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Reduction in the Quality of Service in Education and Medicine: The Problem of Burnout Among Social Workers

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Abstract: Researchers dealing with burnout associate it with reduced psychosomatics. Many scientists (B.E. Ashforth, D. van Dierendonck, C. Maslach, S.E. Jackson) report an increase in the quantity of employees with symptoms of burnout which can lead to depression and declining quality of service. The survey covered 128 teachers, social workers and doctors. We were searching for answers to the following questions which professions are most susceptible to burnout? What are the common and specific manifestations of burnout among specialists? It was found that 2/3 of respondents had either some symptoms or persistent manifestations of burnout; the majority of them were medical workers. The results of the study allowed us to draw conclusions and provide recommendations on prevention and treatment of emotional exhaustion, depersonalization and reduction of professional achievements. It is shown how responsibilities should be distributed among managers and employees in order to prevent burnout and decreased work efficiency.

Key words: Burnout syndrome, socionomic occupations, emotional detachment, professional stagnation, depression

INTRODUCTION

The intensification of labour interpersonal tension and high requirements imposed on employees are the factors that unavoidably lead to general fatigue and emotional exhaustion which leads to burnout and even vocational maladjustment. These tendencies manifest themselves everywhere regardless of the sphere of professional activities; thus any employee with more than 3-5 year seniority is at risk for burnout. This is precisely why greater attention is given today to burnout prevention, from both a medical and psychological points of view.

Literature review: Over the past 30-40 year many psychological theories describing the causes and phases of burnout have been proposed which confirms the importance of this problem. The term 'burnout' and the ensuing studies first appeared in the 1970s in the United States. Herbert (1974), an American psychiatrist is justly regarded as a founder of the concept of burnout. His model describes the burnout specific to physicians and nursing personnel however, his model cannot always be utilized to analyse the causes of burnout among other specialists. Among the theories of burnout, single and multi-factor models can be distinguished. A single-factor model described by Ayala and Elliot (1988) is based on the phenomenon of exhaustion. Apart from the emotional exhaustion a two-factor model described by Schaufeli and Dierendonck (1993) includes the phenomenon of depersonalization. Maslach and Jackson (1984) added the reduction of personal achievements to these two factors. Later they also systematized and described the characteristics of this syndrome and created a psychodiagnostic tool that made it possible to quantify the degree of burnout.

Researchers use one of two approaches to defining burnout-resultative or procedural. Burnout as a result is seen as a state of emotional, mental and physical exhaustion manifested in socionomic professions (Maslach and Jackson, 1984).

Maslach and her colleagues pointed out that burnout emerges from professional problems; it did not arises from mental disorders. Some researchers do not agree with the three-factor model of Maslach. Thus, Green *et al.* (1991) believed that emotional exhaustion and depersonalization should be considered as one base factor. Garden *et al.* (1991) suggested excluding depersonalization from

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the burnout structure and Kalliath *et al.* (2000) excluding the reduction of professional achievements from it.

Hellessy *et al.* (1998) insisted on the extension of the burnout model by adding the fourth factor. The study of the specific nature of burnout among oil workers working in rotations on oil platforms in the North sea revealed a burnout factor associated with worker's concern for their families while staying away from home.

The second approach is based on the concept of burnout as a process. Ayala and Elliot (1981) described burnout as a state of exhaustion created by long-term involvement in an emotionally demanding situation that's why burnout occurred not only among specialists of socionomic professions. John (1980) demonstrated a similar approach. Cary (1993) defined burnout as a process of negative change in professional behaviour in response to a stressful work environment.

When a professional is in a situation of imbalance between resources and environmental requirements, it creates stress. If he or she uses inadequate methods of dealing with stress, this leads to emotional exhaustion. The procedural nature of burnout was presented in detail in the concept by Matthias (1993) who described six phases of burnout and emphasized the contradiction between the level of involvement of a specialist in the work and the received return.

Maslach and Leiter (1997) compared burnout with psychological erosion with the process of "washing out" psychic energy which occurred without warning, without the subject noticing it, moved slowly and had no finite time limit.

Thus, within the resultative approach, burnout is understood as a set of symptoms relatively independent of each other which are combined into larger units. A procedural approach presents burnout as a stage process that takes place in the course of professional development.

Russian psychologists (Vladimir, 1999; Valery, 2001; Natalia, 1997) demonstrated that workers in socionomic (or helping) professions that involve person-to-person communication in serious adverse circumstances (teachers, psychologists, nurses, lawyers, social workers and others) are most prone to burnout. A specific type of client interaction is the so-called 'helping behaviour' that characterizes socionomic professions (Natalia, 2011; Svetlana and Vadim, 2013). Rogers (1958) called this specific relationship "helping relationship", since at least one of the parties intends to assist the other party in personal growth and development, improvement of vital functions, development of the ability to get along well with others, etc. Of all person-to-person professionals, teachers, nursery teachers, medical and social workers whose work is connected with intense and close communication with people as well as emotional overload, heavy workload and frequent stressful situations are at the highest risk for burnout (Artur and Alexandr, 1997; Ksenia, 2012). A comparative analysis of the degree of the manifestation of symptoms and stages of Emotional Burnout Syndrome (EBS) development among teachers, social workers and medical workers seems to be interesting and important for the deepening and widening of a theoretical model of burnout phenomenon. For this reason, we chose representatives of these professions as the subjects of our study.

