



CENTRO DE INVESTIGACIONES
DE TRABAJO SOCIAL

ISSN 2244-808X
DL. pp 201002Z43506

PERSPECTIVA ACCIÓN Y

Revista de Trabajo Social

Vol. 15 No. 1
Enero - Marzo
2025

Universidad del Zulia

Facultad de Ciencias Jurídicas y Políticas
Centro de Investigaciones de Trabajo Social

INTERACCIÓN Y PERSPECTIVA

Revista de Trabajo Social

ISSN 2244-808X ~ Dep. Legal pp 201002Z43506

DOI: <https://doi.org/10.5281/zenodo.14031909>

Vol. 15 (1): 292 - 303 pp, 2025

ARTÍCULO DE INVESTIGACIÓN

Mitigando el Burnout Profesional: apoyo sociopsicológico a las profesiones centradas en el ser humano

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Resumen. El rápido desarrollo de los servicios educativos y médicos hace necesaria la modernización de las instituciones sociales de la educación y la sanidad para hacer frente a los retos de la transformación digital. Las profesiones del tipo «persona a persona» se enfrentan a elevadas exigencias en cuanto a cualidades comunicativas, sensibilidad emocional y empatía, lo que conlleva el impacto de factores de estrés. El objetivo de este estudio era identificar los factores que influyen en la resistencia al estrés de los especialistas y crear una base científica para desarrollar programas eficaces de apoyo psicológico y desarrollo profesional para los representantes de las profesiones de ayuda. El estudio incluyó un análisis de bases de datos nacionales e internacionales. La base empírica incluía materiales de un estudio sobre la prevalencia y la gravedad del agotamiento profesional entre los médicos utilizando una metodología adaptada de V. Boyko, que permite determinar la etapa de desarrollo y el nivel de formación de los principales síntomas del agotamiento. Los datos confirmaron la alta prevalencia del burnout profesional entre los profesionales de ayuda. El diagnóstico de los síntomas primarios reveló mecanismos de compensación del estrés profesional, como el distanciamiento emocional y la respuesta selectiva, que pueden considerarse deformaciones profesionales. Las medidas preventivas deben centrarse en el desarrollo de la resistencia personal al estrés. Las técnicas de adaptación que implican distanciamiento emocional pueden reducir la empatía y la eficacia comunicativa, contradiciendo las expectativas de la sociedad.

Palabras clave: grupos profesionales, entorno educativo, médicos, profesores, agotamiento profesional, técnicas de adaptación.

Mitigating Professional Burnout: socio-psychological support for human-centered professions

Abstract. The rapid development of the educational and medical services necessitates the modernization of social institutions in education and healthcare to meet the challenges of digital transformation. Professions of the “person-to-person” type face high demands regarding communicative qualities, emotional sensitivity, and empathy, which leads to the impact of stress factors. The aim of this study was to identify factors influencing the stress resistance of specialists and to create a scientific basis for developing effective psychological support and professional development programs for representatives of helping professions. The study involved an analysis of national and international databases. The empirical base included materials from a study on the prevalence and severity of professional burnout among doctors using an adapted methodology by V. Boyko, which allows determining the stage of development and the level of formation of major burnout symptoms. The data confirmed the high prevalence of professional burnout among helping professionals. Diagnosis of primary symptoms revealed compensation mechanisms for professional stress, such as emotional detachment and selective response, which may be considered professional deformations. Preventive measures should focus on developing personal stress resistance. Adaptive techniques involving emotional detachment can reduce empathy and communication effectiveness, contradicting societal expectations.

Key words: professional groups, educational environment, doctors, teachers, professional burnout, adaptive techniques.

INTRODUCTION

The digital transformation of all social spheres, undoubtedly a progressive trend in the current stage of societal development, has significantly impacted the institution of professions. This transformation has changed and updated the structure of professional groups, leading to the inevitable convergence of professional directions and the emergence of new types of professional activities (e.g., medical engineer, bioethicist, IT manager, IT assistant, virtual assistant). The conditions of the COVID-19 pandemic have posed unprecedented challenges to the social institutions of healthcare and education, imperatively shifting communications to the virtual field. This shift has necessitated the development of new competencies among professionals and the demand for knowledge in interdisciplinary fields.

