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## KARAKTERISTIKE PACIJENATA SA SINDROMOM BURNOUT-A

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**Apstrakt: Uvod:** Burnout sindrom je hronični stres povezan sa emotivno iscrpljujućim poslom sa kojim osoba ne može da se izbori svojim resursima za samopomoć što rezultira izgaranjem. Sindrom je uvek povezan sa poslom, i pored emocionalnog iznurivanja, podrazumeva i depersonalizaciju i utisak nedovoljne efikasnosti. **Uzrok burnouta** su: disbalans između ličnih psiholoških snaga pojedinca i nepovoljnih uslova na poslu, nepostojanje autonomije na radnom mestu i kontrole rada; rad koji se kosi sa etičkim i ličnim osećajem; izostanak pohvale ili podrške tima ili nadređenih; ukoliko ciljevi nisu ono što pojedinac duboko u sebi želi. **Karakteristike sindroma izgaranja prema profesijama:** među lekarima opšte prakse je sve češći fenomen sa ozbiljnim posledicama po profesionalnu efikasnost. Medicinske sestre su takođe opterećenje poslom. Poslednjih godina je objavljeno dosta radova o burnout-u zapošljenih u telekomunikacionoj delatnosti. **Klinička slika:** Simptomi burnouta su: psihički i mentalni umor, snižen imuni odgovor koji vodi učestalijem razbolevanju, učestale glavobolje, bolovi u leđima, bolovi u mišićima, osećanje straha pri odlasku na posao, ljutnje i razdraženosti, osećaj bespomoćnosti, poraza, bezizlaznosti i usamljenosti. Pojedincu je potrebno duže vreme da završi predviđeni posao. **Dijagnoza:** Čak 75-90% svih poseta lekaru su povezani sa hroničnim stresom, a neretko se obilaze i svi dostupni specijalisti ne bi li došli do konačne dijagnoze. Najpre je neophodno uzeti iscrpnu anamnezu, zatim fizikalni nalaz i dostupne laboratorijske analize kako bi se isključili ostali klinički entiteti. Često i sindrom burnouta se može manifestovati srčanim smetnjama, neurološkim manifestacijama ili psihijatriskim poremećajima. **Principi terapije** se ogledaju u lečenju simptoma i znakova sagorevanja na poslu. U zavisnosti koji simptomi dominiraju, njima se posvećuje veća pažnja. U razvijenim centrima je zaposlenima na raspolaganju art terapija, terapija muzikom, sesije vežbanja pažnje kroz savetodavni centar. **Uloga psihijatra i psihoterapeuta u pomoći ovim pacijentima:** Podaci iz literature ukazuju da neke bolnice nude besplatnu mentalnu pomoć i savetodavnu službu za svoje zaposlene. Pojedinac koji oseća sindrom sagorevanja ponekad se ne usuđuje da zatraži pomoć, već sve dublje tone. **Mere prevencije:** promocija kulture podrške, psihološka podrška, racionalizacija posla i timska saradnja. **Zaključak:** U radu su prikazani etiološki faktori koji doprinose sindromu sagorevanja; ukazano je na osobenosti kliničke slike kako bi se lakše prepoznala bolest; prikazani su principi terapije; naglašena je važnost podrške psihoterapeuta u edukaciji i pomoći ovim pacijentima; Burnout treba posmatrati kao signal sistema i razmotriti fleksibilnije radno vreme zaposlenog; Treba raditi na razvijanju strategija za bolji balans posao-privatni život.

**Ključne reči:** burnout, izgaranje, profesija, lekar, prevencija

### UVOD

Sindrom izgaranja ili u anglosaksonskoj literaturi burnout sindrom, je fenomen u savremenoj medicini koji se opisuje sedamdesetih godina dvadesetog veka. Prvi je u medicinsku upotrebu uveo Freudenberg [1], a zatim detaljnije obradili Maslach i saradnici [2,3]. To je hronični stres povezan sa emotivno iscrpljujućim poslom sa kojim osoba ne može da se izbori svojim resursima za samopomoć i to rezultira izgaranjem. Sindrom je uvek povezan sa poslom, i pored emocionalnog iznurivanja,

podrazumeva i depersonalizaciju i utisak nedovoljne efikasnosti. Postoji mnogo radova na ovu temu. Opisan je po profesijama.

