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## **CONNECTION BETWEEN EMOTIONAL BURNOUT SYNDROME AND PROACTIVE COPING BEHAVIOR IN STUDYING PROFESSIONAL STRESS AND DEFORMATIONS**

### *Annotation*

This article presents study results of emotional burnout syndrome indicators (EBS) and proactive coping behavior when studying professional stress among representatives of helping professions - doctors and teachers of higher educational institutions in Shymkent.

Thus, during the experiment, we identified a positive and negative correlation between the values of proactive coping and subfactorial symptoms of emotional burnout. For this purpose, we used a multifactor diagnostic technique for emotional burnout based on the methodology of dynamic-processual and effective concepts of EBS (standard questionnaire “Professional (emotional) burnout” for specialists in socio-economic professions, based on the three-factor model of C. Maslach, S.E. Jackson, V.V. Boyko’s technique “Diagnostics of emotional burnout level”, and Proactive Coping Inventory.

It was concluded that certain proactive coping strategies are correlated with negative manifestations of professional personality deformations. The latter plays a key role in psychological assistance and targeted prevention of EBS since it affects its causes.

**Keywords:** professional stress and deformation, socio-economic professions, proactive coping behavior, diagnosis of emotional burnout syndrome.

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## **ВЗАИМОСВЯЗЬ СИНДРОМА ЭМОЦИОНАЛЬНОГО ВЫГОРАНИЯ И ПРОАКТИВНОГО СОВЛАДАЮЩЕГО ПОВЕДЕНИЯ В КОНТЕКСТЕ ИЗУЧЕНИЯ ПРОФЕССИОНАЛЬНЫХ СТРЕССОВ И ДЕФОРМАЦИЙ**

### *Аннотация*

В настоящей статье приведены результаты исследований показателей синдрома эмоционального выгорания (СЭВ) и проактивного совладающего поведения при изучении профессиональных стрессов у представителей помогающих профессий – врачей и преподавателей высших учебных заведений г. Шымкента.

Так, в ходе проведенного исследования нами выявлена положительная и отрицательная корреляция значений проактивного совладания и субфакторных симптомов эмоционального выгорания. С этой целью мы использовали методику многофакторной диагностики эмоционального выгорания, которая базировалась на методологии динамико-процессуальных

и результативных концепциях СЭВ (стандартизированный опросник «Профессиональное (эмоциональное) выгорание» для специалистов социэкономических профессий, созданный на основе трехфакторной модели Maslach C, Jackson SE, методика В.В. Бойко «Диагностика уровня эмоционального выгорания», опросник проактивного копинга (Proactive Coping Inventory).

Было заключено, что отдельные стратегии проактивного совладания находятся во взаимосвязи с отрицательными проявлениями профессиональных деформаций личности. Последнее играет ключевую роль в оказании психологической помощи и целенаправленной профилактики СЭВ, поскольку воздействует на его причины.

**Ключевые слова:** профессиональная деформация, социэкономические профессии, проактивное совладающее поведение, диагностика синдрома эмоционального выгорания.

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## **КӘСІБИ КҮЙЗЕЛІС ПЕН ДЕФОРМАЦИЯНЫ ЗЕРТТЕУ КОНТЕКСТІНДЕГІ ЭМОЦИОНАЛДЫ ҚАЖУ СИНДРОМЫ МЕН САБЫРЛЫ МІНЕЗ-ҚҰЛЫҚ АРАСЫНДАҒЫ БАЙЛАНЫС**

### *Аннотация*

Бұл мақалада – Шымкент қаласындағы көмекші өкілдер: дәрігерлер мен жоғары оқу орындарының оқытушыларының арасындағы кәсіби күйзелісті зерттеу кезінде эмоционалды қажу синдромы (ЭҚС) және сабырлы мінез- құлық көрсеткіштерін зерттеу нәтижелері берілген.

Осылайша, зерттеу барысында біз субфакторлық эмоционалды қажу мен сабырлы мінез-құлық белгілері арасындағы оң және теріс корреляцияны анықтадық. Осы мақсатта біз динамикалық-процессуалды және қорытынды тұжырымдамаларының әдістемесіне негізделген эмоционалды қажудың диагностикасын қолдандық (үш факторлы модель негізінде құралған социэномика мамандарына арналған стандартталған сауалнама, Maslach C, Jackson SE, , Б.Бойко В. «Эмоционалды қажу деңгейінің диагностикасы», проактивті копинг сауалнамасы (Proactive Coping Inventory).

Белгілі бір белсенді күрес стратегиялары тұлғаның кәсіби деформацияларының жағымсыз көріністерімен байланысты деген қорытындыға келдік.

