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Predictors of professional motivation for the development of emotional burnout syndrome among medical workers worldwide and in Ukraine

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Предиктори професійної мотивації на формування синдрому емоційного вигорання в медичних працівників світу та України

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Introduction

Emotional burnout syndrome is one of the most serious mental health problems among healthcare workers worldwide and in Ukraine. It is characterized by chronic emotional and physical exhaustion, decreased professional effectiveness, and depersonalization [1, p. 100–103; 2, p. 474–478].

According to data from the Ukrainian Public Health Center, the prevalence of emotional burnout syndrome among healthcare workers ranges from 20.0 to 75.0%. The most common symptoms are emotional and physical exhaustion (82.0%), sleep disturbances (70%), chronic physical fatigue (68%), and feelings of insecurity with a constant fear of making mistakes while performing professional duties, especially in extreme conditions (63%). This psycho-emotional state is often associated with the development of depression, mental disorders, substance abuse (alcohol, drugs), smoking, negatively affecting the quality of medical care and patient satisfaction, and leading to fatalities [3].

Early detection and understanding of predictors that increase the risk of emotional burnout is key to developing effective prevention measures. Thus, an important component of this approach is to take into account both the psycho-emotional and motivational characteristics of medical personnel.

However, the role of professional motivation as a potential risk factor or resource capable of influencing the development of emotional burnout syndrome in healthcare workers remains understudied. Although the general mechanisms of burnout are well described, motivation as a variable that can weaken or, conversely, enhance the development of burnout requires systematic research (especially in crisis and extreme conditions characteristic of Ukraine) [4, p. 115–118].

Thus, research aimed at clarifying the relationship between professional motivation, psycho-emotional factors, and the development of emotional burnout among medical personnel is of both theoretical and practical significance. The results of such research can serve as a basis for the development of adaptive strategies for staff support and burnout prevention [5, p. 130–140; 6, p. 15–39].

The purpose. To investigate the influence of professional motivation on the formation of emotional burnout syndrome in medical workers, as well as to identify the main psycho-emotional and motivational factors that are predictors of the risk of developing this syndrome, with the aim of further developing effective measures for its prevention.

Object, materials and research methods

The work was based on a systematic review, meta-analysis, and content analysis of publications from the Scopus, PubMed, and ResearchGate scientometric databases, as well as materials from professional publications, including Health.mil and the International Journal of Circumpolar Health, for a total of 57 articles. The literature search was conducted using the keywords: "motivation," "professional activity," "emotional burnout," "medical workers," "psycho-emotional state," "stress," "risk predictors," and "burnout prevention." An anonymous, voluntary survey was conducted using the author's questionnaire. The search covered the period from 2000 to 2024.

Research results

We conducted a voluntary, anonymous survey of 148 medical workers at the clinic (44.6% were doctors and 55.4% were nursing staff), of whom 25.0% were male and 75.0% were female.

According to the results of our study, within the first block, which concerned the assessment of medical workers' attitudes towards work and the performance of professional duties, the following data were obtained: a loss of interest in professional activity was observed in 58.1% of respondents; difficulties with concentration during the performance of official duties were noted by 60.1% of respondents; the highest level of dissatisfaction with their work was found among 58.8% of healthcare workers (Fig. 1).

The results obtained indicate alarming trends in the professional well-being of healthcare workers.

The second section of the questionnaire was devoted to assessing the behavioral manifestations of healthcare workers in the workplace. The results of the study indicate noticeable changes in their psycho-emotional state. In particular, 63.5% of respondents reported signs of irritability. The desire to avoid communication with both colleagues and patients was recorded in 53.4% of respondents. In addition, 59.5% of medical workers indicated difficulties in making independent decisions regarding treatment and performing professional duties (Fig. 2).

To assess the level of emotional exhaustion among clinic staff, a question was asked to identify signs of depression and depressive states while performing professional duties. Analysis of the results showed that 56.8% of respondents clearly exhibited symptoms of emotional depression and depressive experiences, while another 26.3% of participants reported only partial presence of such conditions. This indicates a high

prevalence of emotional disorders among staff, which may be associated with intense psycho-emotional stress and chronic stress in professional activities.

Of particular note is the fact that 59.5% of respondents reported complete exhaustion of their psycho-emotional resources. This trend indicates the development of a pronounced emotional burnout syndrome, which not only worsens the quality of life of medical workers, but can also negatively affect the effectiveness of medical care provided to patients.

In addition, the results of the next question confirmed these trends: 23.6% of respondents partially noted signs of emotional exhaustion in the workplace. This indicator can be considered a harbinger of the further formation of a clinically significant burnout syndrome, which requires timely prevention and psychological support (Fig. 3).

The data obtained indicate that a significant proportion of healthcare workers are at risk of developing chronic emotional exhaustion. This necessitates the implementation of comprehensive programs for psycho-emotional support, optimization of workload, development of stress resistance, and formation of a healthy balance between professional activity and personal life.

The results of a survey on the level of depersonalization and cynicism among medical workers at the clinic revealed a number of significant trends. Thus, 58.1% of respondents indicated that they approach their professional duties in a predominantly formal manner, another 25.0% indicated only partially, and 16.9% demonstrated a conscious and responsible attitude toward their functional duties.

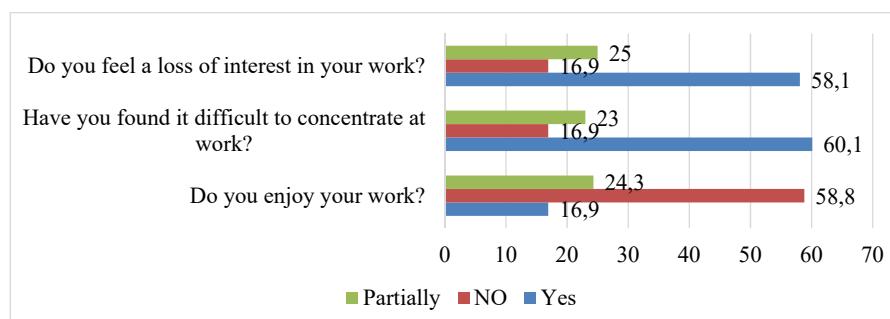


Fig. 1. Comparative assessment of the attitude of clinic medical staff toward the performance of professional duties, %

