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**BURNOUT SYNDROME OF TEACHING STAFF OF CLINICAL
DEPARTMENTS AT MEDICAL UNIVERSITIES**

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Abstract

Today the training of highly professional medical personnel is in great demand due to the dynamically changing economic and political situation in Russia. The leading role in this process is assigned to the academic teaching staff of medical universities. The work of the teaching staff implies not only high-quality theoretical training, but also mastering the professional skills of communicating with patients. The profession of a doctor implies emotional response and dedication to high moral standards, which entails professional deformation of the personality. In addition to working with patients, the teaching staff of clinical departments assumes responsibility for the education of future medical personnel, which in turn affects the psycho-emotional status of the teachers themselves. The professional activity of the teaching staff of clinical departments of medical universities is characterized by emotional involvement and psychophysical stress, which leads to rapid physiological and psychological exhaustion. This is subsequently expressed in a decrease in personal achievements, the development of conflict situations in the team and family, the appearance of aggression, and an increase in the level of anxiety. The dependence of the emotional burnout among medical professionals, and in particular among the teaching staff of clinical departments of medical universities, on the length of service, gender and age, remains poorly studied. The above-mentioned factors determine the relevance of this work.

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Keywords: Coping strategies, depersonalization, medical school teachers, personality reduction, professional burnout, psychological status



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1. Introduction

Currently, one of the key issues in Russia is the training of highly professional medical personnel. The leading role in this process is assigned to the teaching staff of medical universities. Today, in the context of the ongoing Russian higher education reform, the emphasis is placed on the increased responsibility of teachers of medical universities for the results of their work. In this regard, it becomes especially relevant to ensure that the qualifications of teachers correspond to the competence-based approach in higher professional education in the conditions of its continuity. One of the priorities in the development of higher medical education in Russia is the integration of higher education into the international educational space. Currently, the Educational Standard of third generation for higher education is being implemented, during which innovative approaches in psychological and pedagogical support, as well as methodological competence of the teaching staff, are being introduced into the educational process.

Teachers of medical universities are a special category of teachers who have specific functions, methods of work, qualification and personal characteristics. In addition, the new Federal State Educational Standard distinguishes in the main educational program not the substantive part of the disciplines contained in it (theory and knowledge taught by the teacher), but the final result of the training, expressed in competencies, i.e. the skills that the student has mastered during the educational process. Thus, the priority task for the teaching staff is to increase the level of competence in the sense of mastering innovative teaching methods and their implementation in the real pedagogical process. These changes, in turn, require teachers to increase the variety of educational technologies of active and interactive types, which transforms the entire educational process and the structure of classes. Modernization of education in medicine leads to an increase in the intensity of psycho-emotional expenses of employees and a high risk of developing burnout syndrome, an increase in the level of anxiety, and a decrease in stress resistance.

In addition to working with patients, the teaching staff of clinical departments takes responsibility for educating future medical personnel, which in turn affects the psycho-emotional status of the teachers themselves, the appearance of aggression, and an increase in the level of anxiety (Bolotnikova, 2016; Safonova, 2017).

2. Problem Statement

The most common psychological concept applied in science is the concept of emotional burnout, which includes three components: emotional exhaustion, depersonalization, and reduced personal accomplishment. Thus, disorders affect various aspects of the personality and professional activity of teaching staff: interpersonal, behavioural and psychophysiological (Cherlyunchakovich, 2016; Demina et al., 2008).

3. Research Questions

Teachers of the older generation (40 years and older) are more likely to suffer from burnout syndrome. These are, first of all, workers who selflessly devote their lives to work, are active, decisive, straightforward, uncompromising, highly demanding of themselves, having an introverted character and individual psychological characteristics that are not consistent with the professional requirements of communicative professions (Bogdanova et al., 2018; Golmenko, 2014, 2017; Pronicheva, 2018; Semenova et al., 2017; Tretyakova, 2019).

4. Purpose of the Study

The purpose of the study is to identify the burnout syndrome among the teaching staff of clinical departments of medical universities, its dependence on work experience, age and gender.

5. Research Methods

The study was carried out in medical universities of Saratov. The study involved 63 faculty members of clinical departments of universities.