Соңғысы психологиялық көмек көрсетуде және ЭҚС-ның мақсатты алдын алуда шешуші рөл атқарады, өйткені ол оның себептеріне әсер етеді.

**Түйін сөздер:** кәсіби деформация, социэномикалық мамандықтар, сабырлы мінез-құлық, эмоционалды қажу синдромының диагностикасы.

### **INTRODUCTION.**

The relevance of this particular research on the professional burnout phenomena is driven by the aim of finding ways to prevent manifestations of professional destruction and personality deformations of specialists in helping socioeconomic professions. Professional stress, resulting in destruction and deformation negatively affects all participants in professional interaction. The manifestations of professional destruction include emotional burnout syndrome (EBS). Conducted studies [1] allow to conclude that EBS, as a rule, is spread among specialists of a high level of professionalism, whose medical history does not contain mental health problems. Prevention and

overcoming the manifestations of professional burnout is based on an understanding of the genesis factors of this phenomenon, as well as methods of resuscitation and increasing the personal resources of specialists. As a result, the research on proactive coping behavior is aimed at increasing the effectiveness of the professional activities of specialists.

Despite the large number of studies of professionally destructive phenomena in social and other spheres of human activity, until now there has not been a common understanding and systematic approach to the faced problem of professional destruction, and the obtained research results contradict each other

One of the elements in the development of such professional destruction of the individual is the organizational factor. We believe that external (organizational) factors in work activity are often poorly susceptible to change, due to various reasons. Therefore, attempts to change them incompetently from the employee can lead to conflicts and aggravation of the current situation. The solution to the problem of professional destruction must be comprehensive, which implies carrying out awareness-raising work with specialists and administration. At the same time, it is advisable to begin this work with a study of the individual psychological characteristics of workers, paying close attention to the ways of coping of an individual specialist with emotionally intense, stressful factors.

Professional destruction has a negative impact both on the employee himself and the people he provides professional assistance to. The study of professional destruction and its systematic prevention among specialists in socio-economic professions - the "person-to-person" sphere - is of great importance. This determined the choice of the topic of this study.

The main directions for the prevention of professionally caused destruction among specialists in socio-economic professions are programs for the development of proactive coping behavior skills (N.E. Vodopyanova, E.S. Starchenkova, E.I. Grin).

#### **PURPOSE AND STUDY OBJECTIVES.**

This specific study purpose is to identify various types of proactive coping behavior which can be associated with emotional burnout. It is held among representatives of assisting professions. The object of study: emotional burnout syndrome among representatives of helping professions. The subject of the study: the relationship between manifestations of mental burnout and types of proactive coping behavior among representatives of helping professions.

To achieve the goal, the following research tasks were set and solved:

1. Analysis of literature on the topic, focusing on the problem of studying professional destruction, mental burnout syndrome, and coping behavior strategies of specialists in socio-economic professions.
2. Selection of methodological tools for conducting empirical research.
3. Experimental psychological examination of a subject group for the presence of professional destruction signs and the nature of coping strategies.
4. Mathematical and statistical approach to processing received data.
5. Correlation analysis of the presence/absence of a connection between proactive coping strategies and subfactors and symptoms of mental burnout.

Research hypothesis: There is a negative relationship between burnout scores and proactive coping scores.

50 respondents were taken as subjects. The general scope consisted of doctors and teachers of higher educational institutions located in Shymkent, aged 30 to 45 years.

The theoretical study of the problem was based on the application of structural-effective and procedural-dynamic concepts of burnout syndrome C. Maslach, S.E. Jackson, N.E. Vodopyanova, Ye.S. Starchenkova, and others [7-10]; H. Selye's approach to adaptation syndrome and stress [3]. In the process of studying, scientific developments on proactive coping behavior and conservation of resources were used (Greenglass, Schwarzer, Aspinwall, E.S. Starchenkova, N.E. Vodopyanova, etc.) [12-15].

#### **RESEARCH METHODS.**

During the empirical study, these methods were utilized:

1. “Professional (emotional) burnout” questionnaire, adapted by N.E. Vodopyanova, E.S. Starchenkova, which showed the three-factor model of burnout by C. Maslach and S.E. Jackson.
2. “Diagnostics of emotional burnout level” questionnaire created by V.V. Boyko.
3. Proactive Coping Inventory questionnaire, adapted by E.S. Starchenkova, measuring proactive coping strategies.
4. Mathematical and statistical processing and interpretation of results (IBM SPSS Statistics 23.0 program). Calculation of averages. Using Spearman's rank correlation coefficient.

