

Burnout Syndrome in Nursing

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ABSTRACT

Burnout syndrome is a current issue in today's society. The most at-risk professions are so-called helping professions, which include the nursing profession. Nursing is one of the most high-risk professions concerning burnout syndrome.

Objective: *To map the occurrence of burnout syndrome among a selected group of nurses and examine whether the length of practice and age of nurses influence the development of burnout syndrome.*

Methodology: *The research was conducted using the standardized Maslach Burnout Inventory questionnaire to determine the degree of burnout.*

Sample: *The study included 118 nurses working at the Faculty Hospital with Polyclinic in Nové Zámky. The survey was conducted from May to August 2019.*

Results: *We found that nurses with more than 10 years of practice exhibited a higher degree of burnout in terms of emotional exhaustion, at 36.62%. The highest level of burnout in terms of depersonalization was observed in nurses with more than 20 years of practice, at 22.81%. In the area of emotional exhaustion, nurses over 40 years old showed a higher level of burnout, at 34.10%. Additionally, nurses over 40 years old demonstrated a higher level of burnout in terms of personal accomplishment, at 48.88%.*

Conclusion: *We concluded that as the number of years worked in healthcare increases, the risk of developing burnout syndrome also rises. Furthermore, we observed that in our sample of respondents, nurses of an older age are more at risk of developing burnout syndrome.*

Keywords: Burnout Syndrome, Nurse, Risk Factors, Symptoms, Prevention, Treatment / Therapy.

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Introduction

The nursing profession is a highly demanding occupation that involves daily direct work with patients/clients. It is a calling that is most often pursued by women. Caring for chronically ill, terminally ill, elderly, or immobile individuals is a very challenging task for nurses and represents a long-term burden. This work often leads to intense emotional reactions, such as anger and even aggression. These are situations that nurses find very difficult to handle.

Working with people over an extended period often results in emotional exhaustion. This exhaustion is caused by excessive

psychological and emotional demands, which, over time, can lead to burnout syndrome. Burnout syndrome affects relationships within the workplace but also has an impact on family and partner life.

The aim of this study was to characterize the risks of burnout syndrome and to map its occurrence among a selected group of nurses.

Burnout Syndrome

The term "burnout syndrome", or burn out, was first used by the American psychoanalyst Herbert J. Freudenberger in the article Staff Burnout, published in 1974 in the Journal of Social Issues [1, 2]. Initially, burnout syndrome

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was associated with the state of alcoholics who, besides alcohol, lost interest in everything else [3]. Later, this concept expanded to drug addiction and gradually permeated other fields, preceding even the term "workaholic." The physical, mental, and emotional exhaustion described by burnout syndrome can also be found in the Bible as the so-called "Elijah's decision," which, according to various historical records, is presented in Rush's book [4].

Burnout syndrome is not an unfamiliar concept in healthcare. It has been the subject of research worldwide, including in our country, for many years, as healthcare, being a helping profession, demands high performance and responsibility. Healthcare workers experience chronic stress, the necessity of continuous education, and high expectations for work commitment, among other challenges [5].

In 1981, Christina Maslach defined burnout as follows: "Burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur in individuals whose profession involves working with people." [6]

Jeklová and Reitmayerová observed that definitions from various authors share several common features [7]:

- Burnout syndrome is associated with negative emotional symptoms.
- It is most frequently linked to certain professions considered high-risk, where direct interaction with people is a key aspect of the job, such as in healthcare.
- Reduced work efficiency is not necessarily due to lower competence or lack of skills but rather to negatively formed attitudes and resulting behaviors.
- More emphasis is placed on psychological symptoms and behavioral aspects rather than accompanying physical symptoms.
- It occurs in otherwise mentally healthy individuals and is not related to psychological pathology.
- All major components of this syndrome result from chronic stress.

Burnout syndrome excludes states associated with psychiatric diagnoses or job monotony, where fatigue and disillusionment may occur but are not linked to feelings of incompetence [7].