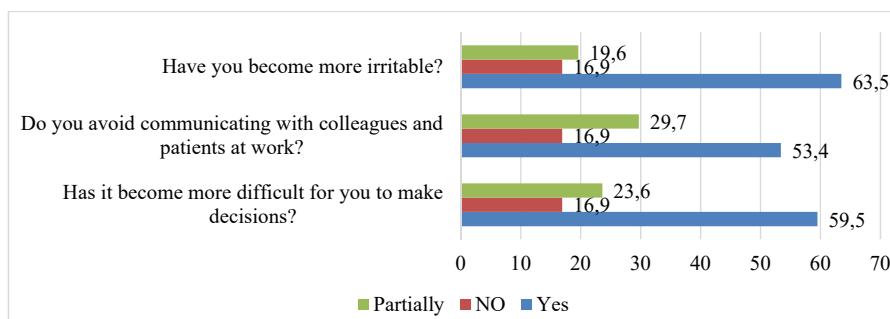


Fig. 2. Comparative assessment of the behavioral manifestations of the clinic's medical staff in performing their professional duties, %

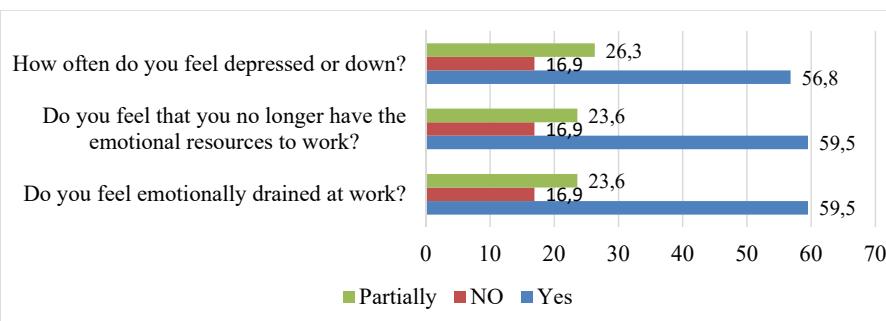


Fig. 3. Comparative assessment of emotional exhaustion of medical staff at the clinic prior to performing their professional duties, %

The data obtained indicate a significant impact of emotional burnout syndrome and loss of internal resources on the professional activities of medical workers. In particular, 53.4% of respondents reported a decrease in empathy and compassion for patients, which is a critically important factor in the field of medical care. Another 21.6% of respondents reported that they feel only partial empathy, which indicates the gradual formation of professional deformation in communicating with patients and their suffering.

Additional analysis of the responses confirmed the trend toward a more cynical and indifferent attitude toward patients: 56.1% admit to having an indifferent attitude toward patients, and 27.0% of healthcare workers partially admit to having signs of indifference, alienation, and depersonalization. Such dynamics indicate the risks of developing a professional crisis, which not only worsens the psychological state of medical workers themselves, but also negatively affects the quality of medical care, reduces the level of patient trust, and increases social and psychological tension in the medical community (Fig. 4).

Thus, the results of the survey indicate the relevance of the problem of emotional burnout among medical workers at the clinic. The high level of formalization of professional activity, loss of empathy, and increased cynicism can be considered indicators of professional deformation that requires systematic intervention. The introduction of psychological support programs, the organization of training courses on burnout prevention, and the creation of a favorable psychosocial environment

in medical institutions are necessary measures to maintain the professional effectiveness and emotional health of staff.

The study identified a number of predictors that contribute to the development of emotional burnout among healthcare workers. In particular, they are related to both internal personal factors and working conditions. Among the most significant predictors are a decrease in empathy and compassion for patients, which in turn negatively affects the quality of interpersonal interaction in the doctor-patient system. A decrease in professional motivation was also found, which directly affects the effectiveness of performing job duties and overall performance.

The second most important factor is low wages, which was mentioned by 64.2% of respondents. Financial dissatisfaction significantly reduces internal motivation to work and increases feelings of injustice, which in turn can contribute to emotional exhaustion and professional demotivation. Insufficient financial remuneration also complicates the process of attracting and retaining qualified personnel in the healthcare system.

Tense interpersonal relationships within the team, noted by 43.2% of respondents, proved to be an important socio-psychological predictor. Conflicts in the workplace, low levels of support from colleagues and management, and a lack of effective communication create an unfavorable emotional climate. This leads to additional psychological stress and a feeling of isolation, which together exacerbate the symptoms of emotional burnout (Fig. 5).

Thus, the results obtained indicate that the development of emotional burnout syndrome among healthcare workers is a multifactorial process in which

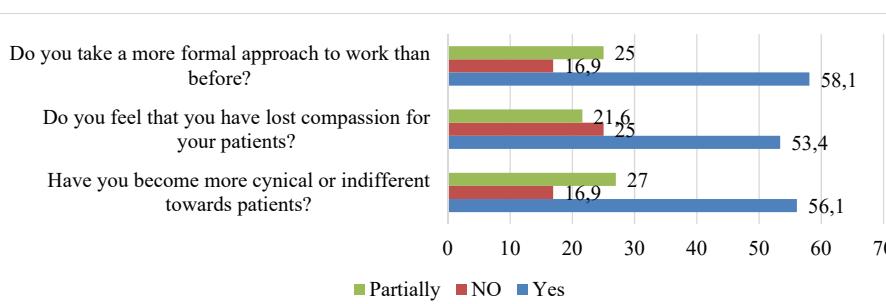


Fig. 4. Comparative assessment of depersonalization and cynicism among medical staff at the clinic in relation to the performance of their professional duties, %

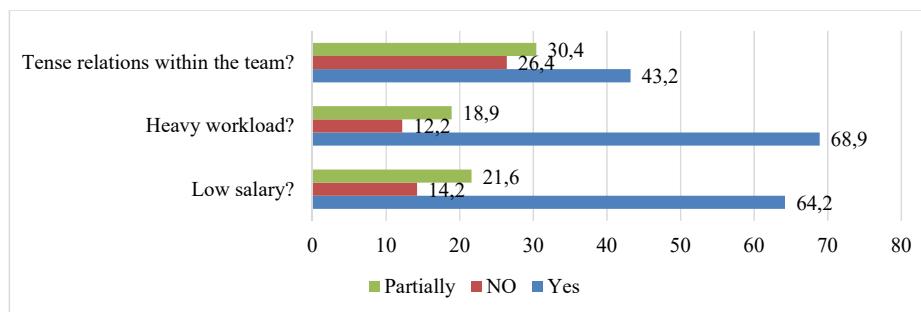


Fig. 5. Comparative assessment of predictors of professional burnout among medical staff at the clinic, %

both objective organizational factors (excessive workload, low wages) and subjective psychological factors (tense relationships within the team, decreased empathy) play a leading role. Taking these aspects into account is crucial when developing preventive measures and programs to support the mental health of medical personnel.

