

OCCUPATIONAL BURNOUT – CHARACTERISTICS OF THE PHENOMENON AND METHODS OF COUNTERACTING

Anna GEMBALSKA-KWIECIEŃ

Silesian University of Technology, Faculty of Organisation and Management, Institute of Economics and Informatics, Zabrze; Anna.Gembalska-Kwiecien@polsl.pl; ORCID: 0000-0001-9275-0447

Abstract: This article addresses the problem of occupational burnout, presenting the characteristics of the phenomenon, its causes, effects and methods of prevention and counteraction. The issue of burnout is widespread, as it is reaching a wider and wider numbers of employees. The severity of this problem may be of concern, as it carries a lot of negative effects, including an impact on health, the safety of others, the development of personality, the functioning of an individual in society and the course of a career. It can lead to large losses incurred by enterprises, employers and employees themselves. In our country, we hear more and more about the need to counter occupational burnout, and various prevention programmes and preventive institutions are being created.

Keywords: occupational burnout, occupational stress, effects of occupational burnout.

1. Introduction

Occupational burnout is a more and more often described phenomenon and can affect almost every second employee. Its causes lie in the personality traits of every human being, as well as in contacts with the environment and the way the workplace is organised. Burnout can result in a series of symptoms – from physical (e.g. permanent fatigue, exhaustion, lack of resistance) to problems at work and within the family environment (Gembalska-Kwiecień and Zajac, 2005a, 2005b).

As H. Sęk writes: “The phenomenon of occupational burnout was revealed in the seventies, although it probably existed much earlier, but it can be assumed that civilization changes and increasing requirements for social services have caused that psychological costs that teachers, doctors, nurses, social workers, emergency workers, police officers and others incur in their work are becoming more and more serious” (Sęk, 2004). The stress that accompanies the performance of these professions and the difficulty in dealing with it can be a cause of exhaustion, chronic fatigue and lack of job satisfaction. Distancing yourself and losing your

commitment are ways of dealing with burdens. As a result of Polish research on the issue of burnout, it was stated that the problem of occupational burnout is a universal problem, and many researchers have seriously become interested in this (Sęk, 2004).

Observation of processes taking place in the labour market may indicate that the problem of occupational burnout is intensifying. However, the scale of the phenomenon is difficult to determine – there is no current nationwide research in this area. The exception is research conducted in 2009 by the team of Professor A. Bassam, psychologist at the Institute of Psychology at the University of Kazimierz the Great in Bydgoszcz. The research team checked, among others, the scale of burnout in enterprises and the impact of stress and burnout on the decline in work efficiency. The study, which was part of a preventive programme organised by the Marshal's Office and the Voivodeship Centre of Occupational Medicine, involved four thousand employees in the Kuyavian-Pomeranian Voivodeship. The surveyed employees were divided into four types: burned-out, just before burnout, not burned-out and so-called savings types – people with little ambition, doing their job without commitment, but without displaying negative consequences for their own psyche. The burned-out and just before burnout workers amounted to a total of 48%. Healthy people accounted for one-third of all respondents (Wolf, 2019). This shows that the scale of this phenomenon can be very large.

The costs of burnout are borne by all citizens, even if burnout is not their problem. The American Institute of Stress states that almost half of people working professionally suffer from complaints resulting from burnout, and the losses that the American economy incurs every year due to stress at work reach 300 billion dollars. They are mainly caused by employee absenteeism, reduced productivity, staff turnover, etc. (Wolf, 2019).

Until recently, it was believed that occupational burnout threatens, first of all, representatives of professions related to contact with people and helping them. According to current knowledge, representatives of all professions are exposed to burnout, which is influenced by factors at the workplace. Professional work is an inseparable area of human life and often determines the subjective assessment of the quality of life or the state of human health. Therefore, burnout should be considered as a particularly dangerous phenomenon and should definitely be counteracted.

The causes of occupational burnout have many negative effects, including an impact on health, the safety of others, personality development, the functioning of an individual in society and the course of a career.

