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When passion becomes a nightmare: the burnout syndrome in healthcare workers. A case study.

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Abstract: Burnout is a psychological syndrome characterized by exhaustion, depersonalization and reduced self-esteem.

The phenomenon of burnout is constantly increasing and the healthcare professionals are more exposed to burnout than other workers, given their close and continuous relationship with disadvantaged customers.

An analysis of this phenomenon aimed at identifying the variables that are correlated with a higher probability to develop burnout may allow to recognize those workers who are likely to suffer from this syndrome, suggesting appropriate intervention strategies.

This study has been carried out on a sample of 50 professional and pediatric nurses through the submission of a brief test aimed at measuring the risk of burnout. 26 per cent of the people in the sample of 50 nurses, working at different hospitals and public clinics in Messina, Italy, present a high risk of burnout; they would, therefore, benefit from the introduction of preventive measures aimed at contrasting this syndrome.

Several variables are correlated positively and significantly with a high level of risk: age, marital status, the circumstance of having children, the years of activity and the type of employment are among these ones.

Preventive measures should be implemented in the most critical cases: such measures have some costs, that are, however, lower than the pharmacological and psychological treatment of exhaustion. Hence, it should be advisable favoring direct strategies to identify and eliminate, as far as possible, the causes of burnout, rather than treating its consequences.

Highlights

- The phenomenon of burnout is constantly increasing and the healthcare professional is more exposed to burnout than other workers.

-There is no specific therapy for burnout; the only effective remedy is prevention, better if targeted for each worker.

Introduction

When choosing a job, an individual might be influenced by many factors: together with economic reasons, there are personal motivations and individual skills (Cataldo, 2012). People who choose to work in the healthcare sector manifest a strong desire to help others: in this perspective, healthcare professionals can be seen as “great caring mother” and “holy almighty father” (Contessa, 1995).

However, if people fail to keep under control customers’ needs and expectations, may experience, at first, frustration, and then burnout.

The term “burnout” was introduced for the first time in 1974 by Freudenberger to describe the inability to work effectively as a consequence of prolonged and extensive work-related stress (Freudenberger, 1974). Burnout was soon identified as a professional disease (Maslach, 1975): more specifically, it is a psychological syndrome, stemming as a response to chronic work stressors and characterized by exhaustion (that is the state of depletion of the individual’s emotional and physical resources due to difficulties in facing customers’ demands), depersonalization and reduced self-esteem (Maslach and Jackson, 1981).

Burnout can be diagnosed in those workers particularly exposed to the stress resulting from the close and continuous relationship with disadvantaged customers (Lamanna, 2003; Deidda, 2005; Caruso *et al.*, 2014). It is like the

worker repeated to himself/herself: "*my ability to participate is over*", "*I cannot find the motivation to 'climb another mountain*", "*I still want to help, but I simply cannot do it anymore*" (Maslach, 1992).

One way to get rid of such burden is to avoid any emotional involvement. The worker diminishes the time spent with users and with colleagues to the minimum necessary to carry out the work; consequently, he/she becomes a bureaucrat, whose relationships with other people are strictly adherent to rules and do not see any personal involvement (See Regagliolo, 2014 http://www.psicopolis.com/burnout/burnoutrsa.htm).

During the last decades, the incidence of stress and burnout and the amount of research focused on these issues, have been increasing: the studies carried out concern, especially, employees in the sector of services, including social workers, nurses, teachers, lawyers, medical doctors and police officers (Dorman, 2003; Mora, 2004; Consiglio and Borgogni, 2007; Steca *et al.*, 2008).

The main objective of these studies has been the identification of the causes of burnout. An element that facilitates burnout is the difficulty to assess the outcomes of workers' activity. The comparison can be done with a private firm: for a private enterprise the main goal is profit, that is easily quantifiable. Instead, in a system or institution where it is necessary to assess the care provided and to evaluate health outcomes and increased welfare, such evaluation is not an easy task. The lack of comparison with the results of their actions, produces a state of uncertainty for workers, likely to activate stress responses (Zicari, 2012) .

The phenomenon of burnout is constantly increasing: it is estimated that, in the United States, 70 per cent of people in the workforce is affected by burnout at the end of the working day (Creagan, 2004). It seems that the problem is no longer limited to those ones who works for disadvantaged people who constantly need help and assistance, but concerns all individuals who fail to carve out moments of relax; in this way, they nullify any difference between work and private life (Zicari, 2012).

