

OCCUPATIONAL BURNOUT SYNDROME IN THE CONTEXT OF ORGANIZATION MANAGEMENT

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Purpose: The aim of the paper is to present the burnout syndrome as one of the many threats and determinants of the organizational management policy. The study also assessed the occupational burnout syndrome in the context of maintaining occupational health and safety and the relationship between these categories, which is a feedback.

Design/methodology/approach: This paper provides a theoretical analysis of the burnout syndrome in the context of organizational management. Burnout is analyzed through the prism of both its causes and the mechanism of its formation and the expected health, social and economic effects. The paper uses secondary data taken from public statistics, thematic reports and scientific research. To illustrate the phenomenon, the available domestic data was used, and for comparative purposes, foreign data were also referenced.

Findings: Burnout syndrome, posing a great threat to the effectiveness and efficiency of undertaken actions, should be one of the main determinants of the policy of broadly understood management in organizations.

Practical implications: Psychosocial risks and work-related stress are among the key challenges in terms of occupational health and safety. The conditions and the growing phenomenon of burnout imply the need to take into account remedial measures at the organizational management level. The factors determining the development of organizations and economies, ie innovation, competitiveness, etc., indicated so far in the literature on the subject, are based on the quality of human capital and lose their effectiveness in the face of occupational burnout. The COVID-19 pandemic has exacerbated this phenomenon by weakening ties, trust contributing to the progressive corrosion of social capital. And even the best management and business development strategy will not be effective based on burned-out employees.

Social implications: It is to raise awareness of the growing threat of professional burnout phenomenon and to indicate the necessity of undertaking specific preventive tasks by the management.

Originality/value: This paper evaluates the professional burnout syndrome in the context of maintaining occupational health and safety and the feedback relationship between these categories. The article is addressed to employees in order to raise awareness of the threat of professional burnout, but also to managers in order to improve the work environment to protect the organization from the effects, including the costs of burnout.

Keywords: burnout syndrome, psychosocial risks, organizational management, occupational health and safety.

Category of the paper: viewpoint, conceptual paper.

1. Introduction

The pace of life in the 21st century and the constantly growing demands placed on employees generate stress and civilization diseases. Burnout is already widely considered a disease of the 21st century, although according to the Classification of Diseases and Health Problems it has the category of a syndrome, not a disease. According to the World Health Organization (WHO), burnout is the result of prolonged, excessive stress that the employee is unable to cope with. Considering the frequency of its occurrence and its consequences, this is a problem that was noticed by WHO a few years earlier. Then, in the Classification of Diseases and Health Problems, it was added to the category of "problems in coping with the difficulties of life". Burnout was therefore recognized as a factor influencing health or re-quiring contact with medical care. However, this is a phenomenon that concerns an increasing number of employees, so in 2019 the WHO clarified the definition of occupational burn-out by classifying it into the subcategory of problems arising from professional work. This means that currently occupational burnout is analyzed only through the professional prism and does not apply to non-professional spheres of life.

Burnout is characterized in three aspects:

1. exhaustion or lack of energy,
2. cynicism, negativity and distancing from work,
3. decreased self-efficacy.

It is the body's response to long-term stress caused by excess work, high responsibility, general overload or intense social contacts. As a result, there are a number of undesirable psychological, emotional and physical symptoms. The scope of the phenomenon and its severity, consequences difficult to reverse, and even symptoms that are weak to grasp in the early stages of development have become the reason for interest in the subject of burnout in this paper.

Burnout syndrome, posing a great threat to the effectiveness and efficiency of undertaken actions, should be one of the main determinants of the policy of broadly understood management in organizations.

2. Methods

The subject of the paper is the burnout syndrome in the context of organization management. Burnout is analyzed through the prism of both its causes and the mechanism of its formation, stages and phases in which it takes place, and the expected health, social and economic effects. Due to the lack of statistical data relating directly to occupational burnout, statistics on stress were presented, as it is a direct and inherent cause of occupational burnout.

The social and economic effects of stress in the work environment were described and the relationship between occupational burnout and the level of occupational health and safety was assessed. The paper uses secondary data taken from public statistics, thematic reports and scientific research. To illustrate the phenomenon, the available domestic data was used, and for comparative purposes, foreign data were also referenced.

