

## ВИЩА ТА УНІВЕРСИТЕТСЬКА ОСВІТА

UDC 37.015.3:61:159.944:174.4

DOI <https://doi.org/10.12958/3083-6514-2025-2-9-17>

**Yevtushenko Yuliia Oleksandrivna,**

Candidate of Pedagogical Sciences, Associate Professor,  
Associate Professor of the Department of Microbiology, Virology, Immunology,  
Medical Physics and Medical Informatics,  
State Establishment “Lugansk State Medical University”,  
Rivne, Ukraine.

[julia.evtyshenko@ukr.net](mailto:julia.evtyshenko@ukr.net)

<https://orcid.org/0000-0002-7315-3337>

### **EMOTIONAL BURNOUT OF PHYSICIANS AND FORMATION OF PROFESSIONAL-ETHICAL CULTURE OF FUTURE MEDICAL SPECIALISTS**

In modern healthcare system transformation, the problem of emotional burnout among physicians has gained particular relevance both in global and Ukrainian contexts. High levels of psycho-emotional strain, intensive work schedules, moral dilemmas, and limited resources create prerequisites for the development of burnout syndrome, which negatively affects both the personal well-being of medical professionals and the quality of medical care. According to international studies, more than half of physicians worldwide experience symptoms of burnout, posing a threat to the stability of medical systems and patient safety.

This problem becomes especially acute in socio-economic instability, military actions, and healthcare reforms characteristic of Ukraine. High stress levels among physicians and the increasing vulnerability of young professionals in the early stages of their careers indicate a need to reconsider approaches to the professional training of medical personnel. Traditional methods of combating burnout, which focus on individual stress management, prove insufficient without considering professional activity's ethical and cultural factors.

In view of this, scientific research is needed to form the professional-ethical culture of future physicians as one of the key mechanisms for preventing emotional burnout. Determining the relationships between the emotional state of medical professionals, the level of ethical training, and resilience to professional stress is important for improving the content of medical education and developing comprehensive strategies to support medical workers at the level of healthcare institutions and society.

Modern research on emotional burnout among physicians, both international and domestic, emphasises its multifaceted and systemic nature. It offers prevention strategies through forming a professional-ethical culture in medical education.

International sources focus on systemic and individual aspects of burnout, emphasising its impact on the quality of medical practice. A. Hodkinson and co-authors in systematic reviews confirm that burnout reduces physician engagement and quality of care, increasing the risk of medical errors, as noted by Shah Li and colleagues (Hodkinson et al., 2022; Li et al., 2023). International sources focus on systemic and individual aspects of burnout, emphasising its impact on the quality of medical practice (Yates, 2020; Wong, 2020). De S. Simone and N. Greep and co-authors emphasise organisational strategies such as flexible schedules and team support that help preserve empathy and ethical resilience (De Simone et al., 2021; Greep et al., 2022). L. Alcocer Alkureishi, J. Hageman, and K. Fargen propose innovative educational methods such as simulations and emotional intelligence training to

prepare physicians for stressful situations (Alcocer Alkureishi & Hageman, 2022; Fargen, 2022). S. Sadeghi and co-authors add historical context, connecting burnout with ethical principles of medieval medicine and highlighting the role of ethical culture in countering depersonalisation (Sadeghi et al., 2022). G. Bhatnagar and J. Saultz draw attention to societal expectations that intensify stress and call for educational campaigns to form a positive image of the medical profession, which helps reduce burnout (Bhatnagar, 2020; Saultz, 2020).

Domestic sources highlight the specifics of burnout in Ukrainian conditions, particularly through the impact of war, economic instability, and limited resources. L. Boiarska and T. Levchuk-Vorontsova, A. Rohova and E. Peltek emphasise the high vulnerability of physicians to burnout due to intense emotional load and moral distress, proposing to strengthen ethical training in medical education (Boiarska, 2023; Levchuk-Vorontsova, 2023; Rohova, 2024; Peltek, 2023). O. Khorolets analyses burnout in martial law, recommending innovative methods such as role-playing and mindfulness for developing emotional resilience (Khorolets, 2025).