The terms burnout syndrome and stress are often mentioned together and are sometimes confused due to their similarity. Anyone can experience stress, but burnout syndrome typically affects people who are deeply engaged in their work or those who have frequent personal interactions with others. Not all stress leads to burnout, but chronic stress usually progresses to burnout syndrome. However, if work is meaningful and obstacles are manageable, burnout does not occur [7].

Causes of Burnout Syndrome

Performing a job that involves helping others is not the only source of exhaustion, disappointment, pessimism, and hopelessness. Burnout is a consequence of high work pressure and is often the price of success. Researchers generally agree on several factors that contribute to this condition. Křivohlavý and Kebza identified the following causes [8, 9]:

- The demands of modern civilization and an increasing pace of life.
- The necessity to cope with chronic stress and persistent time pressure.
- Initially high enthusiasm, commitment, empathy, and self-sacrifice.
- Long-term direct contact with people.
- Prolonged unsuccessful interactions with people, lack of respect, and appreciation.
- Unrealistic expectations about one's profession and work conditions that hinder creative development and skill application.
- Low assertiveness, negative mindset, depressive tendencies, anxiety, and phobias.
- Work overload and excessive demands on employees without proper feedback or recognition.
- A rigid work schedule, staff shortages, insufficient time for rest, and poor physical health.
- Inability to slow down, lack of relaxation skills.

Hennig and Pelz further categorize burnout causes as follows [10]:

- **Individual psychological causes** – Personal traits and stress-coping mechanisms.
- **Individual physical causes** – Factors related to the individual's physical condition.
- **Institutional causes** – Management deficiencies and structural issues in organizations.
- **Social causes** – Primarily poor societal recognition of nurses [10].

Symptoms of Burnout Syndrome

Burnout is a syndrome, meaning it consists of multiple symptoms across various dimensions. Most affected individuals experience impairment of psychophysical functions at different levels [11].

Maslach developed a four-phase model of burnout progression:

1. **Initial idealistic enthusiasm** – High motivation and dedication but accompanied by prolonged overexertion.
2. **Psychological and partial physical exhaustion** – The onset of fatigue and reduced efficiency.
3. **Dehumanized perception of others** – A defense mechanism against further exhaustion.
4. **Complete burnout** – Dominated by negativity, disinterest, and indifference, fully manifesting the syndrome [3].

Kebza and Šolcová classify burnout symptoms by affected areas [12]:

Psychological Symptoms:

- Total emotional and cognitive exhaustion, loss of motivation.
- Feeling of meaninglessness in life.
- Depression, frustration, hopelessness, and futility of effort.
- Emotional withdrawal.
- Self-pity, lack of recognition, belief in personal worthlessness.
- Suppression of creativity, reliance on routine.
- Negativity, cynicism toward clients, patients, or colleagues.
- Living in a monotonous routine.

Physical Symptoms:

- General fatigue.
- Digestive issues, blood pressure problems, sleep disturbances.
- Increased susceptibility to drug and alcohol dependency.

Social Symptoms:

- Clients become mere "cases" or "objects" to the worker.
- Low empathy.
- Reduced sociability.
- Aversion to work and related activities.
- Deteriorating relationships with colleagues and clients, increasing conflicts.

Risk Factors for Burnout Syndrome

The most common cause of burnout lies in the work environment [13]. Its development is always influenced by a combination of internal and external factors.

External Risk Factors:

These involve external pressures and environmental conditions affecting the individual [13]. External risk factors include:

- Work overload, routine, high responsibility, and emotional strain.
- Long-term and repetitive interactions with people.
- Organizational conditions, level of autonomy, workplace social climate.
- Poor communication, lack of feedback, value conflicts between employees and employers.
- Competitive societal nature, lack of awareness about burnout, inadequate career preparation.
- Cumulative impact of these conditions [6, 13-16].

