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PSYCHOLOGICAL BURNOUT FEATURES AMONGST MEDICAL WORKERS

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Abstract

The paper studies psychological features of emotional burnout amongst medical workers. A study describes psychological characteristics of emotional burnout, contributions to emotional burnout, based on modern foreign and domestic psychological literature. The empirical results are presented through tiered severity of emotional burnout amongst medical workers and metrics of depersonalization, emotional exhaustion, reduction of professional skills in professional activity in the health care system and a comparative analysis of their progression at the ascertaining and control stages of the study. The results give the features of professional burnout amongst medical workers as representatives of a social group experiencing double psychological stress caused by high emotional intensity of professional activity and social interaction with patients, resulting in higher risk of professional stress. In this regard, the features of professional burnout are expressed primarily as a feeling of emotional exhaustion, depersonalization and reduced personal achievements. Growing emotional exhaustion affects job performance, deteriorates relationships with colleagues and family and reduces mental health. Professional burnout resides in growing negativism towards both patients and colleagues, feeling of professional incompetence, dissatisfaction with professional activities, depersonalization, which drastically diminishes the quality of life, and subsequently affects a healthcare worker.

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1. Introduction

A current interest in the problem of burnout syndrome is due to growing universal problems that have a negative impact on human physical and emotional state, as well as on the effectiveness of professional functions and on social interactions. This is due to the fact that in the current situation of the development of modern society, under the influence of a rapidly changing world, as well as in conditions of socio-economic changes, the level of requirements for the individual and his professional qualities increases. The realization of professional activity turns out to be difficult, as a result of an increase in the likelihood of the formation and development of negative psychological states. They include burnout syndrome which is one of the main factors that have a negative impact on the psychological safety of an individual. Burnout syndrome is presented as a complex of symptoms characterized through a gradual loss of emotional involvement in activities, an increase in mental and physical fatigue, and personal detachment from the content of work. As a result, there is a feeling of indifference to work, a tendency to formally fulfill official duties, negativism towards colleagues, clients, patients, as well as neurotic and psychosomatic disorders (Vodopyanova & Starchenkova, 2005).

Earlier, the number of professions susceptible to emotional burnout was relatively small, including those employed by institutions and organizations involved in charity and social assistance to people in need. However, over time and due to augmented human individualization and personal achievements, with such fundamental structures as the family and the close social interaction to have faded into the background, the problem of emotional burnout has emerged as a social phenomenon. This encouraged people to go to professionals for answers instead of analyzing the problem and finding a solution themselves, which increased both the demand for advice and assistance and the burden on professionals. These changes resulted in the expanded range of categories susceptible to professional burnout (Ilyin, 2001).

2. Problem Statement

The issue of emotional burnout developing amongst medical workers and the resultant professional stress are presented by domestic and foreign scientists, such as: C. Maslach, S. Jackson, A. Pin, H. Selye, A. S. Shafranov, V.V. Boyko, N.E. Vodopyanova, V.E. Oryol, etc.

The issue of emotional burnout amongst medical workers is expressed in objectively existing contradictions between the description of states and individual-personal characteristics of professional burnout, based on the definition of the World Health Organization and current prevention methods.

This problem was first brought to the attention of American specialists, in light of mass social services, whose employees, having specialized psychological education and special skills, had to deal with clients coming with their different, usually grave problems. However, after a while, despite special training and competent selection of employees, the heads of centers for psychological counseling received complaints about their employees. A series of studies discovered a kind of professional stress, otherwise referred to as “communication stress” (Abramova & Yudchits, 1998).

The term “emotional burnout” was coined by the American psychiatrist Herbert Freudenberg, as a state of exhaustion, followed by a feeling of one’s own uselessness. He used it to describe a psychological state that healthy people have interacting with people routinely and intensively to provide professional help,

and thus being in an emotionally rich atmosphere. However, with time and due to increased empirical base, the term acquired its final form as “emotional burnout” (Agapova, 2004).

In 2019, the World Health Organization (WHO) included burnout syndrome in the international classification of diseases. According to the WHO, burnout syndrome results from severe stress in the workplace. A growing interest in the issue of emotional burnout is also caused by the fact that emotional burnout of employees is a loss for large companies. A recent study from Stanford University shows that people who work sixty hours a week show poorer performance than people who work forty hours a week (Bukharov, 2020).

There is still an ongoing scientific debate on the definition, genesis and patterns of emotional burnout. In a broader sense, burnout syndrome can be defined by psychologists as a negative, emotional reaction of a person to stress at work (Agapova, 2004).