MATERIALS AND METHODS

To measure EBS we used the Maslach Burnout Inventory (MBI) adapted by Vladimir (1999). The Boyko questionnaire contains 7 statements for every burnout symptom, 84 statements in total (Appendix A). Each respondent must express his or her opinion on each statement by marking it with '+' or '–', depending on whether he or she agrees with the statement or not. Every answer is assigned preliminary points by competent experts as signs of EBS have different values in terms of weighting. A maximum of 10 points is assigned to the most significant sign of the syndrome. As a result, we can calculate the degree of manifestation for each symptom. The questionnaire addresses 12 symptoms grouped into 3 burnout phases; tension, resistance and exhaustion.

Symptoms of the tension phase:

- Experiencing psycho-traumatic circumstances
- Self-dissatisfaction
- Feeling of being trapped (frustration, hopelessness)
- Anxiety and depression

Symptoms of the resistance phase:

- Inadequate, selective emotional reaction
- Emotional and moral disorientation
- Emotional thriftiness
- Reduction of professional duties

Symptoms of the exhaustion phase:

- Emotional deficit
- Emotional detachment
- Personal detachment (depersonalization)
- Psychosomatic and psychovegetative disorders

Participants: We surveyed 128 people, including 41 teachers, 45 social workers and 42 medical workers aged

Table 1: Differences in burnout among teachers, doctors and social workers

Variables	Experience of psycho-traumatic circum-stances	Self dissatis-faction	A feeling of being trapped	Anxiety and de-pression reaction	Inadequate selective emotional	Emotional and moral disorienta-tion	Emotional thriftiness	Reduction of profes-sional duties	Emotional deficit	Emotional detachment	Personal detachm-ent (depe-rsonali zation	Psychoosomatic and psychove-getative dis-orders	Tension phase	Resistance phase	Exhaustion phase
Test statistics (differences in burnout among social workers and teachers)															
Mann-Whitney U	636	640.5	603.5	595.5	574.5	653.5	656.5	660	608	692.5	477	557.5	682.5	659	554.5
Wilco-xon W	1132	1136.5	1099.5	1630.5	1609.5	1149.5	1691.5	1156	1643	1188.5	1512	1592.5	1178.5	1694	1589.5
Z	-0.664	-0.651	-1.034	-1.125	-1.343	-0.479	-0.447	-0.409	-1.204	-0.056	-2.533	-1.609	-0.159	-0.410	-1.520
Asy-mp. Sig. (2 tailed)	0.507	0.515	0.301	0.261	0.179	0.632	0.655	0.682	0.317	0.956	0.011	0.108	0.874	0.682	0.182
Test statistics (differences in burnout among social workers and doctors)															
Mann-Whitney U	477	414	352.5	467.5	474.5	419.5	410	352	477.5	494.5	353	328	440.5	485	370
Wilc-oxon W	730	667	605.5	1502.5	1509.5	672.5	663	1387	730.5	1529.5	1388	13.63	693.5	1520	1405
Z	-0.246	-1.169	-1.978	-0.386	-0.281	-1.038	-1.179	-1.973	-0.247	-0.007	-2.086	-2.411	-0.731	-0.134	-1.687
Asy-mp. Sig. (2 tailed)	0.806	0.242	0.048	0.699	0.778	0.299	0.238	0.048	0.805	0.994	0.037	0.016	0.465	0.893	0.092
Test statistics (differences in burnout among teachers and doctors)															
Mann-Whitney U	318.5	311.5	291.5	308	284.5	308.5	263.5	233.5	252.5	340.5	330.5	285.5	299.5	331.5	331.5
Z	-0.416	-0.585	-0.951	-0.618	-1.046	-0.609	-1.458	-2.019	-1.666	-0.010	-0.198	-1.035	-0.753	-0.173	-0.172
Asy-mp. Sig. (2 tailed)	0.677	0.558	0.341	0.536	0.295	0.543	0.145	0.043	0.096	0.992	0.843	0.301	0.452	0.862	0.863

32-61 and with 4.5-38 year of work experience. There were 97 women (76%) and 31 men (24%). The distribution by gender reflects the ratio of men and women engaged in education, medicine and the social sphere. All respondents are Russians and inhabitants of the city of Yaroslavl. The teachers work in secondary schools and teach the lower and middle grades. The doctors are employees of the children's hospital and the outpatient department attached to the hospital. The social workers are employees of social multiservice centres.

