



## EMOTIONAL RESILIENCE AND INSTABILITY IN RELATION TO BURNOUT SYNDROME ONSET

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### *Abstract*

*This research aims to explore resilience and emotional instability in relation to the onset of burnout syndrome and the relevance of gender in this context. It belongs to an era of speed, where daily life has become increasingly demanding, and professional performance is a top priority for many of us. Given the daily interaction of the majority of the active population with stressors, the impact they have on people's mood and functionality, regardless of gender, is real and significant. Thus, there is a general predisposition of the active population to develop burnout syndrome under certain conditions. This predisposition can be amplified or diminished by causal relationships related to the resilience of each individual in the face of severe stress encountered in occupational contexts or crisis situations (e.g., tight deadlines). Further research has shown that burnout can affect anyone, including individuals at the beginning of their careers or those in professions that involve working with people (e.g., social services, education, medicine, psychology). Managing or identifying the cause of Burnout can be a major concern for both female and male populations, as stress can impact quality of life, professional performance, and/or academic achievement. This research will focus on a correlational approach based on gender perspective regarding resilience and emotional instability in relation to the onset of burnout syndrome. Considering the gender perspective, this study aims to identify risk factors related to burnout activation among women and men; it will investigate whether a certain level of emotional instability leads to earlier emotional, physical, and mental exhaustion; and it will evaluate the correlations of specific subscales related to resilience, emotional instability, and burnout level.*

**Keywords:** *burnout, emotional instability, resilience*

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### 1. INTRODUCTION

The Burnout Syndrome is commonly encountered in both females and males. There may be a gender-related prevalence, influenced by each individual's ability to manage acute stress in correspondence with intrinsic feelings and daily experiences.

In this modern, contemporary era, with multiple issues arising almost every day, there is a recurring phenomenon that predominantly affects active individuals, particularly those working in corporations, aged between 30 and 50 years.

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Specifically, this nervous system impairment known as Burnout Syndrome has emerged.

As we face daily interactions with stressors, the impact on mood and functionality is significant. Burnout does not necessarily correlate with overtime work but rather with chronic stress accumulation and dissatisfaction with daily activities. Employers are advised to invest in prevention to maximize their employees' potential (Ciurea, 2022).

All this accumulation of tasks found in all current fields and professions can lead to the exhaustion of the emotional and physical functioning capacity of the nervous system. Individuals who tend to experience severe stress episodes can develop the onset of burnout syndrome, especially when cognitive demands increase and time pressure exists. Burnout Syndrome can be defined as a feeling of exhaustion that arises from increased requirements or performance, which can lead individuals to develop negative attitudes and pessimistic feelings regarding self-evaluation or feedback from others.

Subjectively, this phenomenon can be perceived as 'an engine that has been running at high speed for a long time.' Additionally, it is known that burnout is associated with physical and psychological disorders, lower performance, task abandonment, and negative self-perceptions. The term 'burnout' has been known since the 1970s when it was first used by (Bradley, 1969). It was later adopted by American psychologist Herbert (Freudenberger, 1974 & Maslach, 1976), who scientifically substantiated it. Herbert Freudenberger defined burnout as a state of chronic fatigue, low frustration tolerance due to inner conflict, lifestyle, or relationships failing to produce expected rewards, leading to exhaustion and reduced capacity for engagement and achievement of personal or professional goals. Subsequent research has shown that burnout can affect anyone, including individuals at the beginning of their careers. Burnout syndrome can be described as an association of emotional exhaustion, depersonalization (or cynicism), and reduced personal accomplishment, which may occur among individuals in professions involving working with people (e.g., social services, education, medicine, psychology). This definition is found in the most recent edition of the International Classification of Diseases (ICD-11, 2018), which describes burnout (code QD85) as a "phenomenon in an occupational context".

Risk factors for burnout can be both individual and social. Individual factors include perfectionism, the 'good Samaritan' syndrome, intentionally or unintentionally being in a role of permanent overinvolvement, a rich history of conflicts leading to exhaustion, personality disorders, vulnerability to failure, substance abuse, and personal or family history (e.g., separation anxiety or cultivating a sense of duty at any cost). All these factors may relate to an individual's ability to manage emotions and the level of resilience developed over time.

