
Emotional Burn out Syndrome: The Essence of the Concept and the History of its Study

M.A. Nurmukhamedova¹, Y.N. Madjidova²

^{1,2}Department of Neurology, Pediatric Neurology and Medical Genetics Tashkent Pediatric Medical Institute

ABSTRACT

Occupational stress is a multidimensional phenomenon that manifests itself in physiological and psychological reactions to a difficult work situation. The development of stress factors is possible even in progressive, well-managed organizations, which is due not to structural and organizational characteristics, but also to the nature of work, personal relationships of employees, and their interaction. The article describes the history of development and the main forms of burnout syndrome.

KEYWORDS: Burnout syndrome, stress, profession, healthcare professionals, social, depersonalization.

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INTRODUCTION

In modern society, people's attitudes towards work are changing. People lose confidence in the stability of their social and material situation, in the guaranteed job. Competition for prestigious and highly paid jobs is intensifying. In parallel, there are processes of narrow specialization in the profession and, at the same time, globalization with related industries. The demands of the labor market are changing rapidly. The rating of a number of socially significant professions - medical workers, teachers, scientists - is falling. As a result, mental and emotional stress increases, associated with stress in the workplace. Anxiety, depression, psychosomatic disorders, dependence on psychoactive substances (including alcohol, drugs, etc.) are revealed. These are all symptoms of burnout syndrome. Burnout syndrome (BS) is the body's response to a system of sustained exposure to moderate stress. [1,2,3]

BS is the process of satisfying the needs of emotional, cognitive and physical energy, manifested in symptoms of emotional, mental exhaustion, physical fatigue, personal detachment and decreased job satisfaction. In the literature, the term "mental burnout syndrome" is used as a synonym for burnout syndrome.

It is also a personality-developed mechanism of psychological defense in the form of complete or partial exclusion of emotions in response to selected traumatic influences. This is an acquired stereotype of emotional, most

often professional, behavior. "Burnout" is partly a functional stereotype, since it allows the dosage and economical use of energy resources. At the same time, its dysfunctional consequences can arise when "burnout" negatively affects the performance of functional activities and relationships with partners. Sometimes BS is designated by the concept of "professional burnout", which allows us to consider this phenomenon in the aspect of personal deformation under professional stress. [5,6,7]

THE MAIN FINDINGS AND RESULTS

According to the classification of professions according to the "criterion of difficulty and harm"(A.S.Shafranova), medicine is a profession of the highest type on the basis of the need for constant extracurricular work on the subject and oneself. In the 60s in the USA the term "occupational deformation" was first introduced in the professions "person - person". Conclusions were made about the existence of professional deformation and the need for special selection in the professions of the "person - person" system.

BS was first described in 1974 by the American psychologist Freudenberger to describe the demoralization, frustration, and extreme fatigue he observed in mental health workers. The model he developed turned out to be convenient for the quality of this condition in medical workers - the profession with the greatest tendency to "burnout". After all, their working day is a constant close

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communication with people who require vigilant care and attention, restraint [10, 11, 13, 14].

The development of ideas about burnout in the early stages of the study took place through the accumulation of descriptions of symptoms that are associated with it. Most of the studies had a theoretically generalized definition [18]. Burnout reviewers T. Cox and A. Griffiths list about 150 symptoms that researchers attribute to burnout. Among them are affective symptoms: gloominess, tearfulness, decreased and unstable mood, depletion of emotional resources, cognitive symptoms - a feeling of hopelessness and hopelessness, rigidity of thinking, cynicism, detachment in communication with colleagues and clients, stereotypical attitude. All this is accompanied by health complaints typical of stress: headaches, nausea, dizziness, anxiety and insomnia. Motivational symptoms include the disappearance of inherent human motivations: diligence, enthusiasm, interest and idealism; and on the contrary, the appearance is disappointing. Researchers believe that initial idealism and noble aspirations become the key to frustration in the future [39].

D. Etzion defines "burnout" as "psychological erosion." She believes that burnout occurs gradually and imperceptibly for a person, and cannot be attributed to specific stressful events. The researcher also talks about the discrepancy between individual and environmental characteristics (expectations and requirements of the environment). This discrepancy acts as a constant source of stress [15]. K. Maslak and M. Leiter also called burnout "soul erosion." "It represents an erosion in values, mood and will - an erosion of the human soul" [17].

The problem of burnout has been studied in Russian science since the 1980s. Equally, in this case, such terms are used as "professional burnout", "emotional burnout" and "mental burnout". Initially, the term "emotional burnout" appeared in Russian psychology, introduced by Formanyuk []. The use of the term "emotional burnout" is logical because the symptom of emotional exhaustion is the very first and main one in this syndrome and triggers the rest of the symptoms. Using the term "professional burnout", the researchers emphasize that this syndrome manifests itself in the professional sphere and is associated with a person's attitude to work. The most common term at this time is "mental burnout" [21; 22; 19.] focuses on the fact that burnout occurs in the mental sphere and affects all areas of the personality. Although the use of the term "burnout" is currently the most popular, we find the term "emotional burnout" more apt.