Discussion of research results

In many countries around the world, healthcare workers face excessive workload, night shifts, constant stress, and emotional exhaustion. According to the World Health Organization (WHO, 2022), more than 40.0% of doctors worldwide report that their work-life balance is disrupted. The situation was particularly critical during the COVID-19 pandemic, when the burden on the healthcare system increased significantly and time for rest and family life was greatly reduced [7; 8, p. 2133–2134].

In response to these challenges, countries with developed healthcare systems are actively implementing programs to support medical personnel. For example, the US and the UK are introducing flexible scheduling policies, providing psychological support, and creating mental health programs in the workplace and physical recovery programs [9, p. 520–528]. Studies show that healthcare workers who have the ability to control their work schedule are less likely to suffer from burnout and have better mental health indicators [10, p. 366].

In Ukraine, the problem is even more acute for healthcare workers due to low funding for the sector, staff shortages, and additional challenges associated with full-scale war. Healthcare workers are often forced to work overtime, juggle multiple jobs, and do not have adequate access to psychological support programs. According to research, 50.0% of doctors worldwide experience symptoms of emotional burnout, approximately 60.0% of nurses report emotional burnout due to heavy workloads, 35–40% of healthcare workers show signs of anxiety and depression, and in Ukraine, the level of professional burnout among healthcare workers reaches 70.0% [11].

Despite the difficult conditions, initiatives aimed at improving the well-being of healthcare workers are also emerging in Ukraine. Some hospitals have begun to introduce psychological counseling, flexible shift schedules, and relaxation rooms for staff. However, such practices are

isolated and require systematic implementation at the state level [12; 13, p. 5–10; 14, p. 901–902].

The issue of ensuring a balance between work and personal life for healthcare workers is extremely relevant in both the global and national contexts. Solving this problem requires a comprehensive approach that includes changing the organizational culture, institutional support, ensuring decent working conditions, and prioritizing mental health.

A comprehensive approach to ensuring the psychological comfort of employees includes both organizational and interpersonal aspects. The implementation of these conditions not only reduces the risk of emotional burnout but also improves overall work efficiency.

Thus, establishing and maintaining an appropriate level of motivation is an important tool in preventing emotional burnout among healthcare workers. A comprehensive approach to human resource management in healthcare institutions must take these aspects into account to ensure not only work efficiency but also the mental health of staff.

In Ukraine, the professional development of healthcare workers has undergone transformations, especially after the 2017 healthcare reform. A new system of continuous professional development was introduced, where medical professionals must independently choose forms of professional development, accumulate points, and submit them for certification confirmation [15].

The introduction of online education was a significant breakthrough. Educational platforms such as the Knowledge Base of the National Health Service of Ukraine (“NHSU”), the Public Health Center, online courses from the Ministry of Health, Ukrainian universities, and public organizations provide free opportunities for skill improvement. However, in wartime, access to education is complicated by technical problems, migration, and psychological exhaustion of staff.

On the other hand, wartime experience stimulates the development of new competencies—tactical medicine, crisis management, and psychosocial support. International partners are actively working in Ukraine, organizing training, providing educational materials, and supporting medical institutions [16, p. 70–76].

The key conditions for maintaining high motivation and preventing emotional burnout are:

- support from colleagues and management;
- recognition of employee achievements;
- creation of a favorable psychological climate;
- opportunities for professional development;
- adequate financial incentives;
- ensuring a balance between work and personal life.

Maintaining high employee motivation and preventing emotional burnout are important factors in the effective functioning of organizations, especially in conditions of increased psycho-emotional stress. Emotional burnout is a state of physical, emotional, and intellectual exhaustion that results from prolonged stress at work [17, p. 103–111]. To prevent this phenomenon, it is important to adhere to a number of conditions that contribute to the psychological well-being of the employee [18, p. 47–52].

Let us consider all the factors separately in the context of healthcare:

Support from colleagues and management. Social support within the team is

one of the most important factors in preventing burnout. Collective discussion of problems, mutual assistance, and emotional support reduce stress levels and contribute to a sense of security and acceptance [19, p. 895–915].

The psychological well-being of healthcare workers depends largely on the level of support they receive from their colleagues and management. Social support in the work environment is a key factor in preventing professional burnout, reducing stress, and increasing job satisfaction [19, p. 895–915]. In the context of the medical field, where employees face high emotional stress, fast pace of work, and moral dilemmas on a daily basis, team support is crucial. Studies show that at least 50.0% of doctors in the United States experience professional burnout. This indicates that most healthcare managers are forced to work with a demotivated and emotionally exhausted team. Professional burnout is a syndrome that manifests itself through emotional and physical exhaustion, cynicism about work, and decreased professional effectiveness.

The author has proven that physician burnout negatively affects the quality of medical care, patient safety, staff stability, and patient satisfaction. Although burnout is a systemic problem, many medical institutions mistakenly place the responsibility for it solely on individual employees.

The opposite of burnout is engagement—a positive state characterized by energy, dedication, and interest in work [20, p. 130–144; 24].

Positive team dynamics, mutual respect, and effective communication among employees contribute to the creation of a safe and supportive environment in which healthcare workers can openly discuss difficulties and receive help. Research shows that support from colleagues is associated with reduced levels of anxiety, depression, and emotional exhaustion among healthcare workers [21, p. 238–245].

In addition, leadership focused on supporting staff reduces emotional stress and promotes professional development. A management style that includes empathy, openness to dialogue, and consideration of subordinates' needs fosters a sense of value and belonging to the team. Such

approaches not only improve the moral climate but also increase the efficiency and quality of medical services.

Support is especially important in crisis situations, such as the COVID-19 pandemic or military action. A significant proportion of participants in the study by Lai J. (2020) reported symptoms of mental disorders during the COVID-19 pandemic: depression – 50.4%, anxiety – 44.6%, insomnia – 34.0%, and distress – 71.5%. Particularly pronounced symptoms were observed among nurses, women, frontline workers in the fight against COVID-19, and medical personnel working in Wuhan, China, the epicenter of the pandemic outbreak. These groups were characterized by more severe degrees of all the mental symptoms mentioned.