3. Occupational burnout in theory

Although the phenomenon of occupational burnout has accompanied people for a long time, research on it was initiated in the 1970s. In the literature on the subject, the interest in the burnout syndrome is ascribed to Herbert Freudenberger (1974), who noticed that volunteers dealing with adolescent drug addicts were exhausted and discouraged from further charity work. He called it burnout, and he continued his research as part of his psychiatric practice. Regardless of Freudenberger, social psychologist Christina Maslach (1976) conducted an analysis of similar symptoms in social workers with a team at Berkeley University. People who professionally help others, i.e. doctors, nurses, teachers, educators, policemen or social workers, while describing their own experiences, indicated emotional exhaustion, loss of emotionality, negative perception of themselves and others, which Maslach called burnout. It should be noted, however, that the very phenomenon of exhaustion, loss of internal energy and motivation to work has been noticed and described earlier (Anczewska et al., 2005). For example, Schwartz and Wil (1953), as early as 1953, pointed to a syndrome observed in a nurse in a psychiatric hospital, described as fatigue, physical and mental helplessness, skepticism towards patients and lack of joy from work. The very term burnout also appeared in a short story by Graham Greene, author of psychological novels, entitled *A Burn-Out Case*. The protagonist of the 1961 short story was an architect of world renown, who, tired of work, showing symptoms attributed today to the burnout syndrome, leaves his job and his previous life and lives in the African bush (Schaufeli, Enzmann, 1998).

Despite the fact that occupational burnout is currently quite a large social problem, there is no unambiguous and universal definition in the literature on the subject. The reasons for this lie in the complexity of the phenomenon, in the difficulty of constructing measurement tools, in the lack of a precise definition of the scope of symptoms of occupational burnout and, consequently, the smooth boundary between burnout and stress, fatigue, alienation, de-pression and existential crisis (Wilczek-Rużyczka, 2014). According to Pines (2007), burnout is always the final stage of a gradual loss of delusions, i.e. disappointment in finding meaning in working life. In addition, what identifies burnout is durability, as it is a process that is permanent, complex and specific, as opposed to stress or fatigue that happens to everyone as a result of conflict, job loss, or various problems. Most often, however, it is defined through the prism of its symptoms. A list of selected definitions of the burnout syndrome is presented in Table 1. Freudenberger (1974), who "introduced" the term "burnout" to the scientific literature, defined this process by accumulating several symptoms, i.e. long-term emotional exhaustion, demoralization, dissatisfaction with work, weakened temperament and creativity and finally chronic physical fatigue. He considered them to be a characteristic of professions, the essence of which is working with people.

Table 1.

List of selected definitions of occupational burnout

Author	Year	Definition
H.J. Freudenberger	1974	introducing the term "burnout" into the scientific literature – exhaustion, a decrease in the energy level of an employee, occurring as a result of being overwhelmed with problems by others
Ch. Maslach	1976	a multidimensional syndrome manifested by emotional exhaustion, depersonalization, lowering the quality of work performed
C. Cherniss	1980b	a consequence of excessive requirements of the work environment, a process in which the behavior and attitudes of an individual become more and more negative, and avoidance strategies of coping with stress intensify its effects
J. Edelwich, A. Brodsky	1980	gradual loss of illusions, goals, energy and ideals when confronted with the conditions in which people practice their profession
C. Cherniss	1980a	a process in which negative changes in attitudes and behavior occur under the influence of work-induced tension, when the requirements of the workplace exhaust and exceed the capabilities of individual resources
B. Perlman, A. Hartman	1982	burnout as a response to chronic emotional stress, manifested by emotional and physical exhaustion, depersonalization and decreased productivity
W.G. Emener, R.S. Luck, F.X. Gohs	1982	a state of physical and mental exhaustion that arises as a result of the action of long-term negative feelings, developing both at work and in the person's own image
E. Aronson	1983	"the mental state of people working with others". Characteristics of well-being: the person generally feels quite poorly, is emotionally, physically and mentally exhausted, is aware of helplessness and hopelessness, is dissatisfied with work and dissatisfied with life
P.L. Brill	1984	work-related, dysphoric and dysfunctional, non-pathological state experienced by an individual under unfavorable working conditions; the individual is unable to return to functioning in the optimal, previous state without external help or transformation of the external environment
M. Burisch	1984	burnout is a global name for certain confusingly defined types of crisis, is an ambiguous pool of symptoms, or an obscure group of people exhibiting these symptoms

Cont. table 1

D. Etzion	1987	the process of slow and hidden mental erosion, which is the basis of the so-called slight stressors, undetectable but devastating
A. Pines, E. Aronson	1988	a state of physical, emotional and mental exhaustion resulting from prolonged exposure to situations requiring emotional involvement
W. Schaufeli, D. Enzmann	1998	a long-term, disruptive work-related state that manifests itself in relatively healthy people
H. Şek	2004	burnout as a set of symptoms appearing in people performing professions in which close, full of commitment interpersonal contact and personality traits of a professional are the basic instruments of professional activities, decisive for the level of performance of the profession, about professional successes and failures

Source: own study based on the literature on the subject.