A. Rybin and O. Podlianova and co-authors draw attention to the particular vulnerability of oncologists and interns, proposing psychological preparation and mentoring support for forming ethical resilience (Rybin et al., 2021; Podlianova et al., 2022). V. Maliuchenko emphasize the ethical consequences of burnout, such as loss of empathy, and advocate for integrating ethical culture into education and awareness campaigns to improve public perception of physicians (Maliuchenko, 2021). I. Yurchenko and co-authors and D. Assonov emphasise the need for organizational changes and the development of self-reflection for burnout prevention in conditions of limited resources (Yurchenko et al., 2021; Assonov, 2021).

Despite the significant volume of research, the problem of emotional burnout among physicians remains insufficiently studied in modern global and local challenges. International studies offer effective prevention strategies, but their adaptation to Ukrainian conditions requires further study. Domestic works focus on the specifics of burnout in conditions of war and systemic changes. However, there is a lack of comprehensive programs aimed at integrating international experience. Thus, further research should be directed at developing practical tools for burnout prevention that combine international approaches while considering Ukrainian realities. This will improve the quality of physicians' professional lives and ensure the stability of the healthcare system as a whole.

The purpose of the article is to comprehensively reveal the phenomenon of emotional burnout among physicians as a complex problem in the modern healthcare system, analyse its impact on the quality of medical care and professional effectiveness of medical workers, and substantiate the expediency of forming a professional-ethical culture in future medical specialists as one of the key means of preventing emotional burnout.

For the research purpose, the following tasks have been defined:

- to reveal the essence of emotional burnout in the context of the medical profession, determine its main components and causes;
- to investigate the multidimensional impact of emotional burnout on physicians' professional activities, quality of medical care, and ethical aspects of interaction with patients;
- to define the role of professional-ethical culture as a protective mechanism against burnout, particularly the importance of empathy, self-reflection, and ethical resilience;
- to substantiate the necessity of introducing components of professional-ethical culture into the medical education process for preparing psychologically resilient specialists;
- to propose a comprehensive approach to burnout prevention at organizational, educational, and societal levels;
- to analyse international experience regarding the implementation of emotional burnout prevention programs, particularly in countries with highly developed healthcare systems; to evaluate

the effectiveness of these initiatives and determine possibilities for their adaptation in the Ukrainian medical environment, taking into account local characteristics.

The research employed a complex of complementary scientific methods: analysis and synthesis of scientific literature on psychology, sociology, medical ethics, pedagogy, and healthcare management; systematisation and classification of theoretical approaches to understanding the phenomenon of emotional burnout in medical practice; comparative analysis of international and domestic educational programs aimed at burnout prevention.

The professional activity of a physician combines intellectual tension, emotional load, and high responsibility for patients' lives and health. Daily functioning under stress, limited resources, ethical dilemmas, and societal expectations increases the risk of emotional burnout development among medical professionals. Emotional burnout, characterised by chronic fatigue, loss of empathy, and decreased professional motivation, has become a serious problem threatening not only physicians' health but also the quality of medical care. According to the World Health Organisation, more than half of physicians in various countries face manifestations of this syndrome, posing a threat not only to the personal well-being of medical specialists but also to the quality of healthcare.

This problem is particularly acute in the context of training future physicians. At the stage of professional identity formation, it is important not only to master clinical skills but also to develop the ability to preserve one's emotional well-being. One of the important directions in burnout prevention is the formation of basic ethical guidelines, self-reflection, and empathy during the medical education process. In Ukraine, this problem gains special significance due to the impact of war, economic instability, and high-stress levels in the medical field, necessitating the adaptation of international practices to local conditions.

Emotional burnout is a syndrome of chronic physical, emotional, and professional exhaustion that develops due to workplace stress. According to the classic model by C. Maslach, emotional burnout has three interrelated components:

- emotional exhaustion (feeling of constant fatigue, depletion of resources, inability to “recover” even after rest);
- depersonalization (development of cynical, indifferent, or mechanistic attitudes toward patients, colleagues, and the profession itself);
- decreased professional effectiveness (loss of confidence in one's competencies, doubt about the significance of one's work).

These symptoms affect both the physician's personal well-being and the quality of interaction with patients, increasing the risk of errors and professional maladaptation.