Internal Risk Factors:

These relate to personal characteristics, physical health, and behavioral patterns affecting stress responses [13]. Internal risk factors include:

- Tendency to take on more than one can handle.
- Setting excessively high expectations for oneself.
- Perfectionism, competitiveness, feeling indispensable at work.
- Excessive enthusiasm for work, prioritizing work under time pressure.
- Strong sensitivity to failure, need for control, anxiety.
- Long-term stagnation in one position or job.
- Perception that one's profession is undervalued by society.
- Low assertiveness, inability to say "no," self-sacrifice, neglect of personal interests.
- Prolonged interpersonal conflicts, low resilience, poor physical health.
- Irregular daily routines, financial worries [6, 13-16].

High-Risk Professional Groups

People suffering from burnout due to their profession can be divided into three groups:

1. **High-stress professions requiring immediate decision-making with irreversible consequences:**
 - o Doctors, healthcare workers, police officers, air traffic controllers [17].

2. **Professions requiring continuous personal interaction and professionalism:**

- o Social workers, teachers, psychologists, psychiatrists, prison staff, judges, clergy, postal workers, politicians, managers [17].

3. **Professions where work evaluation depends on others' opinions:**

- o Artists, athletes, sales representatives, advertisers, insurance agents [17].

Stages of Burnout Syndrome

Nowadays, burnout syndrome is not described as a persistent state but as an evolving process that can last for months or even years. Every process has a beginning, a progression, and a final outcome. These phases continuously overlap [18].

Christina Maslach is the author of a four-phase model of the burnout process:

1. **Idealistic enthusiasm and overload.**
2. **Emotional and physical exhaustion.**
3. **Dehumanization of others as a defense mechanism against burnout.**
4. **Terminal stage**, resistance against everything and everyone, with burnout syndrome fully manifesting in all its complexity [19].

Bártlová and Jobánková distinguish five phases of burnout syndrome development [2]:

1. **Idealistic enthusiasm** – high enthusiasm, lofty ideals, and strong commitment. At the beginning, the nurse is full of energy and convinced of the significance and meaningfulness of their work. They are willing to sacrifice a lot for their new job.
2. **Stagnation** – ideals become difficult to realize, their focus shifts, and enthusiasm declines. The nurse begins to feel burdened by the demands of patients, their relatives, and even superiors; initial enthusiasm fades.
3. **Frustration** – symptoms of neurosis appear, along with the feeling of constantly having to do something, resulting in chaotic behavior. The nurse starts perceiving the patient negatively.
4. **Apathy and dehumanization** – a complete loss of enthusiasm and energy. Hostility prevails between the nurse and their surroundings. They withdraw into solitude and struggle to cope with the situation, unable to make even simple decisions.
5. **Burnout syndrome** – the stage of total exhaustion. The nurse loses a sense of purpose in their work, becoming indifferent, negative, cynical, and detached, with weakened adherence to internal norms.

Křivohlavý emphasizes that social support is primarily conditioned by quality social contacts, ensuring that individuals are not abandoned in difficult situations [3]. Key factors of social support include active listening, the need for a "social mirror," recognition, encouragement, empathy, emotional reinforcement, task-sharing, collaboration, prosocial attitudes, and selfless help. Nurses should be aware of and utilize these forms of mutual support within their teams.

Diagnosis of Burnout Syndrome

Some symptoms of burnout syndrome may resemble those of

other disorders or illnesses. Despite its proven negative impact on work performance, this syndrome is not classified as an occupational disease [3, 9, 13].

Prevention and Treatment of Burnout Syndrome

Andrášiová states that the boundary between prevention and therapy is not always clear [20]. Some preventive measures and techniques may have a therapeutic effect under certain circumstances. Prevention involves deliberate and controlled management of one's lifestyle to eliminate stressors and increase salutogenic factors. A key aspect of burnout prevention is a person's attitude toward work and their ability to consciously manage their life.

