

Clinical and psychological characteristics of emotional burnout in business leaders

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Abstract. The study is devoted to investigating the features of professional emotional “burnout” in business leaders. The paper presents the structure of the syndrome of emotional “burnout” of these specialists, considers the main clinical manifestations of emotional burnout syndrome and principles of approach to treatment of this disorder. *Purpose:* studying the clinical manifestations of emotional burnout syndrome in business leaders. *Material and methods:* the study examined 131 business managers of different levels (including private entrepreneurs) with clinical manifestations aged 25 to 45 years, who formed the main group. The control group consisted of 106 healthy business leaders. Manifestations of the emotional burnout syndrome were assessed with the help of a questionnaire developed by V.Boyko. To objectify the degree of asthenic disorders severity, the asthenia scale (MFI-20) with five sub-scales was used, to assess personal and situational anxiety we used Spielberger-Khanin test; to assess auditory memory — the technique of “ten words memorizing”. *Results and conclusion.* In the structure of the emotional burnout syndrome, several dominant syndromes are distinguished: asthenic, psycho-vegetative, cephalic, anxious-phobic and mild cognitive impairment syndrome. The main syndromes characteristic of business leaders with emotional burnout syndrome are reflected. The most frequent in the syndrome of emotional burnout is an asthenic syndrome. Correctional measures allow weakening the manifestations of the disorder in question. A set of measures to correct the emotional burnout syndrome, which involves preventive and psychocorrective measures, is suggested.

Keywords: emotional burnout syndrome, stress, psychotherapy, clinical manifestations, business leaders.

Introduction. Chronic stress significantly affects the physical and mental health of specialists. Professional activity of business managers is characterized by high neuropsychic tension caused by the influence of numerous stress factors. The pressure of certain social norms, high communicative saturation of activity, the need to make responsible decisions in a short time, high dynamism of activity in general — all this contributes to increasing the level of anxiety, feeling of dissatisfaction, as well as the development of chronic fatigue. This negatively affects health and performance and can cause a professional crisis [4]. The state of permanent stress often contributes to an increase in the risk of various neuropsychic disorders development in business managers, the formation of a professional burnout syndrome [10], also defined as “emotional depletion/exhaustion syndrome” (EBS) [16].

Therefore, the activities of business leaders associated with intense and emotionally tense interaction with people can cause professional stress and lead to the development of emotional burnout syndrome [8]. The syndrome is characterized by a gradual loss of emotional, cognitive and physical energy and manifests itself in symptoms of emotional and mental exhaustion, physical fatigue, personal detachment and reduced satisfaction from the work done.

As noted by C.Maslach & M.Leiter, the “price” of the “burnout” syndrome in the professions of the subject-subject type” is very high [13]. According to the American Institute of Stress, the consequences of professional “burnout” are expressed in staff turnover, absenteeism, low productivity and increasing compensation for the health of workers [19]. “Burnout” can cause not only neurotic and mental but also psychosomatic diseases. Its description corresponds to the diagnostic criteria of the heading “Adaptation Disorders” ICD-10, covering the states of subjective stress and emotional disorder that complicate social functioning and arise during adaptation

to certain stressful events, as well as the possibility of developing somatic diseases [15]. Rigid, built on irrational internal attitudes, the tendency to constantly restrain the expression of one's own feelings in emotionally tense communication is accompanied by a marked change in vegetative reactions and chronization of their disorders [14].

Analyzing foreign literature [7; 19], it is advisable to distinguish at least two main approaches to the definition of emotional burnout and its symptoms: productive and procedural ones. Representatives of the first approach [7] consider burnout as a certain condition covering a number of specific and stable elements. Within the second approach [19] — burnout is considered as a process consisting of naturally variable phases. Now “burnout syndrome” is recognized as a problem requiring medical intervention and included in the vocabulary of psychiatry WHO [12; 3] and is included in the heading Z73 of the International Classification of Diseases — “Problems related to life-management difficulty” [21]. That is, there exists no single opinion on the reasons for emotional burnout syndrome development.