According to statistical monitoring and social forecasts, activities related to information transmission and storage, calculation, and billing operations are disappearing from the professional field (Abdullaev et al., 2023). Meanwhile, professions involving communication in the “person-to-person” system—such as doctors, educators, and social workers—retain their positions and, according to labor market experts, will be particularly in demand in the near future. A paradoxical social practice has emerged: despite high demand and staffing shortages in these professions, their social prestige remains low.

During the COVID-19 pandemic, there was a “heroization” of doctors, who were on the “front line,” as noted by the World Health Organization. At the same time, the most discussed negative cases of professional practice in the media are related to the activities of doctors and educators. In such conditions, the level of stress in human-centered professions is rapidly increasing, posing a threat not only to the specialists themselves—whose departure from the profession due to emotional and psychosomatic consequences will further exacerbate staffing shortages in these fields—but also to national security. This is because the institutions of healthcare and education determine the reproduction of the country’s labor, creative, and defense potential.

The influence of professional stress, largely caused by the high frequency of interpersonal communications in helping professions, leads to the development of adaptive psychological self-defense mechanisms (Zaitseva & Krikunov, 2022). The specifics of these mechanisms complement the sociocultural identity of professionals in these fields, determining the overall approach to researching this problem.

LITERATURE REVIEW

According to modern concepts, one of the most common manifestations of the consequences of professional stress is the syndrome of professional/emotional burnout. Additionally, researchers note masked and somatic forms. A typical masked form of professional stress, especially among hyper-socialized or neurasthenic personalities, is “workaholism/perfectionism,” where professional activity replaces other life spheres, leading to a loss of emotional satisfaction from other communications and areas of life (cultural, leisure, family, etc.). This is caused by attempts to compensate for reduced satisfaction with work results, perceived by professionals as a consequence of their insufficient efforts and capabilities.

Professional stress can also take somatic forms, including not only functional disorders (sleep, eating behavior, etc.) but also diseases of the cardiovascular, digestive, and respiratory systems, neurodermatitis, and others. The psychosomatic consequences of professional stress pose a threat to the professional’s health and undoubtedly reduce their effectiveness, creating a chain reaction of communicative problems for human-centered professions.

It is also important to note other, less common but more socially dangerous forms of professional stress, such as the use of medications and alcohol, where psychoactive substances are used as substitute “therapy.”

The primary manifestation of professional stress, according to most researchers, is professional burnout syndrome, first described as a phenomenon of mental exhaustion by H.J. Freudenberger (1974) (“burn-out”), characterized by him as “the exhaustion of energy among professionals in the social assistance sphere when they feel emotionally overwhelmed by the problems of others.” Initially, the syndrome of mental (emotional) exhaustion was described among psychiatric institution workers as a phenomenon of disillusionment, demoralization, and extreme fatigue. In the 1980s, Christina Maslach (1982) metaphorically called it “the cost of caring,” characteristic of so-called “altruistic” professions: social workers, nurses, doctors, educators, psychologists.

Professional burnout syndrome is described as a state of gradual loss of emotional, cognitive, and physical energy, manifested in symptoms of exhaustion, fatigue, personal detachment, and reduced job satisfaction (Vodopyanova & Starchenkova). In 1981, A. Morrow proposed a metaphorical image of professional burnout syndrome – “the smell of burning psychological wiring.”

The social danger of professional burnout syndrome is due to emotional exhaustion, which manifests as a feeling of emotional emptiness and fatigue, as well as depersonalization and reduced professional achievements, leading to incompetence in their professional field (Orel, 2001; Zaitseva & Krikunov, 2022).

At the core of professional burnout syndrome is personal deformation due to emotionally difficult relationships in the “person-to-person” system. Therefore, professional burnout most often develops among representatives of “communicative” professions - doctors, nurses, social workers, among whom, according to various researchers, professional burnout syndrome is registered in 60-90% of cases (Antipina & Alekseeva, 2017; Skugavetskaya, 2007; Tretyakova, 2019; Poroykiy, 2022). The high prevalence of professional burnout syndrome among these professional groups indicates the need for developing a system of preventive measures to prevent burnout. The importance of such measures also underscores the need to study the socio-psychological factors of stress resistance, which will allow determining directions for effective psychological and pedagogical support.

