



Emotional Burnout Syndrome in Volunteers: Conceptual Approaches and Models

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ABSTRACT

The article deals with conceptual approaches and models of Emotional Burnout Syndrome (EBS) in volunteers. Particular attention is paid to interpersonal, organizational, sociogenetic, behavioral and cognitive-behavioral approaches. Various theoretical models are analyzed, including one-dimensional, two-dimensional, three-dimensional and four-dimensional constructs of EBS. The article also considers procedural models of burnout that describe the stages of development of this syndrome. The article concludes with an analysis of the factors influencing the emergence and development of EBS in volunteers.

Keywords: Emotional burnout syndrome; Volunteers; Conceptual approaches; Models; Emotional exhaustion; Depersonalisation; Professional burnout

INTRODUCTION

Emotional Burnout Syndrome (EBS) is a common problem among volunteers who work in stressful conditions and often face emotional overload. Volunteers, due to the specifics of their work, are more vulnerable to this syndrome. The main purpose of this article is to analyse the main conceptual approaches and models of EBS, which allows us to understand the causes and mechanisms of its occurrence, as well as to develop effective strategies to prevent and overcome this phenomenon.

LITERATURE REVIEW

A qualitative and quantitative content analysis of scientific Ukrainian and English-language literature published in the period from 1984 to 2024 was conducted. Classification analysis, comparative analysis and procedural analysis were

used. The search was conducted using the PubMed, Google Scholar and American Psychological Association databases.

The study of emotional burnout syndrome in volunteers uses a variety of approaches to gain a deeper understanding of this phenomenon.

Representatives of the interpersonal approach believe that emotional burnout occurs due to asymmetrical relationships between clients and employees. They emphasise the importance of interpersonal relationships in the emergence of this syndrome [1].

The organisational approach, on the other hand, focuses on factors of the work environment as the main sources of burnout. Such factors include: lack of autonomy in work, limited contact with clients, large volumes of work and other similar factors [2].

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Based on the results of the theoretical analysis, we can distinguish the main directions in the study of emotional burnout syndrome [3].

The first line includes generalised studies that consider emotional burnout syndrome as a holistic phenomenon that includes disorders in the social, somatic and mental spheres of life. This is in line with the approaches of medical psychology [4].

The second line is represented by the general psychological approach, which includes specific scientific studies where scientists analyse various relationships between emotional burnout syndrome and other psychological phenomena and phenomena. Depending on the theoretical model, the multidimensionality of this phenomenon is considered from numerous aspects of its manifestation [5].

In the sociogenetic model, emotional burnout is seen as a distress that arises due to overload caused by the peculiarities of professional tasks [6].

From the perspective of the behavioural model, emotional burnout is associated with biological processes that closely interact with environmental conditions and human behavioural activity [7].

Within the cognitive-behavioural approach, health-related behaviour is considered as a set of lifestyle patterns that arise from conscious decisions of an individual [8].

DISCUSSION

According to the canons of the psychoanalytic paradigm, emotional burnout can be considered a risk factor for mental health, although psychoanalysts have not specifically studied this syndrome as a disorder of harmonious functioning [9].

According to theoretical postulates, risk factors, including emotional burnout, are not viewed as natural phenomena (*i.e.*, states of the body and mind), but as complex social constructs or artefacts. These constructs are conditioned by contemporary cultural discourses, concepts, worldviews, as well as social institutions and technologies [10].

Within the humanistic paradigm, views have emerged on the need to distinguish the 'personal' and 'spiritual' as a separate dimension. This refers to the reality of the inner, subjective world of the individual, the world of his or her 'I'.

In this regard, the concept of adaptation used in medical and pathopsychological models cannot be fully applied at the level of personal and semantic meaning. It is necessary to talk about a special kind of adaptation—the ability to conform not only to the external world of phenomena, things, objects and rules, but also to one's own subjective world.

In the existential-humanistic approach to psychology, emotional burnout is viewed through a positive definition of mental health, which leads to the definition of criteria that characterise it as a process rather than a condition. The focus is on such concepts as 'self-realisation', 'self-actualisation', 'authenticity', 'identity' and 'full human functioning'.