The variety of definitions of occupational burnout results from the complexity of the phenomenon and the difficulty of its measurement, however, as Perlman and Hartman (1982) indicate after analyzing nearly 50 definitions formulated by various authors, all of them emphasize the consequences of chronic emotional stress resulting from emotional and physical exhaustion and lower work efficiency.

Despite the multitude of definitions describing burnout, they all have a common denominator describing this phenomenon as a state of emotional exhaustion and fatigue, which is the end result of a gradual process of loss of delusions (disappointment).

3.1. Causes of occupational burnout

Burnout is becoming a growing social problem of the 21st century. However, due to the fact that it is a long process and its progress is slow, it is often unnoticeable.

According to Schuman and Kaslow (Janczewska, Roszczyńska, 2004), the warning symptoms preceding the occurrence of burnout syndrome are: reluctance to work, constant complaints about overwork, feeling of social exclusion, loss of enthusiasm, escalation of inappropriate mutual transfers in relations with clients, oversensitivity, lack of self-control in relations with household members, common illnesses for no apparent reason and thoughts of escape.

Figure 1 presents the relationships between burnout and other mental states and disorders, which are sometimes identified interchangeably due to the similarity of symptoms. And although there is a peculiar dispute in the literature about the separateness of syndrome occupational burnout, depression, chronic fatigue and reduced satisfaction in working life (Maslach et al., 2001; Maslach, 1998; Bakker et al., 2000; Iacovides et al., 2003), the results of the research conducted so far are still not unequivocal (Maslach, 2000). A strong relationship with depression is characterized by emotional exhaustion, and the symptoms of burnout occurring with greater intensity are similar to the symptomatology of depression (Falba, 2015), which may be caused by the conditioning of both states by personality factors (Iacovides et al., 2003). A differentiating symptom may be the "range of action", i.e. depression penetrates into all areas of life, while burn-out occurs only at the professional level (Bakker et al., 2000).

Chronic fatigue is dominated by physical complaints accompanied by psychological complaints, while in burnout syndrome, emotional exhaustion predominates.

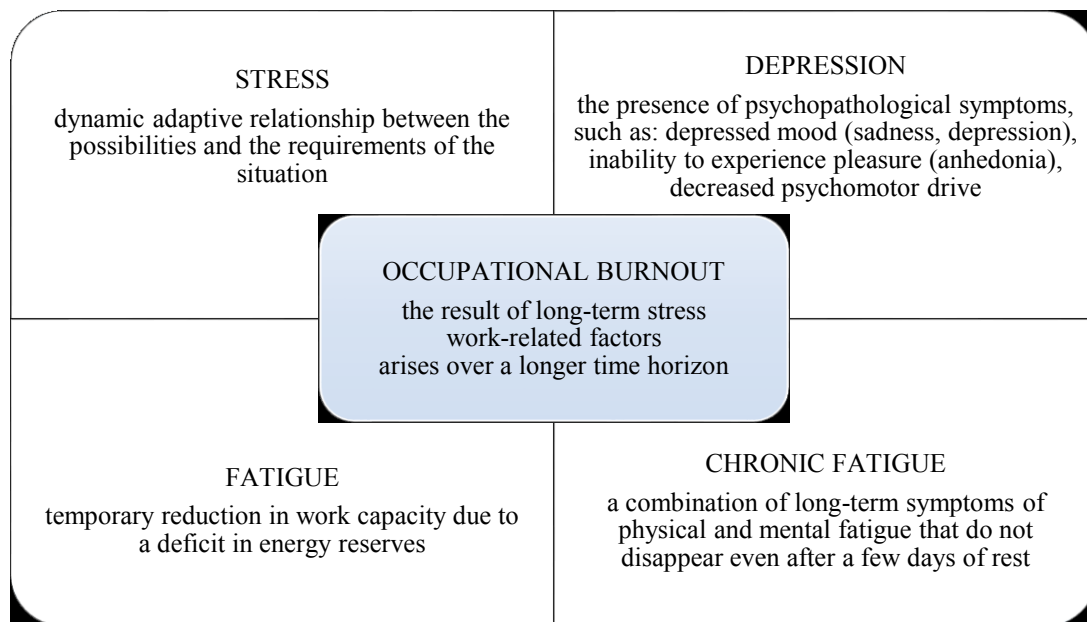


Figure 1. Relationships between burnout and other negative emotional states. Adapted from: *Zespół wypalenia zawodowego wśród personelu medycznego oddziałów chirurgicznych* by A. Falba, (2015) Doctoral dissertation, Gdańsk: Medical University of Gdańsk, p. 44.