The issue of burnout is widespread, as it concerns a growing group of employees. The severity of this problem should cause concern. Therefore, the question should be asked: What should be done to limit the intensity of the occupational burnout phenomenon among employees?

2. Occupational burnout – concepts and definitions

In literature on the subject, the term occupational burnout is defined in a variety of ways. Freudenberger and North, who were among the first American psychoanalysts to deal with the problem of burnout in social professions, described occupational burnout syndrome as “a state that crystallizes slowly, for a long period of experiencing constant stress and engaging all life energy, which ultimately exerts a negative influence on motivation, conviction and behavior” (Litzke, 2007).

Ch. Maslach (2010) thinks that occupational burnout is much more serious than a bad mood or a bad day. It is a constant feeling of incompatibility with work that can cause a serious crisis in life. Ch. Maslach also presents burnout as a syndrome, which consists of emotional exhaustion, depersonalisation and lowering the assessment of one’s own professional achievements. This syndrome can occur in people who work with others. Emotional exhaustion concerns the feeling of emotional overload and significant depletion of energy resources possessed as a result of contacts with others. Depersonalisation, however, is associated with a negative, often soulless, and at best, overly indifferent reaction to other people who are recipients of the help of a given person. A reduced assessment of own achievements also refers to a radical decline in the sense of one’s competences and a loss of confidence in the possibility of succeeding in working with people. It also involves negative self-esteem (Maslach, 2010; Vierendeels et al., 2018).

According to E. Aronson, occupational burnout is a psychological condition that often occurs in people working with others (above all, but not only, in helping professions) and who, in their relations with clients or patients, supervisors or colleagues, are on the giving side (Aronson et al., 1997; Aronson, 1998).

A. Kamrowska (2007) describes occupational burnout as a state of exhaustion of the individual, caused by excessive tasks posed by the work environment.

Most often, occupational burnout is defined as a state of physical and/or emotional exhaustion occurring in people working with others and helping others, in occupations based on continuous contact with people and with an emotional involvement in their problems (e.g. psychologist, pedagogue, doctor, nurse, social worker, lawyer, probation officer, family mediator, priest, etc.). This issue “usually reveals itself after many years of unconscious growth and has a serious impact on professional life, one’s approach to work, as well as on the family and social life” (“Wypalenie zawodowe i jego objawy”).

An interesting approach to this definition was presented by E. Biliska, who shows that occupational burnout is one of the many possible reactions of the body to the chronic stress associated with working in occupations whose common feature is continuous contact with people and emotional involvement in their problems (Bliska, 2004, 2008).

According to E. Starostka's concept, occupational burnout is described as a state of bodily, spiritual or emotional exhaustion. It is difficult to determine the exact beginning of this process. It is usually suggested that the process is very slow and unnoticeable, and it manifests itself suddenly and with great force. It is the result of a prolonged or repetitive burden as a result of many years of intense work for other people. Burnout is a painful realisation (by the helpers) that they are no longer able to help these people, that they cannot give them more and use their energy completely. She also distinguished two types of occupational burnout: active and passive. Active burnout is caused by events and external factors, which include working conditions – E. Starostka pays special attention to too many requirements and institutional aspects. Passive burnout is nothing but internal reactions of the body to the above-mentioned causes (Starostka, 2007).

J. Piekarska presented the conditions under which occupational burnout occurs as a reaction to long-term overload with duties, too difficult and responsible tasks and monotonous, boring, exhausting work (Gembalska-Kwiecień and Zając, 2005a; Gembalska-Kwiecień, 2017). In her opinion, this may appear when we are dealing with activities that are unrealistic or coupled with a small impact on the situation, for example when we have poor work-time organisation or lack of private time when the work is incompatible with our values or character (behaviour is aggressive or submissive). J. Piekarska thinks that we will be more susceptible to this if we strive for perfection, we are "over responsible" or simply cannot say "no", and if we are not wanting to engage in any further ventures (Anczewska et al., 2005; Nowicka, 2007).

