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COGNITIVE THERAPY AS A TOOL TO REDUCE THE RISK OF BURNOUT IN NURSES

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Abstract

Burnout syndrome is one of the most pressing professional problems among nurses caused by a complex of factors, including high emotional stress, permanent stress, and the specifics of cognitive processing of professional situations. The research objective was to identify the factors contributing to the development of emotional burnout in nurses and to substantiate the role of cognitive therapy as a preventive measure. The research methodology included a logical and psychological analysis of scientific literature, conducting a sociological survey, statistical processing of the data obtained and the use of elements of cognitive behavioral support. 36 nurses from various medical institutions participated in the survey. The MBI scale modified by N.E. Vodopyanova was used to quantify the level of emotional burnout. The results demonstrated a high level of emotional exhaustion, the presence of sleep disorders, psychosomatic complaints, and the prevalence of maladaptive forms of stress management. Based on the data obtained, it is concluded that it is advisable to integrate cognitive-oriented preventive programs into the system of professional support for nursing staff.

Keywords: Burnout syndrome, nurses, occupational stress, cognitive therapy, Maslach Burnout Inventory, prevention.

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Аннотация

Синдром эмоционального выгорания представляет собой одну из наиболее актуальных профессиональных проблем в среде медицинских сестер, обусловленную комплексом факторов, включая высокую эмоциональную нагрузку, перманентный стресс и специфику когнитивной переработки профессиональных ситуаций. Исследовательская задача заключалась в идентификации факторов, способствующих развитию эмоционального выгорания у медицинских сестер, и в обосновании роли когнитивной терапии как превентивной меры. Методология исследования включала логико-психологический анализ научной литературы, проведение социологического опроса, статистическую обработку полученных данных и применение элементов когнитивно-поведенческого сопровождения. В опросе приняли участие 36 медицинских сестер из различных медицинских учреждений. Для количественной оценки уровня эмоционального выгорания применялась шкала МВІ в модификации Н.Е. Водопьяновой. Полученные результаты продемонстрировали высокий уровень эмоционального истощения, наличие нарушений сна, психосоматических жалоб и распространенность неадаптивных форм совладания со стрессом. На основании полученных данных сделан вывод о целесообразности интеграции когнитивно-ориентированных профилактических программ в систему профессионального сопровождения сестринского персонала.

Ключевые слова: эмоциональное выгорание, медицинские сёстры, профессиональный стресс, когнитивная терапия, МВІ, профилактика.

Introduction

Nursing is a profession that operates under conditions of sustained psychological, emotional, and physical stress. Continuous patient care, high emotional involvement, time pressure, ethical responsibility, and frequent exposure to

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human suffering place nurses at increased risk of emotional burnout [3,7]. Burnout is not merely a reaction to workload; rather, it represents a complex psychological syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment [3]. In recent years, burnout has been increasingly conceptualized as a form of professional maladjustment influenced by both external stressors and internal cognitive processes [1,8].

Modern theoretical models emphasize that burnout development is strongly mediated by cognitive factors. The way nurses interpret workplace events, perceive their professional role, and evaluate their own performance plays a critical role in shaping emotional responses to stress [2,7]. Maladaptive cognitive patterns—such as catastrophizing clinical situations, rigid perfectionistic standards, excessive self-criticism, and an inflated sense of personal responsibility for patient outcomes—contribute significantly to chronic stress and emotional exhaustion [2,9]. These distorted beliefs often lead nurses to overestimate threats, underestimate their coping resources, and maintain unrealistic expectations of themselves, thereby accelerating the burnout process [1,6].

Within this framework, cognitive therapy emerges as a particularly effective and evidence-based approach for the prevention and management of emotional burnout among nurses. Cognitive therapy focuses on identifying, evaluating, and restructuring dysfunctional automatic thoughts and core beliefs that underlie emotional distress [2]. By helping nurses recognize the connection between thoughts, emotions, and behaviors, cognitive interventions promote greater self-awareness and psychological flexibility [2,7]. Nurses learn to replace irrational or unhelpful beliefs with more balanced and realistic appraisals, which reduces emotional tension and enhances adaptive coping [2].

Furthermore, cognitive therapy addresses key burnout-related mechanisms such as perfectionism, moral over-responsibility, and negative self-evaluation.