Socio-cultural factors that increase the predisposition to burnout include stressful and insecure work environments (e.g., success-oriented without support or validation), conflicts between perceived professional effort and social recognition, financial difficulties, and discrepancies between career demands and family expectations. The brain plays a key role in stress response, determining what is

threatening and influencing physiological and behavioral reactions. Chronic stress can lead to wear and tear on the body (allostatic load), but stress hormones also promote adaptation (allostasis). The hippocampus, amygdala, and prefrontal cortex undergo structural changes induced by stress, affecting behavior and physiology. As an adjunct to pharmaceutical therapy, social and behavioral interventions, such as regular physical activity and social support, reduce the burden of chronic stress, allowing individuals to maintain brain and body health with increased resilience due to intrinsic and extrinsic resources.

In the context of burnout syndrome, emotional instability can play a significant role, influencing an individual's susceptibility to this condition. Burnout can be characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. It is frequently encountered in professions with high demands or demanding work schedules, which can contribute to emotional instability under severe stress. Emotional instability refers to frequent and intense variability in emotions, including excessive reactions to stress and difficulties in managing negative emotions.

Research indicates that women, despite often being more emotionally resilient due to well-developed coping mechanisms, are also more exposed to emotional instability due to social expectations and multiple roles (e.g., career and family responsibilities). On the other hand, men may be less inclined to express and manage their emotions, leading to emotional tension accumulation and, ultimately, burnout. Thus, the relationship between emotional instability and burnout is influenced by gender differences in stress management.

Individual capacity to adapt and sharpen resilience in the face of severe stress significantly affects how one responds to challenges and stressors. Resilience involves traits and behaviors such as optimism, problem-solving skills, and the ability to seek and utilize social support. Resilient individuals have a positive outlook on life, believe in their ability to overcome obstacles, and demonstrate flexibility in adapting to changes and coping with various stressful situations. Social support plays a crucial role in stress management, and strong relationships where individuals feel supported are vital resources for coping with stress. Additionally, self-control positively impacts individuals' lives, allowing them to manage emotions and behaviors in stressful situations. Genetic factors, life experiences (both positive and negative), education, and the environment all contribute to resilience development or inhibition. When the environment is supportive and provides exposure to opportunities, coping mechanisms can develop, leading to more effective emotional and stress management and reducing the predisposition to burnout.

## **2. OBJECTIVES AND HYPOTHESES**

### **2.1. OBJECTIVES**

The current research aims to identify correlations between resilience and emotional instability in relation to the onset of Burnout syndrome. Additionally, we will

explore whether there is a correlation between individuals' educational levels and Burnout syndrome.

## 2.2 HYPOTHESES

H1. We assume that there are significantly statistical differences between respondents with secondary education and respondents with higher education in terms of the level of burnout.

H2. We assume that there are correlations, statistically significant, between the level of burnout and the facets of affective maturity (Psycho-affective comfort - psycho-affective discomfort, Hedonic (stenic) tone, Emotional balance - emotional lability, Adequate socio-affective relationship capacity-suspicion).

H3. We assume that there are correlations, statistically significant, between the level of burnout and the facet of resilience (Employment).

## 3. METHOD

### 3.1. GROUP OF PARTICIPANS

The surveyed sample consists of 100 respondents, with an average age of 40 years. Fifty percent are male, and fifty percent are female. Regarding educational levels, 30% of respondents have completed secondary education, while 69% have higher education. In terms of job composition, 44% of respondents reported having a dynamic work environment, while 56% indicated a static work environment.

### 3.2. INSTRUMENTS

1. C(MA) Psychodiagnosis of Affectivity and Affective Maturation by Florian Ștefănescu Goangă and Gheorghe Zapan aims to diagnose affective maturation, which can also serve as an indication of individuals' personality. This psychodiagnosis primarily focuses on diagnosing forms of affectivity-related disorders such as depression and imbalance. However, it explores affectivity from a less "positive" perspective. The instrument consists of 75 items and measures ten subscales related to affective maturation, including emotional balance-emotional lability, socio-affective adaptability-suspicion, moderate emotional reactivity-irritability, agitation, tension, self-control-impulsivity, resistance to emotional situations-inability to withstand stress, emotions, frustration, adequate socio-affective relational capacity, affective participation-autocontrol of affective behavior, affective internalization capacity (self-control of affective behavior), hedonic tone (stenic), and psycho-affective comfort-discomfort1.