The development and implementation of preventive measures aimed at reducing the risk of professional burnout will help maintain the psychological health of specialists, increase their work efficiency, and improve the quality of the services they provide. The purpose of this study was to identify factors influencing specialists’ stress resistance and create a scientific basis for the justification and implementation of effective programs of psychological support and professional development for representatives of helping professions.

MATERIALS AND METHODS

The study was conducted in three stages. The first stage involved a comparative analysis of Russian scientific publication databases (RSCI, NEB, CyberLeninka) and international open-access databases. Publications from the CyberLeninka database were analyzed using keywords “professions,” “professional stress,” “professional destructions,” “psychological and pedagogical support,” followed by content analysis in the context of research objectives.

The second stage involved diagnosing the prevalence and severity of professional burnout among a model group of doctors using the V. Boyko methodology adapted for professional groups. The model group included 154 doctors of various specialties (mean age 40.2 ± 17 years), categorized by the level of neuro-emotional tension in their professions: surgeons, therapists, and non-medical specialists (radiologists, epidemiologists, hygienists).

To assess the readiness of future representatives of the professional group for professional stress, at the third stage a sociological survey was conducted among graduates of a pedagogical university (N=182, average age of respondents 20.2 ± 1.9 years).

The confidentiality and autonomy norms of respondents were respected.

RESULTS AND DISCUSSION

The social mechanism of stressfulness in communications for the professions under consideration was most accurately described in the fundamental works of E. Hughes. In his article “Social Role and the Division of Labor” (1971), E. Hughes concludes that professions related to the provision of services are doomed to “ambiguities”: “A patient in a psychiatric hospital is often convinced

that the things done to him are done for someone else; and while such thoughts may be inherent to the nature of his illness, he often may be right. Even a person suffering from tuberculosis, although he knows he is ill and willingly undergoes treatment, believes that many of the rules of society and the hospital and even some elements of the treatment are meant for him but not for his benefit. Even in the case of short-term illnesses, the patient may find humiliation in some things done, supposedly for his recovery. At the very least, he may think that they are done for the convenience of those who work in the hospital, not for his comfort.” According to the author, the dialectical genesis of the non-complimentary view of benefit or harm as a result of social interaction among social actors is that “the opposite of service is disservice and ... the boundary between them is thin, unclear, and shifting” (Hughes, 1971, p. 304).

E. Hughes highlights the particular vulnerability of representatives of human services professions in this context: “In many things that people do for each other, for someone can easily be replaced with to someone by a slight overzeal or change of mood. Anywhere where some measure of power, allowing to discipline with language and force, is an essential element of the task assigned to a person, there may be a temptation to abuse it and even take pleasure from it, regardless of whether it is a teacher, a psychiatric hospital orderly, or a prison guard. The danger of serious distortion of relationships and functions within the formal position hovers everywhere people go or are sent for help or correction: in the school classroom, clinic, operating room, confessional, funeral home; all of them share this trait” (Hughes, 1971, p. 345). E. Hughes (1971, p. 250). places great importance on the timely diagnosis of these phenomena, which he calls “elusive distortions of role or function,” directly linking them to “significant correlates in personalities and situations”.

E. Hughes essentially defines the inevitable stressfulness of institutional reforms for representatives of human services professions: “... the professional is concerned ... with divergent ideas about what his job really is or should be, what mandate he has been given by the public, what can be done and by what means, as well as what role people in each position should play and what duties or rewards they deserve. Compared to the limitations, resistances, or distortions of goal, directives, and efforts in school, psychiatric hospital, social service, or prison, well-studied limitations of productivity in a factory are simplicity itself. In a factory, there is at least a clear consensus about what the produced object should be. In institutions where something is done for people or to people, there is no such consensus” (Hughes, 1971, p. 285). This phenomenon is currently intensified by the uncertainties associated with the digital transformation of social spheres, creating unprecedented challenges of virtual communication for professionals.

Furthermore, E. Hughes notes the inevitability of institutional influence on the stressfulness of human-centered professions: “... the basic attitude ... is partly reality, partly a stereotype, and partly an ideal nostalgically attributed to a better past or demanded in a better future. Probably the most common complaint of people in professions performing services for each other is the lament that they are hindered from doing their job as it should be done. Someone interferes with this basic attitude ... Psychiatrists would do their job better if not for families, dumb officials, and poorly trained orderlies. Nurses would better care for patients if not for administrative duties and the carelessness of aides and other staff ... Part of the interventions complained about are simply institutional. The institutional matrix in which something is done for people undoubtedly becomes more complex in the most professional areas ...” (Hughes, 1971, p. 309-310).