The healthcare professional is more exposed to burnout than other workers: not only he/she is in contact with patients needing a high level of care, but he/she has also to observe a strict organization of work, challenging interpersonal relationships with colleagues and superiors, and is often compensated with a remuneration that is not rewarding. All these factors determine apathy, loss of enthusiasm, and frustration (Burla *et al.*, 2013; Violante *et al.*, 2009). Maslach *et al.* (2001) have identified six types of organizational stressors: work overload, lack of control (conflict situations or

role ambiguity), insufficient gratification, collapse of the sense of community and belonging (when teamwork is lacking and, consequently, there is lack of respect as well), unequal treatment within the same organization.
To date, there is no cure against the syndrome of burnout: hence, it is advisable to develop some compensatory measures, to ensure a permanent supervision, and to provide adequate incentives.
It is helpful to carry out a description of the phenomenon to identify the variables that are correlated with the probability to develop burnout. In this way, it may be possible to identify those workers who are more likely to suffer from this syndrome and to suggest appropriate strategies of intervention. The objective of this work is to verify the risk and presence of burnout in a sample of professional and pediatric nurses, through the submission of a brief test aimed at measure the level of risk, and the analysis of the correlations between the answers given to the items of the questionnaire and some socio- demographic variables.
Some workers could present some latent symptoms of burnout about which they are not aware: the research hypothesis is that, knowing in advance the factors more likely to induce stress, it could be easier to identify those people more at risk, who would benefit from the implementation of preventive measures aimed at contrasting burnout.
The results of this paper show how this can be done by using a simple research tool. Treating the potential stress/burnout in advance would improve workers' quality of life and would allow to save resources, by avoiding further consequences on their health of exposure to stress.

Methods

The tools for the measurement of the level of burnout try to assess its effects on the workers' wellbeing. Instead, there are not specific instruments that analyze the causes of the phenomenon.
Freudenberger (1974) and, then, Maslach and Jackson (1981), have seen how healthcare workers who are burnt provide a worse service and, consequently, do not guarantee an acceptable quality of care.
In 1981 Maslach and Jackson developed an instrument to measure the level of burnout. The *Maslach Burnout Inventory* (MBI) is made up by 22 items; each item is evaluated looking at two dimensions: the frequency and the intensity with which the situation described has been experienced at work. Each answer is scored on a Likert scale, going from 0 (never) to 6 (always),

concerning frequency, and from 0 (not adverted) to 7 (highest intensity), concerning intensity.

The items are then grouped in three sub-scales related to the main aspects of burnout: Exhaustion, Depersonalization and Personal Accomplishment.

1.Exhaustion refers to the feeling of deprivation from energy and to the complete inability to face any possible job challenge. This sub-scale concern the feeling of being emotionally exhausted because of work.

2.Depersonalization depicts an attitude of detachment and refusal towards colleagues and describes a feeling of insensivity towards the recipients of care and service;

3.Reduced Personal Accomplishment represents the reduced self-esteem regarding competence, achievement and productivity at work customers (Maslach and Jackson, 1981).

In Italy, Contessa (1987) has been among the first scholars who analyzed the phenomenon of burnout. He defined burnout as a combination of psychological defense mechanisms and socio-organizational characteristics. To measure the level of burnout, he developed a wide questionnaire, looking at different variables related to health professional worker, as organizational variables, roles, personal motivations, psychosomatic symptoms.

In this study, instead, a short and simplified version of the MBI, the brief test on burnout, originally developed by Potter (1994) and further reduced, translated and adapted to the Italian context has been employed.

The questionnaire can be retrieved on line: http://burnout.wemakeweb.eu/?page_id=40

See http://burnout.wemakeweb.eu/

The questionnaire is aimed at verifying if the worker is likely to experience burnout or not. The test is composed by 25 items: the interviewed worker has to attribute a score from 1 to 5, according to the frequency with which he/she experiences the situations described in each item (1 = seldom; 2 = sometimes; 3 = usually; 4 = often; 5 = always). The total final score classifies the worker's conditions related to burnout: no risk of burnout (total score between 25 and 50); moderate risk of burnout (total score between 51 and 75); high risk of burnout (total score between 76 and 100); presence of burnout and, consequently, need to provide adequate support (total score higher than 100). The items consider the workers' health status, their personal habits and lifestyles, their relationships with family members and colleagues, to what extent they are satisfied with their work.

