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## FEATURES OF DEVELOPMENT OF THE BURNOUT SYNDROME AMONG NURSES

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### ABSTRACT

This article is devoted to the problem of development of burnout syndrome in nursing staff. The authors analyzed the literature data on the topic chosen by the authors, studied the history of this phenomenon, risk factors, identified the causes, and studied preventive measures of mental stress in nurses to prevent clinical manifestations and development of the syndrome.

**The purpose of the study:** to study the literature on burnout syndrome, to identify the main problems associated with burnout in nurses, to develop preventive measures.

**Research methods:** logical and psychological analysis of the literature on the problem under study, sociological survey, statistical analysis, methods of psychological support. The sample consisted of online

participants of professional development courses, i.e. nurses (36) from various medical institutions.

**Results:** it was found that 58.3% of nurses suffer from emotional exhaustion, which creates certain obstacles when they do their housework after work. 61.1% of respondents suffered from insomnia due to work-related problems, which in turn, caused drowsiness in nurses during the next working day, preventing them from fully and actively engaged in their activities. 66.6% of workers complained of headaches, neck and shoulder pains.

**Conclusion:** Emotional states such as fatigue, weakness, nervousness can lead to BS and to a decrease in the professional motivation of nurses. Occupational stress factors led to the development of health problems. From the presence of such bad habits as Smoking and excessive coffee consumption, it can

*be concluded that nurses do not lead a healthy lifestyle and have a tendency to burnout syndrome.*

## РЕЗЮМЕ

Данная статья посвящена проблеме развития синдрома эмоционального выгорания у сестринского персонала. Авторы проанализировали литературные данные по выбранной авторами теме, изучили историю этого явления, факторы риска, выявили причины, а также изучили профилактические мероприятия психического стресса у медицинских сестер с целью предупреждения клинических проявлений и развития синдрома.

**Цель исследования:** изучить литературу по синдрому эмоционального выгорания, выявить основные проблемы связанные с эмоциональным выгоранием у медицинских сестер, разработать профилактические мероприятия.

**Методы исследования:** логико-психологический анализ литературы по исследуемой проблеме, социологический опрос, статистический анализ, методы психологического сопровождения. Выборка состояла из онлайн-участников курсов повышения квалификации, то есть медсестер (36 человек) из различных медицинских учреждений.

**Результаты и обсуждение:** было установлено, что 58,3% медсестер страдают от эмоционального истощения, которое создает определенные препятствия при выполнении ими домашней работы после работы. 61,1% респондентов страдали бессонницей из-за проблем, связанных с работой, что, в свою очередь, вызывало сонливость у медсестер в течение следующего рабочего дня, мешая им полноценно и активно заниматься своей деятельностью. 66,6% рабочих жаловались на головные боли, боли в шее и плечах.

**Выводы:** эмоциональные состояния, как утомляемость, слабость, нервозность могут привести профессиональному выгоранию и к снижению профессиональной мотивации медицинских сестер. Факторы профессионального стресса привели к развитию проблем со здоровьем. Из наличия таких вредных привычек, как курение и чрезмерное употребление кофе, можно сделать вывод, что медсестры не ведут здоровый образ жизни и имеют склонность к синдрому эмоционального выгорания.

**Relevance of the study:** according to the WHO definition, burnout syndrome is physical, emotional or motivational weakness, which leads to the development of physical dependence and (in most cases) suicidal behavior, to work and exhaustion, unemployment, exposure to somatic diseases, as well as obtaining temporary relief with alcohol or other psychoactive substances This syndrome is generally

regarded as stress in response to the relentless activity and emotional demands that a person experiences with excessive “diving” in work and neglect associated with family life and rest. The field of nursing activity is a profession with the greatest predisposition to the syndrome of “professional” or “emotional” burnout, since it is a constant communication with people in addition to patients and their relatives, during the whole working day, require care, attention and restraint [1, 3, 4, and 12].

The professional burnout syndrome (BS) is a reaction of the human body that occurs because of prolonged exposure to occupational stress at a moderate intensity level. BS is a process of gradual loss of emotional, mental and physical energy, which is manifested in symptoms of emotional, mental exhaustion, physical fatigue, personal divorce and a decrease in appetite for work. In the literature, the term “burnout syndrome” is used as a synonym for the syndrome of emotional or professional burnout [2, 5, 6, 7 and 11].

The first works on this problem appeared in the US. American psychiatrist H. Freudenberger in 1974 year gave the name burnout, describing the psychological state of healthy people who have intensive and close communication with patients in stressful situations in the process of providing professional assistance. Social psychologist K. Maslach (1976) called this condition a syndrome of physical and mental fatigue, characterized by the appearance of such symptoms as a negative self-assessment, a negative attitude to work and a loss of understanding and sympathy for patients [3, 7, 8, 9].