The causes of burnout in the medical environment are complex:

- Intensive workload and multitasking. Long shifts, critical situations, and the necessity to make decisions under time pressure create chronic stress.
- Low organisational support. Lack of mentorship, psychological assistance, and team interaction intensifies feelings of isolation.
- Moral distress. Frequent ethical dilemmas provoke deep internal tension when physicians are forced to act against their own convictions (for example, due to a lack of resources or administrative pressure). For instance, a physician may be forced to choose which patient to provide limited resources to, which contradicts the principle of justice.

Global crises. The COVID-19 pandemic, military conflicts, and instability in healthcare have significantly increased the burden on medical professionals. In Ukraine, the war has added unique challenges, such as working under shelling conditions or evacuating patients.

According to the World Health Organisation (WHO), about 60% of physicians worldwide exhibit symptoms of emotional burnout. Studies conducted in the USA showed that about 50% of primary care physicians and up to 70% of intensive care workers experience burnout at various career stages.

In Ukraine, according to local surveys, over 40% of medical workers face chronic stress and burnout, partly explained by insufficient funding and high-stress levels due to the war.

Emotional burnout has a multidimensional impact on a doctor's professional activity, ranging from a decline in the quality of medical care to impaired interpersonal interactions and deterioration of the specialist's psycho-emotional state.

Firstly, burnout directly affects the quality of medical care provided. Reduced concentration, fatigue, and emotional detachment complicate accurate diagnosis, decrease attentiveness, and increase the risk of medical errors. A doctor who has lost emotional engagement may overlook essential symptoms or prescribe treatment based on standard protocols, neglecting the patient's individual characteristics. For example, missing a rare symptom due to inattention can lead to an incorrect diagnosis.

Secondly, emotional exhaustion weakens the ability to communicate effectively. A decrease in empathy and the development of cynicism impair patient interactions, reducing trust and satisfaction on both sides. In relationships with colleagues, there is increased conflict, isolation, and reluctance to collaborate. All of these factors undermine teamwork, especially in critical situations.

Thirdly, burnout has significant consequences for doctors' personal lives. Constant stress and internal exhaustion often lead to anxiety disorders, depression, family relationship problems, and, in some cases, the development of addictions or suicidal thoughts. According to some data, the suicide rate among doctors exceeds the average due to burnout and a lack of emotional support. For instance, a doctor who works consistently on night shifts may feel isolated from their family, leading to conflicts.

The ethical consequences deserve separate consideration. A state of depersonalisation contradicts the fundamental principles of medical ethics – respect for the patient's dignity, care, and justice. A doctor who loses the ability to empathise may neglect the needs of vulnerable patients or make decisions driven by fatigue or self-preservation. For example, dismissing an elderly patient's complaints as "non-serious" violates the principle of respect for autonomy. Additionally, moral distress (an internal conflict when a doctor is forced to act against their ethical beliefs) further exacerbates burnout.

Thus, emotional burnout is not only an individual psychological issue but also a systemic factor that affects the quality of medical care, team efficiency, and the moral climate in the healthcare industry.

Professional-ethical culture is one of the key protective mechanisms against emotional burnout, as it fosters a doctor's internal resilience to moral challenges and helps maintain motivation under stress. It encompasses the ability for empathy, self-reflection, and ethical resilience – qualities that enable a doctor to preserve humanity even in challenging clinical situations.

Developing empathy helps maintain connection with patients and find meaning in one's work, reducing the risk of depersonalization. Self-reflection allows for timely recognition of signs of overload and the need for emotional support. Ethical resilience (the ability to make decisions aligned with personal values) protects against moral distress, a significant trigger of burnout. For example, a doctor who is aware of their ethical principles may advocate for a patient's right to additional examination, reducing internal conflict.

The development of these qualities should begin during medical education. Educational approaches promoting ethical sensitivity and emotional self-regulation must become integral to training future doctors. This will enhance the quality of medical practice and reduce vulnerability to burnout in the long term.

Emotional burnout among doctors is not only an individual psychological challenge but also a consequence of systemic shortcomings in healthcare. Its prevention requires a comprehensive approach encompassing organisational, educational, and societal levels.