Whereas M. Książczyńska (2009) referred to burnout as a psychological state during which the person feels exhausted and one's motivation drops significantly. A burned-out person does not appreciate one's self or one's achievements. One feels lost and loses faith in work. What once was a source of success and joy is now the cause of problems.

Summing up the above approaches to the problem of occupational burnout, one can attempt to define it as a state that causes emotional, psychological and physical exhaustion of the organism, arising in connection with the work performed.

3. Causes and effects of occupational burnout

M.S. Litzke writes that occupational burnout syndrome develops as a result of a poorly balanced interplay between what the surrounding world requires of a person and that person's ability to bear burdens. It also depends on individual skills of proper self-management and care for regeneration of strength. "Burnout is a process that develops slowly and sneaks quietly. The first warning signals are not usually noticed or are misinterpreted. In order to be able to burn yourself out, you must first burn with lust, take action with something" (Litzke, 2007). He also presented the stages of the occupational burnout process (Litzke, 2007):

- “Stage 1 – coercion of constant self-esteem”. The desire to work efficiently and the lust for action are transformed into a coercion of effective action due to too high expectations for themselves. The willingness to accept own limitations and possibilities is decreasing. The key moment is to see the thin line between the pursuit of effective action and the internal compulsion of to self-efficiency and to determine one’s own pace of work and pace of life.
- “Stage 2 – increase in commitment to work”. The feeling that you must do everything yourself to prove your worth increases. Delegating tasks is perceived as onerous and time-consuming and is sometimes treated in terms of threats to one’s own indispensability. At this stage, it is important to exercise the skills of delegating tasks.
- “Stage 3 – neglecting one’s needs”. The desire to relax, pleasant social contacts and so on are beginning to be increasingly pushed into the background, and the feeling that there are no such needs, including sexual needs, intensifies. Often leads to the abuse of alcohol, nicotine, caffeine, as well as sleeping pills, as sleep disorders occur, at the latest, at this stage.
- “Stage 4 – disturbed proportion between internal needs and external requirements, so-called coercion, results in the loss of a large amount of energy and, finally, its exhaustion”. Malicious behaviour begins to appear, such as unpunctuality, confusion of dates of appointments and the like. At this stage, it is important not to explain improper behaviour only through overloading, but to perceive one’s participation in the intensifying process of energy loss.
- “Stage 5 – reappraisal”. Perception is disturbed, and the sense of it is very blunted. The order of priorities changes, social contacts are perceived as a burden, important life goals are denied and re-evaluated. Reactivating earlier friendships can help us realise that change has taken place in us, as well as in the reversal of negative re-evaluation.
- “Stage 6 – in order to be able to continue living, a person must apply a mechanism of repression in the face of emerging problems”. The dissolution is already vitally important in this stage if you want to continue to function. Symptoms of this state are: isolation from the surrounding world, which is also disavowed, cynicism, aggressive deprecation of reality, lack of patience and intolerance. Performance decreases significantly and physical problems arise. Contacts with other people are characterised by helplessness, lack of willingness to help or lack of empathy. Starting from this stage, professional help is needed.
- “Stage 7 – the final withdrawal takes place”. The social network that supports us, protects and sustains us is perceived as an enemy and is demanding and excessively burdensome. The current state of the person is characterised by a lack of orientation, loss of prospects and hopes for the future, along with complete alienation. Alternate

satisfaction is sought in alcohol, drugs or medicines. One has a sense of self-restraint and automation of one's own actions. The end result is the transition to stage 8.