Procedure: We examined each group for the degree of manifestation of the 12 symptoms and phases of burnout. The results were subjected to a primary mathematical treatment (an analysis of averages and frequency distributions) and validity check for discrepancies with non-parametric Mann-Whitney and Wilcoxon tests. Significance of the discrepancies was evaluated in pairs, investigating the degree of burnout manifestation between social workers and teachers, between social workers and medical workers and between medical workers and teachers (Table 1).

RESULTS AND DISCUSSION

First question: which socionomic professions are most prone to burnout?: The frequency distribution analysis showed that 35.5% of social workers, 32.2% of teachers and 22.7% of medical workers did not have serious burnout preconditions (Fig. 1). However, these employees did demonstrate some symptoms of professional burnout. Mergalyas (2006, 2011) and Larisa (2001) emphasizes that mental health does not mean the absence of conflicts,

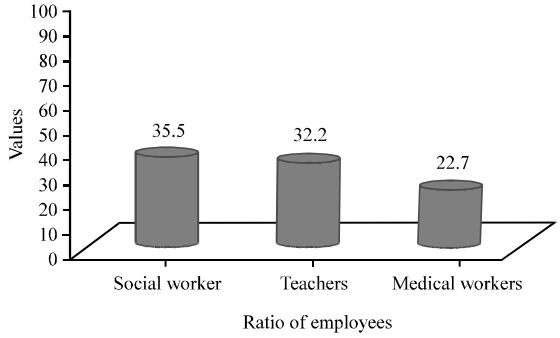

Fig. 1: Differences in burnout among teachers, docters and social workers

frustrations and problems rather it is the maturity, integrity and activation of personal self-control mechanisms that ensure full-fledged human functioning. Therefore, some symptoms of EBS mobilize personal human resources in some people. Initially, an employee may be able to cope with arisen problems. To do so he or she has to learn to recognize and manage the symptoms of psychological stress by mastering self-control. These first results were alarming as only one-third of employees could be called psychologically healthy and two-thirds had burnout signs in varying degrees of manifestation. Employees in the burnout formation stage constituted 26.7% of social workers, 29% of teachers and 50% of medical workers (Fig. 2).

Employees with persistent symptoms of EBS demonstrate a reduction in their sympathy with colleagues, clients and patients. This result in a loss of positive perception of colleagues, shift from helping to controlling in supervision, dominance of stereotypical

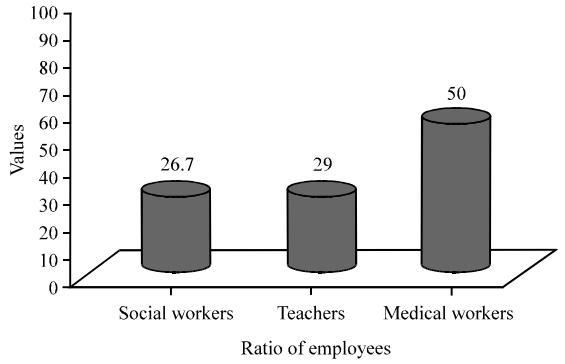

Fig. 2: Ratio of employees with forming EBS (%)

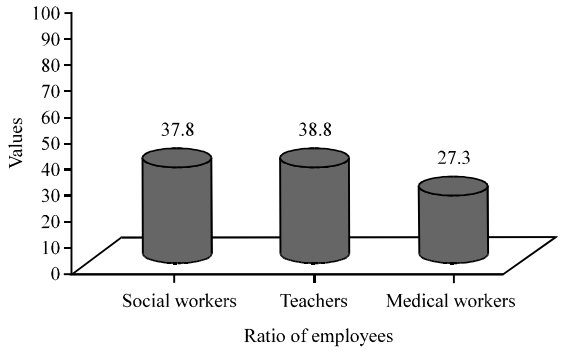

Fig. 3: Ratio of employees with persistent symptoms of EBS (%)

behaviour towards colleagues and clients and manifestation of inhumane treatment of people. Additionally, such employees demonstrate a lack of empathy, indifference and a cynical attitude towards others. Additional traits developed include an unwillingness to perform their duties, coming in late and leaving early, extension of work breaks and a primary focus on monetary compensation with simultaneous job dissatisfaction. Figure 3 shows the ratio of medical workers, social workers and teachers with persistent symptoms of EBS. While interviewing this group of specialists, we noticed symptoms of depression, guilt, low self-esteem, apathy, accusatory attitude toward others, impaired concentration, rigid thinking and changes in motivation. Some employees had noticed a decrease in immunity, elevated pressure, headaches, disappointments in life and profession and a sense of helplessness and meaninglessness of life.