Lekari osećaju iscrpljenost sa utiskom iskorišćenosti na kraju smene i da ne mogu pružiti jednako kvalitetnu uslugu pacijentima. Depersonalizacija lekara podrazumeva da oni sagladavaju pacijente kao objekat, a ne kao ljudsko biće i postaju sve neljubazniji. To se posebno ogleda u nemoći da pacijentima pomogne sa njihovim problemima kao ni u zdravstvenoj negi. Trpi i profesionalni napredak lekara [4,5,6,7].

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## CHARACTERISTICS OF PATIENTS WITH BURNOUT SYNDROME

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**Apstrakt:** Introduction: Burnout syndrome is a state of chronic stress associated with emotionally demanding work that a person is unable to cope with using their own self-help resources, resulting in exhaustion. The syndrome is always related to work and, in addition to emotional exhaustion, also includes depersonalization and a sense of reduced professional efficacy. The causes of burnout include: imbalance between an individual's personal psychological resources and unfavorable working conditions; lack of autonomy in the workplace and control over work; work that conflicts with ethical and personal values; absence of recognition or support from the team or supervisors; and situations in which work goals do not align with the individual's intrinsic motivations. Characteristics of burnout by profession: Among general practitioners, burnout is an increasingly common phenomenon with serious consequences for professional efficiency. Nurses are also significantly burdened by workload. In recent years, many studies have been published on burnout among employees in the telecommunications sector. Clinical picture: Symptoms of burnout include mental and psychological fatigue, reduced immune response leading to more frequent illnesses, recurrent headaches, back pain, muscle pain, feelings of anxiety when going to work, irritability and anger, as well as feelings of helplessness, failure, hopelessness, and loneliness. Individuals often require more time to complete routine tasks. Diagnosis: As many as 75–90% of all doctor visits are related to chronic stress, and patients often consult multiple specialists in search of a definitive diagnosis. A detailed medical history is essential, followed by physical examination and laboratory tests to exclude other clinical conditions. Burnout syndrome may also present with cardiac symptoms, neurological manifestations, or psychiatric disorders. Principles of treatment: Treatment focuses on managing the symptoms and signs of occupational burnout. Depending on the predominant symptoms, appropriate therapeutic approaches are prioritized. In developed centers, employees have access to art therapy, music therapy, mindfulness training, and counseling services. Role of psychiatrists and psychotherapists: Literature data indicate that some hospitals offer free mental health support and counseling services for their employees. Individuals experiencing burnout may hesitate to seek help and instead progressively deteriorate. Preventive measures: Promotion of a supportive work culture, psychological support, workload rationalization, and team collaboration. Conclusion: This paper presents the etiological factors contributing to burnout syndrome and highlights the characteristics of its clinical presentation to facilitate recognition of the condition. It outlines principles of treatment and emphasizes the importance of psychotherapeutic support in education and patient care. Burnout should be viewed as a systemic warning signal, and more flexible working hours should be considered for employees. Strategies aimed at improving work–life balance should be further developed.

**Key words:** burnout, burning, profession, doctor, prevention

### Introduction

Burnout syndrome, or burnout syndrome in Anglo-Saxon literature, is a phenomenon in modern medicine that was described in the seventies of the twentieth century. It was first introduced into medical use by Freudenberg [1], and then elaborated by Maslach et al. [2, 3]. It is the chronic stress associated with an emotionally draining job that a person cannot cope with with their self-help resources,

resulting in burnout. The syndrome is always associated with work, and in addition to emotional exhaustion, it also implies depersonalization and the impression of insufficient efficiency. There are many works on this topic. It is described by professions.