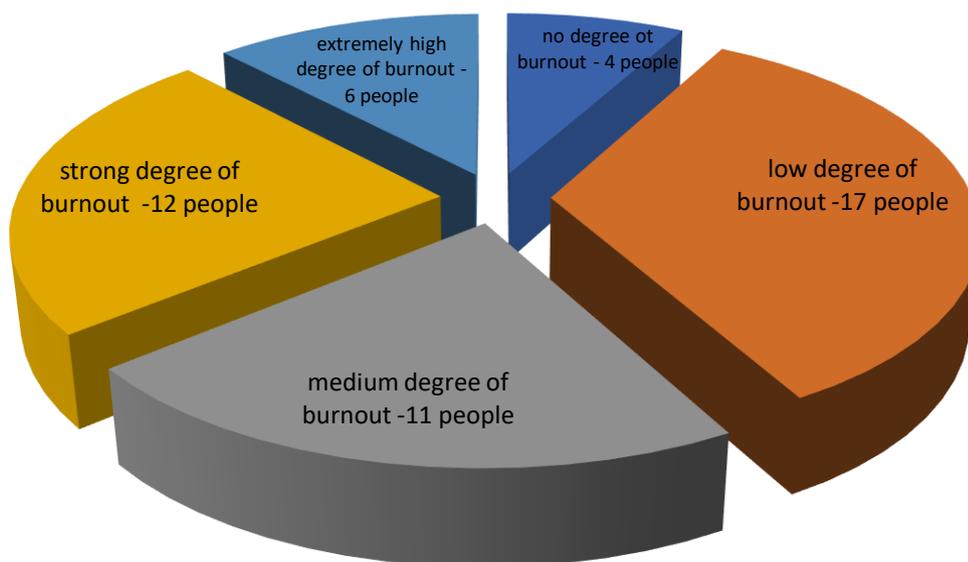
### RESEARCH RESULTS AND DISCUSSION.

We diagnosed mental burnout syndrome using the standardized questionnaire “Professional Burnout” by N.E. Vodopyanova, based on the three-factor burnout model of C. Maslach (MBI). Using integral indicators, we determined the frequency of sample distribution (50 people).

The integral indicator of mental burnout syndrome is calculated by summing the scores for all three indicators: Emotional exhaustion, Reduction of personal achievements, and Depersonalization. From 3 to 4 points - low burnout degree; 5-6 points – medium burnout degree; 7-9 points – strong burnout degree; 10 or more points - an extremely high burnout degree. Respondents who scored 3 or less are assumed to have the absence of mental burnout.

The results of the data obtained are reflected in the diagram in accordance with Figure 1.

**Figure 1** Degrees of burnout among respondents

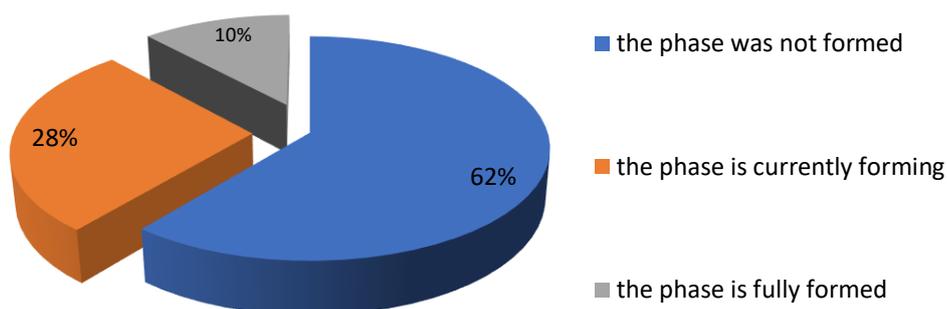


An extremely high level of mental burnout was diagnosed in 6 respondents (12%); high level – in 12 (24%); average level – in 11 (22%), low level – in 17 (34%). Mental burnout was not detected in 4 subjects (8%). Thus, only 4 respondents do not have mental burnout, and 46 (92%) subjects have signs of mental burnout of different levels.

Next, we conducted an assessment of mental burnout using V.V. Boyko's methodology, enabling us to identify the base symptoms of mental burnout syndrome. Through this approach, we gathered insights into the development of each phase of burnout syndrome: Tension, Resistance, and Exhaustion. A crucial criterion for determining the stage of burnout was established; if the score was below 36 points, the stage had not been reached; scores between 37 and 60 indicated the stage was in the process of formation, while scores of 61 and above signified a fully formed stage [65] (refer to Appendix B).

Based on the acquired data, the tension stage was not observed in 31 subjects (62%). For 14 participants (28%), the tension phase was in the process of formation, and in 5 respondents (10%), the tension phase had fully developed. Figure 2 illustrates the detailed findings.