So, first of all we attempted to find out which socionomic professions were most prone to burnout. In summary, forming or persistent symptoms of EBS are most common among medical workers, then among teachers and lastly among social workers (Fig. 4). Revealed

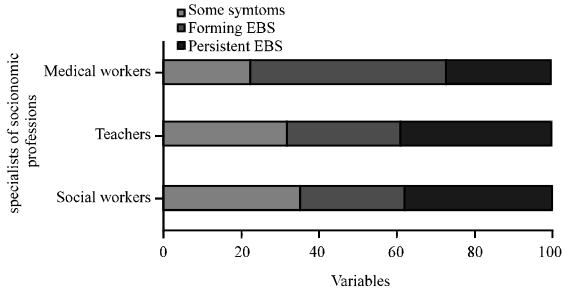

Fig. 4: Predisposition to burnout of specialists of socionomic professions

regularities can form the basis for changes in work and rest schedules, additional benefits, state aid, etc., for such specialists.

EBS manifests itself on several levels. One of them is psychosomatic which consists in exhaustion, physical fatigue, sleep loss or poor sleep quality, insomnia, a bad state of health and acute exacerbation of chronic diseases. The transition from an emotional response to psychosomatic symptoms demonstrates that the emotional defence does not cope with pressure alone and the energy of emotions is redistributed among the other subsystems of an individual. Thus, the body may protect itself from the destructive power of emotional energy. Preventive measures must include stress reduction and health care, namely, compliance with a sleep and rest schedule, outside activities, moderate physical activity, reduction of stressful situations in professional activities as far as possible and the development of relaxation and stress resistant skills.

The prevalence of these symptoms among medical workers may be connected with the specific nature of their activities medical workers pay more attention to their physical well-being and have extensive knowledge of pharmacology. Further, they often use drugs to ensure the maintenance of their health. Anyone experiencing such a wide range of adverse events would move very quickly from the stage of pre-burnout to burnout; however, due to the professional attention to physical health (including their own), medical workers manage to remain at the second stage of emotional exhaustion and not to move to the stage of depersonalization.

We would like to draw attention once again to the revealed regularity medical workers dominate workers in the socionomic professions with burnout signs however, they do not often reach the full level of burnout, i.e., medical workers exhibit the lowest rate of depersonalization. Therefore, it can be concluded that if socionomy professionals receive regular medical examinations the prevention of burnout will be more

effective due to greater attention to the psychosomatic manifestations of distress. Teachers dominate the professionals with irreversible persistent burnout syndrome; therefore, interaction with children seems to be the most powerful precipitating factor in terms of the degree of the caused exhaustion. Based on this common occurrence, we can assume that burnout among medical workers in children's services will be more pronounced than among their colleagues working with adults. Similarly, this trend may be expected in the case of social workers providing assistance and support for disabled children, children from low-income and disadvantaged families and so on. In this case, social workers are expected to have more stable disorders caused by burnout.

Second question (what do the manifestations of burnout among specialists in socionomics have in common?): Results of the study were subjected to a validity check for discrepancies with mathematical statistical methods and non-parametric Mann-Whitney (U) and Wilcoxon (W) tests. Six symptoms in equal measure commonly found among social workers, teachers and medical workers were identified:

- Experiencing psycho-traumatic circumstances
- Self-dissatisfaction
- Anxiety and depression
- Inadequate selective emotional reaction
- Emotional and moral disorientation
- Emotional detachment

We believe that people with a greater propensity for empathy and humanity and low level of mental resistance are most prone to burnout. These qualities might result in excessive pain from various circumstances, especially psycho-traumatic. It can be assumed that people with burnout syndrome will even in everyday situations, look for signs that threaten themselves or their relatives. Hypersensibility, vulnerability and disability to give an adequate emotional response to situations lead to anxiety, self-dissatisfaction and then to depressive and neurotic reactions. As a result, workers of the social sphere have to resort to defence mechanisms including the suppression of emotions through the denial of painful situations, repression of psycho-traumatic situations and people and a regression to simpler, more accessible forms of response to situations.

A symptom of inadequate selective emotional response manifests itself in the fact that a specialist ceases to perceive the difference between two fundamentally different phenomena; the restrained expression of emotions and an inadequate selective emotional reaction. The former is a useful adopted skill in using a limited range of moderately intensive emotions while communicating with clients; a faint smile, friendly glance, calm voice, restrained reaction to strong stimuli, no categoricalness. In the case of the displayed symptom, an employee economizes his or her emotions inadequately, thereby limiting the emotional investment with selective responses in working contacts. The employee's principle of work in this case is 'I want to do it or not' which means 'If I see fit to do so, I shall spend some time with this client. If I am in a good mood, I shall respond to the client's states and needs'. To prevent this symptom, we recommend developing the above-mentioned skill of the restrained expression of emotions. This skill is especially important in dealing with unpleasant clients. We also recommend talking with people with pleasant dispositions more often and longer.

To summarize this part of our study, we can say that regardless of professional activities, a specialist prone to burnout has the following emotional symptoms; a lack of emotions or poor emotions; pessimism, cynicism and ungratefulness in work and personal life; indifference, fatigue and a sense of helplessness and hopelessness; aggressiveness, irritability, anxiety and attention deficits; depression, feelings of guilt and hysteria; loss of ideals, hopes or professional prospects; an increase in the depersonalization of others and a dominating sense of loneliness.