The researchers analyze the causes of burnout in three dimensions: individual, interpersonal and organizational, while Schaufeli and Enzemann (1998) point to the social dimension. They recognized that "burnout is a chronic, work-related, negative mental state that occurs in "typical" ("normal") people who are initially exhausted, followed by discouragement, decreased effectiveness, decreased motivation, negative attitudes. and behaviors that make it difficult to adapt at work. These symptoms develop gradually and may go unnoticed by the individual for a long time. This situation results from the discrepancy between professional aspirations and actual working conditions. Additionally, burnout is often a self-reinforcing process, which is the result of a mismatch in coping strategies.

Factors on an individual level are divided into groups A and B, while factors from group A are related to the mental structure of the individual. Wilczek-Rużyczka (2014, pp. 74-75) lists the following among them:

- low self-esteem,
- hypersensitivity, high reactivity,
- uncertainty, instability, poor sense of identity,
- stiffness, low tolerance to dissimilarity,
- defensive attitude,
- dependence, insufficient autonomy,
- passivity, low activity,

- perfectionism,
- external localization of a sense of control,
- low stress coping skills,
- avoiding difficult situations.

Individual factors from group B result from the competences and skills of the individual.

These are:

- insufficient professional preparation, low professional competences;
- low self-efficacy, i.e. the belief that "I am unable", that I "can't do it";
- idealistic approach to work - professional mysticism;
- low interpersonal competences.

In the interpersonal plane that is responsible for incorrect contacts with superiors and associates, Wilczek-Rużyczka (2014) mentions:

- interpersonal conflicts,
- hostile rivalry,
- claims,
- lack of mutual trust,
- impaired communication,
- verbal aggression,
- mobbing.

In turn, organizational factors are stressors related:

- with occupational role (occupational burden and ambiguity of tasks),
- with the physical environment (difficult working conditions),
- with the way the work is done (haste, over-control and insufficient help),
- with the functioning of the employee as a member of the organization (experiencing marginalization, omission, disregard and experiencing an autocratic manner of management),
- with professional development (no possibility of promotion and career prospects),
- with simultaneous functioning in the organization and outside it (conflict of professional and family roles).

After many years of research, Maslach and Leiter concluded that a poorly functioning organization increases the risk of burnout. They mention six critical areas of professional work, the dysfunctions of which lead to the appearance of key symptoms of occupational burnout, i.e. emotional exhaustion, cynicism and a sense of the lack of sense in professional activities. These, in their opinion, are: duties, control, remuneration, community, justice and values (Wilczek-Rużyczka, 2014).

Shaufeli and Enzman, analyzing the most important factors determining burnout, considered strong motivation, difficult working conditions and ineffective coping strategies as key and mutually reinforcing (Wilczek-Rużyczka, 2014).

According to the above-mentioned researchers, strong motivation is one of the three key factors of occupational burnout, as it most often affects ambitious people, with high aspirations and great determination, characterized by enthusiasm and commitment, which Pines (1993, p. 41) summed up vividly – "to burn out, you have to burn first".

Difficult working conditions in professional life may have a negative impact on an ambitious, highly motivated employee, causing frustration, fatigue, exhaustion and discouragement.

Ineffective countermeasures, e.g. physical and/or mental withdrawal, inappropriate attributions, etc. generate negative consequences both for the individual and the organization. The first lead to loss of health, depression and low evaluation, which results in absenteeism and a reduction in the efficiency and quality of professional tasks performed. It should be noted that the negative effects of ineffective coping strategies were also included in their concepts of occupational burnout by other researchers, such as Freudenberg (1983), Fischer (1983), Hobfoll and Schiro (1993) and Harrison (1983).

3.2. Consequences of occupational burnout

The consequences of the burnout syndrome are very wide, however, limiting ourselves to the most important ones, they can be listed as follows:

- the risk of chronic somatic diseases increases,
- the risk of serious mental disorders, requiring long-term treatment, and often hospitalization, e.g. depressive, anxiety, psychosomatic disorders, sleep disorders, addictions,
- absenteeism from work increases,
- the risk of the necessity to change or to resign from work increases, which leads to high (and costly for the employer) employee turnover,
- in the case of depression, there is a risk of coexistence of somatic diseases, the course of which is negatively influenced by depression, and sometimes leads to death (increased risk of suicide).