"Personal-level prevention involves creating a healthy self-support system, which means ensuring a meaningful, enjoyable, and physically active life outside the role of a helper" [5]. One of the most crucial factors is self-care. If we know how to take care of ourselves, we can also provide quality care for our patients/clients [5].

Supervision

Supervision aims to improve work conditions, the work environment, organizational structure, job quality, and professional cooperation. Its goal is to enhance work quality and support professional growth [21]. Supervision fosters increased reflection on one's work and self-awareness regarding emotional states linked to working with people. It is conducted through intentional observation and targeted questioning [5].

Havrdová and Hajný define supervision as [22]: "A systematic [individual or group] assistance in solving professional problems in a non-threatening atmosphere, allowing individuals to understand their personal, especially emotional, involvement in their professional issues."

Main Functions of Supervision:

- **Management Function** – evaluating and assessing a worker's performance to understand their professional values.
- **Educational Function** – sharing practical experience and developing expertise.
- **Support Function** – helping cope with workload stress, boosting motivation and hope, and assisting in handling professional demands [23].

Specific Preventive Measures for Healthcare Professionals

Due to the physical, emotional, and psychological demands of healthcare work, special procedures must be implemented for preventive measures. In healthcare, supervision serves three functions:

1. **Management Function** – guiding the worker to understand their role and competencies.
2. **Educational Function** – helping nurses reflect and learn from experiences.
3. **Support Function** – providing emotional relief and positive processing of emotions.

A recommended approach in healthcare is the use of Balint groups:

"A Balint group seeks to understand what is happening inside

the nurse, inside the patient, what their wishes and demands are, how the referring nurse reacts to the patient, and how others would respond" [22].

Treatment

As with other illnesses, early intervention is crucial in treating burnout syndrome. The easiest stage to combat burnout is during **stagnation**. However, because burnout is a long-term process, many individuals do not recognize the danger approaching. The treatment of burnout syndrome depends on its root cause.

Success has been observed in **cognitive-behavioral therapy** and **existential psychotherapy** – such as **logotherapy** and **Daseinsanalysis**. Additionally, **relaxation techniques, breathing exercises, and other stress-relief methods** serve both as therapy and prevention.

The goal of **Daseinsanalysis** is to help patients understand their existence and "be themselves." "In Daseinsanalysis, therapy involves uncovering and becoming aware of previously unacknowledged, incomprehensible, or repressed aspects of a person's existence" [24]. The main technique in this therapy is conversation.

Burnout Syndrome in Nurses

In addition to doctors and other healthcare personnel, **nurses** play a crucial role in providing healthcare. Nurses offer care to individuals, families, and the broader society. They work in teams and bear responsibility for those who need them [6].

The nursing profession requires a high level of **adaptability**, making nurses more susceptible to **physical and mental exhaustion**. Nurses face various **health risks, stressful situations, and work-related stressors**.

According to Venglářová et al., **nursing is one of the most challenging professions** [18]. Nurses constantly deal with physical and emotional strain, requiring continuous education in new technologies and skills. They frequently encounter **suffering, terminally ill patients, and even death**. These factors make nurses highly vulnerable to stressors. If workplace stressors are combined with **poor relationships at work and personal problems**, a nurse is at high risk of burnout syndrome.

Křivohlavý notes that healthcare workers, especially nurses, are exposed to **numerous stressors** [8]. A **stressor** is a negative stimulus that triggers stress. Stressors can be categorized as **microstressors** and **macrostressors**. Macrostressors differ from microstressors in that they exceed an individual's psychological coping threshold.

Nurses bear great responsibility for **the outcomes and consequences of their work**. If they experience **role conflicts** due to the high demands of their profession, their family and **personal life** may suffer. Conversely, **personal and family issues** can negatively impact professional performance [5, 25-27].