The study of the problem of emotional burnout in volunteers is driven by the need to optimise educational and professional activities, preserve and develop the individual, and care for psychological well-being. Since it is the emotional sphere that performs the regulatory functions of the nervous system, determines resource reserves and shapes the person's worldview, this topic is extremely relevant. The study of this psychological phenomenon began in the 1970's. One of the first researchers was Herbert Freudenberger, who introduced the concept of emotional burnout to assess the psychological state of people who do not suffer from mental disorders. The main characteristic of their professional activities is intensive communication in an emotionally charged atmosphere.

The study of this phenomenon can be divided into two stages. The first stage was dominated by clinical approaches, which contained ideas and assumptions about various causes of burnout and methods of dealing with it. Some authors found a partial overlap with concepts such as post-traumatic stress disorder (King) or considered burnout as an independent psychiatric diagnosis (Morov). Other researchers have linked it to the theory of generalised stress and the compulsive desire for help in the 'helping profession syndrome', considering burnout as the third stage of the stress process.

The second stage is characterised by a social and psychological approach. In the first studies, the number of professionals prone to emotional burnout was insignificant and included employees of medical institutions and charitable organisations. However, R. Schwabe expanded the occupational risk group to include almost all socio-economic professions.

A. Pines analyses this phenomenon as the result of gradual frustration arising from the unsuccessful search for the meaning of life and manifested in physical, emotional and psychological exhaustion. From the works of foreign authors, it can be concluded that research interest has been focused on studying the structure of the 'mental burnout' syndrome, identifying its factors and various manifestations, as well as the impact of this syndrome on the psychological well-being of the employee.

For example, S. Kondo defines burnout as a state of maladjustment in the workplace caused by excessive workload and inadequate interpersonal relationships. He explains that people who work with a special interest are more prone to burnout.

The first mentions of a phenomenon close to emotional burnout in domestic psychology can be found in the works of B.G. Ananiev. He used the term 'emotional burnout' to refer to a negative state observed in representatives of human-to-human professions and associated with interpersonal relationships.

Many scientists have repeatedly emphasised the complex and multi-level nature of emotional burnout. Among them are T. V. Bolshakova, M. V. Borisova, M. Burish, E. K. Veselova, N. E. Vodopyanova, V. E. Orel and A. A. Rukovishnikov, who focus on the signs and symptoms of the 'mental burnout' syndrome. These symptoms range from fatigue and excessive emotional

stress during professional activities to a state of deep neuroticism, existential despair, emptiness and meaninglessness of life, as noted by M. Burish and T. Roginska.

The system of personal values also undergoes significant changes, which leads to a crisis of values, internal personal conflict, feelings of loneliness, dependence on work and disappointment in one's own professional ideals.

T. I. Ronginskaya considers burnout as a complex of symptoms that covers all structural levels of the personality. This includes the socio-psychological level, which reflects changes in interpersonal relationships; the personality level, which refers to changes in personality traits; the motivational level, which includes qualitative changes in motivation; and the normative-situational level, which reflects changes in states and emotional relationships.

The WHO European Conference noted that work-related stress is an important problem for approximately one third of workers in the European Union. The development of this syndrome leads to personality maladjustment, which negatively affects the performance of professional duties and relationships with colleagues.

In the International Classification of Diseases (ICD-10), burnout syndrome is classified under the heading Z73-‘stress associated with difficulty maintaining a normal lifestyle’. Some researchers consider this equivalent to the diagnosis F43.0 ‘Adjustment disorder’ (provided that the duration of symptoms does not exceed 6 months) or F48.0 ‘Neurasthenia’.

In the 11th revision of the International Classification of Diseases (ICD-11), burnout is included as an occupational phenomenon. It is a syndrome resulting from chronic stress in the workplace that has not been successfully managed.

According to the American Institute of Stress, the consequences of burnout in the workplace are high employee turnover, absenteeism and reduced productivity.