Third question (what are specific burnout signs among specialists in each group of professions?): As the number of respondents with burnout symptoms was the greatest among medical workers, the results of this experimental group were analysed first. It turned out that a reduction of professional duties was the only symptom by which medical workers are significantly different from teachers ($U = 233.5$; $W = 729.5$; $p = 0.043$) and social workers ($U = 352$; $W = 1383$, $p = 0.048$). Thus, doctors and nurses cease to fulfil part of their professional duties if they do not have time to respond to the situation and lose control over it. This is reflected in the reduction or absence of an interest in new trends and ideas in work and alternative approaches to problem solving, giving way to boredom, apathy, precedence to standard patterns over creativity, cynicism or indifference to innovations and the rote performance of their work.

The symptom of the reduction of professional duties manifests itself in attempts to ease or reduce emotionally expensive duties. In fact, the object of the service sector is neglected. The specialist does not see fit to have long

conversations with a patient as a result, the patient history is not informative. This symptom among medical workers can be connected with the necessity of frequent and rather close contact with many patients. As a reduction of duties is connected with limited emotions, to prevent this symptom one must develop the skill of a moderate expression of emotions and a displacement from an emotional to a functional perception of the client. It is also useful to diversify the work, for example, to create and realize new projects, participate in workshops and conferences, where an employee has an opportunity to meet new people and share experience, participate in the work of the professional group which provides an opportunity to discuss the problems relating to the work.

Social workers demonstrated quite a different picture of burnout. The first symptom found in this professional group is a feeling of being trapped that is characterized by a sense of helplessness, hopelessness and deadlock. This feeling might arise because social workers by the nature of their activities face many socially deprived, crisis situations in their client's lives such as loss of property, loss of working capacity or disability or the loss of a sole provider in which the client really feels to be on the brink of a catastrophe. Practicing empathy with a client, a social worker also realizes the hopelessness of the situation and his or her own helplessness as a specialist in solving a specific problem. Regularly finding themselves in such crisis situations, social workers continually experience such feelings so that they become part of their emotional world which indicates employee burnout.

The next burnout symptoms experienced by both social workers and teachers are psychosomatic and psychovegetative disorders. As noted above, doctors pay more attention to their own health and this fact enables them to avoid extreme burnout. Teachers and social workers cannot always specify their psychosomatic disorder and after finding a disorder they do not hasten to treat the disease, thus aggravating their health condition.

Personal detachment is another burnout symptom equally common among social workers and teachers. Burned out employees often demonstrate cynical and impersonal attitudes toward work, damaged relationships with others and dependence on them and an increase in negativism. Interpersonal interactions of such persons become formal and impersonal. They participate in few social activities and show little interest in leisure activities and hobbies. Their social interactions are poor and restricted to work. Domestic relationships are also poor. A sense of isolation emerges, together with a sense of incomprehension of others and by others, lack of support from family, friends and colleagues.

The prevalence of these symptoms is directly connected with the specific nature of social work. Social workers constantly experience psychological overload as they have to address so-called 'difficult' clients, people who found themselves in difficult situations, live below the poverty line, with people of no fixed abode, offenders or orphans. Further, social workers feel responsible for their clients; this fact leads to anxiety and constant stress at work. Lack of psychological release forces them to use available protective measures such as the categorization of clients into 'bad' and 'good' and the selective emotional response to their problems. All this taken together leads to EBS.

Thus, medical professionals have one specific symptom of burnout, namely, the reduction of professional duties. Among social workers there are three groups of specific symptoms: a feeling of being trapped, psychosomatic and psychovegetative disorders and personal detachment. Teachers have four specific symptoms of burnout; psychosomatic and psychovegetative disorders, personal detachment, expansion of the sphere of emotional thriftiness and emotional deficit. The key element of EBS among teachers is emotional exhaustion which is understood as a feeling of internal emotional fatigue caused by their work. It manifests in a worsened emotional state, indifference and emotional overload, aggressive reactions, outbursts of anger, symptoms of depression and impulsive emotional behaviour.

Emotional protection in the form of burnout become an integral personality feature. Teachers are more prone to exhaustion; it affects social and medical workers to a lesser extent. This may be because the subjects of educational work are children and adolescents whose emotional reactions are generally stronger than those of adults. Emotionally intense communication with persons under one's care gradually leads to the exhaustion of the teacher's energy resources and nervous system, an impossibility of full emotional and intellectual response, loss of interest in the students and the exclusion of emotions from professional activity.

Emotional and moral disorientation is the inability to control emotions in terms of moral and ethical standards. Employees do not show the proper emotional attitude toward their subject and they justify this behaviour with judgments about the clients. Their judgments may include the following statements; 'one shouldn't practice empathy with such people', 'they do not deserve a good attitude', 'Why should I trouble myself on their account?' These types of thoughts and attitudes suggest a reduction of motivation of activity among employees with burnout and their emotions no longer influence the awakening of their moral senses. The motivation of these

employees become flattened and narrowly focused; the achievement motivation in professional activities has been replaced by the motivation to avoid failure. Alfried (2008) calls this phenomenon an existential burnout (Appendix A).