From the standpoint of psychology, emotional burnout is a mechanism of psychological protection developed by the person in the form of complete or partial exclusion of emotions in response to certain psychotraumatic influences [17; 18]. That is, this is the acquired stereotype of emotional, most often professional, behaviour that allows business leaders to dose and economically spend energy resources.

According to I.Bragard, G.Dupuis, R.Fleet, burnout syndrome is regarded as stress, a reaction in response to ruthless production requirements originating from excessive dedication to their own work with concomitant neglect of family life or rest [6], as a consequence of industrial stress, as a process of disadaptation to workplace or professional duties.

There is also no unity in the ideas about the clinical

manifestations of emotional burnout syndrome. The most popular are the three models of “mental burnout”. One of them considers “burnout” as a state of physical and mental exhaustion caused by a prolonged stay in emotionally overloaded situations [5]. Dutch researchers [9] consider EBS a two-dimensional construct consisting of emotional exhaustion and depersonalization (the latter is manifested in a change in attitudes towards oneself, or to other (subordinates, colleagues). Instead, C.Maslach and C.Jackson understood “burnout” as a three-dimensional model that contains manifestations of emotional exhaustion, depersonalization and reduction of personal achievements [15]. According to C. Liston, B. McEwen & B. Casey emotional exhaustion is the main component of “professional burnout” and is manifested in experiencing reduced emotional tone, loss of interest in the environment or emotional over-saturation, aggressive reactions, outbursts of anger, depression symptoms, headaches [12; 13]. It is complemented by depersonalization, which manifests itself in the deformation (depersonalization) of relations with surrounding people: increasing dependence on others or, conversely, in negativism, the cynicism of attitudes and feelings towards colleagues, partners, etc. Except for these two components, the EBS structure includes symptoms of personal achievements reduction EBS is characterized by a tendency to negative self-assessment, decreasing the importance of one's own achievements, negativism in relation to official duties, a decrease of self-esteem and professional motivation, reduction of self-esteem, dismissal of responsibility or removal (“resignation”) from duties.

In the emotional sphere, EBS is characterized by the loss of sense of humour, constant experiencing failure, guilt, self-accusation, frequent irritability at work and at home, feelings of resentment, bitterness, anger, indifference, impotence. Additionally, possible is the development of anxiety, depressive disorders. In the cognitive sphere, symptoms of EBS are rigidity of thinking, inability to concentrate attention; suspiciousness, cynical, inhumane attitude towards others; resistance to changes, the characteristic mentality of the victim; concern with their own needs and personal survival.

Behaviour of business managers with EBS is characterized by the loss of creative approaches to solving problems (they work harder and longer, and achievements become smaller), the desire for solitude and avoiding colleagues/partners, the loss of the ability to meet their needs for entertainment and restore health, increased consumption of psychoactive substances that change the mood, in particular caffeine and nicotine. It is also possible that EBS have a negative impact on personal life (partner, sexual problems), which leads to a restriction of contacts, social isolation.

The complexity of emotional burnout syndrome structure determines the need for a multimodal approach to its diagnosis, treatment and prevention. *The purpose of this study is to investigate the clinical manifestations of emotional burnout syndrome.*

Materials and methods. The study examined 131 participants (38 women and 93 men — managers of different types of business, private entrepreneurs) with emotional burnout syndrome aged 25 to 45 years (average age 34.2 ± 7.3), (main group — MG). The control group (CG)

consisted of 106 private entrepreneurs of the same age who have no manifestations of emotional burnout syndrome (average age 36.3 ± 7.2 years). The diagnosis was made on the basis of ICD-10 criteria. Criteria for inclusion in the study: symptoms of EBS according to C. Maslach [11;13]. Exclusion criteria: the presence of depressive episodes, bipolar disorders, schizophrenia, organic diseases of the nervous system, chronic somatic diseases in the acute stage.