- “Stage 8 – significant changes in behaviour”. The process of isolation and withdrawal from life continues. Any expression of interest from the surrounding world is interpreted as an attack. Paranoid reactions may also appear.
- “Stage 9 – loss of the feeling that one has one's own personality”. The emergence of the feeling that one is no longer an autonomous unit, but that it functions rather automatically.
- “Stage 10 – internal emptiness”. The person feels exhausted, discouraged and empty and every now and then experiences panic attacks and phobic reactions, feels fear of other people and human clusters. Sometimes, excessive attempts to substitute needs are also observed.
- “Stage 11 – general condition determines depression”. Despair, exhaustion, depressed mood. The feeling of internal pain alternates with apathy, and suicidal thoughts appear.
- “Stage 12 – full-blown burnout”. The foreground comes complete mental, physical and emotional exhaustion, with high susceptibility to infection, as well as a risk of occurrence and heart, blood and gastrointestinal diseases.

Professional help is needed at the entry into stage 7 at the latest to prevent further development of the syndrome (Litzke, 2007).

The reasons for occupational burnout may be located in three areas, which A. Kamrowska (2007) presents as follows:

1. Individual ground: favourable personality traits – low self-esteem, defensiveness, dependence, passivity, perfectionism, sense of external control, irrational beliefs, low sense of remedial efficiency, a specific type of control consisting in avoiding difficult situations.
2. Interpersonal ground: between employees and patients – emotional involvement; between superiors and co-workers – interpersonal conflicts, competition, lack of mutual trust, impaired communication, verbal aggression, mobbing, intentional or unintentional contribution of the employer to the sense of lowering the value of employees, e.g. questioning competence and blocking professional activity.
3. Organisational ground: goals of the institution as contrary to the values and norms recognised by the employee: lack of time to conduct family life, stressors related to the physical environment, e.g. noise, stressors related to the way work is performed, e.g. rush, monotony, work during evening and night hours, stressors related to the functioning of the employee as a member of the organisation, e.g. lack of opportunity to express opinions on important issues, stressors related to professional development – dissatisfaction with the career progression, lack of professional development opportunities, lack of a sense of permanence of work, management style unsuitable for tasks facilities and employees' needs.

The occupational burnout process can also be presented based on the degree of damage done (Perski, 2004; Starostka, 2007; Perski and Rose, 2010; Owerczuk, 2008; Reiman et al., 2019):

1. The first stage – the so-called warning stage, is characterised by a feeling of depression, irritation. There may be recurring headaches, colds and insomnia. Returning to the correct, optimal functioning at this stage is not difficult. It is usually sufficient to reduce the workload, take a short rest, work on some hobby.
2. The second stage appears “when the syndrome lasts longer, it is more permanent, whose characteristic symptoms are: worse performance of tasks, frequent outbursts of irritation, disrespect and even contemptuous attitude towards other people” (Starostka, 2007). Intervention at this stage requires more effort and more decisive steps. It may be necessary to take a longer vacation, or through regeneration of strength by devoting yourself to activities not related to work and pleasure (hobby). The participation of other people is also significant - not yet professional help, but a rest among friends.
3. The third stage is “chronicity of the syndrome”. A complete development of physical, psychological and psychosomatic symptoms takes place. Not only cognitive and emotional processes become endangered, but also the entire personality structure is disturbed. Symptoms of occupational burnout syndrome affect both the somatisation and the physical and social functioning of the individual. Typical symptoms for this stage are feelings of loneliness and alienation, family, marital, friendly crises, depression, hypertension, ulcers. Occupational burnout at this stage very clearly affects not only the injured person, but the whole of his/her social environment – family members, friends, colleagues. Usually, professional help is required (doctor, therapist, psychologist).

Occupational burnout affecting the emotional, psychological and physical sphere of a person can lead to exhaustion.

Physical, emotional and mental exhaustion consists of certain features that are presented below (Litzke, 2007):

1. “Physical exhaustion”: lack of energy, chronic fatigue, weakness, susceptibility to accidents, tension and cramps in the muscles of the neck and shoulders, backache, change in eating habits, change in body weight, increased susceptibility to colds and viral infections, sleep disorders, nightmares, increased drug intake or alcohol consumption to reduce physical exhaustion.
2. “Emotional exhaustion”: feelings of depression, helplessness, hopelessness and lack of perspectives, unrestrained crying, dysfunctions of emotion control mechanisms, feelings of disappointment, excitability, feelings of emptiness and despair, loneliness, discouragement, general lack of willingness to act.

