

**MECHANISMS OF FORMATION AND CLINICAL MANIFESTATIONS OF  
BURNOUT SYNDROME IN TEACHERS AND ITS IMPACT ON HEALTH**

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**Abstract:** Burnout syndrome has in recent decades been recognized as one of the key issues in the field of occupational health. Teachers belong to the group of professionals who are particularly vulnerable to this syndrome due to constant interpersonal interaction, high emotional involvement, and responsibility for learning outcomes. This article explores the etiopathogenetic mechanisms of burnout formation, provides a detailed description of its clinical manifestations and classifications, and analyzes its effects on the physical and mental health of teachers as well as on their professional activity. Based on an analysis of modern literature, the interdisciplinary nature of the problem is emphasized, and the need for comprehensive approaches to the prevention and correction of burnout is highlighted.

**Keywords:** burnout syndrome, teachers, stress, psychosomatic manifestations, professional activity.

**Introduction**

Burnout syndrome, first described by H. Freudenberger in 1974 [1], has become the subject of numerous studies in psychology, medicine, and education. Its development is associated with chronic exposure to stress factors that exceed the adaptive capacities of the individual. This problem is especially relevant in the field of education, where teachers are required not only to demonstrate high professionalism but also to maintain constant emotional involvement in the teaching and upbringing process [2].

Modern studies confirm that up to 40–50% of teachers in different countries experience signs of burnout [3]. In the context of educational reforms, increasingly complex curricula, and growing demands from society, this problem has gained significant social importance [4]. Burnout syndrome affects not only the personal health of teachers but also the overall quality of education, which necessitates an in-depth scientific analysis of its causes, mechanisms, and consequences.

**Etiopathogenetic mechanisms of burnout formation**

The etiopathogenesis of burnout syndrome is multi-layered. At the biological level, it is linked to dysfunction of the hypothalamic-pituitary-adrenal axis. Chronic stress causes sustained hypercortisolemia, leading to disrupted circadian rhythms, sleep disturbances, fatigue, and reduced immunity [7]. Furthermore, changes in neurotransmitter systems, including reduced serotonin and dopamine activity, contribute to the development of anxiety and depressive disorders [8].

At the psychological level, burnout is related to cognitive distortions and behavioral patterns. Under continuous pressure and limited resources, teachers often develop negative attitudes toward their profession, experience a loss of internal motivation, and perceive their work as meaningless [9]. From our perspective, this level is particularly significant, since a teacher's perception of their activity functions as a filter through which external stressors are either intensified or mitigated.

At the social level, burnout is shaped by objective working conditions: high teaching loads, limited resources, insufficient recovery time, low financial satisfaction, and a lack of societal recognition [4,11]. Together, these factors create a state of chronic occupational stress. In combination with individual personality traits, they lead to progressive depletion of adaptive mechanisms and the formation of a persistent burnout syndrome.

### **Clinical manifestations and classification**

The clinical picture of burnout syndrome is complex and multifaceted. According to the classical model proposed by C. Maslach [2], it consists of three major components. Emotional exhaustion is expressed in persistent fatigue, apathy, and a loss of interest in professional activity. Depersonalization manifests as a negative and detached attitude toward students, colleagues, and the educational process itself. Reduced personal accomplishment is characterized by diminished self-esteem and a sense of professional inadequacy.

However, modern research highlights the need to expand this model in relation to teachers [5,6]. In addition to the core symptoms, psychosomatic disorders are common, such as headaches, insomnia, vegetative dysfunctions, and chronic fatigue. Cognitive disturbances, including impaired concentration, memory decline, and slowed mental processes, are also frequent [10,12]. In Russian literature, the classification by V.V. Boyko is widely used, which identifies three stages of burnout: tension, resistance, and exhaustion [14]. At the initial stage, emotional instability, irritability, and anxiety predominate. The resistance stage is characterized by attempts to cope with stress by distancing oneself from professional duties and students. At the stage of exhaustion, symptoms become chronic, psychosomatic diseases develop, and chronic fatigue dominates.

In our view, a comprehensive analysis of clinical manifestations is essential for developing effective diagnostic tools. Teachers often perceive early signs of burnout as ordinary fatigue, which prevents them from seeking timely assistance and facilitates progression to more severe stages.

### **The impact of burnout on teachers' health and professional activity**

Burnout syndrome has significant consequences for both physical and mental health. It has been shown to increase the risk of hypertension, ischemic heart disease, peptic ulcer disease, and metabolic disorders [7,8]. Prolonged exposure to chronic stress promotes the development of anxiety and depressive disorders, poor sleep quality, and chronic fatigue syndrome [10].

From the perspective of professional activity, burnout reduces productivity, fosters formalism in teaching, and diminishes creativity and innovation [11]. Teachers suffering from burnout are less likely to adopt modern teaching methods, demonstrate lower engagement with colleagues and students, and contribute less to the educational process [12].

We believe that teacher burnout should be considered not only as an individual health issue but also as a social phenomenon that affects the efficiency of the education system. When burnout becomes widespread, the quality of instruction decreases, student motivation declines, and the overall social climate in schools and universities deteriorates.

### **Conclusion**

Burnout syndrome in teachers is a complex psychophysiological phenomenon caused by the interaction of biological, psychological, and social factors. Its clinical picture includes emotional

exhaustion, depersonalization, and reduced personal accomplishment, accompanied by cognitive and psychosomatic disturbances. In our view, teacher burnout must be regarded as a problem of interdisciplinary scope, affecting not only mental health but also the entire educational system. Its consequences extend from the individual to the societal level, making preventive and corrective measures essential.

Effective prevention requires a combination of organizational, psychological, and medical strategies. These should involve reducing administrative burdens, fostering a supportive professional environment, developing teacher support programs, training in stress management skills, and increasing access to psychological assistance. Medical interventions may include psychotherapeutic methods and, when necessary, pharmacological support.

Special emphasis should be placed on creating a positive educational environment that promotes professional development, self-realization, and psychological resilience among teachers. Only such a comprehensive approach can reduce the risk of burnout, preserve teachers' health, and enhance the quality and sustainability of the educational system.

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