These data indicate a high level of psychological stress on healthcare workers during an emergency, which requires the implementation of specialized measures to support and prevent mental disorders. Early detection and correction of symptoms of depression, anxiety, and insomnia can prevent problems from becoming chronic and maintain the effectiveness of medical personnel in stressful conditions.

The study showed that social support, access to psychological counseling, and stress management training can significantly reduce the level of mental stress among healthcare workers during times of crisis.

In crisis and emergency situations, healthcare workers experience additional pressure, health risks, and psychological stress. In such circumstances, support from management (e.g., provision of personal protective equipment, flexible schedules, emotional support) is crucial for maintaining staff performance [22].

Therefore, support from colleagues and management is not only a means of preventing professional burnout, but also an important condition for the functioning of the healthcare system as a whole and a major motivating factor in the provision of medical care and patient satisfaction. The formation of a culture of support should become a strategic priority for managers of healthcare institutions.

2. Recognition of employee achievements. Assessing an employee's contribution to the organization's achievements has a positive effect on self-esteem, evokes a sense of significance and motivation for further activity. Recognition can be both formal (awards, bonuses) and informal (verbal thanks, positive feedback) [23, p. 229–260].

Recognition of the achievements of healthcare workers is an important component of professional motivation, job satisfaction, and improvement in the quality of healthcare. In the healthcare sector, where work is often associated with high levels of stress, emotional burnout, and physical strain, timely evaluation and support from management, colleagues, patients, and society plays a key role in ensuring staff resilience and effectiveness.

Recognition can take many forms, from moral encouragement and gratitude to formal awards, bonuses, and professional growth. Research confirms that employees who receive regular recognition for their work demonstrate

higher motivation, less likelihood of burnout, and greater commitment to their workplace [23, p. 229–260].

In the context of the medical profession, recognition is particularly important not only for clinical results, but also for interpersonal skills, empathy, teamwork, and innovative approaches to treatment and care. As noted by the Gallup Institute (2021), in workplaces where there is a culture of gratitude, employee engagement is 43.0% higher and staff turnover is 18.0% lower [24].

In Ukraine, the problem of insufficient public and institutional recognition of healthcare workers has become particularly acute during the COVID-19 pandemic and full-scale war. Despite the heroic work of medical professionals, which is often carried out in life-threatening conditions, their work is not always properly appreciated. Public and state recognition in the form of awards, higher social status, and media coverage of positive examples is a necessary step to strengthen trust in the healthcare system and motivate staff [25, p. 134].

In addition, an institutional culture of recognition should be integrated into the educational process and personnel policy of medical institutions. The introduction of performance appraisal systems, mentoring programs, annual award ceremonies, and support for professional development all contribute to the creation of an environment where employee achievements are not only visible but also inspire others to grow professionally.

Therefore, recognizing the achievements of healthcare workers is not just a gesture of gratitude, but a strategic tool for human resource management in the healthcare sector. Its effective implementation improves the quality of medical services, strengthens teamwork, and shapes a positive image of the profession in society.

3. Creating a favorable psychological climate.

A positive atmosphere in the workplace contributes to the satisfaction of basic psychological needs, such as the need for autonomy, competence, and relatedness. Trust, openness, and fair distribution of responsibilities are critical to preventing burnout [26, p. 103–111].

A favorable psychological climate in healthcare facilities is a critical factor in ensuring the quality of medical services, reducing staff burnout, and improving the overall functioning of the institution. The successful functioning of a medical institution depends not only on technical equipment and the professional level of employees, but also on the level of trust, support, and emotional stability in the team, which form the psychological environment of the institution.

The psychological climate is a system of interpersonal relationships in a work collective that affects the emotional state of its members, their level of job satisfaction, and their motivation for professional development. It is especially important in the medical environment, as medical workers face high emotional and professional stress, complex moral and ethical challenges, and responsibility for the lives of patients on a daily basis [27, p. 58–100].

The main components of a positive psychological climate in a medical team include:

- Mutual respect and support among colleagues.
- Transparent and effective communication within the team.
- Clear distribution of roles and responsibilities, which reduces tension.
- Opportunities for professional development and participation in decision-making.
- Leadership focused on supporting staff, not just control.
- Psychological safety, i.e., the ability to express opinions without fear of judgment.

Among the factors that influence the formation of the psychological climate, the following are distinguished:

Leadership style. An authoritarian style causes increased anxiety, while a democratic style promotes the development of trust and initiative.

Psycho-emotional competence of staff, including the ability to empathize, self-regulate, and resolve conflicts constructively.

Working conditions: workload, shift length, availability of resources.

Support from management and the healthcare system as a whole.

Organizational culture: the extent to which openness, development, and mutual assistance are supported [27, p. 58–100].

Practical ways to improve the psychological climate

Creating a favorable psychological climate requires a systematic approach. Effective measures include:

- Conducting training sessions on team building and emotional intelligence development.
- Regular supervision and psychological support for staff.
- Implementing anonymous surveys on job satisfaction and stress levels.
- Preventing burnout through flexible schedules, opportunities for rest, and psycho-emotional relief.
- Recognizing employee achievements and fostering a culture of gratitude.

Significance for the quality of medical care

The results of research conducted by West C. P. (2018) among doctors showed a direct link between the psychological climate and the quality of medical services. Thus, after the research, the overall level of burnout decreased from 54.0% to 44.0%, the level of emotional exhaustion decreased from 38.0% to 34.0%, and the level of depersonalization decreased from 38.0% to 34.0% after individual-oriented, structural, and organizational measures were implemented among doctors. The study showed that teams with a positive psychological climate have lower rates of medical errors, higher patient satisfaction, and better health indicators for the employees themselves [28, p. 2275–2280].

In addition, a positive climate contributes to a reduction in staff turnover, which is particularly relevant for the Ukrainian healthcare system in wartime, when

the workload is increasing and the number of specialists is decreasing.

Creating a favorable psychological climate in healthcare institutions is not only a matter of ethics or humanism, but also a prerequisite for the effective functioning of the entire system. Investing in the psycho-emotional well-being of medical personnel is a strategically important task for the heads of medical institutions, the Ministry of Health, and local authorities.

4. Opportunities for professional development. Employees who have the opportunity to study, attend training courses, participate in conferences, and improve their qualifications are more likely to feel satisfied with their work and see prospects for career growth.

