryczek-Schlusche.

Data collection and/or compilation – Hanna Paszkiewicz, Patryk Kowalczyk, Bartłomiej Trzciniński, Igor Winogrodzki, Aleksandra Gęsińska, Aleksandra Magdalena Furczyńska.

Data analysis and interpretation – Oliwia Gugąła, Hanna Paszkiewicz, Filip Bracichowicz, Kamil Nowak, Alicja Stryczek-Schlusche.

Writing – Hanna Paszkiewicz, Oliwia Gugąła, Patryk Kowalczyk, Igor Winogrodzki, Bartłomiej Trzciniński.

Critical review of the article – Oliwia Gugąła, Aleksandra Gęsińska, Aleksandra Magdalena Furczyńska, Filip Bracichowicz.

Supervision, project administration – Hanna Paszkiewicz.

All authors have read and agreed with the published version of the manuscript.

Funding statement: The study did not receive any external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Not applicable.

Conflict of Interest Statement: The authors declare that they have no conflict of interest.

REFERENCES

- Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1), 159–165. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- Khammissa, R. A. G., Nemutandani, S., Feller, G., Lemmer, J., & Feller, L. (2022). Burnout phenomenon: Neurophysiological factors, clinical features, and aspects of management. *Journal of International Medical Research*, 50(9), 03000605221106428. <https://doi.org/10.1177/03000605221106428>
- Fares, J., Al Tabosh, H., Saadeddin, Z., El Mouhayyar, C., & Aridi, H. (2016). Stress, burnout and coping strategies in preclinical medical students. *North American Journal of Medical Sciences*, 8(2), 75. <https://doi.org/10.4103/1947-2714.177299>
- Cohen, C., Pignata, S., Bezak, E., Tie, M., & Childs, J. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: A systematic review. *BMJ Open*, 13(6), e071203. <https://doi.org/10.1136/bmjopen-2022-071203>
- Tement, S., Ketiš, Z. K., Mirošević, Š., & Selič-Zupančič, P. (2021). The impact of psychological interventions with elements of mindfulness (PIM) on empathy, well-being, and reduction of burnout in physicians: A systematic review. *International Journal of Environmental Research and Public Health*, 18(21), 11181. <https://doi.org/10.3390/ijerph182111181>
- Franklin, P., & Gkiouleka, A. (2021). A scoping review of psychosocial risks to health workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 18(5), 2453. <https://doi.org/10.3390/ijerph18052453>
- Araç, S., & Dönmezgil, S. (2020). Investigation of mental health among hospital workers in the COVID-19 pandemic: A cross-sectional study. *São Paulo Medical Journal*, 138(5), 433–440. <https://doi.org/10.1590/1516-3180.2020.0272.r3.21072020>
- Luceño-Moreno, L., Talavera-Velasco, B., García-Albuérne, Y., & Martín-García, J. (2020). Symptoms of posttraumatic stress, anxiety, depression, levels of resilience and burnout in Spanish health personnel during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(15), 5514. <https://doi.org/10.3390/ijerph17155514>
- Wurm, W., et al. (2016). Depression-burnout overlap in physicians. *PLOS ONE*, 11(3), e0149913. <https://doi.org/10.1371/journal.pone.0149913>
- Cohen, S., Janicki-Deverts, D., & Miller, G. E. (2007). Psychological stress and disease. *JAMA*, 298(14), 1685. <https://doi.org/10.1001/jama.298.14.1685>
- Nater, U. M., Fischer, S., & Ehlert, U. (2011). Stress as a pathophysiological factor in functional somatic syndromes. *Current Psychiatry Reviews*, 7(2), 152–169. <https://doi.org/10.2174/157340011796391184>
- Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology*, 10, 284. <https://doi.org/10.3389/fpsyg.2019.00284>