Among the surveyed persons are 41 women (65.1% of the total number of respondents) and 22 males (34.9 % of the total number of respondents), with work experience in the field of professional medical education from 2 to 51 years.

The respondents were divided into 3 groups depending on the length of service.

Group 1 have experience from 25 to 51 years (average work experience – 41.5 years), maximum work experience – 51 years, minimum – 25 years. Group 1 consisted of 31 people (average age 63.2 years) – 49.2 % of the total number of respondents; 26 females – 83.9 %; 5 males – 16.1 % of the group.

Group 2 have experience from 10 to 25 years (average work experience – 14.5 years), maximum work experience – 20 years, minimum – 10 years. Group 2 consisted of 17 people (average age 36.8 years) – 27 % of the total number of respondents; 9 females – 52.9 % of the group; 8 males – 47.1 %.

Group 3 have experience from 0 to 10 years (average work experience – 5.3 years), maximum work experience – 8 years, minimum – 2 years. Group 3 consisted of 15 people (average age 28.1 years) – 23.8 % of the total number of respondents; 5 females – 33.3 % of the group; 10 males – 66.7 %.

The assessment of emotional burnout in the groups of the teaching staff of clinical departments of medical universities was carried out using psychological test questionnaires:

1. Subbotin Test;
2. Eccles scale;
3. Heim's Coping Mechanism Scales;
4. Methodology for revealing the emotional burnout degree by V. Boyko.

6. Findings

When examining respondents using the Subbotin Test, the following results were obtained:

Group 1 surveyed had an average value of – 35.4 – an average degree of resistance to stress;

Group 2 surveyed had an average value of – 39.3 – an average degree of resistance to stress;

Group 3 surveyed had an average value of – 35.9 – an average degree of resistance to stress.

Thus, all groups, regardless of work experience and age, are characterized by an average degree of resistance to stress.

When examining the respondents according to the “methodology, the degree of fatigue (Eccles scale)”, the following results were obtained:

Group 1 surveyed had an average value of 4.8 – a normal level of fatigue;

Group 2 surveyed had an average value of 4.6 – a normal level of fatigue;

Group 3 surveyed had an average value of 4.1 – a normal level of fatigue.

Thus, all surveyed groups of respondents showed a normal level of fatigue; however, with an increase in work experience and age, there is a slight tendency to an increase in the level of fatigue.

When examining the respondents using Heim's Coping Mechanism Scales the following results were obtained:

For Group 1 surveyed in part “A”, the most common answer was “4” – “I do not lose my composure and control over myself in difficult times and I try not to show my condition to anyone”, which is a relatively productive coping strategy (helps in some situations, for example, not very significant or with a little stress). “Maintaining self-control” is a form of behaviour aimed at analysing the difficulties that have arisen and possible ways out of them, increasing self-esteem and self-control, a deeper awareness of one's own value as a person, the presence of faith in one's own resources in overcoming difficult situations.

In Part “B”, the most often chosen coping strategy was “4” – “optimism” – “I am always sure that there is a way out of a difficult situation” – a productive coping strategy (helps to quickly and successfully cope with stress); among the emotional coping strategies: “protest”, “optimism” – an emotional state with active indignation and protest in relation to difficulties and confidence in the presence of a way out of difficult situations.

In part “C”, the most common answer was “3” – “active avoidance” – “I try not to think, I avoid focusing on my troubles in every possible way” – an unproductive strategy (this coping strategy does not eliminate the stressful state; on the contrary, it contributes to its intensification). Among behavioural coping strategies are “active avoidance”, “retreat” – behaviour that involves avoiding thoughts of trouble, the desire to get away from active interpersonal contacts, refusal to solve problems privacy, peace and isolation.

For Group 2 of those surveyed the most frequent choice in part “A” was “7” – “religiosity” – “If something has happened, it is so pleasing to God” – a relatively productive coping strategy (helps in some situations, for example, not very significant or with a little stress); “religiousness” is a form of behaviour aimed at assessing difficulties in comparison with others, giving special meaning to overcoming them, faith in God and steadfastness in faith when faced with difficult problems.

In part “B”, the most common answer was “4” – “optimism” – “I am always sure that there is a way out of a difficult situation” – a productive coping strategy (helps to quickly and successfully cope

with stress); “optimism” is an emotional state with active indignation and protest in relation to difficulties and confidence in the presence of a way out of difficult situations.

