

INVESTIGATIONS OF MANIFESTATION OF “EMOTIONAL BURNING SYNDROME” PECULIARITIES WITH DOCTORS IN UKRAINE

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ABSTRACT

The aim: The purpose of the article is to present the results of research on the peculiarities of the symptoms of emotional burnout with doctors in Ukraine to justify the necessity to develop a set of preventive express measures to normalize their psychophysiological state after being in stressful situations.

Materials and methods: The study involved 270 doctors of different specializations. We used “Diagnosis of the level of emotional burnout” (Boyko V.).

Results: The results of studies have shown a significant manifestation of the “emotional burnout” symptoms with doctors. The presence of symptoms in all phases of the syndrome has been stated. It has been found that the dominant phase of the syndrome with those under investigation is the phase of resistance.

Conclusions: The reasons which promote emergence of “emotional burnout” syndrome are described. The real problems that contributed to the development of effective measures with the aim to prevent the syndrome of emotional burnout with physicians, including the conditions of the COVID-19 pandemic, on advanced training courses at the Department of Pedagogy, Psychology, Medical and Pharmaceutical Law at the Shupik National University of Health of Ukraine.

KEY WORDS: “emotional burnout” syndrome, emotions, stress, symptoms of “emotional burnout”

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INTRODUCTION

The analysis of foreign and domestic scientific publications shows the actuality of the prevention of “emotional burnout” with doctors, especially during the COVID-19 pandemic. The syndrome of “emotional burnout” as a multifaceted phenomenon is variously expressed in mental and somatic reactions to different life situations, both in the professional and personal spheres [1, p. 25].

It should be noted separately that the 72nd session of the General Assembly of Health recognized the syndrome of “emotional burnout” as a disease and it was first included in the International Classification of Diseases (ICD-11), which came into force on 1 January 2022. The main basic characteristics of the syndrome were identified:

1. Feeling of energy depletion or exhaustion.
2. Increased mental fatigue from work, feelings of negativity or cynicism associated with work.
3. Decrease of professional efficiency.

In the last decade, the “emotional burnout” syndrome has attracted increased attention among health professionals, leading to an increase in scientific research in this area. The stress factors of the medical profession can cause psychological frustration and negative attitude toward patients, which is a consequence of psychological and physiological exhaustion. Symptoms of “emotional burnout” are mani-

festated when the doctor gives too much energy for a long time and does not have enough time to replenish it.

The scientists’ researches have strongly pointed towards the connection of the emotional burnout syndrome with psychosomatic illness. Physicians may experience constant fatigue, physical weakness, apathy, and depressive and affective disorders. Moreover, the signs of mental disorders precede clinical manifestations of cardiovascular pathology, including the coronary heart disease [2, p. 38].

Nowadays, doctors are more likely to have symptoms of burnout due to the COVID-19 pandemic. A study of M. Denning’s medical staff with the help of the Oldenburg Questionnaire shows that in the UK 31.5% of doctors and medical staff had symptoms of burnout before the pandemic and 50% during the epidemic; and 51% in Singapore before pandemic and 79% during it [3]. It should be noted separately that the work of physicians and medical staff with patients with COVID-19 affects the increase manifestation in the intensity of emotional exhaustion and depersonalization (emotional personality detachment) compared to those who are not connected with patients with COVID-19 [4]. At the same time, young respondents aged 21 to 30 had more pronounced symptoms of the syndrome than older doctors and health professionals. Also, an important feature was that the intensity of burnout

symptoms manifestation during the pandemic increased in 1.64 times with doctors and 5 times with support staff [5].

Of the greatest importance are the obtained data that the syndrome of “emotional burnout”, in contrast to other mental states, manifests itself at different levels of subjective activity: individual, interpersonal, group and in different areas: cognitive, emotional and behavioral activity [6]. The conclusion made by Kitaev-Smyk L. about the burnout as an existential phenomenon, which is connected with the meaning of professional activity and life in general, is important. He defines the phenomenon under study as “burnout of the soul” [7].

THE AIM

The purpose of this article is to present the results of research on the peculiarities of manifestation of the emotional burnout symptoms with doctors of various specialties in Ukraine to develop and apply effective complex express methods of prevention to normalize their psychophysiological states after being in stressful situations.

MATERIALS AND METHODS

The study was conducted in the process of continuous professional development of doctors during formal and informal training at the Shupik National University of Health of Ukraine. A number of selected persons consisted of 270 doctors of various specialties: reanimation, surgery, anesthesiology, emergency medicine, aged from 25 to 40 with work experience up to 15 years.

The study was conducted in stages. At the first stage we conducted a theoretical analysis of the literature on this issue, at the second - the study itself, at the third - the analysis and generalization of the results. In the process of work we used such methods as: analysis, synthesis, generalization, psychodiagnostic method and methods of descriptive statistics.