2. Burnout Evaluation Questionnaire (Professional Exhaustion): This professional test, developed by Freudenberger in 1974, aims to identify physical and psychological exhaustion caused by excessive demands on an individual's energy, resources, and forces. The questionnaire consists of 25 items and measures three

subscales: emotional exhaustion, depersonalization, and reduced personal accomplishments<sup>2</sup>.

3. DRS-15 Scale: Derived from the longer DRS-30 version, the DRS-15 scale assesses individual robustness, seen as a personality disposition related to resilience against stress. It manifests at cognitive, emotional, and behavioral levels. The instrument comprises 15 items and measures three subscales: engagement, control, and challenge<sup>3</sup>.

### 3.3. THE PROCEDURE

The questionnaires were introduced in the Google Forms platform, and respondents received an access link to complete them. The questionnaires were filled out online by the respondents, ensuring compliance with both the code of ethics and GDPR legislation. All participants were informed about the research and provided consent, being aware of the anonymity of their identity and the strictly statistical processing of the results.

### 3.4. RESEARCH DESIGN

For the research design, the following variables were analyzed: Dependent variables: Psycho-affective comfort, psycho-affective discomfort, Hedonic (stenic) tone, Emotional balance, Emotional lability, Socio-affective adaptation capacity, suspicion; and Employment. Independent variables: level of education. The design of the research follows the following model: N<sub>1,2</sub>:O<sub>1,2,3</sub>. Where N<sub>(1,2)</sub> is the sample divided by gender; O<sub>(1,2,3)</sub>- represents the answers to the three instruments used for measurements.

## 4. RESULTS

The results indicated a strong positive correlation between Burnout and Psycho-affective Comfort, with a correlation coefficient of  $r=0.590$ . This suggests that higher levels of Psycho-affective Comfort are associated with reduced Burnout symptoms. The statistical significance of this relationship is supported by a p-value of 0.001. The coefficient of determination,  $r^2=0.348$ , informs us that over one-third of Burnout variance can be explained by Psycho-affective Comfort variance.

In contrast, we observed a strong negative correlation between Burnout and Hedonic Tone (Stenic), with a coefficient of  $r=-0.584$ . This indicates that a greater tendency toward social behavior is associated with lower Burnout levels. Regarding the relationship between Burnout and Emotional Balance, a coefficient of  $r=-0.495$  suggests an inverse proportional relationship between the two constructs. Thus, low emotional balance (cyclothymia) facilitates Burnout onset, while high emotional balance (emotional stability) acts as a protective factor against Burnout. These findings are supported by the value of  $r=-0.584$ , confirming the inverse relationship.

Regarding Socio-affective Adaptability-Suspicion, we found a good negative correlation with a coefficient of  $r=-0.439$ . This indicates that adverse social behaviors are linked to increased Burnout symptoms. The coefficient of

determination,  $r^2=0.192$ , suggests that almost one-fifth of Burnout variance is explained by Socio-affective Adaptability-Suspicion variance.

Our study’s results underscore a significant inverse relationship between Engagement and Burnout. Discovering that higher levels of Engagement are associated with lower Burnout is essential for both organizations and employees. Strategies promoting employee engagement—such as recognizing achievements, providing professional development opportunities, and improving working conditions—can effectively reduce Burnout.

#### 4.1. TABLES

H1. We assume that there are significantly statistical differences between respondents with secondary education and respondents with higher education in terms of the level of burnout.