CONCLUSION

Thus, the results of this study lead us to conclude that the specifics of the socionomic professions contribute to the emergence and development of burnout symptoms. Each type of activity has its own burnout symptoms. However, there are some common burnout symptoms that affect all three groups of respondents. This brings us to the conclusion that teachers, social and medical workers have their own psycho-trauma and limited and inappropriate emotional reactions serve as psychological defence mechanisms.

RECOMMENDATIONS

The first step to prevent burnout must be the recognition of the symptoms of psychological stress. A professional should admit having burnout symptoms and agree that it is necessary to take corrective actions, help himself or herself. To do so, one must learn how to manage stressful situations and master self-control. To prevent negative personal and professional changes, specialists should create mechanisms to maintain good health and self-preservation. They should master relaxation and visualization skills, limited expression of emotions, calmness under pressure, personal tolerance and psychological flexibility, reflection, regulation of unfavourable emotional states and the improvement of self-esteem. Additionally, professionals should cultivate outside non-professional interests, lend variety to current professional activities and use techniques aimed at activating a healthy lifestyle.

Upon taking notice of burnout symptoms, one's work and rest schedule should be altered to increase time for physical and psychological recovery. Preventive measures do not require much cost and they are simple while failure to comply with them leads to negative consequences. Preventive measures must consist of compliance with a proper sleep and rest schedule, outdoor activities and exercise, moderate physical activity, reduction of stressful situations in professional activities as much as possible and the development of skills in relaxing and reducing stress. Changes in professional activities may also assist burnout prevention. It is useful to lend variety to work, to participate in new projects in workshops and conferences which provide opportunities to meet new people and share experiences, participate in professional groups that give an opportunity to discuss issues related to work. A key requirement for preventing the occurrence and development of burnout, especially emotional and moral disorientation is the readiness to creative self-realization. Kashapov and Mitina emphasize the role of creativity for effective performance and successful professional longevity. Actualization of creative potential; relieves psychic tension, identifies and releases vital resources and reflects the results of feedback. Another preventive measure is the recognition that any person has the right to freely express his or her personality. People must be more flexible in their judgements of others and refrain from trying to change them. To prevent depersonalization, we recommend developing personal tolerance which is defined as a person's ability to control life situations and react flexibly to changes. To prevent a feeling of being trapped we recommend to develop skills of reflection, compare the desired and the actual, evaluate one's goals and plans in terms of possibility of their achievement and implementation, develop interest in work and lend variety to it by creating new projects and share experience with colleagues.

Burnout as a process is closely connected with the process of formation and professional development of a specialist, so correction and prevention of burnout can and should be built into the system of training and advanced training of socionomy specialists.

Positive emotions are powerful motivators that's why it is very important for a professional that work brings not only financial but also moral satisfaction. The lack of moral satisfaction provokes emotional exhaustion which indicates professional burnout, so the first line of burnout prevention work should be correction of the emotional sphere.

Our experience in advanced training of socionomy specialists allows us to say that art therapy is a very effective tool. While drawing people materialize their negative emotions and later they can destroy them symbolically by throwing study away or burning or tearing it up and thus recover emotionally. Materialization of positive emotions by drawing helps to fix and ground them. In a group of professionals we recommend holding an exhibition of drawings of participants to intensify positive effects.

In art therapy the thing we draw with plays an important role. It is better to use paints, watercolours, pastel paints; coloured pencils and chalks can also be used. We do not recommend markers because they hardly allow communicating shades of mood and feelings, badly mix together and what's more, a colour being applied on

the other one overlaps and replaces the latter; it means repression and negation of emotions. For emotional recovery every emotion, every nuance is important, so nothing should be lost.

Burnout is a psychic phenomenon close to the category of mental states. Burnout as opposed to other states is negatively oriented; negative emotions, motivation and assessments prevail in the structure of burnout. Positive results in corrective and preventive work can be achieved with music therapy and relaxation. Special selection of classical music, for example, the seasons by Tchaikovsky, accompanied by video sequences, photos of nature or art reproductions of such painters as Shishkin, Savrasov, Aivazovsky leads to harmonization of internal and external processes, achievement of at least neutral emotional state. Adding kinaesthetic sensations (relaxation couches, soft blankets, etc.,) to audio and video signals, it is possible to change the value of emotional states from negative to positive. Regular music therapy (ideally, once a week) produces a stable result which leads to decreased burnout due to the reduction of emotional exhaustion.