The above-mentioned consequences are important from the point of view of the individual and are directly felt by him, while the remaining ones considered in a broader context are indicated in the subsection on the effects of occupational burnout.

Unfortunately, in Poland there is still no research on occupational burnout, as is the case, for example, in Slovenia. Accordingly, the estimates for the scale may be derived either from commercial pooled surveys or from related national, European or worldwide surveys. And the scale of the phenomenon is large. The results of the STADA study "The Future of Your Health" (2019) presented in Figure 2 show that Poles are the third nation in Europe with the largest number of people (62%) who have experienced burnout, with the European average of 55%. The lowest share of people affected by burnout syndrome in the STADA re-search was

shown by France (44%), slightly higher than Poland – Serbia 66%, while Russia – 72%. Only in Spain, Italy, Germany (49% each) and France (44%) the share of those affected by burnout remains below 50%. The cited analyzes show that the inhabitants of Eastern Europe are particularly prone to burnout. It should also be noted that 7% of the respondents completely exclude the possibility of developing burnout at any time in the future.

The growing number of burnout cases is a wake-up call for nearly 70% of Europeans surveyed, and 41% believe that, as this phenomenon continues to worsen, it may be assumed that the world of work is dysfunctional. This opinion was especially often expressed by Serbs (57%) and French (54%). On average, 27% believe that the growing numbers are due to gaps in education and prevention. It may also result from the low level of knowledge about burnout, as evidenced by only 8% of correct answers to typical symptoms of burnout, i.e. "lack of motivation" and "insomnia", while 54% of respondents attribute almost every mental overload to burnout.

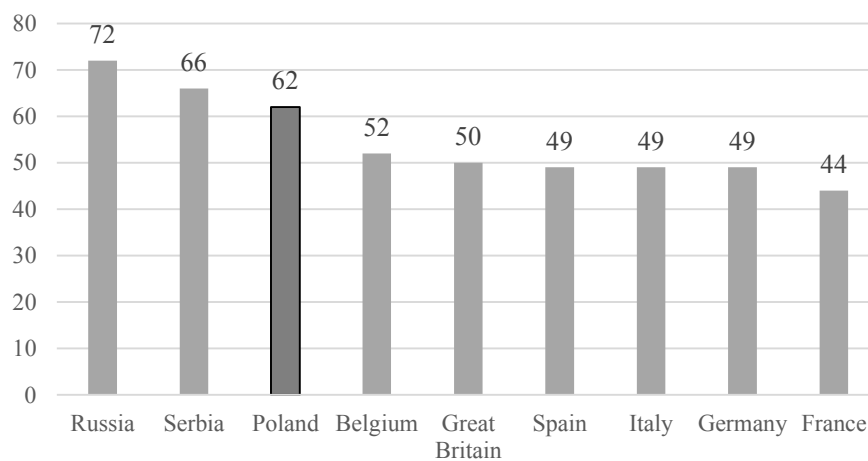


Figure 2. Share of respondents who experienced burnout in selected countries. Source: Own study based on data from the report *The Future of Your Health 2019*, www.yourhealth.stada.com/media/stada-group-health-report-2019 (10.06.2021).

The cited report shows that 55% of respondents have already experienced burnout (14%), were on the verge of burnout (15%) or knew the feelings and symptoms from their own experience (26%). In addition, seven out of ten respondents believe that the current number of burnout cases should be a wake-up call, while 92% of Europeans interviewed do not even know the exact (medical) definition of burnout and often attribute the disorder to inappropriate symptoms. The conclusion, which was formulated on the basis of the research, “shows that burnout in the common understanding is often equated with the majority of mental ailments and diseases. On the other hand, the attitude towards psychologists and psychiatrists improves, for whom the visit does not arouse resistance for 62% of respondents, but with great variation. For 82% of Serbian respondents a visit to a psychologist is something normal, followed by Polish respondents, 70% of whom were of the same opinion. At the same time, the fear of being stigmatized by visiting a psychologist is the highest in Germany (10%) with the European average of 6%.

From the beginning of research on burnout syndrome, medical workers have been at the center of researchers' interest. And although the analyzes currently concern also other professional groups, due to the easement characteristic of work in medical professions, it is still the most frequently analyzed professional group.

Burnout most often occurs in the so-called service professions, that is, work with people and for people. "Currently, researchers of the problem notice that civilization changes and increasing requirements for social service professions caused psychological costs in such professions as teachers, nurses, doctors, social workers, emergency service workers, policemen and others. Functioning in these professions is characterized by increasing work-related stress. Strategies for coping with stress turn out to be ineffective, resulting in exhaustion, chronic fatigue and loss of satisfaction with the professional tasks performed. This leads to exclusion, loss of involvement, and even a change of profession or complete resignation from professional activity (Sęk, 2004, p. 7).