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Through structured techniques—including cognitive restructuring, thought records, psychoeducation, and self-support skills—nurses develop resilience, emotional regulation, and a healthier professional self-concept [2,8]. Empirical studies conducted among nurses in primary and secondary health care settings confirm that timely identification of cognitive risk factors and preventive interventions significantly reduce burnout symptoms and improve professional functioning [4,5,6,8,9].

Importantly, cognitive-based interventions empower nurses to actively participate in maintaining their own psychological well-being, making these methods particularly suitable for preventive programs in clinical practice and nursing education [1,8]. In conclusion, emphasizing cognitive therapy in burnout prevention acknowledges that emotional exhaustion is not solely a consequence of external workload but is also shaped by internal cognitive processes. Integrating cognitive therapeutic strategies into nursing education and workplace support programs represents a promising direction for reducing burnout, improving mental well-being, and sustaining professional effectiveness among nurses [2,3,7].

Materials and Research Methods

Our investigation employed a multi-faceted approach, including:

- A review of relevant academic literature, both domestic and international.
- An online survey designed to gather sociological insights.
- Quantitative analysis of the collected information.
- The integration of cognitive-behavioral principles within our psychological support framework.

The study included 36 nurses who had recently completed professional development programs. To gauge the extent of emotional burnout, we utilized the Maslach Burnout Inventory (MBI), specifically a version adapted by N.E.

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Vodopyanova for healthcare professionals. This instrument measures three key dimensions:

- Feelings of depletion.
- Detachment from patients.
- A diminished sense of accomplishment in their role.

Results and Discussion

An examination of the participants' demographic profiles revealed that the largest segment, 52.8%, fell within the 30-39 age bracket, a period typically associated with peak professional engagement. Other age groups represented were 40-49 years (25%), 20-29 years (13.9%), and 50-59 years (8.3%).

Regarding educational backgrounds, 83% of the nurses held a secondary medical qualification. A smaller proportion, 9.7%, possessed higher medical education, while 7.3% had pursued but not completed higher education. The data also indicated that 69% of the nurses held a professional certification at the time of the study, suggesting a substantial level of experience and expertise.

A recent study examining emotional burnout among nurses revealed alarming trends that require careful attention from both clinical psychologists and healthcare administrators. The findings indicate that a significant proportion of nurses (58.3%) experience severe emotional exhaustion, manifested as feelings of emptiness and fatigue by the end of the workday. Such high prevalence suggests considerable depletion of cognitive and emotional resources, which can substantially impair work performance and increase the risk of professional burnout (Figure 1).

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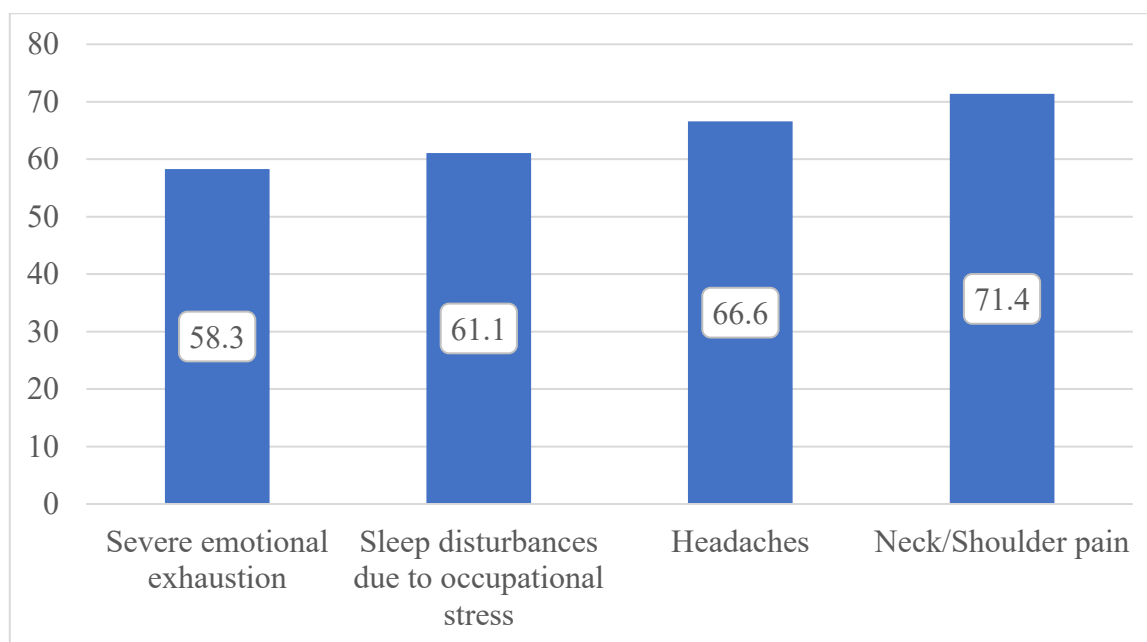