Symptoms that signal the development of burnout can be divided into the following categories:

Physical: Fatigue, feeling of exhaustion, increased susceptibility to environmental changes, asthenia, frequent headaches, gastrointestinal disorders, weight changes (overweight or underweight), insomnia and others.

Behavioural and psychological: Work becomes more difficult and the ability to perform it decreases; the employee comes to work early and leaves late; or conversely, appears late and leaves early; takes work home; feels a vague sense of anxiety; feels bored; decreased enthusiasm, etc.

It is worth remembering that burnout is a syndrome, *i.e.*, a group of symptoms that occur together. However, all of these symptoms do not necessarily appear simultaneously in each person, as burnout is an individual process.

In modern national psychology, there are several approaches to explaining the mechanisms and dynamics of burnout

syndrome that complement each other. Let us consider each of them in more detail:

- Individual psychological approach. This approach emphasises the discrepancy between the exaggeratedly high expectations of some people from work and the reality they face on a daily basis.
- The social psychological approach. In this approach, the cause of the burnout phenomenon is the specifics of work in the social sphere, which involves a large number of communications with different types of people.
- Organisational and psychological approach. The cause of emotional burnout is associated with the problems that a person has in the organisational structure: Lack of autonomy and support, role conflicts, inadequate social situation.

In the modern world, there are several models that describe the phenomenon of burnout.

One-factor model: Burnout is defined as a state of physical, emotional and cognitive exhaustion caused by prolonged exposure to emotionally overwhelming situations. The authors of this approach consider exhaustion to be the main cause and other consequences are seen as the result of disharmony of feelings and behaviour.

Two-factor model: This model consists of two dimensions: Emotional exhaustion and depersonalization. The initial component, called ‘affective’, includes complaints about health, physical well-being, nervous tension and emotional exhaustion. The second component, depersonalization, is manifested in changes in attitudes towards patients or oneself.

Three-factor model: Burnout is defined as a three-dimensional construct that includes emotional exhaustion, depersonalisation and a decrease in personal achievement. Emotional exhaustion is seen as the main component of burnout and is manifested in a decrease in emotional background, indifference or emotional overwhelm. Depersonalisation affects the deformation of relationships with other people. Decreased personal achievement is manifested in a tendency to negatively evaluate oneself and underestimate one's professional success. **Four-factor model:** In this model, one of the elements of burnout (emotional exhaustion, depersonalisation or reduced personal achievement) is divided into two separate factors. For example, depersonalisation can be divided into work-related depersonalisation and depersonalisation in relationships with service recipients.

Process models of burnout consider the development of this phenomenon as a process of gradual increase in exhaustion, which leads to the formation of negative attitudes towards relationships with recipients (people with whom the professional interacts).

In his works, J. Greenberg proposed to consider burnout as a five-stage progressive process:

- The first stage (‘honeymoon’): The employee is satisfied with the job and tasks and is enthusiastic about them.

However, over time, work challenges become less satisfying and the employee becomes less energetic.

- The second stage ('lack of fuel'): Fatigue, apathy and sleep problems appear. Potential work-life balance disruptions and detachment (distancing) from professional responsibilities arise.
- The third stage (chronic symptoms): Excessive work without rest, especially in workaholics, leads to exhaustion and a tendency to illness, as well as psychological experiences such as chronic irritability, a feeling of being 'cornered' and a constant lack of time.
- The fourth stage (crisis): Chronic diseases develop, often leading to partial or complete disability.
- The fifth stage ('hitting the wall'): Physical and psychological problems are exacerbated, which can lead to the development of life-threatening illnesses that directly threaten a person's life.

Perlman and E. A. Hartman have developed a dynamic model of the formation of Emotional Burnout Syndrome (EBS).

- Physiological reactions manifested in physical symptoms.
- Affective and cognitive reactions in the form of antisocial or irrational attitudes, unconstructive experiences and feelings.
- Behavioural reactions, expressed in symptomatic behaviours. The model describes four stages of stress:
- The first stage is the tension associated with additional efforts to adapt to the situational requirements of work.
- The second stage is strong emotional experiences and stress.
- The third stage-reactions of three main classes (physiological, affective-cognitive, behavioural) in individual variations.
- The fourth stage is burnout as a multifaceted experience of chronic psychological stress.