4. Assessment of the occupational burnout in the context of the organization's safety

4.1. Social and economic effects of occupational burnout

Social costs generated by the burnout syndrome include sickness absenteeism of employees, early retirement, frequent changes of employment, and even leaving the profession (Anczewska, 2010).

People who, despite the perceived symptoms of burnout, i.e. discomfort at work, have lower efficiency, reduced concentration, which extends the performance of tasks.

In the case of organizations, burnout translates into poor overall performance, increased absenteeism, unproductive presence at work (presenteeism – the arrival of sick or incapable employees to work), shirking, and an increase in accidents and injuries. Absences due to burnout tend to be longer than those caused by other causes, and work-related stress can stimulate early retirement. It is estimated that such costs for enterprises and society amount to billions of euros nationwide (Zagrożenia..., 16.06.2021).

Until now, burnout was associated only with work-related factors, while the development of depression, according to researchers, was mainly determined by personal problems. However, a study by Guille and Rotenstein (2020) on medical interns from 68 different institutions found that the circumstances leading to burnout were much more linked to the causes of de-pression than previously thought, and that factors largely coincide with the causes of depression.

The difference between burnout and depression regards' the emotions you experience – in depression it is guilt, and in burnout it is anger (...). Additionally, a burned-out worker may feel happiness in other areas of his life, while a depressed person may feel depressed in all areas and spheres of life. However, the lack of interventions in the situation of experiencing occupational burnout, as a consequence, may lead to the occurrence of a depressive state.” (Godlewska-Werner, 2019).

According to the estimates of the Institute for Health Metrics and Evaluation, in 2019 (NFZ..., 2020), depressive disorders were the second most common mental disorders (after anxiety disorders). And although depression is not the same as occupational burnout, due to the fact that both states have a common ground, it is worth quoting data on depressive disorders. According to the National Health Fund (NFZ), 22 million Europeans and 1 million Poles were ill in 2019. Poland was the country with the lowest percentage of people suffering from depression in the European Union, which, according to the OECD, may result from the level of understanding of the problem of mental disorders, stigmatization of patients, or access to psychiatric care. Compared to the data for 2013, there has been an increase in the number of patients in each age group. The highest dynamics was observed in the age group 0-17 (145%), 65+ (60%), the smallest increase was observed in the 18-44 and 45-64 age groups (50 and 19%, respectively). The costs of financing services and drugs (reimbursed by the National Health Fund) amounted to PLN 251.2 million and PLN 143.5 million, respectively. In the economic context, this translated into 318 thousand sick leaves, 3 thousand of repeated statements of incapacity for work due to depression (89% are statements of partial incapacity for work), which, with the calculated average length of the sick leave of 19 days, was graphically presented the National Health Fund as 16,000 years of the total duration of sick leave. Similar calculations, although slightly lower, are certainly due to the fact that they concern 2014, published by the Institute of Healthcare Management (Depresja – Analiza kosztów ekonomicznych i społecznych, Raport, 2014) (for example, PLN 169 million from benefits, and PLN 108 million from expenses on drugs). The ZUS expenditure on this account in the report was indicated at the level of PLN 762 million. As you can see, it generates huge losses resulting, apart from direct expenses, also from the loss of potential GDP.

Król (Ile nieudane rekrutacje kosztują twoją firmę? 16.06.2021) presented estimated data on the costs of unsuccessful recruitment, which gives an overview of the costs of hiring employees, also as a consequence of resignation from work due to burnout. The total cost of replacing an outgoing employee is the equivalent of his annual salary. If you want to calculate the cost of recruitment, which does not end with the achievement of the desired effect, you should take into account:

- the employer's gross remuneration costs in a given position multiplied by the number of months worked in this position by the employee,
- the value of intellectual capital lost with the departure of an employee,
- administrative costs of leaving the employee's job,

- costs of recruiting both a departing employee and a new employee for the position of a departing employee,
- costs of medical examinations,
- internal and external training costs,
- costs of the implementation time of the departing employee,
- costs of introducing a new employee,
- costs of employees' incomplete productivity during the implementation period,
- overtime costs of employees replacing the outgoing employee, at least during the transitional period,
- costs of lost business benefits while the position is vacant,
- costs of possible clearance.

After adding up the above categories, for an employee who has worked three months, with a gross salary of PLN 5,943 (the employer's expense) and PLN 3,500 net, it is PLN 91,896 (Ile nieudane..., 16.06.2021).

