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EMOTIONAL-MENTAL BURNOUT OF DOCTORS IN UZBEKISTAN AND ITS REASONS

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✓ ***Resume,***

Medicine has always been considered a profession with high requirements for its representatives (personal qualities, high level of education, its versatility, continuity, etc.). Many medical workers, as representatives of helping professions, are at high risk of emotional burnout, which is referred to in foreign literature as "burnout", which translates as "collapse", "exhaustion". Burnout is a global problem associated with the presence of distress arising in the process of performing work activities, which has the potential for a negative impact on both mental and physical health of a person, and the effectiveness of the organization. Most researchers of burnout believe that this phenomenon is negative for organizations, employees and their environment; therefore, it is necessary to strive to reduce its level, which generates an ongoing scientific interest in the factors that form this multicomponent mental syndrome [1]. Despite the large amount of accumulated material on the problem of burnout in domestic and foreign science, disagreements on the mechanisms of burnout and its structure persist today.

Key words: burnout, emotional exhaustion, depersonalization, decrease in professional achievements, risk factors, doctors, medical students, prevention, professional efficiency and success, length of service, dynamics of professional burnout.

O'ZBEKISTONDAGI SHIFOKORLANING HISSIY CHARCHASH XAVFI YUQORILIGI SABABLARI

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✓ ***Rezyume,***

Tibbiyot har doim o'z vakillariga (shaxsiy fazilatlar, yuqori darajadagi bilim, uning ko'p qirraliligi, uzluksizligi va boshqalar) yuqori talablarga ega bo'lgan kasb sifatida qaraladi. Ko'pgina tibbiyot xodimlari, yordam beradigan kasblarning vakillari sifatida, hissiy charchash xavfi yuqori, bu esa chet el adabiyotida "burnout" deb tarjima qilingan "toliqish", "charchash" deb nomlanadi. Kuyish - bu insonning ruhiy va jismoniy sog'lig'iga va tashkilot samaradorligiga salbiy ta'sir ko'rsatishi mumkin bo'lgan mehnat faoliyatini amalga oshirish jarayonida yuzaga keladigan qayg'u-alam borligi bilan bog'liq global muammo.

Kuchsizlanish tadqiqotchilarining aksariyati ushbu hodisa tashkilotlarga, xodimlarga va ularning atrof-muhitiga salbiy ta'sir qiladi deb hisoblashadi, shuning uchun uning darajasini pasaytirishga harakat qilish kerak, bu esa ushbu ko'pkomponentli aqliy sindromni shakllantiruvchi omillarga doimiy ilmiy qiziqish uyg'otadi. Mahalliy va xorijiy fanlarda toliqish

muammosi bo'yicha juda ko'p materiallar to'planganiga qaramay, toliqish mexanizmlari va uning tuzilishi bo'yicha kelishmovchiliklar bugungi kunda ham davom etmoqda.

Kalit so'zlar: charchash, hissiy charchash, shaxssizlashish, kasbiy yutuqlarning pasayishi, xavf omillari, shifokorlar, tibbiyot talabalari, profilaktika, kasbiy samaradorlik va muvaffaqiyat, ish staji, kasbiy tükenme dinamikasi.

ЭМОЦИОНАЛЬНО-ПСИХИЧЕСКОЕ ВЫГОРАНИЕ ВРАЧЕЙ В УЗБЕКИСТАНЕ И ЕГО ПРИЧИНЫ

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✓ ***Резюме,***

Медицина всегда считалась профессией с высокими требованиями к своим представителям (личностные качества, высокий уровень образования, его разносторонность, непрерывность и т.д.). Многие медицинские работники как представители помогающих профессий подвержены высокому риску эмоционального выгорания, которое в зарубежной литературе обозначается термином «burnout» (англ.), что переводится как «сгорание», «выгорание». Выгорание является глобальной проблемой, связанной с наличием дистресса, возникающего в процессе выполнения трудовой деятельности, имеющей потенциал отрицательного влияния как на психическое и физическое здоровье человека, так и на эффективность деятельности организации. Большинство исследователей выгорания считают, что этот феномен является негативным для организаций, работников и их окружения, поэтому надо стремиться к снижению его уровня, что порождает непрекращающийся научный интерес к факторам, формирующим этот многокомпонентный психический синдром. Несмотря на большой массив накопленного материала по проблеме выгорания в отечественной и зарубежной науке, разногласия по вопросам механизмов выгорания и его структуры сохраняются и сегодня.

Ключевые слова: выгорание, эмоциональное истощение, деперсонализация, снижение профессиональных достижений, факторы риска, врачи, студенты медицинского вуза, профилактика, профессиональная эффективность и успешность, стаж, динамика профессионального выгорания.

Relevance

Despite the large amount of accumulated material on the problem of burnout in domestic and foreign science, disagreements on the mechanisms of burnout and its structure persist today. There are two main modern approaches to the study of burnout: Representeffective and ctive approach consider burnout as a condition that includes a number of specific components, combined into larger blocks within a single syndrome [2].