The professional development of healthcare workers is a key factor in ensuring the quality of medical care, introducing innovations, and adapting to rapid changes in the healthcare sector. In the 21st century, the healthcare system faces challenges that necessitate the constant updating of knowledge and skills: rapid development of medical technologies, globalization, demographic shifts, the growth of chronic diseases, as well as crises, in particular the COVID-19 pandemic and the war in Ukraine [29].

Global approaches to continuing professional development around the world are based on the widespread concept of Continuing Professional Development (CPD), which includes not only participation in formal training, but also independent study, participation in research, internships, and interdisciplinary collaboration. In the European Union, Canada, and the United States, professional development is a mandatory element of licensing and involves the accumulation of educational credits [30, p. 132–135].

Teamwork is a key component in ensuring quality patient care in emergency medical settings. The complexity of clinical processes necessitates close cooperation and effective communication between all members of the medical team. In Western countries, healthcare institutions are actively implementing strategies to improve patient safety, among which professional training of personnel plays an important role. Teamwork training programs are considered an integral part of these initiatives [31, p. 100–120].

The use of digital technologies has opened up new horizons—online courses, virtual simulations, webinars, and certificates from Coursera, edX, and Harvard Medical School—making training more accessible and personalized. Modern approaches emphasize the concept of “lifelong learning,” which allows healthcare professionals to remain competitive and effective [32, p. 1925–1950].

Prospects for development

The most important tasks for the near future are:

- Expanding access to high-quality online education, including English-language resources;
- Institutionalization as a mandatory and state-supported system;
- Financial support for professional development for medical professionals in remote and affected regions;

- International cooperation for the exchange of experience, internships, and research;
- Support for young professionals through mentoring, professional associations, and grant programs.

The professional development of medical workers is not only a tool for supporting the healthcare system, but also a guarantee of patient safety and an increase in the authority of the medical profession in society [33].

In today's world, the issue of financial incentives for healthcare workers remains one of the key factors in ensuring the stable functioning of healthcare systems. Adequate remuneration for doctors, nurses, and other staff is not only a social guarantee but also an important factor in the quality of healthcare provision, professional motivation, and staff retention in the industry.

Global practice has shown that in most developed countries, financial incentives for healthcare workers are based on a combination of fixed salaries, seniority bonuses, qualification bonuses, night shift bonuses, and bonus systems for the efficiency and quality of healthcare services. For example, in the US, the average income of a doctor in 2023 was \$230,000 per year, depending on their specialty. In European Union countries such as Germany, France, and Sweden, healthcare workers have high standards of pay, social security, and working conditions [34].

The situation in Ukraine regarding adequate financial incentives for healthcare workers has become particularly acute since the start of the full-scale war in 2022. Despite rising tariff rates and promises of reforms within the framework of healthcare reform, the level of remuneration remains critically low compared to European standards. According to the Ministry of Health of Ukraine, the average salary of a doctor in 2023 was approximately UAH 20,000–25,000, equivalent to USD 500–650 per month (Ministry of Health of Ukraine, 2023). Many healthcare workers are forced to work multiple jobs or leave the country [35].

One of the main problems is the uneven distribution of funds between primary and secondary healthcare, as well as insufficient funding for rural facilities. Prospects for improving the situation are linked to the development of state and municipal insurance, increased transparency in the distribution of funds, and international assistance in the healthcare sector.

Promising areas include:

- Introduction of effective, results-oriented remuneration models.
- Development of a system of continuous professional training with appropriate financial support.
- Attracting investment in the healthcare sector, in particular through public-private partnerships.
- Using international experience to build a motivational model in Ukraine.

Increasing salaries and the social prestige of the medical profession is a prerequisite for retaining human resources and stabilizing the country's healthcare system.

5. Adequate financial incentives. Although material factors are not the only condition for job satisfaction, fair pay plays a significant role in maintaining motivation.

Lack of adequate remuneration for work performed can lead to frustration and emotional exhaustion.

Financial incentives are one of the key factors in retaining healthcare workers in the healthcare system, increasing their motivation to work, improving the quality of healthcare services, and reducing labor migration. Around the world and in Ukraine, the issue of decent pay for healthcare workers is a subject of ongoing debate, especially in the context of increasing workloads, demographic changes, and global challenges such as the COVID-19 pandemic.

In developed economies, healthcare workers, especially doctors and nurses, have high salaries, which allows them to focus on their professional activities without additional financial stress. For example, in the US, the average salary for a doctor in 2023 was over \$200,000 per year, and for a nurse, over \$75,000 (U.S. Bureau of Labor Statistics, 2023). In Germany, medical professionals also receive competitive salaries: doctors earn around €100,000 per year, and nurses earn from €35,000 [36; 37; 38, p. 45–49].

At the same time, financial incentives in many countries are complemented by non-financial factors: opportunities for professional growth, social guarantees, housing, mental health support, etc.

In Ukraine, the problem of low wages for medical workers has been systemic for many years. Despite healthcare reform and government efforts to increase wages, the income level of medical workers remains significantly lower than in EU countries. According to the Ministry of Health of Ukraine, in 2023, the average salary of a doctor was about UAH 20,000–25,000, and that of average medical staff was UAH 13,000–16,000 [39; 40].

A particular challenge for Ukraine is the mass migration of medical workers to Poland, Germany, and other EU countries, where working conditions are more attractive. The loss of qualified personnel threatens the stability of the healthcare system.

To ensure adequate financial incentives for medical workers in Ukraine, it is necessary to:

- ensure stable funding for the medical sector at a level of at least 5% of GDP;
- introduce a differentiated bonus system based on performance and quality of work;
- guarantee regular salary reviews that take inflation into account;
- integrate non-material incentives (insurance, housing, social packages, etc.);
- develop a strategy to retain young professionals within the country.

Adequate financial incentives are the foundation of a stable, effective, and high-quality healthcare system.

International experience shows that investments in medical staff salaries not only improve the quality of medical services but also help retain human resources. Ukraine should implement a comprehensive incentive policy that includes both salary increases and the creation of a comfortable working environment.

6. Ensuring a balance between work and personal life. Maintaining boundaries between professional and personal life helps restore energy and reduce stress levels. Flexible schedules, opportunities for vacation and rest, and support for personal priorities are important for preventing chronic overload.

Work-life balance (WLB) is critical to maintaining the physical and mental health of healthcare workers. High levels of professional burnout among doctors, nurses, and other healthcare workers indicate existing problems with maintaining this balance both globally and in Ukraine [41, p. 100–103].