The brief test on burnout has been preferred to the MBI given the simplicity in administering it. Other analyses carried out in Italy, that have seen the

administrations of similar tools, concerned a survey carried out in Tuscany by some psychologist at the Lucensis 2011, a training program on the procedures to follow in order to guarantee public safety. http://www.lagazzettadilucca.it/cronaca/2011/07/che-stress-fare-il-volontario/ 18th July, 2007.

Zenobi and Sansoni (2007) employed the Potter's questionnaire together with the MBI to evaluate burnout levels in 102 shift nurses of Intensive Care Units, and 106 shift nurses of Ordinary Wards working at a large hospital in Roma; the authors considered organizational and environmental factors as well. Finally, a study focusing on nurses' burnout has been recently carried out in Emilia Romagna (Duzzi *et al.*, 2014).

The information for the present survey have been collected through a questionnaire compounded of two parts. In the first part, the interviewed worker had to provide some general information. The second part of the questionnaire, instead, was aimed at assessing burnout through the brief test above described.

People who agreed to answer the questionnaire were told about the purpose of the survey. It was clearly explained how to fill the questionnaire; it was clarified that, through the questionnaire, it would had been possible to determine to what extent they are likely to experience burnout; although it is not a diagnostic tool, the test can, anyway, highlight some tendencies.

People considered for this study are professional nurses working at public and private hospitals. They were selected randomly, till a convenience sample of 50 units was reached; data collection occurred in the period July-August 2015. The test was performed during some face-to-face interviews; in this way it was possible to clarify some items, if necessary. It was also possible to perceive from workers' facial expressions, comments and observations raised during the interview, their mood, verifying, at the same time, if all the questions had been fully understood. The interview required five minutes for each person. During the process of data collection and analysis, individuals' privacy was guaranteed.

The software package Stata 10.0 has been employed for data analysis.

Results

Descriptive statistics can be observed in Table 1.

Table 1 – Descriptive statistics

Variable	Mean	Std. Dev.	Min	Max
Age	39.22	14.18	24	65
Gender (1=male; 0=female)	0.48	0.50	0	1
Married (1=yes; 0 = no)	0.66	0.48	0	1
Children (1=yes; 0 =no)	0.4	0.49	0	1
Professional nurse (1=yes; 0=no)	0.78	0.42	0	1
Pediatric nurse (1=yes; 0=no)	0.22	0.42	0	1
Public employment (1=yes; 0=no)	0.36	0.48	0	1
Years of activity	10.34	12.18	0.08	40
Permanent job (1=yes; 0=no)	0.66	0.48	0	1
Workshifts (1=yes; 0=no)	0.94	0.24	0	1

Individuals in the sample are, on average, 39 years old (std. dev. +/- 14 years). The youngest participant to the study is 24 years old and the eldest 65 years old. The majority of people in the sample (52 per cent, corresponding to 26 individuals over 50 people included in the sample) are females; 66 per cent of the nurses (33 people) is married or live with someone; 40 per cent has children.

Concerning their working activity, the sample is constituted for the greatest part (78%, corresponding to 39 individuals) by professional nurses, while the remaining 11 are pediatric nurses. The majority of the participants to the study (32 people) is employed at private health structures; ninety-four per cent (47 people) of the interviewed nurses workshift. On average, people have been exerting their activity for at least ten years.

The statistics related to the observed sample are slightly different comparing to the information collected by the Ministry of Health in the survey on National Health System personnel (2012): according to the results, the nurses' average age, in Italy, is of 45 years old; nurses have been working, on average, for 17 years.

Hence, the nurses considered for the present analysis are younger comparing to the national data. This circumstance can be explained considering that many people interviewed are currently attending specialization courses to improve their knowledge and their professional competences.

Hence, they are relatively young professionals, working in a competitive environment, where personal motivations and the willingness to be more knowledgeable are crucial.

In Table 2 it is possible to observe the average scores for each item of the brief test of burnout.

Table 2 – Average score for each item of the test of burnout.