Analysis of Collected Data

Evaluation of the Maslach Burnout Inventory Questionnaire

Burnout in the Area of Emotional Exhaustion – INTENSITY of Feelings

EE Level – INTENSITY	Absolute Count (n)	Relative Frequency (%)
Low	71	60.17%
Medium	25	21.19%
High	22	18.64%
Total	118	100.00%

EE – Emotional Exhaustion

Burnout in the Area of Emotional Exhaustion – FREQUENCY of Feelings

EE Level – FREQUENCY	Absolute Count (n)	Relative Frequency (%)
Low	42	35.59%
Medium	47	39.83%
High	29	24.58%
Total	118	100.00%

DP – Depersonalization [detachment from work/others]

Burnout in the Area of Depersonalization – FREQUENCY of Feelings

DP Level – INTENSITY	Absolute Count (n)	Relative Frequency (%)
Low	40	33.90%
Medium	47	39.83%
High	31	26.27%
Total	118	100.00%

DP – Depersonalization [detachment from work/others]

Interpretation of Results

We assumed that there is a correlation between the number of years worked in healthcare and the level of burnout in terms of emotional exhaustion intensity.

Table: Correlation between the Number of Years Worked in Healthcare and the Level of Burnout in Terms of Emotional Exhaustion Intensity

Number of Years Worked in Healthcare	Low Emotional Exhaustion		Medium Emotional Exhaustion		High Emotional Exhaustion	
	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)
Up to 5 years	17	14.37%	1	0.84%	0	0.00%
6 to 10 years	26	21.67%	2	1.68%	1	0.86%
11 to 20 years	14	11.53%	10	8.40%	10	8.64%
Over 20 years	14	12.43%	12	10.08%	11	9.50%
Total	71	60.00%	25	21.00%	22	19.00%

Table: Statistical Analysis Results

p-value	α	Comparison
0.026	0.05	$p < \alpha$

Based on the inequality $p = 0.026 < \alpha = 0.05$, it can be concluded that there is a statistically significant correlation between the number of years worked in healthcare and the level of burnout in terms of emotional exhaustion intensity. We found that nurses with more than 10 years of experience exhibited a higher level of burnout in terms of emotional exhaustion intensity.

Burnout in the Area of Personal Accomplishment – INTENSITY of Feelings

DP Level – FREQUENCY	Absolute Count (n)	Relative Frequency (%)
Low	42	35.59%
Medium	52	44.07%
High	24	20.34%
Total	118	100.00%

DP – Depersonalization [detachment from work/others]

Burnout in the Area of Personal Accomplishment – INTENSITY of Feelings

PA Level – INTENSITY	Absolute Count (n)	Relative Frequency (%)
Low	34	28.81%
Medium	41	34.75%
High	43	36.44%
Total	118	100.00%

PA – Personal Accomplishment at Work

Burnout in the Area of Personal Accomplishment – FREQUENCY of Feelings

PA Level – FREQUENCY	Absolute Count (n)	Relative Frequency (%)
Low	43	36.44%
Medium	50	42.37%
High	25	21.19%
Total	118	100.00%

PA – Personal Accomplishment at Work

We assumed that there is a correlation between the number of years worked in healthcare and the level of burnout in terms of depersonalization intensity.

Table: Correlation between the Number of Years Worked in Healthcare and the Level of Burnout in Terms of Depersonalization Intensity

Number of Years Worked in Healthcare	Low		Medium		High	
	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)
Up to 5 years	7	5.95%	8	6.81%	3	2.52%
6 to 10 years	11	9.35%	12	10.21%	6	5.03%
11 to 20 years	12	10.21%	13	11.06%	9	7.55%
Over 20 years	10	8.50%	14	11.91%	13	10.90%
Total	40	34.01%	25	21.00%	31	26.00%

Table: Statistical Analysis Results

p-value	α	Comparison
000*	0.05	$p < \alpha$

Based on the inequality $p=000 < \alpha = 0.05$, it can be concluded that there is a statistically significant correlation between the number of years worked in healthcare and the level of burnout in terms of depersonalization intensity. We found that nurses with more than 20 years of experience exhibited the highest level of burnout in terms of depersonalization intensity.