3. Research Questions

Psychological literature available defines emotional burnout as a process of gradually lost emotional activity and physical energy, seen through the symptoms of emotional and mental exhaustion, personal detachment and lower satisfaction with job performance; a specific syndrome that develops with professional activity throughout the entire life span, expressed in societal alienation and in the absence of future professional plans and high hopes. Emotional exhaustion refers to the feeling of emptiness and fatigue caused by professional activity. Depersonalization is characterized as a cynical attitude to work and work-related things. In the social sphere, depersonalization implies an insensitive, inhumane attitude to people (Vinokur, 2012).

In foreign psychological literature, one of the concepts that characterizes professional burnout is a three-factor model of burnout proposed by C. Maslach, S. Jackson and A. Pin, depicting burnout syndrome as a three-factor structure, including emotional exhaustion, depersonalization and reduced personal achievements. Emotional exhaustion is viewed as a fundamental factor in emotional burnout that results in a reduced emotional background, indifference or emotional overload (as cited in Ketsko, 2007, pp. 294-303).

The approaches to study the issue of emotional burnout rest on the theory of stress put forward by H. Selye, which implies that organism’s responses to stress are independent of their specifics. H. Selye developed the general adaptation syndrome that consists of three phases: 1. Alarm characterized by a drop in the organism’s resistance to environmental factors; 2. Resistance based on the intensification of body’s resources in order to increase its resistance; 3. Exhaustion characterized by a sharp decline in resistance, as a result of the body exhausting its energy reserves (as cited in Kamenetskiy, 2001, p. 383).

Russian psychological literature dealing with the issue of professional burnout provides two main approaches: 1. An existential approach that characterizes professional burnout as resulting from the deformation of the value-semantic sphere of a person. 2. In relation to stress theory, professional burnout is considered as a natural response of the body to prolonged impact of stress in professional activity. In this case, burnout affects all spheres of human life: physical, mental and emotional (Oryol, 2005).

Professional burnout syndrome is becoming an increasingly urgent topic for those engaged in “person-to-person” activities including medical workers. Professional burnout of a healthcare worker is

primarily expressed as a feeling of emotional exhaustion, depersonalization and decreased personal achievements (Vygovskaya & Pyrkov, 2009).

The process of worsening burnout syndrome goes through three stages: 1. The employee begins to feel bored, his emotions are muffled. So far, it seems that everything is alright, but the work is no longer bringing the pleasure it used to bring. There are fewer positive emotions; a detached attitude towards the family appears. It comes to the point that, returning home, a person does not want to communicate with anyone. He wants to be left alone; 2. There are misunderstandings with patients, neglect of colleagues. A person feels outbursts of irritation, even when he is alone. This is due to an overabundance of communication; 3. A person becomes indifferent to others and to himself. The employee no longer realizes the value of life and his professional activity, as a result of which he becomes cynical (Posokhova, 2011).

4. Purpose of the Study

The control stage of the experimental study aimed to determine the characteristics of professional burnout amongst medical workers.

5. Research Methods

The study relied on the following diagnostic tools: test for work-related stress; Maslach Burnout Inventory ; Well-being, Activity, Mood (WAM) questionnaire (Maslach, 1998).

6. Findings

The paper aims to develop, based on the data obtained on the current level of emotional burnout amongst medical workers, a program designed to cope with negative impacts of burnout. The study involved 28 medical workers (nurses and doctors), aged between 30 and 65 years.

Based on the empirical data, a program was drawn up aimed at reducing negative implications, activating personal resources of stress resistance and framing ideas about the ability to handle the emotional and psychological state.

Once implemented, the program aimed at preventing negative implications, was followed by re-testing of medical workers based on the three methods that showed positive trends. The Work-related Stress Test demonstrated a decrease in the average stress level from moderate, equivalent to a busy and hard-working employee, to optimal, not causing significant harm. The results of the Well-being, Activity, Mood (WAM) questionnaire demonstrated positive changes indicating a favorable state of those involved and that they are in a good and stable. Job performance and desire to maintain social interactions increased, the overall well-being and mood improved, which reduced the level of emotional stress.