Table 1 – Independent Sample Test Results for H1

Group Statistics										
		N	Mean	Std. Deviation	Std. Error Mean					
Burnout	Secondary education	31	54,20	8,499	1,552					
	Superior	69	50,41	8,170	,984					
Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means		Std. Error95% Confidence Interval of Difference the Difference				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	e	Lower	Upper
Burnout	Equal variances assumed	,051	,822	2,098	97	,039	3,794	1,808	,205	7,384
	Equal variances not assumed			2,065	53,312	,044	3,794	1,837	,110	7,479

Analyzing the obtained results, we observe that the average burnout index for individuals with medium education (denoted as m1) is 54.20, while the average for the comparison group (denoted as m2) is 50.41. This difference is underscored by a p-value of 0.039, which falls below the standard threshold of 0.05. This suggests that Hypothesis H1, which posits that individuals with medium education exhibit a higher prevalence of burnout compared to the comparison group, is validated.

Furthermore, the difference between m1 and m2 averages is not only statistically significant but also relevant in terms of its impact on the studied population. The p-value, being less than 0.05, confirms a significant difference between education level and burnout prevalence.

Therefore, we can conclude that medium education is associated with a higher risk of burnout, which could have important implications for developing intervention and prevention strategies in this field.

H2. We assume that there are correlations, statistically significant, between the level of burnout and the facets of affective maturity (Psycho-affective comfort - psycho-affective discomfort, Hedonic (stenic) tone, Emotional balance - emotional lability, Adequate socio-affective relationship capacity-suspicion).

Table 2 – Spearman's Test Results for H2

		Correlations					
Spearman's rho	Burnout	Correlation Coefficient	Burnout	Psycho-affective comfort	Hedonic tone	Emotional balance	Socio-affective ability to adapt
			1,000	,590**	-,548**	-,495**	-,439**
		Sig. (2-tailed)	.	,000	,000	,000	,000
		N	100	100	100	100	100
	Psych o-affective comfort	Correlation Coefficient	,590**	1,000	-,765**	-,655**	-,683**
		Sig. (2-tailed)	,000	.	,000	,000	,000
		N	100	100	100	100	100
	Hedonic tone	Correlation Coefficient	-,548**	-,765**	1,000	,647**	,659**
		Sig. (2-tailed)	,000	,000	.	,000	,000
		N	100	100	100	100	100
	Emotional balance	Correlation Coefficient	-,495**	-,655**	,647**	1,000	,636**
		Sig. (2-tailed)	,000	,000	,000	.	,000
		N	100	100	100	100	100
	Socio-affective ability to adapt	Correlation Coefficient	-,439**	-,683**	,659**	,636**	1,000
		Sig. (2-tailed)	,000	,000	,000	,000	.
		N	100	100	100	100	100

\*\* . Correlation is significant at the 0.01 level (2-tailed).

In our study, which included 100 participants, we investigated the relationship between Burnout and Psycho-affective Comfort-Discomfort. The results indicated a strong positive correlation, with a coefficient of  $r=0.590$ , suggesting a robust association between the two variables. This association is confirmed by a p-value of 0.001, significantly below the standard threshold of 0.05, indicating statistical significance. Additionally, approximately 34.8% of Burnout variance can be explained by Psycho-affective Comfort-Discomfort variance, as shown by the coefficient of determination,  $r^2=0.348$ .

We also analyzed the link between Burnout and Hedonic Tone (Stenic). Here, we found a strong negative correlation, with a coefficient of  $r=-0.584$ , indicating a similarly robust relationship. The p-value of 0.001 underscores the statistical significance of this correlation. The coefficient of determination,  $r^2=0.341$ , informs us that 34.1% of Burnout variance is associated with Hedonic Tone (Stenic) variance.

Regarding the relationship between Burnout and Emotional Balance, we observed a good negative correlation, with a coefficient of  $r=-0.495$ . This suggests a strong inverse relationship between the two constructs. The p-value of 0.001 further validates the statistical significance, falling below 0.05. Approximately 24.5% of Burnout variance can be explained by Emotional Balance variance, according to the coefficient of determination,  $r^2=0.245$ .

Finally, examining the connection between Burnout and Socio-affective Adaptability-Suspicion, we found a good negative correlation, with a coefficient of  $r=-0.439$ . This indicates that adverse social behaviors are linked to increased Burnout symptoms. The coefficient of determination,  $r^2=0.192$ , reveals that almost one-fifth of Burnout variance is explained by Socio-affective Adaptability-Suspicion variance.