13. Hammarström, P., Rosendahl, S., Gruber, M., & Nordin, S. (2023). Somatic symptoms in burnout in a general adult population. *Journal of Psychosomatic Research*, 168, 111217. <https://doi.org/10.1016/j.jpsychores.2023.111217>
14. Riello, M., Purgato, M., Bove, C., MacTaggart, D., & Rusconi, E. (2020). Prevalence of post-traumatic symptomatology and anxiety among residential nursing and care home workers following the first COVID-19 outbreak in Northern Italy. *Royal Society Open Science*, 7(9), 200880. <https://doi.org/10.1098/rsos.200880>
15. Yin, Q., et al. (2020). Posttraumatic stress symptoms of health care workers during the coronavirus disease 2019. *Clinical Psychology & Psychotherapy*, 27(3), 384–395. <https://doi.org/10.1002/cpp.2477>
16. Hong, S., et al. (2021). Immediate psychological impact on nurses working at 42 government-designated hospitals during COVID-19 outbreak in China: A cross-sectional study. *Nursing Outlook*, 69(1), 6–12. <https://doi.org/10.1016/j.outlook.2020.07.007>
17. Witt, K., et al. (2019). Effectiveness of universal programmes for the prevention of suicidal ideation, behaviour and mental ill health in medical students: A systematic review and meta-analysis. *Evidence-Based Mental Health*, 22(2), 84–90. <https://doi.org/10.1136/ebmental-2019-300082>
18. Matheson, K. M., Barrett, T., Landine, J., McLuckie, A., Soh, N. L.-W., & Walter, G. (2016). Experiences of psychological distress and sources of stress and support during medical training: A survey of medical students. *Academic Psychiatry*, 40(1), 63–68. <https://doi.org/10.1007/s40596-015-0395-9>
19. Knipe, D., Maughan, C., Gilbert, J., Dymock, D., Moran, P., & Gunnell, D. (2018). Mental health in medical, dentistry and veterinary students: Cross-sectional online survey. *BJPsych Open*, 4(6), 441–446. <https://doi.org/10.1192/bjo.2018.61>
20. Busireddy, K. R., Miller, J. A., Ellison, K., Ren, V., Qayyum, R., & Panda, M. (2017). Efficacy of interventions to reduce resident physician burnout: A systematic review. *Journal of Graduate Medical Education*, 9(3), 294–301. <https://doi.org/10.4300/JGME-D-16-00372.1>
21. Tement, S., Ketiš, Z. K., Mirošević, Š., & Selič-Zupančič, P. (2021). The impact of psychological interventions with elements of mindfulness (PIM) on empathy, well-being, and reduction of burnout in physicians: A systematic review. *International Journal of Environmental Research and Public Health*, 18(21), 11181. <https://doi.org/10.3390/ijerph182111181>
22. Krasner, M. S. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*, 302(12), 1284. <https://doi.org/10.1001/jama.2009.1384>
23. Koh, M. Y. H., et al. (2015). Burnout, psychological morbidity and use of coping mechanisms among palliative care practitioners: A multi-centre cross-sectional study. *Palliative Medicine*, 29(7), 633–642. <https://doi.org/10.1177/0269216315575850>
24. Maresca, G., Corallo, F., Catanese, G., Formica, C., & Lo Buono, V. (2022). Coping strategies of healthcare professionals with burnout syndrome: A systematic review. *Medicina*, 58(2), 327. <https://doi.org/10.3390/medicina58020327>
25. Zakaria, N., Zakaria, N. H., Bin Abdul Rassip, M. N. A., & Lee, K. Y. (2022). Burnout and coping strategies among nurses in Malaysia: A national-level cross-sectional study. *BMJ Open*, 12(10), e064687. <https://doi.org/10.1136/bmjopen-2022-064687>
26. Goldberg, R., et al. (1996). Burnout and its correlates in emergency physicians: Four years' experience with a wellness booth. *Academic Emergency Medicine*, 3(12), 1156–1164. <https://doi.org/10.1111/j.1553-2712.1996.tb03379.x>
27. Naczenski, L. M., De Vries, J. D., Van Hooff, M. L. M., & Kompier, M. A. J. (2017). Systematic review of the association between physical activity and burnout. *Journal of Occupational Health*, 59(6), 477–494. <https://doi.org/10.1539/joh.17-0050-RA>
28. Parkerson, G. R., Broadhead, W. E., & Tse, C. K. (1990). The health status and life satisfaction of first-year medical students. *Academic Medicine*, 65(9), 586–588. <https://doi.org/10.1097/00001888-199009000-00009>
29. World Health Organization. (2019, May 28). Burn-out an "occupational phenomenon": International classification of diseases. *World Health Organization*. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>