**Figure 2.** The tension phase among respondents



### **INTERPRETATION OF THE OBTAINED DATA.**

According to the dynamic idea of the evolution of mental burnout syndrome due to stress, the emergence of tension in the professional field is shaped by various factors. These include the responsibility allocated to the employee, frequent encounters with emotionally intense situations, and interpersonal challenges such as relationships with clients, patients, or students. According to this conceptualization of mental burnout, the tension phase initiates the specialist's mental burnout processes, closely linked to recurrent emotionally challenging situations.

The development level of each burnout degree depends on how severe the burnout symptoms are. The tension stage includes four pivotal symptoms that show the characteristics of the stressor response.

According to this, in 15 respondents the symptom “Dissatisfaction with oneself” is at the stage of formation. The following symptoms are also at the stage of formation: 8 respondents have the symptom “Experience of psycho-traumatic circumstances”; 10 people had the “Trapped in a cage” symptom; 9 people had the symptom “Anxiety and depression”.

The prevailing symptoms of stress in this sample were the following:

- Experiencing traumatic circumstances – 15 people,
- Symptom “Trapped in a cage” - 2 people,
- Symptom “Anxiety and depression” - 7 people.

Experiencing traumatic circumstances is the most common symptom of stress in the presented sample (developed or at the stage of formation) in 23 subjects (46%).

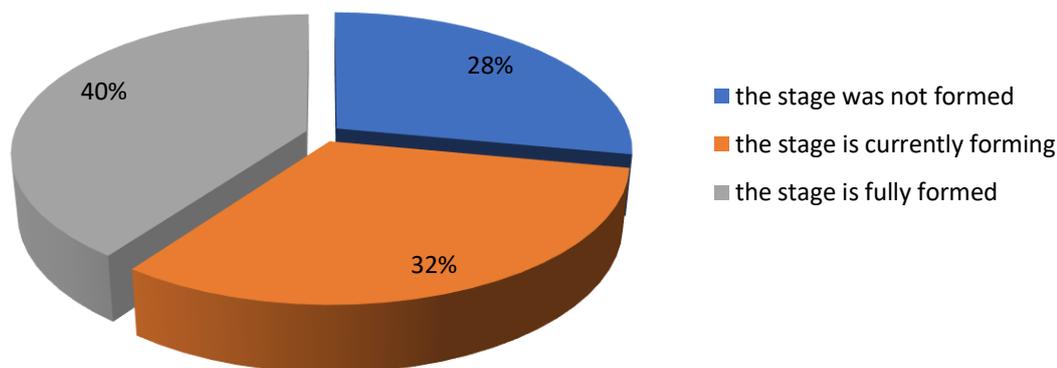
Encountering psycho-traumatic circumstances serves both as a manifestation of stress and its root cause, indicating an individual's acknowledgment of the challenges with the task being assigned. The symptom of "Self-dissatisfaction" was observed in 15 participants, suggesting a lack of confidence among employees in their ability to navigate challenging situations and address the problems presented by those seeking assistance.

"Trapped in a cage" feeling signifies the experienced sense of hopelessness which is based on a continual need to address emotionally intense work tasks. Prolonged psycho-emotional stress leads to the development of an anxious-depressive state, as evidenced by indicators on the Anxiety and Depression scale. In our research, this symptom was experienced by 16 individuals, indicating its formation. Anxiety and depression emerge as consequences of the stress symptoms discussed earlier. "Anxiety and depression" as a symptom denote frustration and disappointment in professional activities, everything about work, as well as one's competence and professionalism.

Regarding the "Resistance" phase, the obtained data reveal:

- 14 respondents (28%) did not exhibit the formation of the "Resistance" stage;
- for 16 participants (32%), the stage is in the process of formation;
- and in 20 respondents (40%), the stage is fully developed. The data is presented in Figure 3.

**Figure 3.** Formation of the “Resistance” stage in the study sample



The “Resistance” stage indicates the beginning of mental burnout development. Mental burnout develops as a protective mechanism against the employee’s emotionally stressful state. The specialist begins to resist stress factors, he needs to protect himself and improve his psychological state. To replenish expended resources and protect against stress factors, a person uses primitive defense mechanisms. This is seen in the reduction of professional responsibilities, particularly those with emotional demands. Colleagues, clients, students, and patients start creating unpleasant feelings, with the specialist neglecting their own emotions. Irritation over usual matters is intense, forcing the employee to minimize interactions with other participants in the work process. Sympathy, empathy, and compassion wane as the "burned-out" employee struggles to handle others' issues, leading to a decrease in these emotional responses. This reduction serves to conserve internal resources to some extent.

