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Editorial

Burnout in training health professionals: on the importance of considering the “cost of care”

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The success of Freudenberg's term burnout (1974), initially used for a clinical picture of air traffic controllers, can have different interpretations. On the one hand, the context in which it was introduced is emphasised with reference to the automation of work linked to the evolution of technology (Berg-Beckhoff et al., 2017; McInerney et al., 2012; Olaude et al., 2013; Ten Hoeven et al., 2016), today representing an opportunity for clinical practice and disease management (Cilli et al., 2022). On the other hand, it can be understood in the light of predisposing personological characteristics, particular traits prior to the phenomenon, as in the case of trait anxiety, psychological health, behaviours related to abuse (Louwen et al., 2023; Merlo et al., 2013, 2020a, 2020b; Yang & Hayes, 2020).

From this initial contribution to date, the literature has thus expanded to reach about 27,000 studies with a large variety of professional categories affected by a lower qualitative and quantitative efficiency at work which in our case is related to university health professions students (Bullock et al., 2017; Cecil et al., 2014; Cîrstoveanu et al., 2020; Di train et al., 2022; Esposito et al., 2020; Gómez & Grisales, 2023; Merlo et al., 2021b; Tilili et al., 2021; Zafar & Ansari, 2020). Compared to Freudenberg's original intuition, what should we fear for the health of our young people?

The most common error is that of not considering that students may not present stress symptoms due to a lack of responsibility deriving from educational status. In this phase the path would be cantered more on the acquisition of notions, know-how and achievement of a series of quantifiable objectives. In this case all interventions aimed at diminishing burnout would have been successful. Similarly to mental disorders, towards burnout it is possible to denote the emergence of stigma and prejudice (in the light of Jaspers' work; Jaspers, 1913).

Recent interdisciplinary studies reaffirm the low interest in the implementation of resilience, stress control and reflection on state anxiety (Kunzler et al., 2020). Institutions are often not ready to accept all requests for support, although the growing commitment to the formation of control and protection systems should be noted. A clear example is directly linked to Covid-19 pandemic. De Porre and colleagues have raised the question of whether all the problems of burnout can actually be considered solved in the light of the various attempts made in the US context which has certainly made progress on attempts to stem the phenomenon.

With reference to the recent period, it is known how the Covid-19 pandemic has affected students and health professionals. In this sense, the loss of normal activities and relationships, as well as phenomena emerged as closely linked to the lock down and control and infection, have represented a considerable field of interest for clinical psychology (Arsandaux et al., 2021; Meda et al., 2021; Merlo et al., 2021a; Moroianu et al., 2021; Myles & Merlo, 2022a, 2022b; Ranieri et al., 2021; Settineri & Merlo, 2020; Somma et al., 2020).

Taking the aforementioned reflection as a starting point, we can consider some ideas valid for our context. First of all, the area of university missions that must first assume responsibility. Does it concern teaching activities related to clinical relationship opening up to transference? Particularly relevant is the effort of psychosomatic studies (Guerra et al., 2021; Schüffel, 2019). Finding a reading key in the light of the relationship between academia and society now called the III academic mission (Settineri, 2023; Settineri & Merlo, 2022) places the problem in a *mare magnum*. It should therefore be noted that the burnout of healthcare professionals is also a significant problem for the State, which has recently found itself facing a huge emergency such as that of Covid-19. On the training and safeguard of clinicians during the emergency there are several studies previously published highlighting how it is absolutely essential to be prepared for deterioration phenomena on both sides.

Close to this aim, in the US a new figure emerged as CWO, a promoter of health and well-being aimed at increasing resilience. The emphasis placed on consciousness reaffirms the service performed on the value of reality-testing, even in the absence of a relevant psychopathology.

The responses from the US seem to start from common sense and an ideal worldview. All strategies could well be imported into Europe as has already been done in countries such as Germany (Kunzler et al., 2020).

Among the emerged possibilities:

- 1) support for learning and culture;
- 2) measurement and monitoring of phenomena;
- 3) reduction of stigma;
- 4) use of technology (great trust in the future as in the case of artificial intelligence);
- 5) great promise on prevention (largely outdated topic inevitably dealing with costs);
- 6) diversified recruitment of the workforce as an ideal need for a *felix sanitas*.

Leitmotif of this contribution: are we sure that the above-mentioned choices really represent a support for the professionals' well-being translating into better assistance and standards' elevation?

We must never forget that the origin of the burnout problem also derives from the impossibility of responding to environment's demands in close relation to personal strengths. The problem of burnout is therefore in a sense a personality problem meeting external world's possibilities/impossibilities.

The question therefore turns towards object relations theory, configuring the sense of the lost object and the subsequent relationship with new objects. In this sense, the question approaches the Greek sense of *Anankè* (Mauger & Monette, 2000; Marchini et al., 2021; Mezzalana et al., 2023a), passing through a continuous training for the acquisition of wisdom that should be encouraged from the beginning. Clinical psychology arises from the confluence of several theoretical aspects that it has the task of applying, according to the different training. It is important to note that the role of clinical psychology in the field physical outcomes deriving from mental conditions is clearly increasing. In this sense, the interdisciplinary value of clinical psychology appears to be in step with the times and with the needs arising in all areas of clinical commitment (Baker et al., 2008; Barchetta et al., 2021; Caputo et al., 2022; Trull et al., 2012; Vita et al., 2020).

It is undeniable the role of training in the prevention of phenomena such as burn out. The persecutory experience experienced through symptoms and pain is therefore the source of an

emotional fall in the face of any failure (ideal ego), meant as imaginary (such as facing the impossibility of therapeutic success) or real (the objective impossibility of *restitutio ad integrum*).

From the psychoanalytic approach, some useful reading keys are based on interpretation of behaviours, work context and directions assumed by prevention of pathological phenomena. Donnet (2000) suggested particular attention to the quality of relationship with patients, the method applied and the implications of a beneficial transformation in treatment. In other words, that authenticity that has always given health care serenity in the context of care.

Political debates and government manoeuvres are of fundamental importance in the path of health sciences. For example, the current debate is centered on the government's economic planning document. The perceived risk concerns a possible reduction in healthcare expenditure with a consequent decrease in the attention given to patients, clinicians and institutions and therefore in the standards of care.

Returning to academic effort in avoiding maladaptation phenomena of health professionals, it would be appropriate to reserve more useful space for the treatment and prevention of adverse phenomena. Temporality is of fundamental importance in the activation of resources useful for the aforementioned purposes as well as in clinical terms (Mezzalana, 2018; Mezzalana et al., 2023b). Starting from here, experimental projects could represent the beginning for the implementation of those resources necessary to avoid health issues, in line with what was suggested by Csikszentmihalyi (2000) which refers to the assertiveness of consciences.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

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