To study the presence of the syndrome of “emotional burnout” with doctors the method of “Diagnosis of the level of emotional burnout” was used (Boyko V.) [8]. It consists of 84 questions that help to identify the main symptoms of emotional burnout syndrome and corresponding phases of burnout (“tension”, “burnout” or “exhaustion”).

The revealed symptoms of syndrome allow to analyze qualitatively the process of its formation. The phase of “tension” is characterized by experience of traumatic circumstances, dissatisfaction with yourself, being “caged”, anxiety and depression. The phase of “resistance” includes: inadequate emotional selective reaction, emotional and moral disorientation, expansion of the saving emotion sphere, reduction of professional responsibilities. The phase of “exhaustion” consists of emotional deficit, emotional detachment, personal detachment, psychosomatic and autonomic disorders. It should be pointed out that the method is based on quantitative and qualitative analysis, which is carried out by comparing the results within each phase and identifying the dominant symptoms in each of

them, which is important for us.

The descriptive statistics methods were used to process the results of the study. The reliability of the study results was verified with the help of selective method of study by Cochran W. Statistical calculation and mathematical processing of the obtained data set were performed from the office application Microsoft Excel.

RESULTS

The analysis of the results of the empirical study shows the intensity of the symptoms of “emotional burnout” syndrome with practitioners of different specializations on the method of “Diagnosis of emotional burnout of Boyko V.” (Table I). The data obtained indicate that in the group of tested 47.65% of doctors have symptoms of the “emotional burnout” syndrome at the stage of formation. 22.78% of tested have the syndrome already formed, and 29.59% of people – do not have. We can confirm that more than 70.43% of the tested doctors already have symptoms of “emotional burnout” syndrome.

According to the results of the study, it was also stated that the second phase of the syndrome - resistance - is dominant among doctors. It was determined that in this phase, with 54.90% of tested the burnout is at the stage of formation and with 32.32% of people - the syndrome has been formed. The doctors with dominant resistance are characterized by a desire for psychological comfort, which they achieve by reducing psychological tension, selective communication and simplified performance of their professional tasks.

We found that phase of depletion of the syndrome of “emotional burnout” with doctors under study is in the second place in importance. For 59.91% of doctors it is in the process of formation, and for 21.29% is fully formed. For tested with symptoms of the depletion phase the deterioration of general well-being and the predominance of negative emotions, which reduce the overall energy potential and cause a weakening of the nervous system are typical.

The doctors under study have a phase of “tension” that is less pronounced than the phases of the syndrome. 57.20% of respondents do not have it, 28.10% of people have it in the process of formation, and 14.70% have it fully formed. Physicians with the presence of symptoms at the stage of tension are characterized by awareness of the impact of the negative aspects of professional activity on them, which exhausts them and leads to irritability and accumulation of internal tension.

In general, it can be argued that the studied physicians have expressed all phases of the syndrome of “emotional burnout”, but the dominant is the phase of resistance.

We will describe directly the manifestation of symptoms of the “emotional burnout” syndrome in each phase (Table II). It should be noted that in the process of interpretation, we adhered to the norms of expression of indicators established by the author of the method Boyko V. (not developed symptom, developing symptom and developed one).

Table I. The level of formation of the syndrome of "emotional burnout" phases in doctors

Phases of emotional burnout syndrome	Indicator of manifestation with a number of studied (% of their total number)			*p <
	Low	At the stage of formation	Formed	
Tension	154 (57,20)	76 (28,10)	40 (14,70)	0.05
Resistance	35 (12,78)	148 (54,90)	87 (32,32)	0.001
Exhaustion	51 (18,80)	162 (59,91)	57 (21,29)	0.001
The general level of formation of the syndrome	79 (29,57)	129 (47,65)	62 (22,78)	0.001

Note: *when comparing the indicator of the "not formed" syndrome and combinations of manifestations of this syndrome

Table II. The results of the study of symptoms of emotional burnout in doctors

Phases	Symptoms	Expression indicator with a number of studied (% of their total number)			*p <
		Not formed	Forming	Formed	
I.Tension	Experiencing of psycho-traumatic circumstances	59 (21,85)	76 (28,15)	135 (50,00)	0,001
	Self-dissatisfaction	216 (80,00)	54 (20,00)	-	0,001
	«Being caged»	205 (75,93)	65 (24,07)	-	0,001
	Anxiety and depression	138 (51,11)	108 (40,00)	24 (8,89)	-
II.Resistance	Inadequate selective emotional reaction	14 (5,19)	148 (54,81)	108 (40,00)	0,001
	Emotional and moral disorientation	91 (33,70)	130 (48,15)	49 (18,15)	0,001
	Expansion of saving emotion sphere	14 (5,19)	140 (51,85)	116 (42,96)	0,001
	Reduction of professional responsibilities	19 (7,04)	175 (64,81)	76 (28,15)	0,001
III.Exhaustion	Emotional deficit	14 (5,19)	175 (64,81)	81 (30,00)	0,001
	Emotional detachment	8 (2,96)	208 (77,04)	54 (20,00)	0,001
	Personal detachment	100 (37,04)	116 (42,96)	54 (20,00)	0,001
	Psychosomatic and vegetative disorders	81 (30,00)	148 (54,81)	41 (15,19)	0,001