Medical institutions play a crucial role in creating an environment conducive to the psycho-emotional well-being of professionals. Effective measures include:

– *Optimisation of working conditions.* Flexible schedules reduce shifts after intensive periods and limit the number of patients per shift, thereby reducing the risk of chronic fatigue and emotional exhaustion.

– *Psychological support.* Access to professional counselling, reflection groups, and anonymous services enables doctors to seek help promptly without fear of judgment.

– *Anti-discrimination policies.* Discrimination based on gender, age, or other characteristics heightens stress and feelings of injustice. Medical institutions must implement clear policies ensuring equal opportunities and respect for all staff. Additionally, addressing overwork by establishing realistic working hours and ensuring adequate staffing is essential. For example, introducing limits on the number of patients per shift can alleviate pressure on doctors.

Medical education should contribute to reducing vulnerability to burnout by incorporating:

- Courses on medical ethics with analysis of real-world cases;
- Training in emotional intelligence to develop self-regulation and empathy;
- Innovative methods, such as virtual reality for simulating stressful situations and mindfulness for stress prevention. In Ukraine, these methods can be adapted using accessible resources, such as online mindfulness platforms.

At the societal level, it is crucial to shift perceptions of the medical profession – from idealised expectations to a realistic understanding of the complexity and responsibility of medical work. Public campaigns to increase respect for doctors, raise awareness about burnout symptoms, and share doctors' stories foster empathetic attitudes toward healthcare professionals. For example, documentary films about medics working during wartime can enhance societal support.

Educational efforts are equally important: seminars, media campaigns, and online platforms can help medical professionals and institutional leaders recognise burnout signs, implement self-help practices (such as stress management or mindfulness), and cultivate a culture of mutual support.

International experience confirms the effectiveness of this approach. Leading medical schools in the USA, UK, and the Netherlands implement programs combining ethical training, emotional intelligence workshops, facilitated group discussions, and innovative tools – from virtual reality to mindfulness practices. These strategies reduce burnout risks and foster a more resilient, empathetic model of professionalism.

Implementing even a portion of these initiatives could significantly alleviate the emotional burden on medical professionals, improve their professional quality of life, and support the sustainable development of the medical profession in Ukraine.

Emotional burnout is a significant issue in modern medicine, negatively affecting doctors, the quality of care, and trust in the profession. Addressing this problem requires a comprehensive approach. Developing a professional-ethical culture among medical students through fostering empathy, self-reflection, and ethical resilience is key. Medical institutions must create supportive working conditions, and society should enhance respect for the medical profession. Modernising education, investing in employee well-being, and promoting societal recognition of the value of doctors' work are essential for the sustainable development of the profession.

At the same time, physician burnout remains a pressing topic for further research. A critical area of focus is evaluating the effectiveness of existing and new educational programs to foster a professional-ethical culture. Long-term studies assessing the impact of various educational components (such as medical ethics courses, emotional intelligence training, virtual reality, and mindfulness) on burnout levels among medical school graduates during their early professional years are necessary to identify the most effective strategies for preparing future doctors.