Thus, the stressfulness for human-centered professions is inevitable, which determines the strategy of socio-psychological support for these professions rather than combating the factors of

professional stress themselves. At the same time, modern studies also note management-associated professional stressors: high workload, lack of social support from management, high uncertainty in the evaluation of performed work, monotonous and unpromising activities (Abolokin, 2020).

Despite the multifactorial etiology of professional stress, including its manifestation as professional burnout syndrome, most researchers consider psychological fatigue, where internal or external demands dominate personal resources, as the basic cause. Specifically, studies on professional burnout syndrome among medical specialists using qualitative sociological research have shown that one of the causes of its development is an overestimation of their professional and personal capabilities (Lengle, 2008).

The classic classification of stressors, based on the work of H. Selye, divides stress factors into social, psychological, and biological categories. Professional stressors are commonly divided into three groups based on their specificity for a given profession:

- Non-specific stressors;
- General-specific stressors, characteristic of related professional groups (such as groups of doctors, teachers, social workers);
- Specific stressors, characteristic of a particular profession or specialty (e.g., for doctors of different specializations, teachers depending on the subject they teach).

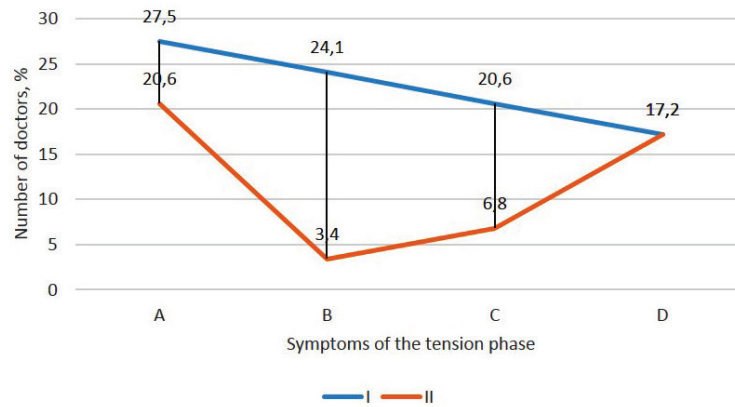
The analysis of published data allows for the identification of environmental and internal groups of professional stressors for helping professions. Environmental stressors can be either microsocial (e.g., role conflicts within the team) or macrosocial (economic, social, legal insecurity of professional groups). Internal stressors are largely determined by the personal characteristics of the professional, among which psychologists note emotional lability, anxiety states, personal rigidity (motivational), and low level of communicative abilities. Additionally, several authors believe that a high level of somatic health of the professional determines their higher resistance to professional stress (Orel, 2005).

Of particular interest is that manifestations of professional burnout syndrome can be viewed as a protective reaction - an acquired stereotype that allows for the economical use of energy resources. At the same time, considering that the consequences of professional stress/burnout are socially significant destructions, not only psychosomatic but also psychological (cognitive, emotional, motivational), the adaptive component of professional burnout is called into question.

The empirical base of our work consisted of the results of a study of a model group of doctors using the V.V. Boyko methodology adapted to the professional field. This methodology allows determining the stage of development of phases and the level of formation of the main symptoms of professional burnout: in the 1st phase ("tension") - symptoms of "experiencing traumatic situations," "dissatisfaction with oneself," "drivenness," "anxiety and depression"; in the 2nd phase ("resistance") - symptoms of "inadequate selective response," "emotional and moral disorientation," "expansion of the sphere of emotional savings," and "reduction of professional emotions"; in the 3rd phase ("exhaustion") - symptoms of "emotional deficit," "emotional detachment," "personal detachment" (depersonalization), and psychosomatic and psycho-vegetative disorders (Boyko, 2012, p.56).

The analysis of identified symptoms for the entire model group of doctors in the tension phase showed their presence in every fifth doctor at the formation stage (Figure 1).