All participants of the experiment were given a clinical anamnesis, a neurological examination, an assessment of vegetative disorders with the help of the “Questionnaire for the detection of vegetative disorders symptoms” by A.Veyn et al. (Veyn, Voznesenskaya, Golubev, 1991). To determine the symptoms of EBS, a questionnaire by V.Bojko was utilised [1], for objectivization of asthenic disorders severity — a subjective scale of asthenia assessment (Multidimensional Fatigue Inventory 20 – MFI-20) with five sub-scales. Diagnosis of headache was carried out according to the classification of the International Classification of Headache (International Classification of Headache Disorders 3 beta, 2013 — IHS-3). To assess the intensity of the headache, a visual analog scale (VASH) with a digital designation (0-10 points) was used. In addition, to determine the impact of headache on the quality of life of the experiment participants, the time index lost due to headache (Headache-Attributed Lost Time — HALT) was calculated. To assess personal and situational anxiety, the Spielberger-Khanin test was used, to determine the auditory memory — the method of “memorizing 10 words” (A.Luria).

To process the results obtained, the statistical package of the Statistica 6.0 program was used.

Taking into account the anamnesis, complaints, results of psychological testing and neurological examination within the framework of the study, the following leading (dominant) syndromes in the structure of EBS have been allocated: asthenic, anxiety-phobic, psycho-vegetative, cephalic, syndrome of mild cognitive impairment.

Results. All participants of the main group revealed various complaints about their health and had signs of emotional burnout syndrome. During the examination, the average total severity of EBS in this group was 156.4 ± 49.6 points, indicating the presence of the formed stage of EBS. *The asthenic syndrome* was detected in 99 (75.6%) patients, it was characterized by increased fatigue and exhaustion, irritability, decreased efficiency, mood instability, sleep disturbances, and decreased ability to prolonged mental and physical stress. Analysing the calculation of data on the MFI-20 scale results showed that in the main group compared to CG there was a significant increase in average points for all MFI-20 sub-scales ($p < 0.01$). The most pronounced differences were on sub-scales: “general asthenia” ($p < 0.01$), “mental asthenia” ($p < 0.01$) and “reduced activity” ($p < 0.01$). Manifestations of *psycho-vegetative syndrome* in MG were established in 69 (52.6%) participants. The main symptoms were complaints indicating dysfunction of the autonomic nervous system: lipothemia (pre-fainting condition), fluctuations in blood pressure, increased sweating, a feeling of hot or cold flashes, blanching or redness of the skin, dizziness of a non-systemic nature (motion sickness in transport, while changing the position of the body). Participants also noted

signs of hyperventilation syndrome (feeling lack of air, attacks of rapid breathing) (Toker, Melamed, Berliner, Zeltser & Shapira, 2012), cardiological syndrome (unpleasant feelings in the heart, heart palpitations without physical exertion, squeezing in the chest). The overall index of vegetative disorders (according to Veyn's questionnaire) was significantly higher than in the control group (see Table 1).

Table 1. Clinical and psychological indicators in participants with EBS in MG and CG

Indicator	Main Group (n=131)	Control group (n=106)
Bojko Scale, points the total severity of the indicators of EBS	156,4±49,6	42,3±25,1
MFI-20, points		
total asthenia	15,8±2,7**	6,4±1,7
physical asthenia	14,6±2,6*	7,1±2,7
mental asthenia	14,0±2,9**	5,2±2,5
reduced activity	10,4±2,8**	6,3±1,7
reduced motivation	13,8±3,9*	8,4±2,6
Veyn's Questionnaire, points average score	29,3±2,4**	10,8±2,5
VASH, points		
intensity of headaches	5,7±1,7	
HALT index, number of days	37,8±3,2	
Spielberger-Khanin Test		
situational anxiety, scores	48,8±17,7**	26,2±3,9
personal anxiety, scores	49,4±18,9**	27,5±4,3
Test "memorizing 10 words" by Luria, number of words		
short-term auditory memory	8,6±1,1	9,4±0,3
long-term auditory memory	7,3±2,2*	8,9±0,9

Note: * — statistical significance of differences compared to CG at p<0.05 level;