### Bibliography

1. Асонов Д. Емоційне вигорання медичних працівників: моделі, фактори ризику та протективні фактори. *Psychosomatic Medicine and General Practice*. 2021. Vol. 6, No. 2. Art. no. e0602295. DOI: <https://doi.org/10.26766/PMGP.V6I2.295>
2. Боярська Л. М. До питання формування особистості лікаря та профілактика емоційного вигорання. *Соціально-етичні та деонтологічні проблеми сучасної медицини (немедичні проблеми в медицині) : збірник матеріалів IV Віжнар. наук.-практ. конференції (м. Запоріжжя, 23–24 лютого 2023 р.)*. Запоріжжя : ЗДМУ, 2023. С. 64–69. URL: <http://dspace.zsmu.edu.ua/handle/123456789/18341>
3. Малюченко В. С. Синдром емоційного вигорання в професії лікаря. *Актуальні питання сучасної медицини і фармації – 2021 : збірник тез доповідей наук.-практ. конф. з міжнар. участю молодих вчених та студентів (м. Запоріжжя, 15–16 квітня 2021 р.)*. Запоріжжя : ЗДМУ, 2021. С. 175. URL: <http://dspace.zsmu.edu.ua/handle/123456789/15073>
4. Пельтек Є. І. Проблема емоційного вигорання в професії лікаря. *Актуальні питання сучасної медицини і фармації – 2023 : збірник тез доповідей 83 Всеукраїнської науково-практичної конференції молодих вчених та студентів з міжнародною участю (м. Запоріжжя, 25–26 травня 2023 р.)*. Запоріжжя : ЗДМФУ, 2023. С. 155. URL: <http://dspace.zsmu.edu.ua/bitstream/123456789/19315/1/c155.pdf>
5. Подліанова О. І., Котлова Ю. В., Дмитрякова Г. М. Професійне вигорання у лікарів-інтернів. *Соціально-етичні та деонтологічні проблеми сучасної медицини (немедичні проблеми в медицині) : збірник матеріалів III Всеукраїнської науково-практичної конференції з міжнародною участю (м. Запоріжжя, 24–25 лютого 2022 р.)*. Запоріжжя : ЗДМУ, 2022. С. 138–141. URL: <http://dspace.zsmu.edu.ua/bitstream/123456789/17855/1/%D1%81138-141.pdf>
6. Рибін А. І., Бондар О. В., Пацков А. О. Емоційне вигорання і питання професійної психологічної підготовки лікарів-онкологів. *Медична освіта*. 2021. № 3. С. 23–30. DOI: <https://doi.org/10.11603/m.2414-5998.2021.3.12424>
7. Рогова А. В. Проблема та профілактика емоційного вигорання особистості лікаря. *Соціально-етичні та деонтологічні проблеми сучасної медицини (немедичні проблеми в медицині): збірник матеріалів V Міжнародної науково-практичної конференції (м. Запоріжжя, 28–29 лютого 2024 р.)*. Запоріжжя : ЗДМФУ, 2024. С. 168–169. URL: <http://dspace.zsmu.edu.ua/handle/123456789/20248>
8. Хоролець О. В. Професійне вигорання лікарів. Причини, прояви та шляхи подолання. *Соціально-етичні та деонтологічні проблеми сучасної медицини : збірник матеріалів VI Міжнародної науково-практичної конференції (м. Запоріжжя, 20–21 лютого 2025 р.)*. Запоріжжя : ЗМФУ. С. 224–226. URL: <http://dspace.zsmu.edu.ua/bitstream/123456789/22428/1/c224-226.pdf>
9. Юрченко І., Савченко І., Буряк О. Професійне вигорання медичних працівників за сучасних умов. *Медсестринство*. 2021. № 4. С. 11–15. DOI: <https://doi.org/10.11603/2411-1597.2020.4.11865>
10. Alcocer Alkureishi L., Hageman J. R. Physician Burnout – How Do You Cope? *Pediatric Annals*. 2022. Vol. 51, No. 7. P. e257–e259. DOI: <https://doi.org/10.3928/19382359-20220531-01>
11. Bhatnagar G. Physician burnout. *The Lancet*. 2020. Vol. 395, Issue 10221. P. 333. DOI: [https://doi.org/10.1016/S0140-6736\(19\)32612-1](https://doi.org/10.1016/S0140-6736(19)32612-1)
12. De Simone S., Vargas M., Servillo G. Organizational strategies to reduce physician burnout: a systematic review and meta-analysis. *Aging Clinical and Experimental Research*. 2021. Vol. 33. P. 883–894. DOI: <https://doi.org/10.1007/s40520-019-01368-3>
13. Fargen K. M. The physician burnout conundrum: where do we go from here? *Journal of NeuroInterventional Surgery*. 2022. Vol. 14, Issue 2. P. 105–106. DOI: <https://doi.org/10.1136/neurintsurg-2022-018651>
14. Greep N. C., Woolhandler S., Himmelstein D. Physician Burnout: Fix the Doctor or Fix the System? *The American Journal of Medicine*. 2022. Vol. 135, Issue 4. P. 416–417. DOI: <https://doi.org/10.1016/j.amjmed.2021.10.011>