We assumed that there is a correlation between the age of nurses and the level of burnout in terms of emotional exhaustion intensity.

Table: Correlation between the Age of Nurses and the Level of Burnout in Terms of Emotional Exhaustion Intensity

Age of Respondents	Low		Medium		High	
	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)
20-30 years	12	10.14%	2	1.68%	0	0.00%
31-40 years	35	29.58%	4	3.36%	1	0.86%
41-50 years	14	11.83%	10	8.40%	13	11.23%
51 and over	10	8.45%	9	7.56%	8	6.91%
Total	71	60.00%	25	21.00%	22	19.00%

Table: Statistical Analysis Results

p-value	α	Comparison
0.041	0.05	$p < \alpha$

Based on the inequality $p = 0.041 < \alpha = 0.05$, it can be concluded that there is a statistically significant correlation between the age of nurses and the level of burnout in terms of emotional exhaustion intensity. We found that nurses aged over 40 exhibited the highest level of burnout in terms of emotional exhaustion intensity.

We assumed that there is a correlation between the age of nurses and the level of burnout in terms of depersonalization intensity.

Table: Correlation between the Age of Nurses and the Level of Burnout in Terms of Depersonalization Intensity

Age of Respondents	Low Burnout		Medium Burnout		High Burnout	
	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)
20-30 years	8	6.80%	6	5.11%	0	0.00%
31-40 years	20	17.00%	17	14.47%	3	2.52%

41-50 years	11	9.35%	18	15.32%	8	6.71%
51 and over	1	0.84%	6	5.11%	20	16.77%
Total	40	33.99%	47	40.01%	31	26.00%

Table: Statistical Analysis Results

p-value	α	Comparison
0.002	0.05	$p < \alpha$

Based on the inequality $p = 0.002 < \alpha = 0.05$, it can be concluded that there is a statistically significant correlation between the age of nurses and the level of burnout in terms of depersonalization intensity. We found that nurses aged over 50 exhibited the highest level of burnout in terms of depersonalization intensity.

We assumed that there is a correlation between the age of nurses and the level of burnout in terms of personal satisfaction.

Based on the inequality $p = 0.002 < \alpha = 0.05$, it can be concluded that there is a statistically significant correlation between the age of nurses and the level of burnout in terms of depersonalization intensity. We found that nurses aged over 50 exhibited the highest level of burnout in terms of depersonalization intensity.

We assumed that there is a correlation between the age of nurses and the level of burnout in terms of personal satisfaction.

Table: Correlation between the Age of Nurses and the Level of Burnout in Terms of Personal Satisfaction

Age of Respondents	Low		Medium		High	
	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)	Absolute Count (n)	Relative Frequency (%)
20-30 years	9	7.68%	5	4.27%	0	0.00%
31-40 years	19	16.21%	16	13.66%	5	4.19%
41-50 years	5	4.26%	11	9.39%	21	17.58%
51 and over	1	0.85%	9	7.68%	17	14.23%
Total	34	29.00%	41	35.00%	43	36.00%

Table: Statistical Analysis Results

p-value	α	Comparison
0.009	0.05	$p < \alpha$

Based on the inequality $p = 0.009 < \alpha = 0.05$, it can be concluded that there is a statistically significant correlation between the age of nurses and the level of burnout in terms of personal satisfaction. We found that nurses aged over 40 exhibited the highest level of burnout in this area.

By processing the collected data, we interpret the results. In the selected sample of nurses, we examined the risks of burnout syndrome in three dimensions: emotional exhaustion, depersonalization, and personal job satisfaction. Each of these dimensions had three levels: low, medium, and high. To assess the factors of burnout syndrome, we used the standardized Maslach Burnout Inventory questionnaire.