Figure 1
Prevalence of Tension Phase Symptoms of Professional Burnout Syndrome in the Model Group of Doctors (according to the V. Boyko methodology)

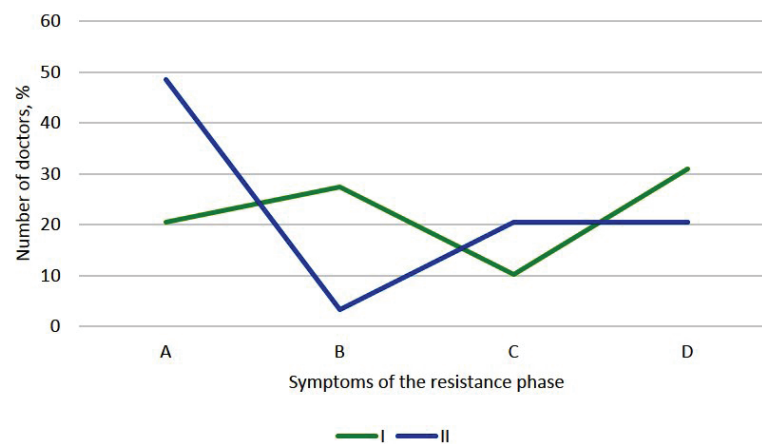


A - experiencing traumatic situations, B - dissatisfaction with oneself, C - “drivenness”; D - anxiety and depression. I - symptom at the formation stage, II - fully formed symptom.

It is noteworthy that among the fully formed symptoms of the tension phase, the symptom “experiencing traumatic situations” predominates and is observed in every fifth doctor. Prognostically favorable is the almost complete absence of fully formed symptoms of “dissatisfaction with oneself” and “drivenness” in the studied group, which characterizes the inclusion of adaptive personal defense mechanisms.

The identification of such symptoms of the resistance phase as “reduction of professional duties” in the formation stage in 30% of doctors and the fully formed symptom of “inadequate selective response” in 48% can be considered signs of professional deformation in doctors (Figure 2).

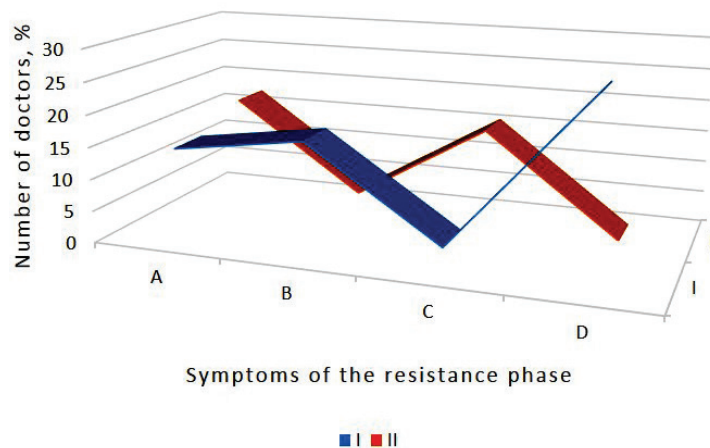
Figure 2
Prevalence of Resistance Phase Symptoms of Professional Burnout Syndrome in the Model Group of Doctors (according to the V. Boyko methodology)



A - inadequate selective response; B - emotional and moral disorientation; C - expansion of the sphere of emotional savings; D - reduction of professional duties. I - symptom at the formation stage, II - fully formed symptom.

Fully formed symptoms of the exhaustion phase, indicating a breakdown of compensation mechanisms, are noted in no more than 12-14% of cases (Figure 3). No individuals with psychosomatic and psycho-vegetative disorders were identified in the studied group of doctors, allowing for a generally high assessment of the stress resistance of the subjects. However, it is noteworthy that in 25% of the subjects, these disorders are at the formation stage and require preventive measures. The identified fully formed symptoms of “personal detachment” and “emotional deficit” in 14-17% undoubtedly negatively affect communication, demonstrating a decrease in the empathy of doctors.

Figure 3
Prevalence of Exhaustion Phase Symptoms of Professional Burnout Syndrome in the Model Group of Doctors (according to the V. Boyko methodology)



A - emotional deficit; B - emotional detachment; C - personal detachment (depersonalization); D - psychosomatic and psycho-vegetative disorders. I - symptom at the formation stage, II - fully formed symptom.