15. Hodkinson A., Zhou A., Johnson J., Geraghty K., Riley R., Zhou A., Panagopoulou E., Chew-Graham C. A., Peters D., Esmail A., Panagioti M. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. *BMJ*. 2022. No. 378. Art. no. e070442. DOI: <https://doi.org/10.1136/bmj-2022-070442>
16. Li C. J., Shah Y. B., Harness E. D., Goldberg Z. N., Nash D. B. Physician Burnout and Medical Errors: Exploring the Relationship, Cost, and Solutions. *American Journal of Medical Quality*. 2023. Vol. 38, No. 4. P. 196–202. DOI: <https://doi.org/10.1097/JMQ.000000000000131>
17. Sadeghi S., Ghaffari F., Sohrabi M. R., Heydarirad G. Physician burnout, a new term, a well-known concept in the medieval era: a thematic review of Ruhawi's Adab al-Tabib. *Irish Journal of Psychological Medicine*. 2022. Vol. 39, Issue 4. P. 398–405. DOI: <https://doi.org/10.1017/ipm.2019.53>
18. Saultz J. Burnout. *Family Medicine*. 2020. Vol. 52, No. 1. P. 5–7. DOI: <https://doi.org/10.22454/FamMed.2020.598170>
19. Wong A. M. F. Beyond burnout: looking deeply into physician distress. *Canadian Journal of Ophthalmology*. 2020. Vol. 55, No. 3S1. P. 7–16. DOI: <https://doi.org/10.1016/j.jcjo.2020.01.014>
20. Yates S. W. Physician Stress and Burnout. *The American Journal of Medicine*. 2020. Vol. 133, Issue 2. P. 160–164. DOI: <https://doi.org/10.1016/j.amjmed.2019.08.034>

### References

1. Assonov, D. (2021). Emotsiine vyhorannia medychnykh pratsivnykiv: modeli, faktory ryzyku ta protektyvni faktory [Emotional burnout of healthcare workers: models, risk factors and protective factors]. *Psychosomatic Medicine and General Practice*, 6(2), e0602295. DOI: <https://doi.org/10.26766/PMGP.V6I2.295> [in Ukrainian].
2. Boiarska, L. M. (2023). Do pytannia formuvannia osobystosti likaria ta profilaktyka emotsiinoho vyhorannia [On the issue of forming a doctor's personality and preventing emotional burnout]. *Sotsialno-etychni ta deontolohichni problemy suchasnoi medytsyny (nemedychni problemy v medytsyni) – Socio-ethical and deontological problems of modern medicine (non-medical problems in medicine)*. (pp. 64–69). Zaporizhzhia: ZSMU. Retrieved from <http://dspace.zsmu.edu.ua/handle/123456789/18341> [in Ukrainian].
3. Maliuchenko, V. S. (2021). Syndrom emotsiinoho vyhorannia v profesii likaria [Emotional burnout syndrome in the medical profession]. *Aktualni pytannia suchasnoi medytsyny i farmatsii – 2021 – Topical issues of modern medicine and pharmacy – 2021*. (p. 175). Zaporizhzhia: ZSMU. Retrieved from <http://dspace.zsmu.edu.ua/handle/123456789/15073> [in Ukrainian].
4. Peltek, Ye. I. (2023). Problema emotsiinoho vyhorannia v profesii likaria [The problem of emotional burnout in the medical profession]. *Aktualni pytannia suchasnoi medytsyny i farmatsii – 2023 – Topical issues of modern medicine and pharmacy – 2023*. (p. 155). Zaporizhzhia: ZSMFU. Retrieved from <http://dspace.zsmu.edu.ua/bitstream/123456789/19315/1/c155.pdf> [in Ukrainian].
5. Podlianova, O. I., Kotlova, Yu. V., & Dmytriakova, H. M. (2022). Profesiine vyhorannia u likariv-interniv [Professional burnout in intern]. *Sotsialno-etychni ta deontolohichni problemy suchasnoi medytsyny (nemedychni problemy v medytsyni) – Socio-ethical and deontological problems of modern medicine (non-medical problems in medicine)*. (pp. 138–141). Zaporizhzhia: ZSMU. Retrieved from <http://dspace.zsmu.edu.ua/bitstream/123456789/17855/1/%D1%81138-141.pdf> [in Ukrainian].
6. Rybin, A. I., Bondar, O. V., & Patskov, A. O. (2021). Emotsiine vyhorannia i pytannia profesiinoi psykholohichnoi pidhotovky likariv-onkologiv [Emotional burnout and issues of professional psychological training of oncologists]. *Medychna osvita – Medical education*, 3, 23–30. DOI: <https://doi.org/10.11603/m.2414-5998.2021.3.12424> [in Ukrainian].
7. Rohova, A. V. (2024). Problemataprofilaktykaemotsiinohovyhoranniaosobystostilikaria[Problem and prevention of emotional burnout of a doctor's personality]. *Sotsialno-etychni ta deontolohichni problemy suchasnoi medytsyny (nemedychni problemy v medytsyni) – Socio-ethical and deontological*