Note: *when comparing the indicator of the "not formed" syndrome and combinations of manifestations of this syndrome

As mentioned above, the tested have the phase of resistance as the most pronounced, which is indicated by certain symptoms. It was stated that the symptom of "expansion of the sphere of saving emotions" is dominant in this phase. With 51.85% of doctors it is in the process of formation and with 42.96% of people it has already been formed. This symptom is expressed with them by avoiding contact with close people due to overloading with communication in professional environment (patients, patients' relatives and colleagues, etc.).

The second most pronounced symptom is "inadequate selective emotional response." With 54.81% of tested it is expressed as a developing symptom, and with 40.00% - as a developed one. It can be assumed that doctors vaguely perceive the boundary between emotions and emotional response.

Third in severity is the symptom of "reduction of professional responsibilities". With 64.81% of those diagnosed, it is in the process of formation and with 28.15% of people it has developed. We can state that among tested the symptom is manifested by the simplicity of approaches to the performance of professional duties to reduce emotional costs. There is also some tension in behavior and lowering motivation to professional activity.

The least pronounced symptom in this phase is the symptom of "emotional and moral disorientation". Among

48.15% of doctors it is manifested as developing, and among 18.15% it is already fully formed. This indicates that most examined are aware that they do not show the proper emotional response to patients, colleagues and also use self-justification of their actions.

Let's analyze the severity of symptoms of the syndrome of "emotional burnout" in the phase of "exhaustion". The most pronounced symptom in this phase is "emotional deficit". It has been found that with 64.81% of physicians it is in the process of formation, with 30.00% of those examined have a developed one and 5.19% have none. Doctors with symptoms of "emotional deficit" a developed are characterized by a sense of lack of emotional support, sympathy and empathy for patients, their relatives and colleagues. They show irritability, directness, hardness and sharpness in communication.

It should be noted that the examined have also a symptom of "emotional detachment". It is significant that this symptom is the most forming with 77.04% of examined and formed- with 20.00%. They are characterized by lack of empathy and emotionality, and automatic performance of their professional duties. This can be noticed by patients and they can be traumatized with this attitude towards themselves. At the same time, in other areas of life these doctors are quite fully express their emotions.

We can state that the results of study revealed the presence of “personal alienation” symptom. Among the studied with 42.96% of doctors, this symptom is defined as developing, with 20.00% as a developed one. This symptom is expressed in all spheres of doctors’ life activity. There is a distortion of human values: dissatisfaction with work, lack of interest in work with people, manifestation of contempt and hatred towards others. As a last variant, neurosis-like and psychopathic states are pronounced.

The examined have also had a symptom of “psychosomatic and vegetative disorders”. Among the tested 54.81% of doctors have its manifestations at the stage of formation and 15.19% - as developed one. The symptom is characterized by changes in somatic or mental states, as well as an increase in their manifestations, even at the thought of difficult patients, difficult relationships with colleagues, which causes indignation, mood deterioration, fear and etc.

The examined in the phase of “tension” have the most pronounced symptom of “experiencing of traumatic circumstances.” It has been stated that 50.00% of doctors have a developed symptom and 28.15% of studied have a developing one. In general, doctors realize the psycho-traumatic factors of professional activity, but, unfortunately, cannot change them. This is what causes with them indignation, rejection, internal conflict and leads to the gradual development of symptoms of “emotional burnout” syndrome. The symptom of “experiencing traumatic circumstances” is the key and triggers the mechanism of this phenomenon.

As you can see, the syndrome of “emotional burnout” among doctors is a fairly common problem that reduces activity efficiency, impairs the health of the doctor and negatively affects all areas of his life activity.