The results obtained from doctors of different profiles indicate a significant prevalence of professional burnout among the studied doctors, regardless of specialization. Fully formed symptoms of professional burnout syndrome (PBS) were recorded in 82.6% of surgeons, 73.6% of therapists, and 72.4% of non-medical profile doctors ($p > 0.05$). The formed phase of PBS was noted in 37.2% of surgeons, 31.8% of therapists, and 11.3% of non-medical profile doctors ($p < 0.01$ between the indicators of medical and non-medical profile doctors). Additionally, 30.4% of surgeons, 20.6% of therapists, and 54.2% of non-medical profile doctors were diagnosed with PBS phases at the formation stage ($p < 0.01$ between the indicators of medical and non-medical profile doctors). The complete absence of even initial symptoms of PBS was noted in a small number of doctors – 11.1% of surgeons and 13.7% of therapists, $p > 0.05$.

Thus, there is a dependence of the prevalence of resistance phase symptoms on the degree of physical and emotional tension associated with medical activity - doctors in medical profiles have significantly more frequent fully formed symptoms and the formed resistance phase (20.6% and 24.9%) than non-medical profile doctors (11.3%, $p < 0.01$), half of whom register the resistance phase only at the formation stage.

Among the fully formed symptoms, the most frequently occurring is the symptom of “inadequate selective response,” characteristic of the resistance phase, noted in 48.6% of therapists. The predominance of resistance phase symptoms indicates compensation for neuro-emotional burnout, mechanisms of which are reflected by the dominant symptoms of this phase. The symptom of “emotional deficit,” characteristic of the exhaustion phase, is registered in 17.5% of therapists, while in the resistance phase, the symptom of “emotional and moral disorientation” is found in 16.6%.

The obtained data suggest that the compensatory mechanism for doctors is emotional detachment. It is noteworthy that the reduction of empathy among doctors is a major cause of patient dissatisfaction, leading to an increase in conflicts, which in turn raises the stressfulness of the profession, forming a kind of “vicious circle.”

The analysis of average values showed that the highest average values for all studied symptoms were “inadequate selective response,” “experiencing traumatic situations,” and “reduction of professional duties” ($p > 0.05$). The predominant symptom is “inadequate selective response,” followed by “experiencing traumatic situations” and “reduction of professional duties.”

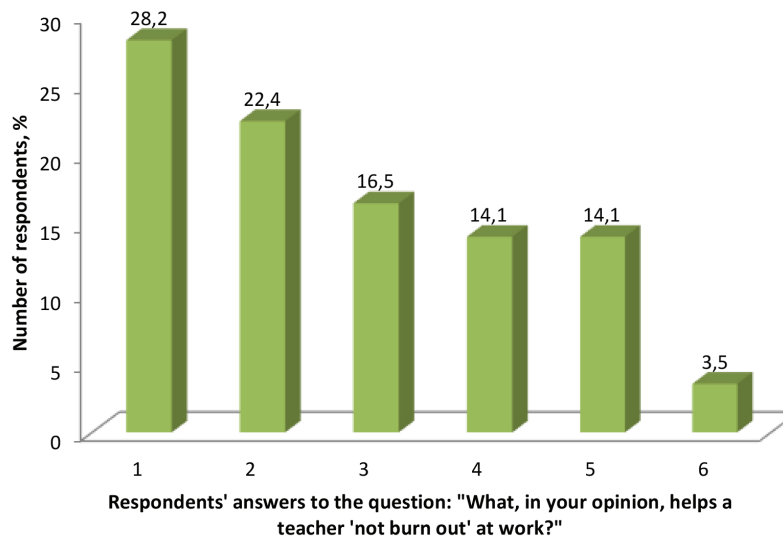
The predominance of resistance phase indicators in the manifestation of professional burnout syndrome (based on average values and distribution analysis results) indicates the development of defense mechanisms. However, characteristics of such symptoms as “reduction of professional duties” and “emotional detachment” undoubtedly reduce the effectiveness of activities in the “person-to-person” system, disrupting the sociocultural code structure of the professions under consideration.

Thus, the research data confirm the high prevalence of professional burnout for human-centered type professions and demonstrate the significance of even minor manifestations for communication effectiveness. Differences in the obtained results for medical specialties of different profiles underscore the importance of the degree of emotional tension associated with the activity profile for the development of professional burnout symptoms.