- problems of modern medicine (non-medical problems in medicine)*. (pp. 168–169). Zaporizhzhia: ZSMFU. Retrieved from <http://dspace.zsmu.edu.ua/handle/123456789/20248> [in Ukrainian].
8. Khorolets, O. V. (2025). Profesiine vyhorannia likariv. Prychyny, proiavy ta shliakhy podolannia [Professional burnout of doctors. Causes, manifestations and ways to overcome]. *Sotsialno-etychni ta deontolohichni problemy suchasnoi medytsyny – Socio-ethical and deontological problems of modern medicine*. (pp. 224–226). Zaporizhzhia: ZMFU. Retrieved from <http://dspace.zsmu.edu.ua/bitstream/123456789/22428/1/c224-226.pdf> [in Ukrainian].
9. Yurchenko, I., Savchenko, I., & Buriak, O. (2021). Profesiine vyhorannia medychnykh pratsivnykiv za suchasnykh umov [Professional burnout of healthcare workers in modern conditions]. *Medsestrynstvo – Nursing*, 4, 11–15. DOI: <https://doi.org/10.11603/2411-1597.2020.4.11865> [in Ukrainian].
10. Alcocer Alkureishi, L., & Hageman, J. R. (2022). Physician Burnout – How Do You Cope? *Pediatric Annals*, 51(7), e257–e259. DOI: <https://doi.org/10.3928/19382359-20220531-01> [in English].
11. Bhatnagar, G. (2020). Physician burnout. *The Lancet*, 395(10221), 333. DOI: [https://doi.org/10.1016/S0140-6736\(19\)32612-1](https://doi.org/10.1016/S0140-6736(19)32612-1) [in English].
12. De Simone, S., Vargas, M., & Servillo, G. (2021). Organizational strategies to reduce physician burnout: a systematic review and meta-analysis. *Aging Clinical and Experimental Research*, 33, 883–894. DOI: <https://doi.org/10.1007/s40520-019-01368-3> [in English].
13. Fargen, K. M. (2022). The physician burnout conundrum: where do we go from here? *Journal of NeuroInterventional Surgery*, 14(2), 105–106. DOI: <https://doi.org/10.1136/neurintsurg-2022-018651> [in English].
14. Greep, N. C., Woolhandler, S., & Himmelstein, D. (2022). Physician Burnout: Fix the Doctor or Fix the System? *The American Journal of Medicine*, 135(4), 416–417. DOI: <https://doi.org/10.1016/j.amjmed.2021.10.011> [in English].
15. Hodkinson, A., Zhou, A., Johnson, J., Geraghty, K., Riley, R., Zhou, A., Panagopoulou, E., Chew-Graham, C. A., Peters, D., Esmail, A., & Panagioti, M. (2022). Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. *BMJ*, 378, e070442. DOI: <https://doi.org/10.1136/bmj-2022-070442> [in English].
16. Li, C. J., Shah, Y. B., Harness, E. D., Goldberg, Z. N., & Nash, D. B. (2023). Physician Burnout and Medical Errors: Exploring the Relationship, Cost, and Solutions. *American Journal of Medical Quality*, 38(4), 196–202. DOI: <https://doi.org/10.1097/JMQ.000000000000131> [in English].
17. Sadeghi, S., Ghaffari, F., Sohrabi, M. R., & Heydarirad, G. (2022). Physician burnout, a new term, a well-known concept in the medieval era: a thematic review of Ruhawi's Adab al-Tabib. *Irish Journal of Psychological Medicine*, 39(4), 398–405. DOI: <https://doi.org/10.1017/ipm.2019.53> [in English].
18. Saultz, J. (2020). Burnout. *Family Medicine*, 52(1), 5–7. DOI: <https://doi.org/10.22454/FamMed.2020.598170> [in English].
19. Wong, A. M. F. (2020). Beyond burnout: looking deeply into physician distress. *Canadian Journal of Ophthalmology*, 55(3S1), 7–16. DOI: <https://doi.org/10.1016/j.jcjo.2020.01.014> [in English].
20. Yates, S. W. (2020). Physician Stress and Burnout. *The American Journal of Medicine*, 133(2), 160–164. DOI: <https://doi.org/10.1016/j.amjmed.2019.08.034> [in English].