Prospects of further research

Prospects for further research are related to the development of targeted measures to increase the motivation of medical personnel and the implementation of systematic prevention of emotional burnout.

Conclusions

1. The results obtained indicate alarming trends in the professional well-being of healthcare workers: more than half of respondents (58.1%) report a loss of interest in their work, 60.1% have difficulty concentrating, and 58.8% do not feel satisfaction from their professional activities.

2. A high risk of developing chronic emotional exhaustion has been identified: 56.8% of employees are at risk, 59.5% show a lack of emotional resources and signs of emotional exhaustion syndrome, and 23.6% show precursors of it.

3. The identified trends necessitate the implementation of comprehensive measures aimed at providing psycho-emotional support to medical personnel, optimizing their workload, developing stress resistance, and ensuring a balance between professional activities and personal life.

4. Effective strategies for preventing emotional burnout may include creating a supportive psychosocial environment in medical institutions, organizing psychological support programs, and conducting specialized training on stress management skills.

Bibliography

1. Козлова ІМ, Ковнір НА. Мотивація медичних працівників в умовах війни: виклики та перспективи. Наукові праці Міжрегіональної академії управління персоналом. Економічні науки. 2024;(76):95–103. DOI: 10.32689/2523-4536/76-12.
2. Chorna VV, Khlestova SS, Korolova ND. et al. The essence and problems of the motivation system at the stage of formation of modern specialists of humane professions. Вісник Вінницького національного медичного університету. 2021;3(25):474–479. DOI: 10.31393/reports-vnmedical-2021-25(3)-23.
3. Професійне вигорання медичних працівників. Центр Громадського здоров'я МОЗ України. 20.03.2024 [Інтернет]. Київ: МОЗ України [цит. 2025 серп. 1] Доступно: <https://phc.org.ua/news/profesiynye-vigorannya-medichnikh-pracivnikiv>.

4. Chorna VV, Makhniuk VM, Pshuk NG. et al. Burnout in mental health professionals and the measures to prevent it. *Georgian medical al news*. 2021;1(310):113–118. Available from: <https://pubmed.ncbi.nlm.nih.gov/33658419/>.

5. Ситник ЙС, Верещинська СВ. Напрями вдосконалення системи мотивування персоналу медичних закладів. Менеджмент та підприємництво в Україні: етапи становлення і проблеми розвитку. 2023;2(9):127–141.

6. Чорна ВВ, Корольова НД, Серебрінкова ОА. та інш. Особливості мотиваційної діяльності медичних працівників охорони здоров'я, шляхи оптимізації. Вінниця: Вінницький національний медичний університет імені М. І. Пирогова, Видавництво ТВОРИ, 2022. 43 с. Доступно: <https://dspace.vnmu.edu.ua/123456789/5725>.

7. WHO (2022). The impact of COVID-19 on health and care workers: a closer look at deaths. [Internet]. [cited 2025 august 1]. Available from: <https://www.who.int/publications/i/item/9789240070730>.

8. Shanafelt TD, Ripp J, & Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*, 2020;323(21):2133–2134. DOI: 10.1001/jama.2020.5893.

9. West CP, Dyrbye LN, & Shanafelt TD. Physician burnout: contributors, consequences and solutions. *Journal of Internal Medicine*, 2018;283(6):516–529. DOI: 10.1111/joim.12752.

10. Montgomery A, Panagopoulou E, Esmail A, Richards T, & Maslach C. Burnout in healthcare: The case for organisational change. *BMJ*, 2019;366:l4774. DOI: 10.1136/bmj.l4774.

11. Корабельщикова МО. «Вигорання в медицині». Навчально-науковий інститут післядипломної освіти та доуніверситетської підготовки. [Інтернет]. 2025, [цит. 2025 серп. 1] Доступно: <https://www.uzhnu.edu.ua/uk/news/vugormed.htm>.

12. Національний інститут стратегічних досліджень. Підтримка ментального здоров'я в час війни. [Інтернет]. 2023. Київ [цит. 2025 серп. 1] Доступно: <https://niss.gov.ua/news/komentari-ekspertiv/pidtrymka-mentalnoho-zdorovya-v-chasy-viunu>.

13. Русанов В. Професійне вигорання медичних працівників в умовах війни: історичний аналіз, сучасні дослідження та авторське визначення. *Психосоматична медицина та загальна практика*. 2024;9(3):2–13. <https://uk.e-medjournal.com/index.php/psp/article/view/529>.

14. Shanafelt TD. et al. Addressing physician burnout: The way forward. *JAMA*. 2017;317(9):901–902. DOI: 10.1001/jama.2017.0076.

15. Наказ МОЗ України «Про подальше удосконалення системи післядипломної освіти та безперервного професійного розвитку фахівців з фаховою передвищою, початковим рівнем (короткий цикл) та першим (бакалаврським) рівнем вищої медичної і фармацевтичної освіти та магістрів з медсестринства». від 10.11.2022 № 2016 [Інтернет]. Київ: МОЗ України [цит. 2025 серп. 1] Доступно: <https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-10112022--2016-pro-podalshe-udoskonalennja-sistemi-pisljadiplomnoi-osviti-ta-bezperervnogo-profesijnogo-rozvitku-fahivciv-z-fahovoju-peredvischoju-pochatkovim-rivnem-korotkij-cikl-ta-pershim-bakalavrskim-rivnem-vischoi-medichnoi>.

16. Viljoen M, Coetze I, Heyns T. Critical Care Nurses' Reasons for Poor Attendance at a Continuous Professional Development Program. *Am J Crit Care*. 2016;26(1):70–76. DOI: 10.4037/ajcc2017412.

17. Maslach C, & Leiter MP. Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*. 2016;15(2):103–111. DOI: 10.1002/wps.20311.

18. Чорна ВВ, Фурман ЛБ, Подолян ВМ. Гігієнічні заходи з оптимізації умов функціонування закладів охорони здоров'я та профілактики захворювань медичних працівників. *Вісник соціальної гігієни та організації охорони здоров'я України*, 2021;2:45–52. DOI: 10.11603/1681-2786.2021.2.12381.

19. Schaufeli WB, Bakker AB, & Van Rhenen W. How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior*. 2009;30(7):893–917. DOI: 10.1002/job.595.

20. Shanafelt TD, & Noseworthy JH. Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*. 2017;92(1):129–146. DOI: 10.1016/j.mayocp.2016.10.004.