DISCUSSION

Based on the results of research, we state that the presence of the syndrome of “emotional burnout” directly indicates the impact of professional activities on the doctor. We believe that manifestation of the symptoms of the syndrome of “emotional burnout” depends on a number of factors. Firstly one of the main reason is a psychological overloading of contacts with patients and their relatives. Secondly, the predominance of high external requirements for the professional activity of a doctor. Thirdly - tiredness from a large amount of professional responsibilities and number of patients. Fourthly - the inability to replenish internal resources to maintain a harmonious balance through constant employment (duty, replacement of colleagues, etc.), tiredness, lack of motivation and knowledge on prevention of the syndrome, low financial security, and the presence of family of the problems. Fifthly - constant work with deteriorated health, negative general state, pain, complaints of patients and their relatives, who, in fact, from the university bench aim doctors to stay constantly in a professional environment with the presence of negative emotions.

This spectrum of the main reasons of burnout indicates the diversity of specifics of the professional activities of

a doctor and lack of effective tools for the prevention of “emotional burnout” syndrome. In particular, a similar opinion is held in recent works Shahi S. et al. [9] and Zhou T. [10].

Also, it should be noted that doctors have insufficient knowledge of psychology and psychiatry, they need to deepen and expand knowledge in the fields of conflict and communication to establish constructive interaction “doctor-patient”, ignorance of the real potential of technologies for self-regulation of psycho-emotional states of a man which would contribute to the psycho- prophylaxis of their syndrome of “emotional burnout”.

CONCLUSIONS

The syndrome of “emotional burnout” is quite complex, multifaceted and progressive phenomenon. This is evidenced by the results of psychological study, which states the presence of its symptoms with 70.43% of physicians, of whom 22.78% of examined have already identified the syndrome as developed. We can say that the presence of the syndrome of “emotional burnout” leads not only to serious problems with the health of the doctor, the deterioration of his interpersonal relationships, break the adaptation in society, but also causes changes in the integrity of individual.

Thus, in order to prevent and reduce the intensity of manifestation of emotional burnout symptoms with physicians, especially in the current context of the COVID-19 pandemic, there is an urgent need for professionals to master professional skills of self-regulation of psycho-emotional state, including emergency complex psycho-physiological regulation of their functional states in extreme conditions. We also see that there are problems in the field of psychological training that can be eliminated at the level of postgraduate education, by improving the thematic content, continuous professional development activities to improve the professional level of doctors, which will help them realize the necessity to restore and maintain their health and psycho- physiological potential, as well as increase the level of psychological training.

REFERENCES

1. Larencova L.I., Bardenshtejn L.M. Sindrom emocijal'nogo vygoraniya u vrachej razlichnyh special'nostej : psihologicheskie aspekty. Moskva: Med. kniga; 2009, 98p.
2. Chaban O. Misce nejroleptikov u zagal'no somatichnij praktici, v t.ch. mozhlivosti psihofarmakokorekcii sformovanogo sindromu vigorannya medichnih pracivnikiv. Medichna Gazeta. Zdorov'ya Ukraïni. 2021;5:38–39. (in Ukrainian)
3. Denning M., Goh E.T., Tan B. et al. Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study. PLoS One. 2021;16(4):e0238666. doi: 10.1371/journal.pone.0238666.
4. Lasalvia A., Amaddeo F., Porru S. et al. Levels of burn-out among healthcare workers during the COVID-19 pandemic and their associated factors: a cross-sectional study in a tertiary hospital of a highly burdened area of north-east Italy. BMJ Open. 2021;11(1):e045127. doi: 10.1136/bmjopen-2020-045127.

5. Khasne R.W., Dhakulkar B.S., Mahajan H.C., Kulkarni A.P. Burnout among Healthcare Workers during COVID-19 Pandemic in India: Results of a Questionnairebased Survey. *Indian Journal of Critical Care Medicine*. 2020;24(8):664–671. doi: 10.5005/jp-journals-10071-23518.
6. Maksymenko S., Kokun O., Topolov Ie. Et al. The influence of occupational stress on employees' mental health. *Wiadomości Lekarskie*. 2021;74(11): 2818–2822. doi:10.36740/WLek202111124.
7. Kitaev-Smyk L.A. Vygoranie personala. Vygoranie lichnosti. Vygoranie dushi. *Psihopedagogika v pravoohranitel'nyh organah*. Omsk: Izd-vo Om. yurid. in-ta MVD Rossii; 2008, 13p. (in Russian)
8. Bojko V. V. Psihoenergetika. Sankt-Peterburg: Piter; 2008, 60p. (in Russian)
9. Shahi S., Paudel D.R., Bhandari T.R. Burnout among resident doctors: An observational study. *Annals of Medicine and Surgery*. 2022;76:103437. doi: 10.1016/j.amsu.2022.103437.
10. Zhou T., Xu C., Wang C. et al. Burnout and well-being of healthcare workers in the post-pandemic period of COVID-19: a perspective from the job demands-resources model. *BMC Health Services Research*. 2022;22:284. doi: 10.1186/s12913-02.

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The Authors declare no conflict of interest.

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