Items	Mean	Std. Dev.	Min	Max
Item 1	2.74	1.322	1	5
Item 2	3.06	1.316	1	5
Item 3	2.02	1.134	1	4
Item 4	2.42	1.11	1	5
Item 5	2.66	1.17	1	4
Item 6	2.2	1.11	1	4
Item 7	2.58	1.23	1	5
Item 8	1.74	1.10	1	4
Item 9	2.58	1.29	1	5
Item10	2.72	1.14	1	5
Item 11	1.94	1.08	1	5
Item 12	1.98	1.06	1	4
Item 13	3.28	1.18	1	5
Item 14	2.58	1.63	1	5
Item 15	3.04	1.32	1	5
Item 16	3.14	1.37	1	5
Item 17	3.32	1.33	1	5
Item 18	3.12	1.32	1	5
Item 19	1.8	1.07	1	4
Item 20	1.88	1.25	1	5
Item 21	2.22	1.09	1	5
Item 22	2.54	1.37	1	5
Item 23	1.58	0.99	1	4
Item 24	2.34	1.42	1	5
Item 25	2.82	1.51	1	5
Total score	62.36	23.32	26	108
Score 25-50	0.34	0.48	0	1
Score 51-75	0.4	0.49	0	1
Score 76-100	0.26	0.44	0	1

Each item presents some statements related to workers' habits, lifestyles and opinions about their work: the items could be assessed from 1 to 5 on a Likert scale. However, not for all the items in the questionnaire, the participants to the study chose all the possible scores: for some items (3, 5, 6, 8, 12, 19, 23) the highest reported score was 4 instead of 5.

The respondents were doubtful in replying to item 16 of the questionnaire ("*I work a lot but I am not productive*"): they asked whether "being not productive" was referring to the ability to earn a good salary or to the quality and quantity of output produced. It was explained how the question is not very specific and it is possible to refer to both these aspects, according to the perception of the respondents and their preference regarding the level of salary or the awareness to perform efficiently their tasks.

Similarly, it was necessary to explain in greater detail the item 22 "*I do not expect much from my work*", which refers to the worker's satisfaction, and is aimed at understanding if the work activity is still carried out with the same motivation as when it was started.

On average, the highest scores were given to item 17, "*I feel frustrated at work*" (average score of 3.32) and to item 13, "*Communicating with other people is hard*" (average score of 3.28).

It is significant the circumstance that item 23 ("*I think about work during my spare time*") presents a low average score (1.58), as if the respondents perceived the work as emotionally heavy and tried to keep it out of private life, avoiding to think about it during their spare time.

In the light of the replies given to the questionnaire, it may be hypothesized how the reported frustration at the individual level depends on poor communication and scarce collaboration among colleagues. Other critical factors emerge from the replies to other items, as item 22 "*I do not expect much from work*", which has an average score of 2.54: this could reflect an excessive workload, or an inefficient organization of the hospital, that, along with time, determines the loose of enthusiasm and positive expectations.

Overall, the average reported total score was 62.36 (minimum 26, maximum 108). Considering the different levels for the risk of burnout indicated by the test (no risk of burnout; moderate risk; high risk; presence of burnout), 34% of respondents did not present any risk to expeience burnout, 40% of interviewed workers present a moderate risk of burnout and 26% of respondents are at high risk of burnout or have already developed this syndrome.

Only two people, a man and a woman, both aged 60, married with children, reported the highest score (108, that signals the presence of burnout). Each one has been working as professional nurse for 32 years; both are employed at a public hospital with a fixed contract.

It might be assumed that the "eldest" workers, employed full time, who have been working for many years, are those ones more likely to experience burnout, especially if they need to take care of family and children. As they become older, nurses lose the ability to focus only on their work, the strength and patience to keep on their activity without prejudices for their physical and mental health. Probably the workload becomes too heavy to handle and it would be necessary, therefore, to guarantee adequate support measures (coaching, reduction of workload, etc.) for those ones showing the symptoms of burnout.

Instead, the minimum score, 26, was recorded by a pediatric nurse of 24 years who has been working in a private hospital for two months, with a temporary contract and workshifts, single and with no children.

On the basis of this evidence it could be supposed that young people are more "resistant" to the risk of burnout. Working in the private sector and with a temporary position may not be a problem for the young professional. It seems that what counts more is to have a job, no matter if permanent or temporary. In spite of the circumstance that young nurses often have a temporary contract, hence with no stability concerning their future at work, they are unlikely to fall into burnout because, at the moment, they are "relieved" to have found a job. Further, the young nurse works often in an uncompetitive and not very demanding environment, given that the co-workers are, the most of times, older and about to get retired.