In the first dimension, emotional exhaustion (intensity of feelings), the results showed that 60.00% of respondents were at low risk, 21.00% were at medium risk, and 19.00% were at high risk. In the depersonalization dimension (intensity of feelings), 34.01% of respondents were at low risk, 39.99% at medium risk, and 26.00% at high risk. In the area of personal job satisfaction (intensity of feelings), the results were as follows: 28.98% of respondents reported a low level, 35.01% a medium level, and 36.01% a high level.

The largest age group of respondents ranged from 31 to 40 years, accounting for 33.90% of the sample. Regarding the highest level of education attained, specialist nurses comprised 50.85%. A higher level of burnout in the area of emotional exhaustion (intensity of feelings) was observed among nurses with more than 10 years of experience, representing 36.62% in the medium and high levels of exhaustion. A statistically significant correlation between the number of years worked in healthcare and the level of burnout in the area of depersonalization (intensity of feelings) was found among nurses with more than 20 years of experience. This group accounted for 22.81% in the medium and high levels of burnout.

Furthermore, we found that the highest level of burnout in the area of personal job satisfaction (intensity of feelings), in relation to years worked, was observed among nurses with more than 20 years of experience. They comprised 29.57% in the medium and high levels of burnout, nearly one-third of the respondents. Our survey concluded that the number of years worked has an impact on the development of burnout syndrome. As the number of years worked in healthcare increases, so does the risk of burnout syndrome.

Additionally, we found that nurses over the age of 40 exhibited the highest level of burnout in the area of emotional exhaustion (intensity of feelings), accounting for 34.10% in the medium and high levels of exhaustion. In the area of depersonalization (intensity of feelings), we identified a correlation with nurses' age. We concluded that nurses over the age of 50 exhibited the highest level of burnout in the area of depersonalization (intensity of feelings), representing 21.88% of surveyed respondents in the medium and high levels of burnout.

In the final area, we examined the correlation between nurses' age and the level of burnout in terms of personal job satisfaction (intensity of feelings). We found that nurses over the age of 40 exhibited the highest level of burnout in the area of personal job satisfaction (intensity of feelings). This group represented nearly half of the surveyed respondents, accounting for 48.88% in the medium and high levels of burnout. Based on our data, we deduce that older age has an impact on the development of burnout syndrome [28].

Conclusion

Burnout syndrome, which prevents individuals from continuing their work in their original profession or in activities involving interpersonal contact, is unfortunately not an unfamiliar concept in healthcare. The nursing profession is highly demanding, requiring not only a high level of competence in performing individual nursing procedures but also constant interaction with patients/clients, with whom nurses are in direct contact daily. The role of a nurse is not just a job; it is a calling that the vast majority of women have chosen to fulfill. This profession often involves intense emotional reactions caused by excessive psychological and emotional demands, which can lead to burnout syndrome.

Developed burnout syndrome negatively impacts the mental well-being of the healthcare worker. It may arise when a healthcare professional becomes frustrated, feels unsatisfied with their job, and begins to experience psychological decline. Such individuals are at an increased risk of making mistakes that could harm patients. The likelihood of professional errors rises significantly, as does the risk of misjudging situations, which, in healthcare, can have fatal consequences. Additionally, patients and their families perceive the depersonalization of healthcare workers very negatively. As a result, burnout syndrome may lead to numerous complaints—not due to professional errors but because of the healthcare staff's communication and behavior.

The relationship between stressors and protective factors is crucial. It is essential to eliminate the risks of burnout syndrome and teach healthcare professionals how to resist stressful situations, prevent them, and learn to cope with or process stress effectively. High-quality burnout prevention can be implemented through supervision. A key goal is to encourage healthcare workers to take an active interest in preventing burnout syndrome.

An important prevention strategy includes fostering a supportive work environment, receiving recognition from supervisors, and engaging in relaxation after work. Additionally, it is vital to educate healthcare staff, be attentive to the symptoms of burnout syndrome, and not underestimate them. Ultimately, the ability to maintain job satisfaction is a critical skill for nurses, who

engage in daily interactions with patients and clients, ensuring the continued quality of healthcare services.

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