The most complete classification of burnout symptoms is presented in the work of W. Schaufele and W. Enzman. According to this classification, 132 symptoms of burnout are identified, grouped into five main groups: Affective, cognitive, physical, behavioural and motivational.

Symptoms of neuroticism and sub depression in emotional burnout resonate with the psychological concept of met pathology A. Maslow, which is an important element of his theory of existential values and met motivation.

According to A. Maslow, the highest level of personality development-the level of Being-is characterized by the fact that the place of basic needs in the motivation of behavior is occupied by such higher existential values (B-values) as the unity of opposites, integrity, beauty, goodness and truth.

These values are present in one form or another in every person, although not always in an actualized form. They are necessary not only to achieve 'full humanity' but also to avoid specific diseases associated with the deprivation of these values. As Maslow notes: 'If there are no values to guide one's life, one may not be neurotic, but suffer from cognitive and

spiritual disorders, because the connection with reality is distorted and disturbed to some extent'.

In this context, the social environment is of key importance. Living with unpleasant people and in an unfavorable environment is a pathogenic factor. If a person prefers to spend time with decent and beautiful people, he or she will begin to feel uplifted and better. A. Maslow calls these disorders met pathologies. He writes: 'For centuries, they have been viewed by religious thinkers, historians and philosophers in terms of spiritual or religious problems rather than by physicians, scientists or psychologists in terms of psychiatric, psychological or biological 'illnesses,' defects or weaknesses'.

Thus, the factors that influence the emergence of emotional burnout syndrome have a significant impact on the emotional sphere of the individual. Volunteers, as a result of experiencing the socio-economic situation, are not able to rationally self-regulate. As a result, the symptoms of emotional burnout can range from fatigue and excessive emotional stress during the performance of professional duties to a state of deep neuroticism, existential despair, a sense of emptiness and meaninglessness of life. The system of values also undergoes significant changes: There is a crisis of values, intrapersonal conflict, feelings of loneliness, strong dependence on work and disappointment in their professional and family ideals.

CONCLUSION

The study of Emotional Burnout Syndrome (EBS) among volunteers has shown that this phenomenon has a complex and multifaceted nature. The main conceptual approaches to the study of EBS include interpersonal, organisational, sociogenetic, behavioural and cognitive-behavioural approaches. Each of these approaches focuses on different aspects of the syndrome: From interpersonal relationships and organisational conditions to biological processes and behavioural patterns.

The analysis of theoretical models of burnout, including one-, two, three and four-dimensional constructs, allowed for a deeper understanding of the stages of development of this syndrome, as well as its manifestations at different levels-from emotional exhaustion to depersonalization and a decrease in personal achievements. The study also confirmed the importance of work environment factors and personal relationships in the emergence and development of EBS.

PROSPECTS FOR FURTHER RESEARCH

Further research should focus on the following aspects:

- Development and implementation of prevention programmes: It is necessary to create and test programmes aimed at preventing emotional burnout among volunteers, taking into account the specifics of their activities and individual characteristics.

- Research on the effectiveness of interventions: The effectiveness of different approaches to overcoming burnout, including psychotherapeutic methods, stress management training and self-regulation techniques, should be investigated.
 - Study the long-term effects: Longitudinal studies should be conducted to understand how burnout affects the psychological and physical health of volunteers in the long term.
 - Cross-cultural research: It is important to take into account cultural differences in the onset and manifestation of EBP, which will allow for the adaptation of prevention and intervention programmes for different groups of volunteers.
 - Technological solutions: The development of technological solutions, such as mobile applications for monitoring stress and burnout, can be a useful tool for volunteers and organisations working with them.
 - Overall, a comprehensive approach to studying and overcoming burnout syndrome will help to improve the psychological well-being of volunteers and increase the effectiveness of their work.
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