Doctors feel exhausted with the impression of being used up at the end of the shift and that they cannot provide the same quality service to patients. The depersonalization of doctors means that they view patients as an object, not

Menadžerska bolest“ je pojam koji može biti sinonim burnauta, a predstavlja skup simptoma koji nastaju kao posledica dugotrajne izloženosti stresu na poslu. Premda je profesija direktor-menađer, povezana s velikom odgovornošću i dužnostima, preopterećenost poslom vodi fiziološkim, a kasnije i psihosomatskim reakcijama. Pogoršanje zdravstvenog stanja je sa krajnjom fizičkom i psihičkom iscrpljenošću [8,9,10].

#### **Uzrok burnout-a**

Uzroci sindroma izgaranja su: disbalans između ličnih psiholoških snaga pojedinca i nepovoljnih uslova na poslu, nepostojanje autonomije na radnom mestu i kontrole rada; rad koji se kosi sa etičkim i ličnim osećajem; izostanak pohvale ili podrške tima ili nadređenih; ulaganje napora, iako ciljevi nisu ono što pojedinac duboko u sebi želi [11].

#### **Karakteristike sindroma izgaranja po profesijama**

Lekari opšte medicine se susreću sa ozbiljnim posledicama po profesionalnu efikasnost, kvalitet zdravstvene zaštite, i mentalno zdravlje zdravstvenih radnika. Oni često osećaju emocionalnu izolaciju, preplavljenost i gubitak smisla u radu.

Medicinske sestre su takođe opterećenje poslom. Posebno su izložene ovom sindromu sestre u intenzivnoj nezi ili koje rade na onkološkoj klinici [12].

Menažeri, direktori, a posebno zapošljeni u bankama su ispitivana grupa zanimanja u literaturi. Poslednjih godina je objavljeno dosta radova o burnout-u zapošljenih u telekomunikacionoj delatnosti. Ovi poslovi iscrpljuju zaposlene, jer ciljevi koji moraju ostvariti na radnom mestu sa jedne strane, i veoma oskudne interakcije među zaposlenima sa druge strane, su teren za razvoj sindroma izgaranja. To su sedentarni poslovi sa vrlo malo kretanja. Smatra se da ova profesija ima sve tri dimenzije burnout-a: potražnja za zaposlenjem, nedostatak dobre kontrole nadređenih i snižena interakcija među zaposlenima [13, 14].

#### **Klinička slika**

Stres svako doživljava i proživljava drugačije, tako da je i simptomatologija različita.

Simptomi burnouta su: psihički i mentalni umor, snižen imuni odgovor koji vodi učestalijem razbolevanju, učestale glavobolje,

bolovi u leđima, bolovi u mišićima, osećanje straha pri odlasku na posao, ljutnje i razdraženosti, osećaj bespomoćnosti, poraza, bezizlaznosti i usamljenosti. Pojedincu je potrebno duže vreme da završi predviđeni posao.

Sve profesije s velikom odgovornošću i dužnostima kod kojih zbog preopterećenosti poslom dolazi do fizioloških, a kasnije i psihosomatskih reakcija koje za posledicu mogu imati pogoršanje zdravstvenog stanja i krajnju fizičku i psihičku iscrpljenost. Najčešće su to tahikardija, palpitacije, prekomerno znojenje, povišene vrednosti glukoze u krvi, povišen holesterol, povišeni krvni pritisak. Za menadžersku bolest moglo bi se reći i da je epidemija novog doba koja sve više ugrožava ljude mlađe i srednjeg životnog doba. Bolest češće zahvata muškarce nego žene. Muškarcima najčešće donosi srčane tegobe, dok žene pate od teskobe, apatije i depresije.

Ako se akutni zdravstveni problemi i simptomi ne leče adekvatno i na vreme, prelaze u hronične. Ovo je sindrom hroničnog radnog stresa, manifestovan kao emotivna iscrpljenost, depersonalizacija i osećanje smanjene lične efikasnosti [15].