The traditional and generally accepted theory of burnout can be considered a three-factor model proposed by K. Maslach and S. Jackson, according to which the burnout syndrome is understood as a state of physical, emotional and mental exhaustion that manifests itself in the professions of the social sphere and includes three main components:

- Emotional exhaustion (feeling of emotional emptiness, fatigue from work, decreased mood);
- Depersonalization (dehumanization: negative, cynical attitude towards colleagues and clients, detachment);
- Reduction of professional achievements (a sense of incompetence and awareness of their own inconsistency, failure) [3]

Four-factor models explain the emergence of the fourth additional factor by the specificity of professional activity. For example, such a factor may be the anxiety of specialists for the family in connection with a long stay outside the home [1].

Proponents of the two-factor model of the burnout structure suggest different variants of its structure. D. Green argues that the factors of emotional exhaustion and depersonalization are parts included in one basic factor, which, together with the reduction of professional achievements, constitutes the structure of burnout. A. Garden defines depersonalization as a factor specific only to social service professions T.J. Kalliath and other authors exclude the reduction of professional achievements from the structure of burnout [5].

One-factor models by A. Pines and E. Aronson interpret burnout as a complex state of physical, mental and emotional exhaustion caused by prolonged involvement in an emotiogenic situation [4].

From the point of view of the procedural approach, burnout is considered as a course of destructive development in the professional development of an individual, which includes a number of successive stages. M. Burish relies on dynamic changes in the development of burnout that unfold during the passage of six phases [6]. The main source of burnout is associated with the contradiction between the degree of involvement in the work and the quality of the results obtained. The stages of development of burnout in accordance with the six-step model proposed by M. Burish are characterized as follows:

- a preventive phase, manifested in excessive activity in work and the repression of experiences of failures and disappointments;
- a decrease in the level of their own participation in professional activities, accompanied by dissatisfaction with work and attributing their own failures to others;
- the manifestation of emotional reactions and such personality traits as depression, aggressiveness, conflict;
- phase of destructive behavior; - psychosomatic reactions and decreased immunity; - disappointment and negative attitude in life: a feeling of helplessness, loss of meaning in life, existential despair [6].

According to L.A. Kitaev-Smyk, burnout is associated with the meaning of professional activity and life in general, which allowed the author to call the studied syndrome "burnout of the soul" [7]. In this case, the problem of reversibility - irreversibility of burnout remains insufficiently studied. Representatives of the structural-results approach believe that professional burnout syndrome is irreversible [3]. Other authors, who support the procedural direction of the study of this phenomenon, note that the degree of reversibility of burnout is influenced by both personal factors and organizational factors, in particular, corrective measures taken at work [8].

A promising direction in the study of the degree of penetration of burnout and its negative consequences into the structure of the personality of a professional is longitudinal studies of burnout of doctors, which are practically absent in domestic science [1].

An alternative to long-term longitudinal studies of burnout can be studies of such groups of professions in which this syndrome develops very quickly in almost all specialists. In this regard, this work uses the results of research on the professional burnout of call center workers who provide telephone counseling to clients of free hot lines. In such organizations, staff turnover is a common daily occurrence. A complete change of the personnel of "hot telephone lines" of many companies occurs within six months or a year [6].

Factors of development and risk of burnout. Risk factors for the development of burnout can be such work-related factors as a place in the service hierarchy, understaffing and high requirements for it, professional experience, age of an employee, as well as negative characteristics of his professional activity (overwork, overwork, overtime work, conflicts with work, poor social support, boredom, limited resources, lack of feedback, professional insecurity and a sense of social injustice, imbalance between effort and reward, length of internship, delayed remuneration, etc.).

At the same time, the results of studies of employees of customer hotlines indicate that the risk of burnout, as well as the depth of its destructive influence on a doctor, depends to a large extent on the professional motivation of the doctor: specialists aiming at career growth, authority, recognition, as well as material remuneration ("external" factors that determine one's own value as a professional) are more susceptible to emotional burnout than those that aim to satisfy any internal emotional and spiritual needs.

However, the results of a study conducted by Yu.S. Guryanova and T.L. Kryukova [1], about the greatest susceptibility to burnout of teachers, for whom work has a positive personal meaning and is a meaning-forming motive of their professional activity, do not confirm the data obtained in our study. Although the professional burnout of call center employees was associated with the intensity of work and the overall efficiency of the employee, the most successful employees who rely on their own values and meanings in the implementation of their professional activities did not reveal clear signs of professional burnout.

Emotional burnout is associated not only with professional stresses, but also with existential reasons and is the payment for unfulfilled life expectations. A “burned out” person loses a sense of meaning, ceases to feel happy, loses his personal perspective and the ability to effectively self-actualize. Burnout leads to the development of an "existential vacuum", a decrease in the sense of meaningfulness of life in the present moment, and a devaluation of the meaning of future life. Dissatisfaction with the quality of life can also be a cause and a consequence of burnout. A decrease in personal achievements and responsibilities correlates with a decrease in the quality of life, job dissatisfaction, self-control, mood, relationships with others, and physical distress. In the group of dentists, the relationship between burnout and dissatisfaction with various aspects of life was revealed. Dissatisfaction with work and career growth was correlated with the experience of being “caged,” “expanding the sphere of saving emotions,” “personal detachment,” “emotional exhaustion,” and the phase of burnout.