Figure 1. Indicators and manifestations of emotional burnout among nurses

Sleep disturbances associated with occupational stress were reported by 61.1% of respondents, highlighting chronic stress exposure and insufficient self-regulation skills. Physical symptoms, including headaches and pain in the neck and shoulder regions, were observed in 66.6% of participants, which aligns with documented psychosomatic manifestations of emotional burnout in healthcare professionals.

The study also identified unhealthy coping strategies: 64% of nurses reported regular coffee consumption, while 19.4% reported using nicotine as a means to manage work-related stress. These behaviors, while aimed at short-term relief, may exacerbate both physiological and psychological strain. Collectively, these findings underscore the critical role of cognitive and behavioral factors in the development and maintenance of emotional burnout.

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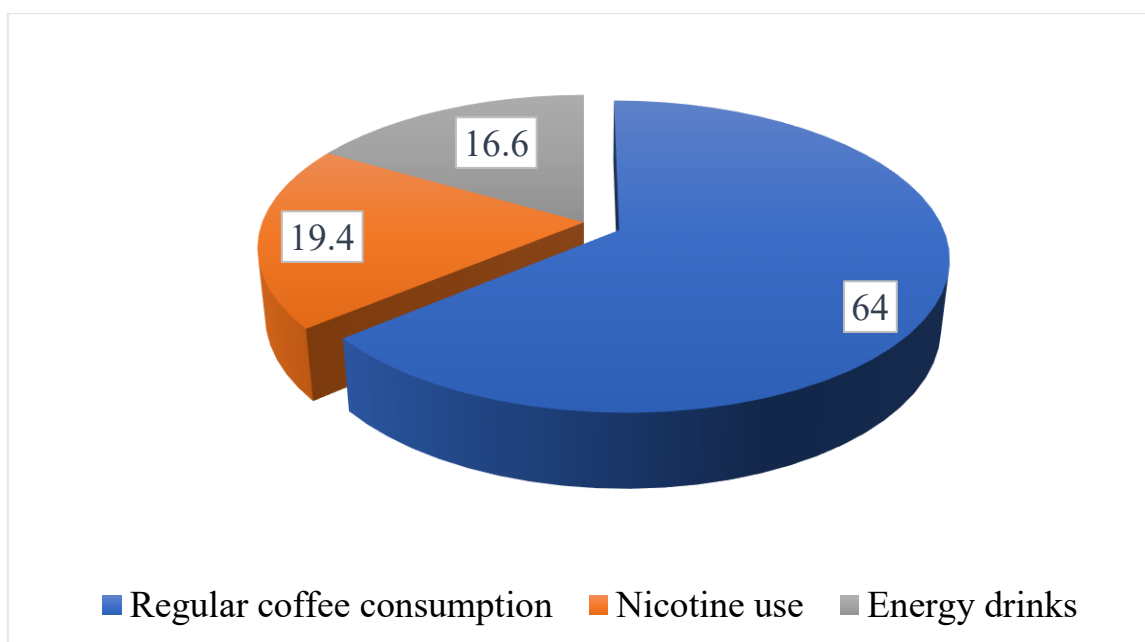


Figure 3. Unhealthy Coping Strategies

To address these challenges, a 6–8 session cognitive-behavioral therapy (CBT) program has been developed, targeting the prevention of emotional burnout through the development of adaptive cognitive strategies. The program aims to enhance stress resilience, improve emotional self-regulation, and reduce the likelihood of psychosomatic symptoms, thereby supporting the mental and physical well-being of nursing personnel in demanding healthcare environments.

Program Duration and Format: The cognitive-behavioral therapy (CBT) program is designed for 6–8 group or individual sessions, each lasting 60–90 minutes. This format allows for accommodating the individual needs of participants while providing opportunities for interactive experience sharing in group sessions.