The results of the Maslach Burnout Inventory (Figure 1) showed a decrease in the total burnout in those tested, including by factors: Exhaustion – up to 14.0, which corresponds to a low level indicating the recovery of emotional, physical and energy resources, a decrease in the rate of fatigue; Depersonalization – up to 9.3, which is equivalent to the average. This indicates the recovery of the desire for social interaction, lower irritability and higher tolerance in communication, more optimistic attitude towards others;

Reduction of professionalism – to 15.7, which, compared to the primary results, indicates an increase in feelings of professional competence, self-satisfaction and the value of professional activities.

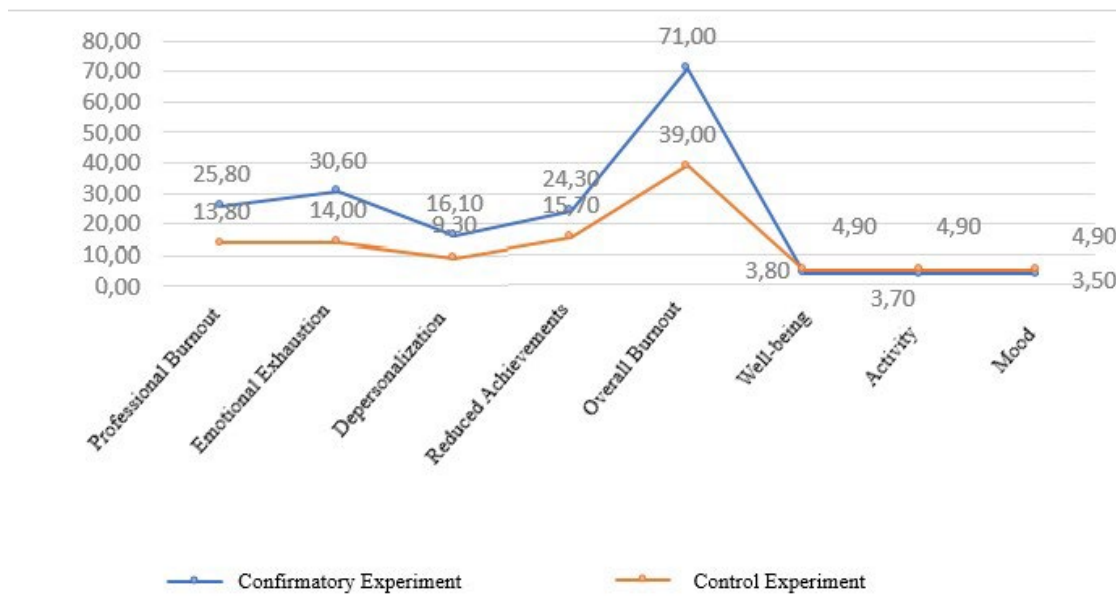


Figure 1. The dynamics of professional burnout amongst medical workers

As a result of the analysis of modern literature, it was concluded that emotional burnout manifests itself to a greater extent in the context of psychoemotional stress associated with the performance of a specialist, his professional functions. Therefore, the concepts of emotional and professional burnout are identical and are considered in an identical system of features of manifestations, which is also confirmed by the fact that the profession and work activity occupies a large place in the life of each individual.

Emotional burnout is a negative psychological phenomenon associated with the manifestation of psycho-emotional exhaustion, the development of dysfunctional professional changes and a decrease in professional motivation. It is characterized as a dynamically flowing process that gradually forms along with the phases of stress, such as: nervous tension, resistance and emotional exhaustion. Emotional burnout is formed from a combination of disorders associated with the mental, somatic and social spheres of a person's life. Certain manifestations of emotional burnout and their severity indicate its degree (Ilyin, 2001).

7. Conclusion

Thus, based on empirical results and analysis of modern psychological literature, medical profession is seen as one of the most susceptible to negative impacts of professional burnout, since it is characterized by a high degree of emotional distress, since medical workers are constantly encountering their own human problems and their patients' troubles as well (Boyko, 1999).

The study revealed the main features of medical workers' burnout, like depersonalization characterized by persistent or recurrent feelings of change and alienation, double personality, body and mental processes. Reduced professional achievements, which manifests itself in a negative self-esteem, negatively appraised job performance and career prospects. A high value of this metric reflects a tendency

towards a negative assessment of one's competence and productivity and, as a consequence, a drop in professional motivation, growing negativity to job duties.

However, after the implementation of the program, the results of the final testing show significant, positive changes. The participants had a lower level of professional stress, emotional exhaustion, depersonalization and general burnout. The indicators of well-being, activity and mood improved, which suggest the effectiveness of the program, while the program used at the level of the organization and the individual, helps prevent and cope with the burnout syndrome amongst medical workers.

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