The experience of loneliness also affects the formation of burnout. A high degree of burnout reduces sensitivity not only towards other people, but also towards yourself. This weakens the experience of loneliness as a defense against suffering. Emotional exhaustion and depersonalization negatively correlate with the degree of experience of loneliness: the dullness of freshness of feeling affects a more insensitive attitude towards oneself, leading to a decrease in the experience of loneliness [9]. The results of the study of burnout of dentists showed that “the more significant the emotional exhaustion and the feeling of hopelessness, emotional impasse, the stronger the feeling of dissatisfaction with work and oneself, which gives rise to such a strong sense of personal anxiety, which manifests itself outside of professional activity, the more pronounced the decrease in emotional background, manifestation of indifference to the patient. The higher the degree of exhaustion, the more the professional will tend to avoid thoughts or contact with patients. The burnout phase is associated with the indicator "caged in": the stronger the feeling of hopelessness, emotional deadlock, and the more significant the experience of distress. The stronger the professional's feeling that he can no longer help the subjects of his activity, the more he tries to alleviate or reduce the responsibilities that require emotional costs, and the more clearly this is manifested in the actions of a specialist in the field of communication: there is a complete or partial loss of interest in the subject of professional activities” [9].

The theoretical explanation for the development of burnout is provided by the model “Requirements for work - resources for work”. In this model, all factors associated with occupational stress fall into two main categories: job requirements and job-related resources. Job requirements are defined as physical, psychological, social and organizational aspects that require sustained physical, psychological effort or skill and therefore lead to certain physiological / psychological costs.

Examples of job requirements: intense stress, optimal workload, emotionally demanding interactions with clients, etc. Excessive job requirements lead to value conflicts, loss of independence, independence, initiative, role uncertainty and role conflicts, injustice, dishonesty, etc. When medical personnel are faced with high demands for work and have limited resources to complete it, they are at risk of developing burnout. Job requirements play a decisive role in poor health and, to a lesser extent, in the motivational process. They are important correlates of emotional exhaustion, while resources are the most important correlates of depersonalization. The resources for performing the work contribute to the achievement of the set goals, reduce the costs associated with it. Skills, sufficient time to get the job done and controllable, the ability to influence decisions, support from managers, high-quality peer relationships, productivity-related feedback, retraining opportunities, and career incentives are examples of these resources. Workplace resources especially affect motivation to achieve goals when job requirements are high. All types of resources have motivating potential and become especially useful when needed. Personal resources such as self-efficacy and optimism can act as resources in the workplace. They increase a person's confidence in their ability to control the environment, are a buffer for the negative effects of high demands at work, and prevent the development of professional deformation [10, 11].

Initially, it was believed that professional burnout occurs as the length of the work experience; however, the ideal ideas quickly gave way to pragmatic ones. Admiration, passion for medical practice gave way to routine work. Despite the growing desire of a certain part of doctors to retire earlier, referring to the high stress at work, a decrease in job satisfaction, the point of view is expressed that burnout among experienced doctors is less common than among doctors who are just starting their careers [12, 13].

The problem of burnout among medical students is becoming urgent, because as they move from teaching through lectures and seminars to clinical work with patients, focused on helping andcaring for patients, there is an increase in negative experiences caused by increasing distress, a decrease in self-confidence and humanistic attitudes to the sick. This can lead to a decrease in the quality of health care provided and negatively affect the health and well-being of medical students. Distress during medical school can lead to bumout with significant consequences, especially if bumout continues in and out of residency.

Research carried out in 2006 involving different groups of three medical schools in Minnesota, found that 45% of students had bumout, in whom the experience of serious illness was the only negative life event highly associated with an increase in bumout. Positive life events were not associated with burnout, although they were significantly associated with a lower risk of alcohol use and depression. The study authors concluded that their self-reported estimates of the prevalence of bumout among medical students are limited and the prevalence of bumout is actually lower. In addition, the study found that bumout among 1st-2nd year students was closely related to perceived levels of support from faculty, while bumout among 3rd and 4th year students was most closely associated with medical practice, internships and devaluation of the importance of patients. Patient-related students on night shifts were more likely to experience bumout, possibly due to long hours in the hospital and the severity of practical work experiences. The frequency of calls,the number of patients served, appointments and consultations did not significantly affect the development of burnout [11].

In our country, a similar, but different situation is developing: the same internal, external "return" is important for students, as are the conditions of study at a medical university, its provision, the composition of teachers and their professional and personal qualities, "solidity", the level of requirements.

Conclusion

Summarizing all of the above, professional bumout in doctors is a consequence of complex interactions:

1) A subjective assessment of reality: the quality of education at the university, the prospects for career growth and personal freedom, material security, a sense of legal security.

2) Objective reality: working conditions, requirements, the adequacy of the authorities, and the ratio of wages to the subsistence level in the region.

3) Personal trait, feelings, aspirations.

Moreover, it can develop at different stages of the formation of a doctor as a professional.

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