In Part “C”, the most common answer was “7” – “cooperation” – “I cooperate with people who matter to me to overcome difficulties” – a productive coping strategy (helps to quickly and successfully cope with stress); “cooperation”, “appeal”, asking others for help to get out of difficult situations.

For Group 3 of surveyed persons in part “A” the most frequent answer was “5” – “problem analysis” – “I try to analyse, weigh everything and explain to myself what happened” – a productive coping strategy (helps to quickly and successfully cope with stress); “Problem analysis” is a form of behaviour aimed at analysing the difficulties that have arisen and possible ways out of them.

In part “B”, the most common answer was “7” – this is “optimism” – “I am always sure that there is a way out of a difficult situation” – a productive coping strategy (helps to quickly and successfully cope with stress); “optimism” is an emotional state with active indignation and protest in relation to difficulties and confidence in the availability of a way out of difficult situations.

In part “C” the most common answer was “7” – this is “cooperation” – “I cooperate with people who matter to me to overcome difficulties” – a productive coping strategy (helps to quickly and successfully cope with stress); “cooperation”, “appeal”, a request to others for help to get out of difficult situations.

Thus, for people with a short work experience, it is typical in stressful situations and in everyday life to choose productive coping strategies that help to quickly and successfully cope with stress. At the same time, with an increase in the length of service and older age, the choice of relatively unproductive coping strategies does not eliminate the stressful state, but, on the contrary, it contributes to its intensification.

When examining respondents according to the “methodology for revealing the emotional burnout degree by V. Boyko” we obtained the following results:

Group 1 of surveyed respondents:

“Emotional exhaustion” – 20 points, which indicates an average level of emotional exhaustion.

“Depersonalization” – 9 points, which indicates an average level of depersonalization.

“Reduction of personal accomplishment” – 28 points, which indicates a high level of reduction of personal achievements.

Thus, in this group, there is an average level of emotional exhaustion and depersonalization, as well as a high level of reduction of personal achievements.

Group 2 of surveyed respondents:

“Emotional exhaustion” – 20 points, which indicates an average level of emotional exhaustion.

“Depersonalization” – 8 points, which indicates an average level of depersonalization.

“Reduction of personal accomplishment” – 26 points, which indicates a high level of reduction of personal achievements.

Thus, in this group, there is the average level of emotional exhaustion and depersonalization, as well as a high level of reduction of personal achievements.

Group 3 of surveyed respondents:

“Emotional exhaustion” – 20 points, which indicates an average level of emotional exhaustion.

“Depersonalization” – 8 points, which indicates an average level of depersonalization.

“Reduction of personal accomplishment” – 31 points, which indicates a high level of reduction of personal achievements.

Thus, in this group, there is the average level of emotional exhaustion and depersonalization, as well as a high level of reduction of personal achievements.

Analysing the data obtained on measuring the level of emotional burnout, we can conclude that all groups, regardless of work experience and age, are characterized by an average level of emotional exhaustion and depersonalization, as well as a high level of reduction of personal accomplishment.

7. Conclusion

With the increase in work experience and age, a choice of relatively unproductive coping strategies occurs, which does not eliminate the stress state, but, on the contrary, contributes to its strengthening. The introduction of new methods of work and inclusive education require a high level of adaptability, professional skills and competencies among the teaching staff. Today the workload of the teaching staff at work (working more than at one job), the psychological climate in the team, new requirements from the administration, rapidly changing job descriptions lead to the formation of a syndrome of emotional burnout, which in turn contributes to the reduction of professional duties and psychosomatic deviations. This is primarily manifested in the teaching staff of the older age group. The interaction of teacher-student and teacher (doctor)-patient leads to accelerated burnout syndrome. In this case, the syndrome of professional burnout ultimately leads to negative consequences, such as: deterioration of mental and physical health, disruption of the system of interpersonal relations, a decrease in the effectiveness of professional activity, the development of negative attitudes towards colleagues, students, etc.

Thus, in order to prevent the syndrome of emotional burnout among the teaching staff of medical universities, it is necessary to carry out preventive measures in the form of psychotherapeutic correction of somatic and psychological deviations.

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