** — the statistical significance of differences compared to CG at the level of p<0.01.

Cephalic syndrome was detected in business leaders with EBS in 72 (54.9%) cases. In the structure of headaches dominated tension headache - 69 (52.6%) managers. Such pains did not have a clear localization and had a compressive character, arose mainly in the afternoon and did not intensify against the background of daily physical activity. Depending on the frequency of seizures, tension headaches are divided into periodic headaches, having an episodic form, and chronic, arising more than 15 times a month. Periodic headaches were noted in 37 (53.6%) patients with tension headaches. Attacks, as a rule, occurred against the background of psychotraumatic circumstances, stress and increased mental stress. Chronic tension headaches were diagnosed in 32 (46.3%) patients with headaches. Thus, in patients with EBS, periodic and chronic tension headaches were observed in the structure of tension headaches with almost the same frequency. In assessing the intensity of the headache for VASH average indicators in participants with EBS were 5.7 ± 1.7 points, which is within the range of average intensity. Analysis of the HALT index showed that the average number of days lost due to headaches for the last 3 months in MG participants amounted to 37.8 ± 3.2 days.

Anxiety phobic syndrome was detected in 79 (60.3%) participants in MG. It manifested itself as a feeling of unconscious anxiety, internal tension, concern over certain past or upcoming events, a periodic or constant feel-

ing of fear/anxiety, "that something will not work." During the psychological examination within the Spielberger-Khanin test, indicators of situational and personal anxiety were significantly higher (p<0.05) in business leaders of MG than in those in CG. Subjective complaints about memory decrease were demonstrated by 106 (80.9%) of study participants. However, a significant decrease in long-term memory, according to the results of the test "memorizing 10 words" by Luria, was noted only in 49 (37.4%). In other participants, memory decrease was regarded as a syndrome of mild cognitive impairment.

The syndrome of mild cognitive impairment was found in 56 (54.4% of the total) business leaders with EBS. This form of EBS was manifested as subjective complaints about decrease of memory and mental performance, decreased concentration, a feeling of absent-mindedness, difficulties in memorizing new things, difficulties in selecting verbal expressions, which reduces their productivity in professional activity. The syndrome of mild cognitive impairment was characterized by unevenness of complaints and the degree of manifestation depending on the group of study participants (business leaders).

Discussion. The conducted study showed that the set of measures aimed at correcting the manifestations of EBS is preventive and curative by its character. Its main goal is to reduce the effect of stress. Assistance to business executives suffering from EBS, taking into account the study [16], should be divided into three levels:

- 1) individual: development of adaptive forms of behaviour, treatment of clinical manifestations;
- 2) interpersonal: optimization of relationships with colleagues, clients/partners, family members;
- 3) organizational level covers issues related to optimization of the situation at work, improvement of working conditions.

A key role in solving problems associated with stress and burnout is played by psychotherapy. For business leaders with EBS, it is necessary to change the situation that causes stress. The key point of stress management is awareness. In those cases where one can not influence stress factors, one should learn how to regulate their emotional state.

For this purpose, it is advisable to use methods of mental self-regulation, for example, auto-training. In particular, for the treatment of neurasthenia, the variant of the so-called autogenic "psychotonic" training, which has a stimulating effect, is most suitable. The use of psychopharmacological agents creates a favourable background for carrying out psychotherapeutic measures. Taking into account the role of asthenic and cognitive impairments in the clinical picture of EBS, it is necessary to use nootropic and neuroprotective agents in the treatment of clinical manifestations of the disease, and their use ensures a decrease in fatigue, improvement of attention and long-term memory.

Conclusion. Thus, emotional burnout syndrome in business leaders is a complex multidimensional construct that combines various components of disadaptation, including psychosomatic disorders, which are a serious threat to their health and adversely affect the effectiveness and quality of their work. This determines the need for active efforts aimed at modern diagnostics of "burnout", as well as the development of individual programs of

psychoprophylaxis and anti-stress correction, taking into account personal characteristics and adaptive resources of business leaders as components of a holistic technology of clinical and socio-psychological support of professional

activities of business leaders and their subordinates, which in general will help to strengthen their health and increase efficiency.

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