3. “Psychological exhaustion”: negative attitude towards oneself, to work, to life, education of dissenting attitude (cynicism, disrespect, aggression), loss of self-respect, sense of own ineptitude, a sense of inferiority, breaking contacts with clients and colleagues.

The concentration and intensity of individual features may be different and depend on individual or situational factors.

Symptoms of burnout are varied, and to the most important, Ch. Maslach (2010) provided a ranking as such:

- “burnout is a loss of energy” – a person feels overwhelmed, stressed and exhausted;
- “burnout is a loss of enthusiasm; the initial passion gave way to cynicism” – at work, nothing is right: customers are disruptive, bosses are a threat, and colleagues – a necessary evil. Expertise, creativity or sensitivity – faded and died out. Energy saving mode is activated;
- “burnout is a loss of self-confidence” – without energy and commitment to work, it is difficult to find arguments for its continuation.

The effects of a bad relationship with work tend to propagate like a wave; physical health and well-being deteriorate, which reduces resistance to disease or depression, effectiveness of cooperation in the team and quality is reduced, negative emotions are transferred to relationships with family and friends, and the world loses many “colours” (Maslach, 1994, 2010).

A. Kamrowska (2007) presented the phases and symptoms of occupational burnout as follows:

- “honeymoon” – a period of infatuation with work and full satisfaction with professional achievements, energy, optimism and enthusiasm;
- “awakening” – the time when a person notices that the idealistic assessment of work is inadequate; he works more and more and tries to make the idealistic picture not be disturbed;
- “roughness” – the realisation of professional tasks requires more and more effort, and problems in social contacts are added;
- “full symptomatic burnout” – full physical and mental exhaustion develops, with depressive disorders, a sense of emptiness and loneliness, the desire to free oneself and escape from work;
- “rebirth” – the time of treatment of “wounds” after burnout.

Whereas the most important symptoms are (Terelak, 2001; Kamrowska, 2007):

- physical fatigue,
- somatic and functional disorders,
- bursts of anger and irritation,
- periods of inactivity at work,

- initiating conflicts at work,
- escape from decisions,
- change in behaviour – excessive consumption of alcohol or/and drug use,
- lack of a sense of identification with profession.

A. Perski (2004) distinguished diagnostic criteria for occupational burnout syndrome, which include:

- A. “Physical and mental symptoms of exhaustion last at least 2 weeks. Symptoms are exacerbated by one or more identifiable stress factors that have lasted for at least 6 months.
- B. A clear lack of mental energy or lack of endurance prevails.
- C. At least 4 of the following symptoms occur daily for at least 2 weeks:
 - trouble with concentration or memory impairment,
 - a clear reduction in the ability to cope with requirements or tasks under time pressure,
 - emotional lability or irritability,
 - sleep disorders,
 - obvious physical weakness or fatigue,
 - physical ailments, such as: pain, chest tightness, palpitations, gastrointestinal problems, dizziness, hypersensitivity to sounds.
- D. These symptoms cause clinically significant suffering or deterioration in the functioning at work and in interpersonal relations.
- E. Symptoms occur regardless of the direct physiological effects caused by any chemicals (addictive substances) or from any somatic disease or injury (e.g. diabetes, hypothyroidism, diseases caused by infections).
- F. If the criteria for depression, dysthymia or generalised anxiety disorder are simultaneously met, the exhaustion syndrome is stated only as a supplement to the diagnosis.

In order to be able to make a diagnosis, all the factors marked with capital letters must occur (A, B, C, D, E, F)”.