### **Yevtushenko Yu. Emotional burnout of physicians and formation of professional-ethical culture of future medical specialists**

The article examines the problem of emotional burnout among physicians as a systemic phenomenon that threatens the well-being of medical professionals and the quality of healthcare provision. The causes of burnout syndrome are analysed, including intensive workload, low organisational support,

moral distress, and the impact of global crises on the psycho-emotional state of medical specialists. The multidimensional impact of emotional burnout on physicians' professional activities is revealed, including decreased quality of medical care, deteriorating communication with patients and colleagues, and negative consequences for personal life. The ethical implications of burnout are analysed in detail, particularly the development of depersonalisation, which contradicts the basic principles of medical ethics – respect for patient dignity, care, and justice. Special attention is paid to forming a professional-ethical culture as an effective protective mechanism against burnout, including developing empathy, self-reflection, and ethical resilience. The necessity of introducing these components into the medical education process to prepare psychologically resilient specialists is emphasised. A comprehensive approach to burnout prevention is proposed at organisational, educational, and societal levels, including optimising working conditions, implementing psychological support, improving medical education, and increasing respect for the medical profession in society. The international experience of leading medical schools in the USA, Great Britain, and the Netherlands regarding implementing programs that combine ethical training with innovative tools such as virtual reality and mindfulness practices is presented. Prospects for further research on evaluating the effectiveness of educational programs aimed at forming the professional-ethical culture of future physicians are outlined.

*Key words:* emotional burnout, medical professionals, professional-ethical culture, medical education, burnout prevention.

### **Євтушенко Ю. О. Емоційне вигорання лікарів і формування професійно-етичної культури майбутніх медичних фахівців**

У статті розглянута проблема емоційного вигорання серед лікарів як системне явище, що становить загрозу не лише для добробуту медичних працівників, а й для якості надання медичної допомоги. Проаналізовано причини виникнення синдрому вигорання, зокрема інтенсивне робоче навантаження, низьку організаційну підтримку, моральний дистрес і вплив глобальних криз на психоемоційний стан медичних фахівців. Розкрито багатовимірний вплив емоційного вигорання на професійну діяльність лікарів, включаючи зниження якості медичної допомоги, погіршення комунікації з пацієнтами та колегами, а також негативні наслідки для особистого життя. Детально проаналізовано етичні наслідки вигорання, зокрема розвиток деперсоналізації, що суперечить базовим принципам медичної етики – повазі до гідності пацієнта, турботі й справедливості. Особлива увага приділена формуванню професійно-етичної культури як ефективного захисного механізму проти вигорання, що включає розвиток емпатії, саморефлексії та етичної стійкості. Наголошено на необхідності впровадження цих компонентів у процес медичної освіти для підготовки психологічно стійких фахівців. Запропоновано комплексний підхід до профілактики вигорання на організаційному, освітньому й суспільному рівнях, включаючи оптимізацію робочих умов, упровадження психологічної підтримки, удосконалення медичної освіти й підвищення поваги до лікарської професії в суспільстві. Представлено міжнародний досвід провідних медичних шкіл США, Великої Британії та Нідерландів щодо реалізації програм, які поєднують етичну підготовку з інноваційними інструментами, такими як віртуальна реальність і mindfulness-практики. Окреслено перспективи подальших досліджень щодо оцінювання ефективності освітніх програм, спрямованих на формування професійно-етичної культури майбутніх лікарів.

*Ключові слова:* емоційне вигорання, медичні працівники, професійно-етична культура, медична освіта, профілактика вигорання.