According to the research data of V.V. Lebedeva, S.E. Timoshenko, 1993; B.D. Novikova, 1993; SP. Beznosova, 1997, the category of workers at risk of developing "emotional burnout" includes penitentiary employees, whose professional activities have a number of specific features,

complicated by many negative factors. Its success is determined not only and not so much by professional knowledge as by the ability to implement it in its activities through the development of professionally important and personal qualities. This is especially true of those departments of the penitentiary system (DOPS), whose representatives directly communicate with prisoners. All this requires the development and use of appropriate preventive measures in the penitentiary system.

Despite a considerable number of works devoted to the study of individual forms of occupational deformations among the employees of the penal system (BC Medvedev, 1992; B.D. Novikov, 1993; V.V. Lebedev, 1993; SP. Beznosoe, 1997; CE. Borisova, 1998; E G. Lunina, 1997; I. M. Dolmatova, 2001), studies of the emotional burnout syndrome are clearly insufficient, as a result of which there is a lack of scientific knowledge about the essence and mechanisms of this phenomenon and the absence of reliable, effective methods of its prevention and correction.

In this historical period, science sets itself the goals of prevention, correction of professional burnout. Some factors of professional deformations are analyzed. The relationship between the formation of BS and personality traits, as well as stress factors, stands out clearly. Science is taking a big step forward in the study of this issue.

The historical period of scientific research of the BS since 2000. During this period, V. Boyko indicates the following personal factors contributing to the development of emotional burnout syndrome: a tendency to emotional coldness, a tendency to intense experience of negative circumstances of professional activity, weak motivation for emotional return in professional activity.

Reshetova T.V. (2002) believes that BS is most susceptible to people who have:

- unemotionality or inability to communicate;
- alexithymia in all its manifestations (the inability to express one's feelings in words), is always associated with anxiety;
- workaholism, when there is a camouflage of any problem with work (a workaholic most often covers up his professional inconsistency with his pace);
- people without resources (social ties, family ties, love, professional viability, economic stability, purpose, health, etc.)

Orel V.E. notes that work breaks have a positive effect and reduce burnout, but this effect is temporary: the burnout rate rises partially three days after returning to work and fully recovers after three weeks.

Professor K. Cherniss, in his article "Burnout: Anxiety for employees and bosses is growing" (2003), says that a great responsibility for the development of burnout in an organization lies with the leader, because there are such jobs

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and situations that, in a sense, just made to burn out. Most of the people working in these places are very vulnerable.

BS includes 3 stages, each of which consists of 4 symptoms.

The first stage - Tension is characterized by the following symptoms: dissatisfaction with oneself; "Numbness" in the cell "; experiencing traumatic situations; anxiety and depression.

Second stage - Resistance: inadequate, selective emotional response; emotional - moral disorientation; expanding the sphere of saving emotions; reduction of professional duties.

Stage Three - Exhaustion: Emotional Deficiency; emotional detachment; personal detachment; psychosomatic and psychovegetative disorders [7, 10, 11, 13, 14].

The appearance and severity of BS is influenced by many factors. The closest relationship with burnout is age and professional experience. It was revealed that the nursing staff of psychiatric clinics "burns out" after 1.5 years after starting work, and social workers begin to experience this symptom after 2-4 years. Younger workers tend to burn out due to the emotional shock they experience when faced with reality that often does not meet their expectations. It was found that men have higher scores for depersonalization, and women are more prone to emotional exhaustion. This is primarily due to the fact that men are dominated by instrumental values, while women are more emotionally responsive and have less sense of alienation from their clients. A working woman experiences higher work overloads (compared to men) due to additional household and family responsibilities, but women are more productive than men in using strategies to avoid stressful situations [1, 3, 10, 13, 14].

Studies have been conducted that indicate a link between marital status and burnout. They show a higher degree of burnout propensity for unmarried individuals (especially males). Moreover, bachelors are more prone to burnout, even compared to divorced men.

According to British researchers, in almost half of the medical workers' disability is associated with stress. A third of doctors took medications to correct emotional stress, the amount of alcohol consumed was above the average level. It has been established that one of the factors of the "burnout" syndrome is the duration of the stressful situation, its chronic nature.

The development of chronic stress in representatives of the communicative professions is influenced by: restriction of freedom of action and the use of existing potential; monotony of work; a high degree of uncertainty in the assessment of the work performed; dissatisfaction with social status [1, 3, 5, 7, 9, 11, 13].

Many doctors have no one other than a spouse to talk to about something personal. In doing so, they risk ruining

personal relationships by introducing professional issues into the home and being unable to fulfill other responsibilities. According to Western periodicals, the number of divorces in the families of doctors is 10–20% higher than in the general population. Marriages in which the husband and wife are medical workers are more often unhappy [3, 4, 5, 9, 10, 11, 14].

There has been a large body of research documenting the widespread prevalence of job dissatisfaction and regret over medical career choices. Increased activity loads, working hours, overtime work stimulate the development of burnout.