21. Prins JT, Hoekstra-Weebers JE, Gazendam-Donofrio SM, Dillingh GS, Bakker AB, Huisman M, Jacobs B, van der Heijden FM. Burnout and engagement among resident doctors in the Netherlands: a national study. *Med Educ*. 2010;44(3):236–247. DOI: 10.1111/j.1365-2923.2009.03590.x.

22. Lai J, Ma S, Wang Y. & Hu S. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*. 2020;3(3):e203976. DOI: 10.1001/jamanetworkopen.2020.3976.

23. Deci EL, & Ryan RM. The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*. 2000;11(4):227–268. DOI: 10.1207/S15327965PLI1104_01.

24. Gallup Institute. State of the Global Workplace 2021 Report. Retrieved from [Internet]. 2021. [cited 2025 august 1]. Available from: <https://www.gallup.com>.

25. Leiter MP, & Maslach C. Areas of worklife: A structured approach to organizational predictors of job burnout. In P. L. Perrewé & D. C. Ganster (Eds.), *Research in occupational stress and well-being*. 2004;3:91–134. DOI: 10.1016/S1479-3555(03)03003-8.

26. Шевченко Н. Розвиток професійної свідомості психолога: від концепції О.М. Леонтьєва до авторської моделі. *Психологія і суспільство*. 2018;3–4:103–111. DOI: 10.35774/pis2018.03.103.

27. Пророк НВ. Психологічна діагностика мотивації особистості до навчання в умовах інформаційного суспільства: монографія. Н. В. Пророк, Л. О. Кондратенко, Л. М. Манилова та ін.; за ред. Н. В. Пророк. Київ: Видавничий Дім «Слово», 2020. 131 с.

28. West CP, Dyrbye LN, Erwin PJ, & Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *The Lancet*. 2018;388(10057):2272–2281. DOI: 10.1016/S0140-6736(16)31279-X.

29. World Health Organization. Global strategy on human resources for health: Workforce 2030 – Midterm review. [Internet]. 2023. [cited 2025 august 1]. Available from: <https://www.who.int/publications/i/item/9789240077320>.

30. Cervero RM, & Gaines JK. The impact of CME on physician performance and patient health outcomes: An updated synthesis of systematic reviews. *Journal of Continuing Education in the Health Professions*. 2015;35(2):131–138. DOI: 10.1002/chp.21290.

31. Eddy K, Jordan Z, Stephenson M. Health professionals' experience of teamwork education in acute hospital settings: a systematic review of qualitative literature. *JBI Database System Rev Implement Rep.* 2016;14(4):96–137. DOI: 10.11124/JBISRIR-2016-1843.
32. Frenk J, Chen L, Bhutta ZA, & Zurayk H. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet.* 2010;376(9756):1923–1958. DOI: 10.1016/S0140-6736(10)61854-5.
33. Zarzycka D, Chrzan-Rodak A, Bąk J, Niedorys-Karczmarczyk B, Ślusarska B. Nurse Cultural Competence-cultural adaptation and validation of the Polish version of the Nurse Cultural Competence Scale and preliminary research results. *PLoS ONE.* 2020;15(10):e0240884. DOI: 10.1371/journal.pone.0240884.
34. OECD. *Health at a Glance: Europe* 2022. OECD Publishing. [Internet]. 2022. [cited 2025 august 1]. DOI: 10.1787/4dd50c09-en.
35. Щорічний звіт про стан здоров'я населення України та епідемічну ситуацію за 2023 рік. [Інтернет]. 2023. Київ: МОЗ України [цит. 2025 серп. 1] Доступно: <https://moz.gov.ua/storage/uploads/386da5b2-66ed-4e85-932c-d9828ba76a7a/%D0%A9%D0%BE%D1%80%D1%96%D1%87%D0%BD%D0%B8%D0%B9-%D0%B7%D0%B2%D1%96%D1%82-%D0%B7%D0%BA-2023-%D1%80%D1%96%D0%BA.pdf>.
36. U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook: Healthcare Occupations*. [Internet]. 2023. [cited 2025 august 1]. Available from: <https://www.bls.gov/ooh/healthcare/home.htm>.
37. OECD. *Health at a Glance 2021: OECD Indicators*. Organisation for Economic Co-operation and Development. [Internet]. 2021. [cited 2025 august 1]. DOI: 10.1787/4dd50c09-en.
38. Чорна ВВ. Порівняльний аналіз фінансування сфери охорони здоров'я України та країн ЄС. *Вісник соціальної гігієни та організації охорони здоров'я України.* 2021;1(87):45–49. DOI: 10.11603/1681-2786.2021.1.12142.
39. World Health Organization. *Global strategy on human resources for health: Workforce 2030*. [Internet]. 2022. [cited 2025 august 1]. Available from: <https://www.who.int/publications/i/item/9789241511131>.
40. Greenhaus JH, & Allen TD. Work–family balance: A review and extension of the literature. In J. C. Quick & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* 2011. (2nd ed., pp. 165–183). American Psychological Association. DOI: 10.2307/j.ctv1cgs29w.14.
41. Kalashchenko S. Peculiarities of changes of psychophysiological functions, state of human adaptive capacity and stress resistance of students of higher medical institutions. *Med. perspekt.* 2021;26(4):98–103. DOI: 10.26641/2307-0404.2021.4.248240.

References

36. U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Healthcare Occupations. [Internet]. 2023. [cited 2025 august 1]. Available from: <https://www.bls.gov/ooh/healthcare/home.htm>.

37. OECD. Health at a Glance 2021: OECD Indicators. Organisation for Economic Co-operation and Development. [Internet]. 2021. [cited 2025 august 1]. DOI: 10.1787/4dd50c09-en.

38. Chorna VV. Porivnialnyi analiz finansuvannia sfery okhorony zdorovia Ukrayny ta krain Yes [Comparative analysis of health-care financing in Ukraine and EU countries]. Bulletin of Social Hygiene and Healthcare Organization of Ukraine. 2021;1(87):45–49. DOI: 10.11603/1681-2786.2021.1.12142 (in Ukrainian).

39. World Health Organization. Global strategy on human resources for health: Workforce 2030. [Internet]. 2022. [cited 2025 august 1]. Available from: <https://www.who.int/publications/item/9789241511131>.