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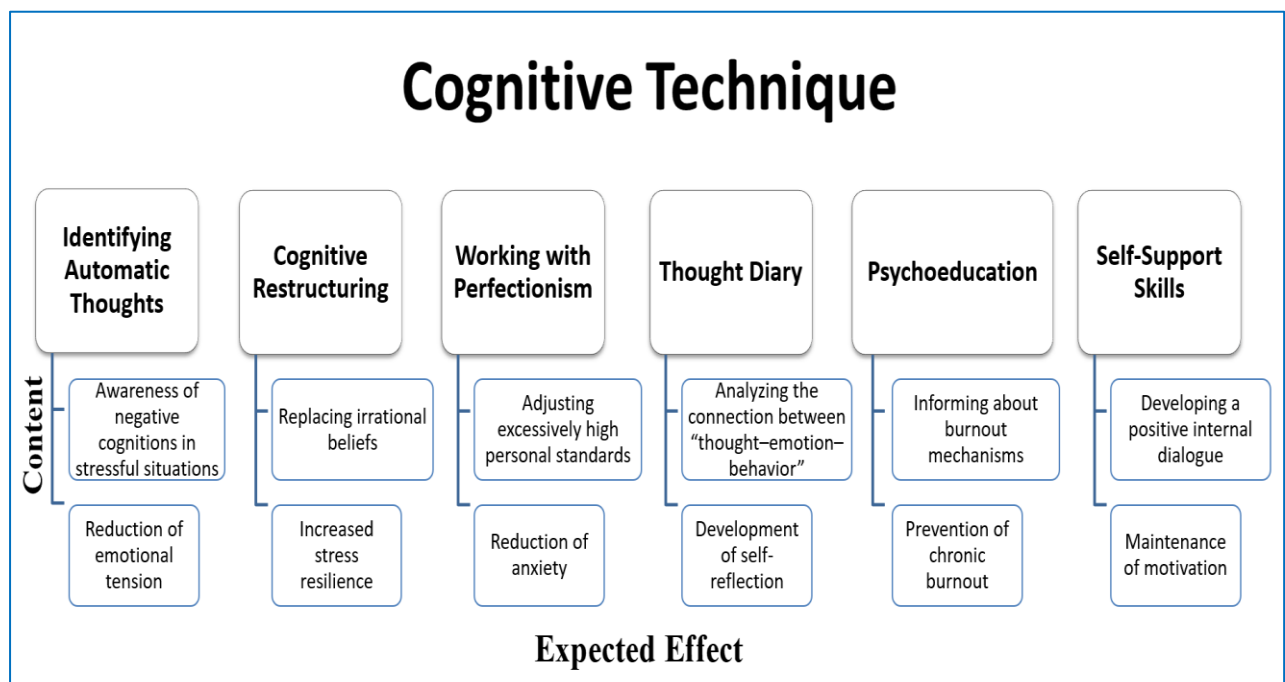


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Program Structure:

- **Session 1: Psychoeducation** – introduction to concepts of occupational stress and emotional burnout, including an overview of the CBT model and its application in burnout prevention.
- **Session 2: Identifying Automatic Thoughts** – training participants to recognize negative cognitive patterns that contribute to emotional exhaustion.
- **Session 3: Cognitive Restructuring** – developing skills for analyzing and modifying irrational thoughts, thereby reducing stress responses.



- **Session 4: Addressing Guilt and Perfectionism** – exploring mechanisms of self-criticism and excessively high personal standards, and developing strategies to mitigate their negative impact.
- **Session 5: Developing Self-Support Skills** – teaching effective emotional self-regulation methods, including relaxation techniques, cognitive reframing, and behavioral stress-relief strategies.

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- **Session 6: Relapse Prevention and Skills Consolidation** – reinforcing previously learned cognitive and behavioral strategies and planning preventive measures to avoid recurrence of burnout.
- **Sessions 7–8 (if needed)** – optional additional sessions tailored to individual participant needs, focusing on in-depth work with complex cognitive or emotional patterns.

Conclusion

Emotional burnout among nurses is a multifactorial issue in which cognitive mechanisms play a central role. The use of the modified Maslach Burnout Inventory (MBI) by N.E. Vodopyanova revealed high levels of emotional exhaustion accompanied by psychosomatic symptoms. Integrating cognitive-behavioral therapy into occupational stress prevention programs is a promising approach to enhancing the psychological well-being of nursing staff and reducing the risk of chronic professional burnout.

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