Među izabranim lekarima je učestalost ovog sindroma sve veća zbog preopterećenosti u toku jednog radnog dana zakazanim pacijentima, nezakazanim pacijentima i detaljnom evidencijom o svakoj poseti. Radno opterećenje, rigidnija organizaciona struktura, radna politika koja kažnjava grešku, a izostavlja pohvalu, uz nedostatak resursa ličnosti, doprinose sindromu sagorevanja.

Nedostaje emocionalna podrška. Burnout treba posmatrati kao signal sistema koji iscrpljuje zaposlenog, a ne kao slabost istog. Burnout nije samo nezadovoljstvo poslom ili umor usled obima posla, već se manifestuje osećajem stresa i depresije [16]. Ali u nekim manifestacijama mogu odsustvovati ovi simptomi.

Burnaut je opisivan kao veoma blizak depresiji, ali karakteristika depersonalizacije i slabijeg postignuća na poslu ga jasno odeljuju od depresije i ostalih psihijatrijskih manifestacija.

Posledice su: smanjena empatija, pogoršan odnos sa pacijentima, narušeno psihofizičko pa i mentalno zdravlje [17,18]. Na tabeli br.1 je prikazana razlika između stresa i burnouta.

as a human being, and they become increasingly unkind. This is especially reflected in the inability to help patients with their problems as well as in health care. The professional progress of doctors also suffers [4,5,6,7].

"Managerial disease" is a term that can be synonymous with burnout, and represents a set of symptoms that arise as a result of long-term exposure to stress at work. Although the profession of director-manager is associated with great responsibility and duties, work overload leads to physiological and later psychosomatic reactions. Deterioration of the health condition is accompanied by extreme physical and psychological exhaustion [8,9,10].

#### **Cause of burnout**

The causes of burnout syndrome are: -imbalance between the individual's personal psychological strengths and unfavorable conditions at work: lack of autonomy in the workplace and work control; work that conflicts with ethical and personal feelings; lack of praise or support from the team or superiors; to strive even though the goals are not what the individual deeply desires[11].

#### **Dullness towards professions**

Burnout syndrome among general practitioners is an increasingly common phenomenon with serious consequences for professional efficiency, the quality of health care, and the personal mental health of health workers. Doctors often feel emotional isolation, overwhelm and loss of meaning in their work.

Nurses are also a work load. Nurses in intensive care or who work at an oncology clinic are particularly exposed to this syndrome [12].

Managers, directors, and especially employees in banking have been a frequently studied occupational group in the literature. In recent years, numerous studies have also been published on burnout among employees in the telecommunications sector. These jobs are highly exhausting, as the performance targets that employees must achieve on the one hand, and very limited interpersonal interaction among employees on the other, create a favorable environment for the development of burnout syndrome. These are sedentary jobs with very little physical activity. It is considered that this profession involves all three dimensions of burnout: job demands, lack of adequate managerial control, and reduced interaction among employees [13, 14].

#### **Clinical picture**

Stress is experienced and processed differently by each individual, so symptomatology also varies.

Symptoms of burnout include mental and psychological fatigue, reduced immune response leading to more frequent illness, recurrent headaches, back pain, muscle pain, feelings of fear when going to work, anger and irritability, as well as feelings of helplessness, failure, hopelessness, and loneliness. Individuals often require more time to complete assigned tasks.

All professions with high levels of responsibility and workload, in which physiological and later psychosomatic reactions occur due to overload, may lead to deterioration of health status and eventual physical and mental exhaustion. The most common manifestations include tachycardia, palpitations, excessive sweating, elevated blood glucose levels, increased cholesterol, and elevated blood pressure. The so-called "managerial disease" can be considered an epidemic of the modern era, increasingly affecting people of younger and middle age. The condition more frequently affects men than women. In men, it most commonly leads to cardiac problems, while women more often suffer from anxiety, apathy, and depression.

If acute health problems and symptoms are not treated adequately and in time, they may become chronic. This is a syndrome of chronic occupational stress, manifested as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment [15].