40. Greenhaus JH & Allen TD. Work–family balance: A review and extension of the literature. In J. C. Quick & L. E. Tetrick (Eds.), Handbook of occupational health psychology 2011. (2nd ed., pp. 165–183). American Psychological Association. DOI: 10.2307/j.ctv1cgs29w.14.

41. Kalashchenko S. Peculiarities of changes of psychophysiological functions, state of human adaptive capacity and stress resistance of students of higher medical institutions. Med. perspekt. 2021;26(4):98–103. DOI: 10.26641/2307-0404.2021.4.248240.

According to the Ukrainian Public Health Center, emotional burnout among healthcare workers ranges from 20–75%. The most frequent symptoms include emotional and physical exhaustion (82%), sleep disturbances (70%), chronic fatigue (68%), and feelings of insecurity with fear of making mistakes, especially in extreme conditions (63%).

The purpose. To investigate the influence of professional motivation on the formation of emotional burnout syndrome in medical workers, as well as to identify the main psycho-emotional and motivational factors that are predictors of the risk of developing this syndrome, with the aim of further developing effective measures for its prevention.

Materials and methods. The work was based on a systematic review, meta-analysis, and content analysis of publications from the Scopus, PubMed, and ResearchGate scientometric databases, as well as materials from professional publications, including. The literature search was conducted using the keywords: “motivation,” “professional activity,” “emotional burnout”.

Results. The results revealed alarming trends: 58.1% of respondents noted a loss of interest in their professional activities, 60.1% had difficulty concentrating, 58.8% expressed dissatisfaction with their work, and 63.5% reported increased irritability. Signs of social isolation—the desire to avoid communication with colleagues and patients—were observed in 53.4% of respondents, and 59.5% reported difficulties in making professional decisions.

Conclusions. More than half of healthcare workers show worrying signs of reduced professional well-being: 58.1% report losing interest in work, 60.1% struggle with concentration, and 58.8% do not feel satisfied with their professional activity.

Key words: motivation, professional activity, emotional burnout, medical workers, psycho-emotional state, stress, risk predictors, burnout prevention.

Синдром емоційного вигорання є однією з найактуальніших проблем психічного здоров'я, з якою стикаються працівники охорони здоров'я як у світі, так і в Україні. Він проявляється у вигляді хронічного емоційного та фізичного виснаження, зниження професійної ефективності та розвитку деперсоналізації. За даними Центру громадського здоров'я України, поширеність синдрому емоційного вигорання серед працівників охорони здоров'я становить від 20,0 до 75,0 %. Найпоширенішими симптомами є емоційне та фізичне виснаження (82,0 %), порушення сну (70 %), хронічна фізична втома (68 %) та почуття невпевненості з постійним страхом помилитися під час виконання професійних обов'язків, особливо в екстремальних умовах (63 %). Цей психоемоційний стан часто супроводжується розвитком депресії, психічних розладів, зловживанням психоактивними речовинами (алкоголь, наркотики), курінням, що негативно впливає на якість медичної допомоги та задоволеність пацієнтів і призводить до летальних випадків.

Мета дослідження – дослідити вплив професійної мотивації на формування синдрому емоційного вигорання в медичних працівників, а також визначити основні психоемоційні та мотиваційні фактори, що є предикторами ризику розвитку цього синдрому, з метою подальшої розробки ефективних заходів його профілактики.

Матеріали та методи. Робота базувалася на систематичному огляді, метааналізі та контент-аналізі публікацій з наукометричних баз даних Scopus, PubMed та ResearchGate, а також матеріалів із фахових видань, зокрема Health.mil та International Journal of Circumpolar Health, загалом 47 статей. Пошук літератури проводився за ключовими словами: «мотивація», «професійна діяльність», «емоційне вигорання», «медичні працівники», «психоемоційний стан», «стрес», «прогнозні фактори ризику» та «профілактика вигорання». Було проведено анонімне добровільне опитування 148 медичних працівників ЗОЗ за допомогою авторського опитувальника. Пошук охоплював період з 2000 по 2024 рік.

Результати. Результати виявили тривожні тенденції: 58,1 % респондентів відзначили втрату інтересу до своєї професійної діяльності, 60,1 % мали труднощі з концентрацією уваги, 58,8 % висловили незадоволення своєю роботою, а 63,5 % повідомили про підвищено дратівливість. Ознаки соціальної ізоляції – бажання уникати спілкування з колегами та пацієнтами – спостерігалися у 53,4 % респондентів, а 59,5 % повідомили про труднощі у прийнятті професійних рішень. У 56,8 % респондентів чітко простежуються симптоми емоційного пригнічення та депресивних переживань, а 26,3 % учасників відзначили наявність подібних станів лише частково. За результатами опитування 59,5 % респондентів повідомили про повне виснаження власних психоемоційних ресурсів. Таким чином, отримані результати свідчать про те, що розвиток синдрому емоційного вигорання в медичних працівників є багатофакторним процесом, у якому провідну роль відіграють як об'єктивні організаційні чинники (надмірне навантаження, низька заробітна плата), так і суб'єктивні психологічні чинники (напружені стосунки в колективі, зниження емпатії). Урахування цих аспектів є надзвичайно важливим для розробки профілактичних заходів і програм підтримки психічного здоров'я медичного персоналу.

Висновки. Отримані результати вказують на тривожні тенденції у професійному благополуччі працівників охорони здоров'я: більше половини респондентів (58,1 %) повідомляють про втрату інтересу до своєї роботи, 60,1 % мають труднощі з концентрацією уваги, а 58,8 % не відчувають задоволення від своєї професійної діяльності. Виявлено високий ризик розвитку

хронічного емоційного виснаження: 56,8 % працівників перебувають у зоні ризику, 59,5 % демонструють брак емоційних ресурсів і ознаки синдрому емоційного виснаження, а 23,6 % виявляють його попередники. Дані дослідження встановили необхідність упровадження комплексних профілактичних заходів, спрямованих на надання психоемоційної підтримки медичному персоналу, оптимізацію його навантаження, розвиток стресостійкості та забезпечення балансу між професійною діяльністю та особистим життям. Ефективні стратегії запобігання емоційному вигоранню можуть передбачати створення сприятливого психосоціального середовища в медичних закладах, організацію програм психологічної підтримки та проведення спеціалізованих тренінгів із навичок управління стресом.

Ключові слова: мотивація, професійна діяльність, емоційне вигорання, медичні працівники, психоемоційний стан, стрес, предиктори ризику, профілактика вигорання.

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