As burnout progresses and activity diminishes, the specialist manages to preserve the ability to work. At the same time, conserving energy becomes feasible by restraining emotional reactions to recurring stressful situations, enabling a more composed and deliberate approach to current tasks. If mental burnout remains at a low level, the specialist may begin searching for new tools and methods to enhance professional skills (V.V. Boyko, N.E. Vodopyanova).

A specialist in the "Resistance" stage operates with maximum effort, mobilizing forces initiated during the tension stage. According to H. Selye's stress theory, resistance to stressors toughens an individual's strength and enhances resilience to adverse factors. Nevertheless, it is crucial to bear in mind that this phase precedes the "Exhaustion" stage, and this transition occurs because the

specialist has spent an excessive amount of resources, initiating the waste of needed energy. Moreover, prolonged resistance can extend beyond the professional field, impacting relationships, not only within the professional sphere. According to our research, 72% of our respondents experience resistance to their work.

The resistance stage is represented in the process model by four symptoms. These symptoms are associated with the methods of psychological defense chosen by the specialist.

According to the data, inadequate selective emotional response symptom was identified at the formation stage in 11 people, and fully formed in 25 subjects. This means that 36 representatives of our sample are unable to show emotional responsiveness to all subjects of the work process. Their relationship depends on mood and other subjective factors. That is, these respondents are emotionally unstable. They may come across as insensitive people.

The symptom of emotional and moral disorientation was identified in 13 respondents at the formation stage, and in 15 people it was fully formed. This symptom develops due to an inadequate selective response (previously described symptom). This symptom indicates that the specialist divides the people around him into “worthy” and “unworthy” of his respect, good attitude, good grades, etc.

The indication of the "Expansion of saving emotions sphere" symptom reveals the extent to which a specialist's emotional challenges extend beyond their professional life into other areas of life. This symptom is either in the process of development or has fully manifested in 24 participants in our study.

The respondents registered the highest scores on the "Reduction of professional responsibilities" scale, with 33 subjects of this pattern. This signifies a deliberate intention to simplify professional duties by minimizing the number of tasks performed, diminishing the quality of services rendered, and reducing the overall effort invested in work. The specialist actively avoids close engagement with clients and students and refrains from delving into their issues. Thus, this negatively affects the quality of work. The risk of making serious mistakes at work is growing.

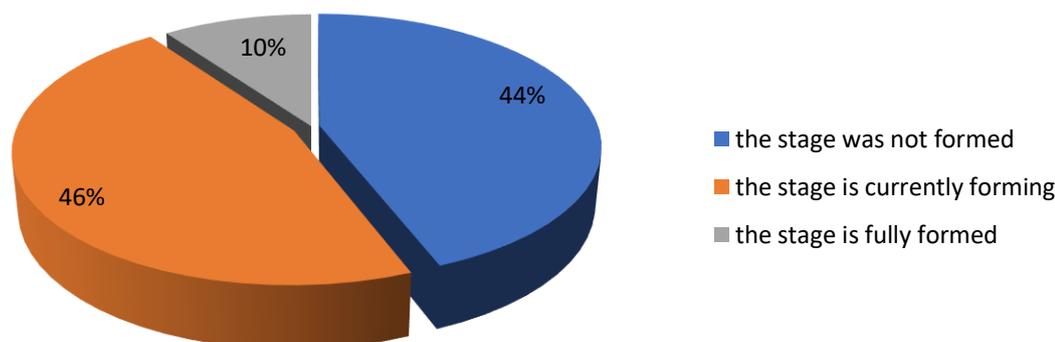
The indicated symptoms of the resistance phase are a manifestation of psychological defense, in fact, from one's professional activity. These symptoms, however, can also be a consequence of the moral problems of specialists.

Such psychological defenses allow the employee to distribute his psychological resources more economically, protecting himself from stressful work situations.

On the “Exhaustion” stage, we obtained the following results: among 22 participants (44%), the phase had not yet been manifested; for 23 respondents (46%), the phase is currently in the formative stage, while in 5 subjects (10%), the phase has already reached full development.

The obtained data is shown in Figure 4.

**Figure 4.** Formation of the “Exhaustion” stage



During this phase, there is a manifestation of general body asthenia, accompanied by nervous system weakening. Psychosomatic and psycho-vegetative disorders become apparent. The prolonged resistance to negatively perceived circumstances from the preceding phase, coupled with the depletion of internal energy, results in a decrease in emotional tone. Professional values fade into the background.

The symptoms characteristic of this phase includes emotional deficit, personal detachment and depersonalization, emotional detachment, as well as psychosomatic and psycho-vegetative disorders.