Among general practitioners, the incidence of this syndrome is increasing due to excessive workload during the working day, including scheduled and unscheduled patients, as well as detailed documentation of each visit. Workload, rigid organizational structure, a work policy that penalizes mistakes but does not reward success, along with lack of personal resources, all contribute to burnout syndrome.

Emotional support is often lacking. Burnout should be viewed as a systemic warning signal that exhausts the employee, rather than a personal weakness. Burnout is not merely job dissatisfaction or fatigue due to workload; it manifests as a combination of stress and depressive symptoms [16]. However, in some cases, these symptoms may be absent.

Burnout has been described as closely related to depression, but the presence of depersonalization and reduced professional

**Tabela 1.** Razlika između stresa i burnout

stres	burnout
Preveliko angažovanje na poslu	Obično povlačenje u sebe
Preterano emocionalno reagovanje	Umanjeno emocionalno reagovanje, otupelost
Prenatrpanost poslom i datumima	Usporenost uz osećanje beznađa i bespomoćnosti
Nedostatak energije	Smanjena motivacija, ideje i nadanja
Obično individualno reagovanje	Obično individualno reagovanje

**Dijagnoza burnout-a**

Čak 75-90% svih poseta lekaru su povezani sa hroničnim stresom, a neretko se obilaze i svi dostupni specijalisti ne bi li došli do konačne dijagnoze.

Najpre je neophodno uzeti iscrpnu anamnezu, zatim fizikalni nalazi i dostupne laboratorijske analize kako bi se isključili ostali klinički entiteti. Često i sindrom burnouta se može manifestovati srčanim smetnjama, neurološkim manifestacijama ili psihijatriskim poremećajima [19].

**Principi terapije**

Principi terapije se ogledaju u lečenju simptoma i znakova sagorevanja na poslu. U zavisnosti koji simptomi dominiraju, njima se posvećuje veća pažnja.

U razvijenim centrima kao što je Healthcare System, zaposlenima je na raspolaganju art terapija, terapija muzikom, sesije vežbanja pažnje kroz savetodavni centar [20].

**Uloga psihijatra i psihoterapeuta u pomoći ovim pacijentima**

Podaci iz literature ukazuju da neke bolnice nude besplatnu mentalnu pomoć i savetodavnu službu za svoje zaposlene.

Psihoterapija ne treba biti instrument adaptacije na sistem koji iscrpljuje pojedinca, već sredstvo očuvanja ljudskosti, empatije i profesionalne etike. Pojedinaac koji oseća sindrom sagorevanja ponekad se ne usuđuje da zatraži pomoć, već sve dublje tone.

U studiji sprovedenoj u Singapuru, projekat koji se finasira donacijama nudi pomoć pojedincima koji se susreću sa raznim problemima kao što je stres na poslu, problemi u vezi, porodične i lične dileme. [21].

**Mere prevencije**

Danas se budi svest o važnosti prevencije, pa su tako i poslodavci shvatili da je

poželjno ulagati u zdravlje zaposlenih. Mnogi od njih stimulišu odlaske na sistematske preglede i ugovaraju za radnike dobrovoljna zdravstvena osiguranja. Redoviti sistematski preglede su važna mera prevencije. Među preventivnim merama se ističu promocija kulture podrške na poslu, psihološka podrška, racionalizacija posla i timska saradnja.

Uobičajene mere prevencije su: redovna fizička aktivnost (jer se tada luče endorfini), dobro balansirana ishrana sa dosta voća i povrća, barenim mesom i ribom bogatom *omega*-3 masnim kiselinama, redovan san (kako bi se telo oporavilo), izbegavanje *štetnih* navika: pušenje, prekomerna upotreba alkohola i kofeina. Važno je oslušivati sopstvena osećanja i jačanje samopouzdanja kao bi osoba primetila potencijalne znake sagorevanja pre nego postanu ozbiljniji. Naći dobrobit u svakoj radnoj sredini.

Može se razmotriti i fleksibilnije radno vreme.

Meta analiza Vilijamsa i saradnika je ukazala da lekari mogu naći boljitak u intervencijama za smanjenje stresa kao što su promene strategije u samoj organizaciji u kojoj rade, jer koren sagorevanja leži u balansu između radne sredine i privatnog života [22].