A study conducted in July 2020 by the ARC Rynek and Opinia institute, in cooperation with Randstad, on behalf of Gumtree, shows that as many as 31% of white-collar workers are considered burned out. More than half of the respondents (54%) believe that the reasons for burnout are high responsibility and, at the same time, low remuneration, 43% believed that the source is the need for professional development with little chance for promotion. The respondents also indicated routine and weariness (28%). All these burnout generators are also specific to the medical profession. Therefore, it can be assumed that the structure would look similar.

Apart from the health, emotional and efficiency effects mentioned above, the serious consequences of burnout are also the financial losses of employers. Thomas and Lankau (2009) write that, according to a US study, corporations lose around \$ 300 trillion a year due to the consequences of work-related stress and burnout.

4.2. Burnout in the context of occupational health and safety

As reported by the European Agency for Safety and Health at Work (<https://osha.europa.eu/>..., 16.06.2021), almost half of European workers believe that stress is a widespread problem in their workplace. It should be noted that about 50% of "lost" working days are related to stress, and mental problems are misunderstood and often stigmatized in the work environment. However, it is important that psychosocial risks and stress are treated more broadly as an organizational problem, not an individual problem, then they can be dealt with as with any other threat in the organization.

Chronic and unreduced stress at work, as previously mentioned, is the cause of losses and the source of higher costs, e.g. due to wrong decisions of the company's management, lower quality and efficiency of employees, unfinished orders, etc. (Gólczyk, 2016). The costs of

accidents at work, damaged equipment, replacement of employees are equally high, and in the case of medical workers, it is worth emphasizing the non-measurable consequences related to the effects of wrong decisions, negligence, etc. (Gólc, 2016).

The link between occupational burnout and occupational health and safety is a feedback loop. The workplace, understood as a set of requirements and resources influencing the wellbeing of an employee and his mental health, is a determinant of occupational burnout. Difficult working conditions including ambiguities, increased physical and emotional effort, chronic stress, conflicts, poor technological equipment limiting the possibilities of cooperation with contractors or clients, etc. increase the risk of burnout. Therefore, psychological, physical, social and organizational resources, certain freedom and autonomy at work, support in achieving goals and professional development, a friendly and motivating atmosphere and a safety culture at work are important. The latter manifests itself in the awareness of the great importance attached by superiors to the safety and health of employees. On the other hand, an unfavorable work environment leading to burnout entails, apart from measurable financial losses, also a reduced level of safety at work due to less concentration on the tasks performed, and in the case of absenteeism, burdening other employees with the tasks of the absent employee. In addition, burnout by reducing the concentration, perception and physical and mental abilities of an employee directly affects the risk of an accident and the financial results of the entire organization (Grunt-Mejer, 2012). Research among nurses indicates that psychological exhaustion is associated with accidents, injuries and unsafe activities at work (Spence-Laschinger, Leiter, 2006). In Poland, health care and social assistance is the third most important section with the highest accident rate. This indicator is higher than in manufacturing, and lower only in comparison with mining and sewage management (Wypadki przy pracy..., 2021). At the same time, more than 60% of all accidents in Poland are caused by inappropriate behavior of an employee, and several percent result from an inappropriate psychophysical condition (Wypadki przy pracy..., 2021). Every 7th accident was the result of physical or mental strain. These figures are similar each year. Thus, there is a clear influence of work culture, personality traits and other factors mentioned above on the probability of burnout syndrome, but also the influence of burnout symptoms on occupational health and safety.

In the Eurofound report (2018) examples of actions to prevent burnout in the workplace and good practice were indicated paying attention also to activities in the field of broadly understood organization management (e.g. in Sweden, Austria, Belgium). This is also evident in the research by Smulders et al. (2013), in which the lack of management support translated into a 2.3 times higher risk of burnout in the Netherlands. Lipowska's research (2016) among employees of orphanages in Poland also led to conclusions about the positive impact of mentoring, appreciation and trust on the part of superiors on reducing symptoms of occupational burnout and maintaining or restoring motivation to work. Thus, in this context, the management policy of the company is significant, because the emergence of occupational burnout syndrome is highly influenced by the work environment, the safer, hygienic and employee-friendly it is, the lower the risk of occupational burnout (Gembalska-Kwiecień, Zając, 2005; Găureanu et al.,

2019). “The fight against occupational burnout is beneficial and necessary not only from the perspective of the burned-out person and his/her family and friends. Organisations and companies that prevent the occupational burnout of employees and fight against its also gain.” (Gembalska-Kwiecień, 2019, p. 42). Management prevention should include for example (Lafuente et al., 2018; Stoffregen et al., 2019): stress management (and especially its causes), unloading stress (integration trips, trainings), seeking sources of stress and neutralising or limiting it by the employees themselves, changing the perception and assessment of stressful situations by employees, social support (the atmosphere and organisational culture of the company have a huge impact on the frequency of burnout)” (Gembalska-Kwiecień, 2019, p. 42).