Burnout is a product of professional activity that manifests itself in it and has an impact on all personality traits of an employee; therefore, depersonalization as a second symptom of burnout can't affect only one aspect of professional activity. Depersonalization is manifested in relationships with customers, colleagues and corporate management team. This means that the correction and prevention work should be focused on the optimisation of communication processes. While providing business-consulting services, we arrived at the conclusion that this task can be solved by team-building activities. Team building activities can be carried out both at the workplace in order to optimize business communication and in informal environments in order to improve interpersonal communication. To prevent depersonalization and development of unconstructive relationships with customers we practice the Balint method which supposes that everyone who wishes to do so can bring up a practical problem for discussion and ask colleagues for support and help. If Balint groups meet at least one or two times a month, then negative, unresolved and difficult situations will not accumulate and employees will stay optimistic and positive while communicating with clients, colleagues and the corporate management team. The reduction of professional achievements is perhaps the most complicated symptom of burnout and the most difficult to correct, so priority should be given to the preventive rather than corrective work. In this case managerial decisions are crucial. Staff turnover, job enrichment interchangeability are among those managerial decisions that allow to maintain interest in the work, stimulate professional growth and development. It should be particularly emphasized that such decisions must be taken upon an initiative of the management team rather than of employees, because in the latter case it would increase the work volume that in turn would further deepen burnout. Worth recalling in this regard is the importance of moral and material incentives for employees such as giving praise publicly, expressing gratitude, presenting gifts, rewarding for dedicated work. These and many other ways to encourage allow maintaining interest in the work and restraining burnout.

As the poor quality of work among burned-out professionals of socionomic professions affects clients, patients, students, seniors and other categories of people who need help the prevention of burnout should fall within the scope of public attention. This may result in providing specialists in the socionomic professions with fringe benefits such as advance leaves, etc. We believe that medical examinations of professionals in socionomic professions must be regular, at least every three months. The prevention of burnout is more effective when increased attention is paid to the psychosomatic manifestations of distress. Any disease, including EBS is easier to prevent than to treat; therefore, preventive measures are key in the struggle with this phenomenon.

The analysis of symptoms and progression of burnout among specialists of socionomic professions allows us to formulate recommendations for both employers and employees. If the employer wants the employees to perform at their best, be conscientious and less prone to burnout, it is necessary:

- To hold regular advanced trainings, workshops and master classes for employees
- To create conditions for meetings and sharing experience between employees
- To give regular feedback to employees
- To develop a motivation system through material incentives and encouragement of employees
- To develop and maintain constructive organizational culture
- To resolve industrial disputes on a timely basis

Risk of burnout can be significantly reduced if employees:

- Improve their professional skills on a regular basis
- Plan effectively their daily work and follow work and rest schedule
- Develop their introspection and reflection skills are aware of both their strengths and weaknesses
- Distinguish their work and home interests
- Find time for a good rest, hobbies, creative work and meeting friends

If both the employer and the employee understand their areas of responsibility for improving quality and efficiency, risk of burnout can be significantly reduced. In our case the reduction of burnout risk will necessarily lead to improving the quality and efficiency of services rendered by specialists of helping professions to clients.

APPENDIX

Appendix A: Method for determining the degree of burnout by Vladimir Boyko

Instruction: Write a column of numbers from 1-84 on a piece of paper. Write an answer 'yes' or 'no' next to each number. Try to answer quickly, without much thought