The “Emotional deficit” symptom had formed or was at the stage of formation experienced by 33 people. This means that these workers become emotionally unresponsive to the people around them. The symptom indicates increased neuroticism. The person is vile, even “little things” throw him off balance. The person seems to “turn off” his emotions and becomes outwardly insensitive.

There is cynicism towards participants in the labor process. The symptom suggests that the person may be cruel and rude. The symptom of “Personal detachment and depersonalization” was identified in 18 workers. A person can make malicious jokes about colleagues and other participants in labor interactions, giving the impression of being angry and aggressive. He or she can participate in “gossip”, spread rumors and misinformation about his colleagues, and violate confidentiality concerning his students, patients, and clients.

In 22 respondents, the diagnosis revealed symptoms of psychosomatic and psycho-vegetative disorders. This indicates the transfer of unresolved psychological difficulties to the somatic sphere of a person (psychosomatics).

The main goal of our study is to identify the relationship between proactive coping strategies and symptoms, and subfactors of mental burnout syndrome.

To do this, we conducted a diagnosis of the personal characteristics of our respondents, which help them survive stressful situations and resolve them with the maximum possible preservation of personal resources. We used the Proactive Coping Inventory [12].

The concept of proactive overcoming created by L.G. Aspinwall became the theoretical basis for the creation of this questionnaire. Whether a person actively or passively copes with stressful situations is the first sign of coping behavior. Proactive coping behavior, as opposed to reactive coping behavior, helps maintain a person’s mental well-being. Thanks to proactive coping, a person can form and replenish his resources, which will allow him to successfully overcome life’s difficulties.

The questionnaire includes 52 questions and allows you to obtain values for six coping strategies included in the structure of proactive coping behavior:

1. Proactive overcoming;
2. Reflexive overcoming;
3. Strategic planning;
4. Preventive coping;
5. Search for additional support;
6. Seeking emotional support.

Answers can be as follows: “Completely disagree” - 1 point, “Partially agree” - 2 points, “Rather agree than disagree” - 3 points, “Completely agree” - 4 points.

By using correlation analysis, we examined the association between the extent of expression for each of the six coping strategies and the following burnout subfactors: emotional exhaustion, diminished personal achievements, and depersonalization.

We obtained a moderate negative relationship (low statistical significance) between emotional exhaustion and the proactive coping strategy: Spearman's  $r = -.320$  at  $p \leq 0.05$  (.022). Thus, our study revealed a negative relationship between exhaustion and proactive coping. That is, on the one hand, a worker with exhaustion does not have enough energy to set goals and improve his psycho-emotional state. The person cannot and does not form the necessary resource base, a stock of resources that could help to achieve the set goals. Lack of resources does not allow us to optimally solve current

problems. This means that psycho-emotional exhaustion is a consequence of a waste of resources. At the same time, exhaustion does not allow the specialist to take care of replenishing wasted energy due to a lack of internal strength.

We also found a moderate negative relationship (average level of statistical significance) between emotional exhaustion and the “Reflexive coping” strategy. (Spearman's  $r = -.345$  at  $p \leq 0.05$  (.012)). Reflexive coping is a strategy for thinking through various behavioral options and choosing the most effective actions. To this end, the worker analyzes the existing (or potential) problem, evaluates the resources he has, and tries to predict possible resolution options. As our research shows, reflexive coping is more often used by people with whom we diagnosed a low level of mental burnout. This means that a respondent with high rates of psycho-emotional exhaustion has difficulty planning his behavior and has difficulty thinking about the consequences of problems. Reflexive coping helps to take into account possible professional problems and analyze potential professional crises, which helps to prepare for this in advance, accumulate the necessary resources, and, therefore, become more resistant to stressful situations and reduce the risk of developing professional destruction, including mental burnout syndrome.

We found a moderate negative relationship (low statistical significance) between emotional exhaustion and the preventative coping strategy. Spearman's  $r = -.301$  at  $p \leq 0.05$  (.032). Preventive coping refers to the specialist's ability to analyze potential stressful situations. This allows you to plan your behavior upfront, avoiding or effectively coping with stressors. Preventive overcoming means that a person, fearing the onset of some resource-consuming event, can carefully prepare for it, assessing all the risks and ways of resolving it. This strategy not only allows you to prepare but also often makes subjectively less significant what previously caused concern for a person, due to its uncertainty and lack of awareness on this issue.