According to the Stress Clinic, the symptoms of occupational burnout belong to three groups:

1. Physical functioning – reduced immunity, general weakness, headache, stomach ache, hypertension, sleep disorders.
2. Emotional functioning – reduced self-esteem, mischievousness, depression, helplessness, changeability of moods.
3. Behaviours – falling into conflicts, frequent absences from work, poor time management, reduced work efficiency, increasing distance to people with whom and for whom one works (e.g. teacher towards children, social worker towards charges).

Another classification of the effects of occupational burnout is presented by E. Starostka (2007), who, as its most frequent consequences, lists:

- feeling of a disappointment towards oneself, anger and reluctance, feeling guilty, lack of courage, indifference, negativism, isolation and withdrawal, everyday feeling of tiredness and exhaustion;
- frequent “looking at the watch”, great tiredness after work, loss of positive feelings towards clients, shifting dates of meetings with clients, aversion to telephone calls and customer visits;
- stereotyping of clients, inability to focus on or listen to clients, impression of immobility, cynicism and attitude against clients, sleep disturbance;
- frequent colds and flu, frequent headaches and gastrointestinal complaints, tenacity in thinking and reluctance to change, distrust and paranoid imaginations, marital and family problems, frequent absences in the workplace.

Warning signals indicating the phenomenon of occupational burnout are: subjective sense of overwork, lack of willingness to work, unwillingness to go to work, sense of isolation, loneliness, seeing life as bleak and heavy, negative attitudes towards clients, lack of patience, irritability, family irritation, frequent illness, thoughts of negativity, escape or even suicide (Starostka, 2007).

In the opinion of B. Owerczuk (2008), the effects of occupational burnout can occur in the following spheres of human life:

- “physical sphere”: reduced immunity, headache, stomach ache, elevated pressure, poor diet, use of more tobacco and caffeine, insomnia, exhaustion, long-term feeling of tiredness;
- “emotional sphere”: changeability of moods, general despondency, lower self-esteem, lack of faith in change of situation, feeling of helplessness;
- “behavioural sphere”: absenteeism at work, frequent conflicts, indifference towards charges, poor time management, increase of accidents at work, complaints, lack of creativity, loss of ability to enjoy small pleasures;
- “sphere of attitudes”: beliefs about own incompetence or perfection up to size delusions, distrust of superiors and colleagues, big criticism, pessimism, pigeonholing, boredom.

4. Prevention and the problem of occupational burnout

The term “prophylaxis” comes from the Greek word “prophylaktikos” and means “prevention” (Anczewska et al., 2005; Bauman and Pilch, 2001). Prevention of occupational burnout syndrome can take place on three levels: “[...] individual, individual-institutional and

institutional. At an individual level, the negative psychological effects of stress are prevented by referring to individual (personal) reactions to stressors. In the second, the leading role is played by actions that increase the employee's resistance to occupational stressors in the workplace. Institutional interventions focus on improving quality and reducing labour costs" (Anczewska et al., 2005).

Whether occupational burnout will take place depends on many personal and environmental factors. When trying to prevent the occurrence of burnout (Starostka, 2007):

- do not set high requirements with little possibility of affecting the situation,
- act in accordance with one's values, avoid aggressive or submissive behaviours in various roles (home, work, social situations),
- use an objective interpretation of events and an offensive approach to difficulties,
- take care of your body, diet, physical exercise, sleep rhythm, relaxation and basic hygiene,
- to be responsible,
- do not neglect professional development,
- take care of partner relations and support system,
- skilfully organise private time and work time.

There are different ways to prevent and deal with pre-existing occupational burnout. As J. Piekarska points out, "it is very important, for example, to undertake work in accordance with the acquired knowledge, skills, or at least interests. It is also necessary to make an effort to develop one's personality, adequate self-esteem and objective assessment of reality. The ability to say »no« and coping with stress is necessary. Thanks to it, difficult situations will be perceived as a challenge, not as a threat or a loss. We must remember about good relations with relatives; we can count on their help and support in difficult situations" (Nowicka, 2007).