As shown by the analysis of modern research and obtained empirical data, the prevalence and manifestations of professional stress remain relevant and socially significant for helping professions. Consequently, preventive and diagnostic measures discussed by researchers are undoubtedly practically demanded. Considering the explicit structure of professional stressors, preventive measures should focus on developing professional stress resistance. At the same time, adaptive and stress-protective techniques involve certain emotional detachment of professionals, thus accompanied by reduced empathy of specialists, contradicting societal expectations and decreasing communication effectiveness. Adaptive self-defense techniques based on emotional detachment can lead to professional deformations. Therefore, this issue requires an interdisciplinary approach within psychological, sociological, and pedagogical sciences.

To assess the views of future specialists in human-centered professions on personal protection techniques against professional burnout, we conducted a pilot survey of graduates from a pedagogical university. The survey results demonstrate the absence of a collective position on the issue, indicating insufficient readiness of future professional group representatives for professional stress and an undervaluation of the importance of neuro-emotional tension in professional activities (Figure 4).

Figure 4
Perceptions of Pedagogical University Graduates on the Prevention of Professional Burnout



1 - hobbies, 2 - family, 3 - close relationships; 4 - music; 5 - a team of like-minded people; 6 - alcohol.

Approximately one-third of future teachers believe that leisure activities (entertainment, social, and cultural projects not related to work) are the best way to protect against emotional burnout. The same number of respondents hope that family (each fifth respondent relies on family support) and/or close relationships can protect them from professional stress. It is noteworthy that future teachers are substituting environmental factors for the prospects of forming personal mechanisms of protection against emotional burnout. This situation may be due to the insufficient awareness of graduating students about the importance of professional stress for “person-to-person” professions and measures for forming personal protection mechanisms.

We consider preventive measures within the educational environment of universities, where social and psychological competencies of specialists are formed, to be the most promising. Psychological and pedagogical support represents a system of interconnected structural components united by the educational goal of developing the individuality and personality of professionals. Pedagogical work with students in this direction will allow them to adapt to new forms of professional activity, high levels of informational load, and contribute to their mental and personal development, and the formation of professional culture.

The system of psychological and pedagogical support should include several essential modules:

- Informational (providing students with knowledge about professional stress factors, professional destructions and their determinants, and consequences for individual development and professional activity);
- Diagnostic (diagnosing individual psychological qualities during university training, their development dynamics, and initial forms of stress manifestation);
- Didactic (teaching reflection, diagnostics, self-diagnostics, and preventive measures);
- Consultative (individual consultations, role-playing games with students);

- Preventive (personalized preventive work with students, forming protective behavior models under the influence of professional stress, emotionally protected sociocultural code for social workers professional groups);
- Corrective (correction at various stages of university training).

A necessary condition is a personalized approach to students, based on individual diagnostics of personal qualities (communicative, organizational, motivational, etc.). Data on professionally significant personal qualities of students can be systematized in the form of an individual passport, creating a personal profile and forming a digital database of future specialists, ensuring confidentiality of personal data. The information base of personal profiles will allow developing individual psychological and pedagogical support programs throughout their professional careers, including within continuous professional education.

CONCLUSION

Professional activity in the “person-to-person” system is characterized by intense interpersonal communications, resulting in high neuro-emotional tension and constant professional stress. The modern characterization of professional burnout syndrome, as the most common form of professional stress manifestation, defines it as a state of gradual loss of emotional, cognitive, and physical energy, with the development of symptoms of exhaustion, fatigue, personal detachment, and decreased job satisfaction, which are essentially markers and descriptors of professional deformations for human-centered professions. The data obtained on the predominant symptoms of PBS in the model group of doctors demonstrate the mechanisms of professional stress compensation (psychological defense mechanisms) for the considered professional field, such as emotional detachment, inadequate selective response, expansion of the sphere of emotional savings, which can also be considered professional deformations. Thus, the study results demonstrate the high practical demand for developing a methodological system of socio-psychological support for professional activity in the “person-to-person” system. We believe that the foundation of such a system should be a modular structure of psychological and pedagogical support for professional development in the educational environment, where professional competencies, communication skills, and professional culture begin to form.

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