1. Troubles at work constantly make me nervous, worried or stressed out.
2. Today I am pleased with my vocational choice no less than at the beginning of my career
3. I was wrong in my choice of profession
4. I'm worried about working slower, less efficiently and less accurately, than before
5. The warmth of my interaction with clients depends on whether I'm in good or bad mood
6. The well-being of my clients does not strongly depend on me
7. When I come home, I do not want to speak with anyone for some time (2-3 h), I want to be alone
8. When I feel tired or stressed out, I try to end my interactions with clients as quickly as possible
9. Emotionally, I do not think I can give to my clients what is expected of me
10. My job dulls my emotions.
11. I'm really tired of the problems that I have to address
12. Sometimes I do not sleep well because of emotions associated with work
13. While interacting with clients I have to strain
14. Working with people brings me less and less satisfaction
15. I would change jobs if I had the opportunity
16. I am often worried about being unable to properly support or help my clients
17. I always manage to prevent the influence of my bad mood on professional contacts
18. It distresses me when something goes wrong in my interaction with clients
19. I'm so tired from work that at home I try to communicate as little as possible
20. Due to lack of time, fatigue or tension I often give less attention to clients than is due
21. Sometimes, even routine communication at work irritates me
22. I calmly accept well-grounded claims of clients
23. Excess communication at work leads me to avoid people
24. Memories of some clients bring me down
25. Conflicts and disagreements with colleagues take me much strength and emotion
26. It is more and more difficult for me to establish and maintain contacts with clients
27. The job climate seems very difficult to me
28. I often have disturbing expectations related to work, such as feeling like something bad may happen, fear of making mistakes, fear of not doing everything right, etc
29. If a client is unpleasant to me, I try to limit the time communicating with him or give him less attention
30. In interpersonal relations at work, I am committed to the principle: 'There is no good deed that goes unpunished'
31. At home I talk about my work with pleasure
32. There are days when my emotional state adversely affects my performance at work
33. Sometimes I realize that I need to be emotionally generous to clients but I cannot
34. I am emotionally involved in my job
35. Clients are given more attention and care than the gratitude I get from them
36. The thought of work makes me feel uneasy: my chest hurts; I have an elevated blood pressure and a headache
37. I am in with my line manager
38. I am often happy to see that my work benefits people
39. Recently bad luck has followed me at work
40. Some aspects of my work disappoint me greatly
41. There are days when communication with clients is worse than usual.
42. I think that clients' activities do not matter much
43. Fatigue at work leads to a reduction in communication with friends and acquaintances
44. I usually show interest in the personality of clients even if it doesn't relate to work
45. I usually come to work well-rested, with fresh vigour and in a good mood
46. Sometimes I catch myself thinking that I work automatically, without putting my heart into my work
47. At work some people are so unpleasant that I cannot help wishing them harm
48. Interactions with unpleasant people worsen my physical and emotional state
49. At work I experience constant physical or psychological overload
50. Success at work inspires me
51. The situation at work that I am in currently appears desperate
52. I am worried about work
53. During last year, there was a claim against me submitted by clients
54. I manage to save my nerves because I do not take to heart much of what occurs to my clients
55. I often bring home negative emotions from work
56. I often work with great difficulty
57. Before now I was more responsive and attentive to clients
58. Working with people I adhere to the principle: 'Do not waste your nerves, take care of your health'
59. Sometimes I go to work with a heavy heart: 'I'm tired of the profession', 'I do not want to see or hear anyone'
60. After a busy day, I feel ill
61. The people I serve are very difficult
62. Sometimes I think that the results of my work are not worth the effort I invest
63. If I was happy having good work, I'd be happier in general
64. I am in despair because of serious problems at work
65. Sometimes I treat my clients in a way I would not like them to treat me
66. I condemn the clients who expect special indulgence and attention
67. After work I am often too exhausted to do household chores
68. I usually wish to speed time up: 'Just let the workday be over'
69. Usually I sincerely care about the states, requests and needs of clients
70. While working with people, I usually set up a kind of shield protecting me from the suffering of others and negative emotions
71. Working with people disappoints me very much
72. To recover my strength, I often take medication
73. As a rule, my working day is calm and easy
74. My requirements for the work I perform are higher than what I achieve due to circumstances
75. My life has turned out well
76. I am very nervous about everything work-related
77. I would not like to see and hear some of my clients
78. I approve of the people who entirely devote themselves to others, forgetting about their own needs
79. My fatigue at work rarely affects my communication with family and friends
80. On occasion, I pay less attention to clients but in such a way that they do not notice it
81. My nerves often fail me during communication with people at work
82. I have lost interest in everything at work
83. Working with people has negatively affected me, made me sore, nervous and have deadened emotions
84. Working with people evidently undermines my health

Table 2: Detail of different phases with key values

Description	Key
Phase 1 (Tension)	
Deep experience of psycho-traumatic circumstances	+1 (2), +13 (3), +25 (2), -37 (3), +49 (10), +61 (5), -73 (5)
Self-dissatisfaction	-2 (3), +14 (2), +26 (2), -38 (10), -50 (5), +62 (5), +74 (3)
Feeling of being trapped	+3 (10), +15 (5), +27 (2), +39 (2), +51 (5), +63 (1), -75 (5)
Anxiety and depression	+4 (2), +16 (3), +28 (5), +40 (5), +52 (10), +64 (2), +76 (3)
Phase 2: Resistance	
Inadequate selective emotional reaction	+5 (5), -17 (3), +29 (10), +41 (2), +53 (2), +65 (3), +77 (5)
Emotional and moral disorientation	+6 (10), -18 (3), +30 (3), +42 (5), +54 (2), +66 (2), -78 (5)
Expansion of the scope of emotional thriftiness	+7 (2), +19 (10), -31 (2), +43 (5), +55 (3), +67 (3), -79 (5)
Reduction of professional duties	+8 (5), +20 (5), +32 (2), -44 (2), +56 (3), +68 (3), +80 (10)
Phase 3: Exhaustion	
Emotional deficit	+9 (3), +21 (2), +33 (5), -45 (5), +57 (3), -69 (10), +81 (2)
Emotional detachment	+10 (2), +22 (3), -34 (2), +46 (3), +58 (5), +70 (5), +82 (10)
Personal detachment (depersonalization)	+11 (5), +23 (3), +35 (3), +47 (5), +59 (5), +71 (2), +83 (10)
Psychosomatic and psycho-vegetative disorders	+12 (3), +24 (2), +36 (5), +48 (3), +60 (2), +72 (10), +84 (5)

Degree of manifestation of each symptom; 9 points or less-symptom not formed; 10-15 points-symptom in the process of formation; 16 and more-symptom formed; Degree of maturity of each syndrome phase; 36 or less points-phase not formed; 37-60 points-phase in the process of formation 61 and more-phase formed

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