Measures that employers can use to prevent occupational burnout include:

- attaching great importance to entrusting employees with tasks adequate to their abilities and competences,
- providing an objective and constructive assessment in relation to the work of employees,
- creating opportunities for learning and development,
- adequate remuneration of employees,
- organisational culture in which positive interpersonal relations are valued,
- organising trainings in the field of interpersonal skills, communication, conflict resolution and effective ways of coping with stress,
- taking care of the employee at least once a year taking leave of no less than two weeks,
- organising 5-10-minute breaks approximately every one and a half hours of work.

In a situation where the employer is not able to provide employees with decent earnings, he should take care of the ethos of their work, because this kind of compensation will bring benefits to both sides (Starostka, 2007).

In order not to be burned-out, employees should (Starostka, 2007):

- “set realistic goals” – long-term plans are to be supplemented with sub-goals, measurable and achievable, written out for the day, week, month;
- “rest” – it is desirable to change the form of activity, frequent contacts with people who put others in a good mood, do something that is not related to work;
- “if you have many contacts with people at work, take care of moments of calm and withdrawal” – a lonely walk in the park or reading a book will allow you to calmly gather your thoughts and give respite;
- “treat your professional matters less personally” – this is about losing borders and over-identifying with the problems of others. Look for a counterweight for professional matters in the family;
- “learn something new” – do not give up routine. Also learn not only to give, but to use the kindness and help of others;
- “get to know yourself, your reactions and limitations!” – no one is perfect, the most important thing is to understand what our strength and weakness is;
- “to notice what is good, even if it is a small matter” – to appreciate the advantages and good will of others. This is easier than enduring unavoidable failures and frustrating situations;
- “cultivate the right lifestyle” – develop your personality and, above all, always try to be yourself – authenticity gives a sense of inner harmony and peace.

5. Conclusions

Summing up, it should be emphasised that the fight against occupational burnout is beneficial and necessary not only from the perspective of the burned-out person and his/her family and friends. Organisations and companies that prevent the occupational burnout of employees and fight against it also gain. Companies and organisations can fight occupational burnout through (Gembalska-Kwiecień and Zajac, 2005a; Książczyńska, 2009; Lafuente et al., 2018; Stoffregen et al., 2019):

- stress management (and especially its causes),
- unloading stress (integration trips, trainings),
- seeking sources of stress and neutralising or limiting it by the employees themselves,
- changing the perception and assessment of stressful situations by employees,
- social support (the atmosphere and organisational culture of the company have a huge impact on the frequency of burnout).

The problem of occupational burnout prevention in literature was most often taken together with the prevention of work stress. It should be noted that the identification of stress prevention with occupational burnout prevention seems to be a too far-reaching simplification. Occupational burnout is a specific phenomenon and has a specific structure and course. However, from the point of view of popularising the knowledge concerning burnout, combining the problem of preventing work stress and preventing occupational burnout is not a mistake. Occupational burnout is one of the consequences of stress experienced at work, and therefore prevention of stress at work will also be a prevention of occupational burnout.

Before occupational burnout develops fully, symptoms appear that inform about the deepening problems. Accurate self-diagnosis allows you to take countermeasures and launch changes in the desired direction.

Preventive actions in the field of averting occupational burnout are quite real and possible to meet. It is important to be aware that such a threat exists, and there is a strong attitude of employees and employers towards counteract these issues. Each of us has enormous potential and the possibility to build an effective style of preventing burnout. Physical activity, rest, relaxation and having a hobby are of great importance here (Starostka, 2007; Gembalska-Kwiecień, 2017; Aburumman et al., 2019; Erdal et al., 2018). The impact on the appearance of occupational burnout is, to a large extent, affected by the environment in which we work. The more safe, hygienic and employee-friendly the environment is, the lesser the phenomenon of occupational burnout, which can be eliminated in time (Gembalska-Kwiecień and Zajac, 2005a, 2005b; Gäureanu et al., 2019).

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