In the last part of the analysis, the pairwise correlations between the scores of the test and the socio-epidemiological characteristics of the sample, have been examined. The correlations have been calculated by means of the Pearson's correlation coefficient using the software package Stata 10.0 (StataCorp. 2007).

In Table 3 it is possible to observe the correlations significant at 95%.

Table 3 – Correlations between BPI scores and socio-demographic variables

	Total score	Score 25-50	Score 51-75	Score 76-108	Age	Gender	Professional nurse	Pediatric nurse	Public employment	Years of activity	Permanent job	Single	Married	With children	Workshifts
Total score	1														
Score 25-50	-0.7721*	1													
Score 51-75	0.0244	-0.5860*	1												
Score 76-108	0.8066*	-0.4254*	-0.4840*	1											
Age	0.7507*	-0.5556*	-0.0361	0.6403*	1										
Gender	0.2209*	-0.3516*	0.2778*	0.0694	0.1361*	1									
Professional nurse	0.5208*	-0.5361*	0.2365*	0.3148*	0.4589*	0.3170*	1								
Pediatric nurse	-0.5208*	0.5361*	-0.2365*	-0.3148*	-0.4589*	-0.3170*	-1	1							
Public employment	0.6616*	-0.4503*	-0.1021*	0.6003*	0.8936*	0.1134*	0.3983*	-0.3983*	1						
Years of activity	0.7191*	-0.5095*	-0.1081*	0.6710*	0.9578*	0.1435*	0.4192*	-0.4192*	0.8706*	1					
Permanent job	-0.6089*	-0.6089*	0.4260*	0.0689	-0.5371*	-0.8429*	-0.0710	-0.3812*	-0.9570*	-0.8133*	1				
Single	-0.4626*	0.3369*	0.0689	-0.4408*	-0.7617*	0.0980*	-0.3812*	0.3812*	-0.6931*	-0.7397*	0.6435*	1			
Married	0.4626*	-0.3369*	-0.0689	0.4408*	0.7617*	-0.0980*	0.3812*	-0.3812*	0.6931*	0.7397*	-0.6435*	-1	1		
With children	0.4595*	-0.3275*	-0.0833	0.4467*	0.7463*	-0.0490	0.3351*	-0.3351*	0.7485*	0.7603*	-0.7067*	-0.7929*	0.7929*	1	
Workshifts	-0.0909	0.1813*	-0.1375*	-0.0422	0.0460	-0.0944	-0.1342*	0.1342*	0.0140	-0.0278	-0.0036	-0.0036	0.0036	0.0344	1

Discussion

Several variables are correlated positively and significantly between them, such as age, which is positively correlated (0.64) with a high score obtained with the brief test on burnout. As for the gender variable, there is no significant correlation with the same variable. Another significant correlation was found with the years of activity: the more the years spent at work, the higher the risk, for a nurse, to experience burnout.

Instead, the correlation is negative with the circumstance of being single (-0.44). A possible explanation, to be explored in greater detail in studies on larger samples, might be that the choice to remain single is due to the fact that the workload determines such a high level of exhaustion that people do not have the energy and the inclination to engage themselves emotionally and build their own family. In other words, people are so stressed that they prefer not to have other commitments. Individuals are thus "forced" to live only for their work: in this way, they manage to avoid high levels of burnout.

The last significant correlation was found with the circumstance of having a temporary contract and a low risk to experience burnout (0.60). This result, apparently surprising, could be justified by the consideration that workers, especially the youngest ones, see this type of contract as a "springboard", a way to get more experience to be able to obtain better opportunities; or, more simply, they are satisfied with their job and that is enough for them.

The administration of the questionnaire required a longer time for the eldest respondents in the sample. Many respondents reported their personal experiences and criticized, in general, the poor organization at their workplace. Their faces and their words expressed anger, physical and mental fatigue, dissatisfaction about their work: some nurses declared they did not see themselves anymore within their professional category. The pride of being part of the category was lacking completely. These professionals feel as they were forced to work: they declared the impossibility to take a break, because there were no healthcare professionals who could substitute them, even for a short period, the work overload, the increasing difficulties in performing technical tasks because of their aging, etc.