Our study delved deeply into the relationships between Burnout and various psychological behaviors and traits, providing valuable insights into the dynamics between professional stress and coping mechanisms. The analysis, based on a sample of 100 participants, revealed significant correlations between Burnout and Psycho-affective Comfort-Discomfort, Hedonic Tone (Stenic), Emotional Balance-Emotional Lability, and Socio-affective Adaptability-Suspicion.

These findings highlight the importance of understanding these factors in addressing Burnout and developing effective intervention and prevention strategies.

The conclusion of our study underscores the importance of positive behaviors and proper management of emotional effort in preventing and reducing Burnout. The results suggest that promoting positive social behaviors and developing effective coping strategies can significantly impact the fight against professional stress. These findings can guide the development of intervention and support programs for professionals, contributing to improved mental health and workplace well-being.

H3. We assume that there are correlations, statistically significant, between the level of burnout and the facet of resilience (Employment).

Table 3 – Spearman's Test Results for H3

Correlations				
Spearman's rho	Burnout	Correlation Coefficient	Burnout	Employment
		Sig. (2-tailed)	1,000	-,657**
		N	.	,000
			100	100
	Employment	Correlation Coefficient	-,657**	1,000
		Sig. (2-tailed)	,000	.
		N	100	100

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Our analysis of the relationship between Burnout and Engagement, involving 100 participants, revealed significant results. The p-value of 0.001, significantly below the standard threshold of 0.05, indicates a statistically significant correlation between the two variables. The Pearson correlation coefficient,  $r=-0.657$ , suggests a strong negative correlation, meaning that as Engagement levels increase, Burnout tends to decrease, and vice versa. This relationship is further supported by the

coefficient of determination,  $r^2=0.431$ , which informs us that approximately 43.1% of Burnout variance can be explained by Engagement variance.

Our study's findings underscore a meaningful inverse relationship between Engagement and Burnout. Discovering that higher levels of Engagement are associated with lower Burnout is essential for both organizations and employees. It suggests that strategies promoting employee engagement—such as recognizing achievements, providing professional development opportunities, and improving working conditions—can effectively reduce Burnout. Investing in employee well-being not only enhances job satisfaction and performance but also positively impacts mental health.

## 5. CONCLUSION

The conclusions of our research highlight the importance of resilience and affective maturation for better stress management in the occupational context, thus avoiding Burnout syndrome.

The analyzed data suggest that a higher level of Psycho-affective Comfort is associated with reduced Burnout symptoms. Furthermore, a greater tendency toward social behavior is linked to lower Burnout levels. This pattern is consistent in the relationship between Burnout and Emotional Balance, where emotional instability contributes to increased Burnout symptoms.

Another significant finding relates to the connection between Burnout and Socio-affective Adaptability-Suspicion. A high level of suspicion is associated with increased Burnout symptoms, and approximately one-fifth of Burnout variance can be explained by Socio-affective Adaptability-Suspicion variance.

Regarding the relationship between Burnout and Engagement, our results suggest that as Engagement levels increase, Burnout tends to decrease, and vice versa. This inverse relationship is essential for both organizations and employees. Strategies promoting employee engagement—such as recognizing achievements, providing professional development opportunities, and improving working conditions—can effectively reduce Burnout.

I also want to mention that recent studies on occupational burnout highlight the importance of resilience and other psycho-affective factors in managing stress and reducing burnout symptoms. For example, a study conducted on healthcare workers during the COVID-19 pandemic showed that a higher level of resilience is associated with lower levels of emotional exhaustion and a greater sense of personal accomplishment. The study emphasizes that developing resilience skills can significantly reduce the risk of burnout in high-stress situations (SpringerLink, 2021). Additionally, another longitudinal study over the course of a year examined the evolution of burnout and other psychological stress factors in healthcare workers. The results indicated that social support and self-compassion played crucial roles in maintaining mental health and reducing burnout. This study highlighted the importance of organizational support and self-compassion as protective factors against burnout (BioMed Central, 2022)."

In conclusion, our study contributes valuable insights to the existing literature by emphasizing the significance of positive behaviors, proper management of emotional effort, and individual resilience in preventing and reducing Burnout. These findings can guide the development of intervention and support programs for professionals, ultimately enhancing mental health and workplace well-being.

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