Physicians and nurses experience higher burnout than hospital attendants, with higher rates among cancer medical staff. Comparative analysis of personnel working outside hospitals (for example: doctors in private practice) with mentally ill people and in hospitals shows that the first group of workers is most susceptible to burnout. Pines and Maslach (1978) found that the longer staff work in psychiatric institutions, the less they enjoy working with patients, the less they feel successful at work and the less humane their attitude towards the mentally ill [4, 5, 8, fourteen].

In a study of emotional distress in physicians, psychologist King (1992) drew a startling conclusion: "Physicians who work in a healthcare facility are subject to significant personal distress and find it difficult to open up to anyone outside of their immediate family and circle of friends." The predominant characteristic of the medical profession is to deny personal health problems. Burnout is not just a result of stress, but a consequence of unmanageable stress. In the words of Grainger (1994), "Doctors teach a lot about the theory and practice of medicine, but little about how to take care of themselves and deal with inevitable stresses."

BS - why is it often found among doctors?

BS (as well as other disorders associated with professional activity) are primarily susceptible to representatives of professions associated with direct work with people or high responsibility for others (especially when it comes to life, health and safety) [1, 2, 5, 9, 10, 12, 14].

The work of a doctor, by definition, requires significant emotional investment, as it is associated with communication with people and with all the difficulties that arise from this (negative emotions, transference, experiences, conflicts) [1, 4, 5, 6, 9, 10, 13, fourteen].

The work of a doctor requires intellectual and time investment in studies and continuous postgraduate education, both within the framework of refresher courses and independently. The work of a doctor is often associated with stress, night shifts, irregular working days [4, 5, 10, 13, 14].

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A doctor needs a professional circle of contacts. And problems in relations with colleagues (isolation, conflicts), as a rule, the doctor experiences hard, even if he does not realize it. People in such a complex profession as a doctor are very susceptible to changes in mood and motivation to work during conflicts with colleagues and difficulties in communicating with management.

Also, in the work of a doctor, there are many difficulties associated with maintaining medical records, which is time consuming and can be a source of conflicts with management. The need for financial support for oneself and the family is often in conflict with the professional aspirations of a doctor [1, 4, 5, 8, 9, 12, 13, 14].

All of these factors hang like a sword of Damocles over the head of every doctor, threatening him with the development of chronic fatigue syndrome (CFS), which entails a whole range of psychosomatic disorders. That is why BS is a serious problem for this category of working people.

BS develops gradually over a long period of time. It does not come unexpectedly, overnight. If you don't pay attention to the warning signs of burnout in time, it will certainly come. These signs are invisible at first, but over time they worsen more and more. It must be remembered that the early signs of BS are a kind of red flags, telling you that something is wrong with you and that a decision must be made to prevent a breakdown. If you ignore them, then you will end up with BS [1, 2, 4, 6, 8, 9, 14].

Physical signs of BS: feeling tired, exhausted, dizzy, change in weight; decreased immunity, feeling unwell, excessive sweating, trembling; problems with appetite and sleep; frequent headaches, dizziness, back pain and muscle pain.

Emotional signs of BS: a feeling of failure and self-doubt, indifference, exhaustion and fatigue; feelings of helplessness and hopelessness, emotional exhaustion, loss of ideals and hopes, hysteria; more and more often a cynical and negative prognosis is made, other people become faceless and indifferent (dehumanization); detachment, feelings of loneliness, depression and guilt; decreased satisfaction and sense of accomplishment, mental suffering; loss of motivation and professional prospects, negative perception of their professional training.

Behavioral signs of BS: avoidance of responsibility, impulsive emotional behavior; social self-isolation; transferring your troubles to others; individual work takes more time than before; work more than 45 hours a week, insufficient physical activity; the use of food, drugs or alcohol to cope with problems [1, 4, 5, 8, 9, 10, 14].

Of course, it is quite difficult to diagnose BS only on the basis of the listed symptoms - special tests have been developed for this, many of which can be found on the Internet and books on psychodiagnostics. In particular, the

Russian scientist E. Klimov dealt with issues of labor psychology (and, accordingly, the problem of burnout). There is also the author's test - V. Boyko's questionnaire, which allows to determine emotional burnout. It is rather cumbersome and requires a certain amount of time to complete, but the ability to timely identify such a serious problem as BS is worth all the efforts. [20,21].

The importance of studying emotional burnout is dictated by its multicomponent, which manifests itself in a state of psychophysiological exhaustion, alienation and violation of self-awareness, devaluation of oneself as a professional. Most often, this phenomenon arises in connection with active interaction in work with people, which is determined by both the saturation of the emotional sphere and the complexity of the cognitive side of the labor process [20]. Such a structurally complex phenomenon as emotional burnout syndrome, ambiguous in the interpretation of the causes of its occurrence and manifestations, explains the enduring relevance of this topic for scientific research interest.

CONCLUSION

Thus, stress in health care workers has a negative impact on their professional performance. And first of all, this is due to errors in the appointment of therapy (in the appointment of drugs, their dosages, methods of administration). Stress and stress management for physicians is necessary not only to maintain their own health and well-being, but also to ensure the quality of care and safety for the patient.

In recent years, in different countries of the world, there has been an acute issue of the need to develop a system to encourage doctors to adopt a healthier lifestyle. This will help protect against stress caused by the demands of working in medical structures.

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