Younger workers, who are those ones more motivated, declared they might consider to move abroad, as this might constitute a more promising opportunity. Many young graduates do not work at public hospitals but in private structure on a temporary basis. They have to deal with senior workers,

depressed, tired and demoralized. Young people see further and further away the chance to realize their future plans, get married, have children, etc.

As it was confirmed by many nurses interviewed, when people do not work efficiently and do not enjoy their job, develop a negative mood. The consequences of such situation impact negatively on the quality of service provided and on the customers' satisfaction; moreover, the risk of professional error increases (Pellegrino, 2000).

There is no specific and effective therapy for burnout. So far, the scholars have been speculating on the phenomenon of burnout and have been developing multidisciplinary treatment programs. Whenever the first symptoms of work-related stress appear, it would be advisable to seek for psychological support, in order to get useful suggestions aimed at not compromising, at first, workers' professional skills and, above all, their personal lives.

There is a variety of interventions, going from the constitution of support groups to the administration of antidepressant treatments as soon as burnout has lead to physical and mental exhaustion; some interventions may be developed at the workplace, as in Spain, where it has been set up a phone number for rescuing people in crisis (Regagliolo, 1992).

However, the only effective remedy is constituted by prevention: it is very difficult to recover a situation degenerated, both for the individual healthcare professional and for the working environment. Ensuring a work climate that is rewarding for the operator means helping him/her to manage his/her personal emotional burden and preventing problems related to stress at work. In such a way, there would be as well a reduction of costs associated with the treatment of stress once the latter has occurred (Awa *et al.*, 2010).

Prevention is, partly, a responsibility of each operator and, partly, a duty of the organization. While the operator has a responsibility towards himself, towards users, colleagues and superiors, on the other hand, the organization has a duty to recognize those workers "at risk" yet in the phase of personnel selection (primary prevention), and to develop specific prevention measures (secondary prevention, Levrero, 1998). Intervention strategies may help to prevent burnout and contribute to the planning of a program for the definitive resolution of this problem too.

Primary prevention is studied in the phase of human resources selection and is aimed at identifying those workers at risk of burnout. Once identified these workers, it is possible to proceed building an individual project of prevention for each of them.

Secondary prevention implies to follow precise techniques of prevention, such as: 1) targeted "didactical exercises", through which the expert can transmit knowledge and techniques to reduce occupational stress; 2) creation of discussion groups for the solution of the problems experienced by workers; 3) discussion of problem cases with a consultant to develop individual solutions in response to each user's problems of each user (so called "therapeutic planning"); 4) learning new educational techniques, both during targeted exercises and during the discussion of problematic cases; 5) supervision and monitoring of the operators' psychic conditions (Mosher and Burti, 1991).

All these preventive measures present some costs, that are higher in the case of secondary prevention. The costs of such interventions are, however, lower than the pharmacological and psychological treatment of exhaustion (Maslach, 1992).

Conclusions

The present contribution has investigated the existing correlations between different levels of burnout, measured through the brief test on burnout, and some socio-epidemiological factors.

Age, marital status, the circumstance of having children, years of activity and the type of employment show positive and significant correlations with score representing high risk/presence of burnout. The administration of the questionnaire has been well accepted; through a simple instrument is, therefore, possible to identify those workers more at risk who would benefit more from personalized intervention plans.

The task of implementing specific interventions directed towards working groups or developing organizational policies is extremely challenging: in fact, it is necessary to outline the intervention from the conceptual point of view, to count on the support from the administration, to identify specific and measurable targets for action.

It is also difficult to develop standard interventions that can be easily adapted to every organization, reflecting the interests of those subjects who are most involved. It should be advisable to test different types of interventions in various settings before identifying the general principles governing the actions related to burnout.

The phenomenon of burnout has been rapidly growing, especially in recent times, calling for a formal intervention from the World Health

Organization, warning about this syndrome, that implies increasing costs for national health services and the society as a whole.

A "burned" worker need adequate support both through pharmaceutical treatments and through an appropriate psychological therapy: these are the direct costs of burnout. There are indirect costs too, related to the lower productivity, to the need to replace the exhausted worker and to "repair" the consequences determined by the state of emotional exhaustion.

In the light of this warning, it is therefore necessary to address the problem with effective and innovative means, favoring direct strategies to identify and eliminate, as far as possible, the causes of burnout, rather than treating its consequences once they have occurred.

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