In Evangelista et al. (2021, p. 178) opinion, psychosocial risks are present in all work environments, it is the duty of organizations to make risk reduction plans to preserve the health of their workers and avoid production risks.

Occupational burnout is a multifaceted phenomenon that is subject to dynamic changes along with the evolution of societies and lifestyles. It is difficult to measure and identify due to its correlation with the individual characteristics of the individual. Additionally, due to the slow process of proceeding, it is often overlooked in the initial stages of development. Equally important is the fact that the sources and symptoms are the same also for other conditions, such as fatigue, stress or depression. The specificity of occupational burnout and its intensification in recent years necessitate the broadest possible analysis of the phenomenon and reaching as many employees as possible in order to effectively prevent its negative effects (Mierzwa et al., 2019). The conditions and the growing phenomenon of burnout imply the need to take into account remedial measures at the organizational management level. The factors determining the development of organizations and economies, i.e. innovation, competitiveness, etc., indicated so far in the literature on the subject, are based on the quality of human capital and lose their effectiveness in the face of occupational burnout. The COVID-19 pandemic exacerbated this phenomenon, weakening ties, trust, contributing to the progressive corrosion of social capital and forcing adaptation in strategic management processes (Nowicka-Skowron, Stachowicz, 2020; Bylok, 2021).

„As the OECD points out on its dedicated website, mental disorders account for one of the largest and fastest growing categories of the burden of disease worldwide. One in two people experience a mental illness in their lifetime, yet 80 % of those with a common mental disorder, and up to 50 % of those with a severe mental disorder, do not seek or receive treatment. The total costs of mental ill-health are estimated at 3.5-4 % of gross domestic product (GDP).” (Mental health..., 2021, p. 7)

„A May 2021 policy response brief explains that the coronavirus crisis has heightened the risk factors generally associated with poor mental health, such as financial insecurity, unemployment, and fear. At the same time, protective factors (including social connection, employment and educational engagement, access to physical exercise, daily routine and access

to health services) fell dramatically” (Mental health..., 2021, p. 8). Recommendations include support for the mental health of employees by employers and managers.

Although occupational burnout can occur in any profession, due to the servant role of medical workers, the specificity and working conditions, and the constant stress that accompanies it, they are the group most exposed to the experience of professional smoking. The age at which this condition may appear, unfortunately, is decreasing from year to year. In research on this subject, you can find information about even twenty-something-year-olds suffering from burnout syndrome.

In Poland, research on occupational burnout was initiated by H. Sęk in the late 1980s. The number of studies in this area is still expanding, but there is no research at the national level. To some extent, if not sufficiently, this gap is filled by fragmentary analyzes of a smaller scale. The specificity of occupational burnout stimulates sectoral analyzes, as, for example, health care workers, mainly nurses and doctors, are the second most frequently studied professional group in Poland. It is desirable due to the particular susceptibility of medical personnel to the occurrence of the burnout syndrome.

5. Summary

Summing up, it should be stated that the costs of burnout are high, both for the employee and the employer. The former ultimately leaves the job, loses financial stability, lowers his social status and starts treatment. The employer also incurs costs, the past ones incurred for the employee's development, training and adaptation, then those resulting from absenteeism and the need to find a new employee who will also need training. Economists estimate that the time and cost necessary to find an employee who begins to "earn" for his salary is two years and several hundred thousand zlotys, respectively.

Psychosocial risks and work-related stress are among the key challenges in terms of occupational health and safety. A burned out employee is characterized by weaker concentration and lower perception, which translates not only into the results of work, but also on his own and colleagues' safety. Thus, all psychosocial risks and stress have a significant impact on the health of employees, and consequently also the condition of the organization and, more broadly, the entire economy. Therefore, one of the priorities should be to raise the awareness of workers, especially medical workers, about burnout in order to prevent, not treat. Summing up, we can recall the phrase "to burn out at the end, you have to burn at the beginning". This shows that the employees at risk of burnout are the most committed, ambitious, devoted whole-heartedly to their work and eagerly performing their tasks, and these are the features predestining them to work in medical professions. Thus, the greater the economic and social loss from the "loss" for the professional environment of such an employee.

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