**ZAKLJUČAK**

U radu su prikazani etiološki faktori koji doprinose sindromu sagorevanja. Ukazano je na osobenosti kliničke slike kako bi se lakše prepoznala bolest i na principe terapije ovih tegoba. Naglašena je važnost podrške psihoterapeuta u edukaciji i pomoći ovim pacijentima.

Burnout treba posmatrati kao signal sistema i razmotriti fleksibilnije radno vreme zaposlenog. Treba raditi na razvijanju strategija za bolji balans posao-privatni život. Interdisciplinarna saradnja predstavlja ključni korak ka zdravijem i humanijem radnom okruženju i društvu u celini.

achievement clearly distinguishes it from depression and other psychiatric conditions. Consequences include reduced empathy, impaired patient relationships, and

deterioration of both physical and mental health [17,18]. Table 1 presents the difference between stress and burnout.

Table 1. Difference between stress and burnout

stress	burnout
Over-engagement at work	Usually withdrawing into oneself
Excessive emotional response	Decreased emotional response, numbness
Overcrowding with work and dates	Slowness with a feeling of hopelessness and helplessness
Lack of energy	Decreased motivation, ideas and hopes
Usual individual response	Usual individual response

### Diagnosis of burnout syndrome

As many as 75–90% of all medical visits are related to chronic stress, and patients often consult multiple available specialists in order to reach a definitive diagnosis.

First, a detailed medical history is required, followed by a physical examination and available laboratory tests to exclude other clinical conditions. Burnout syndrome may also present with cardiac symptoms, neurological manifestations, or psychiatric disorders [19].

### Principles of therapy

The principles of treatment are based on managing the symptoms and signs of occupational burnout. Depending on which symptoms are predominant, greater attention is given to their treatment.

In developed centers such as the Healthcare System, employees have access to art therapy, music therapy, and mindfulness training sessions through counseling services [20].

Role of psychiatrists and psychotherapists in patient care

Literature data indicate that some hospitals offer free mental health support and counseling services for their employees.

Psychotherapy should not be an instrument for adapting individuals to an exhausting system, but rather a means of preserving humanity, empathy, and professional ethics. Individuals experiencing burnout may sometimes hesitate to seek help and instead sink deeper into the condition.

A study conducted in Singapore reported a donation-funded program providing support to individuals facing various problems such as work-related stress, relationship issues, and personal or family dilemmas [21].

### Preventive measures

Today, awareness of the importance of prevention is growing, and employers increasingly recognize the value of investing in employee health. Many encourage regular medical check-ups and provide voluntary health insurance for workers. Regular systematic examinations are an important preventive measure.

Preventive strategies include promoting a supportive workplace culture, psychological support, workload rationalization, and teamwork.

Common preventive measures include regular physical activity (as it stimulates endorphin release), a well-balanced diet rich in fruits and vegetables, boiled meat and fish rich in omega-3 fatty acids, and regular sleep (to allow body recovery), as well as avoiding harmful habits such as smoking, excessive alcohol consumption, and caffeine intake. It is important to be aware of one's own emotions and strengthen self-confidence in order to recognize early signs of burnout before they become severe. Finding meaning and satisfaction in the work environment is also important. Flexible working hours may also be considered.

A meta-analysis by Williams et al. indicated that physicians may benefit from stress-reduction interventions, including changes in organizational strategies, as the root of burnout lies in the balance between work environment and private life [22].

### Conclusion

This paper presents the etiological factors contributing to burnout syndrome and highlights the characteristics of its clinical presentation to facilitate disease recognition, as well as the principles of treatment. The

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importance of psychotherapeutic support in patient education and care is emphasized.

Burnout should be viewed as a systemic warning signal, and more flexible working hours for employees should be considered. Strategies for

improving work–life balance should be further developed. Interdisciplinary collaboration represents a key step toward a healthier and more humane working environment and society as a whole..

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