According to our study, emotional exhaustion and preventative coping are negatively related. This means that a person experiencing emotional exhaustion is not able to plan his behavior, taking into account possible problems (even current problems cannot be solved, not to mention potential ones). The connection may also indicate the risk of being emotionally exhausted if there is not enough knowledge, strength, and skills to analyze possible problems in advance. Preventive overcoming in practical terms means the accumulation and analysis of resources such as cash reserves, social connections, health care (prevention), analysis of job options in case of dismissal, and search for additional sources of income.

We found a moderate positive relationship (low statistical significance) between the reduction of personal success and reflexive coping (Spearman's  $r = .339$  at  $p \leq 0.05$  (.015)). Reflexive coping is the process of finding the optimal behavior to effectively cope with stressors. To do this, a person compares various possible behavior options with each other. Factor “Reduction of personal achievements” (feeling of ineffectiveness/professional success) means a subjective feeling of a decrease in professional effectiveness. The worker considers himself incompetent and doubts his ability to cope with professional responsibilities [6]. He ceases to value his professional knowledge, abilities, skills, and professional experience. This condition may gradually worsen, and the specialist feels hopeless. There is often a feeling of guilt and decreased interest in the activity being carried out. The lower the indicators for the subfactor “Reduction of professional achievements” (reverse scale), the less responsibly the respondent treats his professional duties and tries in every possible way to simplify them, which affects the quality of the work performed. According to our research, the more effective a person feels in his activities, the more developed his reflexive coping is, and vice versa.

A moderate positive relationship (high statistical significance) was found between the reduction of personal success and strategic planning (Spearman's  $r = .439$  at  $p \leq 0.001$  (.001)). Strategic planning is the process of goal setting and achieving goals. To implement the set goals, a person breaks them down into smaller goals, carefully works through them, and gets the desired result. The use of strategic planning as a coping strategy indicates that a person has long-term plans, including in the field of professional activity.

We found a moderate negative relationship (low statistical significance) between depersonalization and reflective coping (Spearman's  $r = -.305$  at  $p \leq 0.05$  (.031)). As stated earlier in this work, depersonalization is an unconstructive way of protecting depleting internal resources and indicates the exclusion of an emotional response to events and people that are related to professional activity. The use of depersonalization indicates the absence or inability to use alternative constructive ways of coping with emotional stress. Such more effective behavior may be responsible for reflexive coping, in which a person seeks out better options for behavior.

A weak negative relationship (low statistical significance) between depersonalization and preventive coping was revealed (Spearman's  $r = -.295$  at  $p \leq 0.05$  (.036)). When a person uses preventive coping, he tries to anticipate stressful situations and prepares resources to cope with potential problems. If a person cannot do this, then he becomes more vulnerable and unprepared for psychologically difficult situations, then he is forced to activate depersonalization as a defense mechanism.

Proactive coping is characterized by goal setting. This type of coping helps a person direct his efforts to accumulate resources (emotional, material, social) and use them to achieve his goals. Proactive coping is characterized by self-regulation, which allows a person to maintain psychological stability and be more stress-resistant.

According to this study, we found that there is a negative relationship between emotional exhaustion and all tactics of proactive coping behavior. The exception was such coping strategies as seeking instrumental and emotional support.

The negative relationship between the reduction of professional achievements and the search for instrumental and emotional support can be explained as follows: if a worker remains convinced of the importance of his profession or work, then this acts as a source of his emotional satisfaction, has a beneficial effect on his psycho-emotional state, and, therefore, there is no high need for external emotional support.

The subfactors of mental burnout syndrome, depersonalization, and emotional exhaustion, are also in our study in a negative relationship with the coping strategies studied. The search for additional and emotional support in our study is positively related to these subfactors (statistically insignificant). We believe that this fully confirms the need to focus, first of all, on one's resources and one's potential to prevent the development of MBS (mental burnout syndrome). Seeking instrumental and emotional support was positively associated with exhaustion and depersonalization among our respondents. If we take into account that the scale "Reduction of professional achievements" is inverse (the higher the indicator, the better the person feels about work and the higher he evaluates himself as a professional), then here too it becomes clear why the search for emotional assistance is inversely related to RPA.

Based on the obtained correlations, we conclude the following:

- Coping strategies such as proactive coping, reflexive coping, strategic planning, and preventive coping are negatively associated with the integral indicator of mental burnout syndrome and its subfactors - emotional exhaustion and depersonalization. Considering that, according to the utilized methodology, a high score is indicative of a positive outcome in the subfactor "Reduction of professional achievements," it can be asserted that this subfactor is inversely correlated with the coping strategies mentioned. This means that proactive coping tactics can act as a protective mechanism against mental burnout. By developing proactive coping skills, a person will conserve, effectively use and replenish expended resources in the process of carrying out professional activities.