The main cause of BS is psychological, mental fatigue. In the long run, when demands (internal and external) outweigh resources (internal and external), a state of balance of the organism is disturbed, which inevitably leads to BS. Workplace stress, the imbalance between the person and the requirements placed on him is a key component of BS. The main organizational factors of the occurrence of BS include: high workload; lack of social support by colleagues or leader; unadequate pay for work; inability to influence decision making; undefined job requirements; monotonous and unpromising activity; the need to express unrealistic external feelings; lack of holidays, vacations and extra-work activities [2, 3, 10, 13].

**The purpose of the study:** to study the literature on burnout syndrome, to identify the main problems associated with burnout in nurses, to develop preventive measures.

**Research methods:** logical and psychological analysis of the literature on the problem under study, sociological survey, statistical analysis, methods of psychological support. The sample consisted of online participants of professional development courses, i.e. nurses from various medical institutions (36), who

are more likely to develop stress syndrome due to occupational stress.

**Results and discussion:** According to the age of the respondents were distributed as follows: 20-29 years - 13.9%, 30-39 years - 52.8%, 40-49 years - 25%, 50-59 years - 8.3%. The 83% of respondents have secondary education, 9.7% have higher medical education, and 7.3% have incomplete higher education. At the time of the survey, 69% of nurses had a qualification category. Nurses with a high qualification category accounted for 12%, the first 28% and the second 29%, while 31% of nurses did not have a qualification category. Most of respondents (83.3%) were in a formal marriage, 11.1% - in an informal marriage, and 5.6% were divorced.

Based on the data obtained, it will be possible to increase the conditions and professional motivation of nurses, which will improve the quality of care for patients.

A total of 11 confirmations [such as: (“By the end of the workday I feel mentally exhausted”, “I cannot sleep well due to work-related worries”, “Emotional burden at work is too

heavy for me”, “After working day I can vent my anger on my loved ones”, “I feel like my nerves have reached the limit”, “My work has a negative effect on my health”, “It is difficult for me to cope with the emotional stress after work”, “When my workday is over I have no strength left”, “I feel tired because of people’s problems”, “I drink coffee to be cheerful”, “I use nicotine to be cheerful”) were used to determine the level of development of burnout syndrome in nurses. According to the statements, the nurses identified one of four options (never, rarely, often, and always). We analyzed the responses received and presented some results below.

In the course of the analysis of the material, it was revealed that 22.2% of the respondents answered “never” to the statements “By the end of the workday I feel mentally exhausted”, 19.4% - “rarely”, 47.2%

“often” and 11.1% answered “always”. This shows that 58.3% of nurses suffer from emotional exhaustion, which creates certain obstacles when they do their homework after work. 61.1% of respondents suffered from insomnia due to work-related problems, which in turn, caused drowsiness in nurses during the next working day, preventing them from fully and actively engaged in their activities.

Another case that caught our attention was that nearly 64% of nurses reported coffee consumption and 19.4% nicotine for wakefulness while working. From the presence of such bad habits, it can be concluded that nurses do not lead a healthy lifestyle. Occupational stress factors led to the development of health problems: 66.6% of workers complained of headaches, neck and shoulder pains.

**Conclusion:** One of the risk factors for BS is the nursing profession. Because nurses require constant care and attention to patients during the work day, they are required to be in close contact with people and approach each client based on their individual characteristics. When a nurse experiences negative emotions when dealing with patients or their relatives, she also involuntarily experiences emotional stress. It is important to note that there is a link between BS and motivation. Emotional states such as fatigue, weakness, nervousness can lead to BS and can lead to a decrease in the professional motivation of nurses: loss of strength, the gradual transformation of work into meaningless activity, indifference and even dismissal.

Preventive measures should be aimed at eliminating the risk factors that lead to stress: loss of work stress, increasing professional motivation, establishing a balance between the effort expended and the reward received. Attention should be paid to improving and properly organizing the working conditions of the health worker, promoting a healthy lifestyle and taking an individual approach to the disease when the symptoms of BS appear.

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## CONGENITAL ANOMALIES IN CHILDREN REVALENCE AND RISK FACTORS

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### ABSTRACT

Congenital malformations have been in the focus of physicians since ancient times, but despite their centuries-old history, many aspects of the etiology and pathogenesis of congenital malformations in humans have not been adequately studied even today. Congenital deficiencies of development are defined as stable morphological changes that go beyond the limits of structural variations of members or parts of organs and disrupt their function. Apply the term “sporadic the defect

of birth”, meaning unknown cause, accidental appearance and low risk reappearances have future children. For 20-25% of anomalies more likely “multi-factor” reason – complex interaction many small genetic defects and risk factors environmental environment. The rest 10-13% of anomalies associated with the influence environment. Only 12-25% of anomalies have purely genetic causes.

**Key words:** congenital anomalies, congenital malformation, congenital heart defects, perinatal causes