According to the whole study, coping strategies such as seeking instrumental support and emotional support, in contrast to the above strategies, are not negatively related to subfactors of mental burnout. These strategies are probably more related to a person's orientation not to his internal strengths, but to external ones. That is, perhaps these strategies will be associated, rather, not with the accumulation of internal resources, but with the desire to find help from the outside.

Subsequently, we performed a correlation analysis to examine the relationship between the symptoms of mental burnout syndrome, as outlined in the concept by V.V. Boyko, and proactive coping behavior strategies.

In our opinion, we identified some crucial connections.

### **CONCLUSION.**

The symptoms of mental burnout include "Experience of traumatic circumstances," "Self-dissatisfaction," "Trapped in a cage," "Anxiety and depression," "Inadequate emotional response," "Expansion of the sphere of saving emotions," "Reduction of professional responsibilities," "Emotional deficit," "Emotional detachment," "Personal detachment depersonalization," and "Psychosomatic and psycho-vegetative disorders"; they all shown a negative correlation with proactive coping. All connections with the mentioned symptoms, except for "Inadequate emotional response," "Expansion of the sphere of saving emotions," and "Reduction of professional responsibilities," are statistically significant.

If a person tries to preserve and replenish expended resources, can be active when faced with stressors, focuses primarily on his strengths, and takes responsibility for his life, then the risks of developing mental burnout are reduced.

A worker who uses proactive coping strategies approaches his activities rationally and is responsible for the effectiveness of his life activities. Such a specialist tries to deal with his emotions and internal conflicts, which helps maintain and strengthen his mental, physical, and professional health.

Additionally, our study revealed a negative correlation between the symptoms of mental burnout (comprising 11 symptoms) and the coping strategy of "Reflexive coping." Statistically significant relationships were identified for symptoms such as "Experience of psycho-traumatic circumstances," "Self-dissatisfaction," "Anxiety and depression," "Inadequate emotional response," "Expansion of the sphere of saving emotions," and "Personal detachment and depersonalization."

The "Reflexive coping" strategy means that effective coping with tense situations occurs thanks to pre-prepared behavioral tactics. The specialist analyzes in advance what tasks he needs to solve to achieve his goal. He analyzes possible obstacles, assesses risks, checks resources, evaluates the possible final result, and understands that adjustments to subgoals may be required on the way to achieving the goal.

The coping strategy "Strategic planning" has a negative, but statistically significant, connection with "Inadequate emotional response" and "Reduction of professional responsibilities." This strategy also has a negative correlation with all other symptoms but without statistical significance. This may be due to the small number of subjects.

Awareness of the goal, the ability to plan one's actions to achieve it, and the ability to break a goal into subgoals allow a person to approach his work more thoughtfully. This rational approach is the opposite of impulsive behavior. To maintain a respectful attitude towards oneself chosen professional activity, strategic planning is necessary since it can also be used for immediate goals related to current tasks. By breaking larger goals into intermediate tasks, the person regulates his physical and mental energy costs.

Preventive coping in our study is also in a negative relationship with the symptoms of mental burnout. Preventive coping has a beneficial effect on the psychological health of a specialist, as it allows one to foresee in advance the most effective tactics of behavior if difficult circumstances arise. This allows you not only to be prepared for potential difficulties but also psychologically calms a person down and makes him more stress-resistant. Preventive coping is associated with finding the optimal way out of an emotionally stressful situation even before the onset of an adverse event.

As a result of correlation analysis, we found statistically significant positive correlations between the search for instrumental and emotional support with the symptoms of "Trapped in cage" and "Reduction of professional responsibilities." Earlier in our study, we found a positive relationship between these coping strategies and subfactors of mental burnout. Proactive strategies are aimed at

preparing a person in advance for potential stressors to reduce their impact on the person. Proactivity is associated with an orientation towards one's resources, personal initiative, and conscious activity. We believe that the strategies of "Seeking instrumental and emotional support" are more associated with shifting responsibility to external circumstances and other people.

Perhaps the discovered connection between the search for instrumental and emotional support and symptoms is a consequence of existing burnout, because a worker with exhaustion does not have sufficient personal resources to cope with the current state and emerging problems, and therefore tries to find resources for himself in the external environment.

As stated earlier, to understand the phenomenon of burnout and provide psychological assistance, an individual approach is required, including determining the level of severity of burnout subfactors, the symptomatic picture, the specifics of coping strategies, and the degree of proactive coping. Our study showed that proactive coping strategies were negatively associated with the subfactors and symptoms of mental burnout. This indicates the need to include in psychological assistance programs for specialists in socio-economic professions measures to master and improve effective strategies for coping with stressors, in particular strategies for proactive coping.

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