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## СИНДРОМ ЭМОЦИОНАЛЬНОГО ВЫГОРАНИЯ У МЕДИЦИНСКИХ СЕСТЕР-АНЕСТЕЗИСТОВ

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### РЕЗЮМЕ

В настоящее время от медицинских сестер-анестезистов ожидается не только обладание высоким профессионализмом, но и проявлять высокую моральную ответственность. Высокая психологическая нагрузка приводит само собой к эмоциональному выгоранию. Эмоциональная выгорания является механизмом психологической защиты в форме полного или частичного исключения эмоций в ответ на психотравмирующие воздействия. Основными признаками эмоционального выгорания относятся усталость, переутомление, приступы агрессии, ухудшение общего самочувствия, снижение социальной активности, нарушение сна, скудность эмоций. Естественно, медицинские сестры-анестезисты в большей степени, чем сестринский персонал других отделений подвержены синдрому эмоционального выгорания. Развитие синдрома

выгорания затрагивает структуру профессиональной и организационной приверженности, что способствует снижению удовлетворенности работой и эффективности труда медицинских сестер-анестезистов. При развитии «редукции персональных достижений» снижается аффективная профессиональная приверженность; при развитии «деперсонализации» снижается нормативная приверженность как показатель групповой профессиональной и организационной принадлежности специалиста. Высокая аффективная приверженность к организации ускоряет развитие «эмоционального истощения», при эмоциональной привязанности к одному объекту (организации) отношение к другому (профессии) переходит в категорию долженствования.

**Ключевые слова:** Медицинская сестра-анестезист, синдром эмоционального выгорания, стресс, рабочее поведение, достижение.

## THE SYNDROME OF EMOTIONAL BURNOUT AMONG ANESTHESIOLOGIST NURSES

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### ABSTRACT

Nowadays, anesthesiologist nurses are expected not only to possess high professionalism, but also to show high moral responsibility. High psychological stress leads to emotional burnout. Emotional burnout is a psychological defense mechanism in the form of complete or partial exclusion of emotions in response to psychotraumatic effects. The main signs of emotional burnout include fatigue, bouts of aggression, deterioration of general well-being, decreased social activity, sleep disorders, and lack of emotions. Naturally, anesthesiologist nurses are more susceptible to burnout syndrome than the nursing staff of other departments. The development of burnout

affects the structure of professional and organizational commitment, which contributes to a decrease in job satisfaction and the effectiveness of the work of anesthesiologist nurses. With the development of “reduction of personal achievements”, affective professional commitment decreases; with the development of “depersonalization”, the normative commitment as an indicator of the group professional and organizational affiliation of a specialist decreases. High affective commitment to the organization accelerates the development of “emotional exhaustion”, with emotional attachment to one object (organization), the attitude to another (profession) passes into the category of duty.

**Key words:** *Nurse-anesthetist, burnout syndrome, stress, work behavior, achievement.*

**FOR CITATION:**

**Relevance of the study.** The problem of studying the work of medical personnel is relevant in modern conditions. The work activity of nurses is associated with conditions in which there is a huge number of negative impacts, such as interaction with drugs, high physical activity, psychoemotional stress, and others [2, 10]. Constant interaction with risk factors in the workplace leads to an increase in occupational morbidity, premature mortality, and a decrease in working capacity. In this regard, an important task of medical psychology is the theoretical analysis of the problem of professional stress, as well as the development of methodological approaches to the diagnosis, correction and prevention of mental maladjustment of medical workers working in conditions of prolonged and intense professional stress. In the literature, the professional burnout syndrome is considered as an indicator of mental maladaptation of a professional in the workplace [4, 6]. The relevance of the professional burnout syndrome is due to its wide prevalence and its impact on the well-being and efficiency of employees, the stability of the business life of the organization, and the prevention of iatrogenic complications in medicine. Early detection and prevention of burnout contributes to the optimization of work behavior, better tolerance of workloads and improved quality of qualified treatment of patients in critical condition [1, 3].

However, among the specialists of the medical profile, a group of nurses working in extreme conditions, which include anesthesiologist nurses, stands out. The work of anesthesiologist nurses is characterized by the presence of factors of professional harm, violations of sleep and rest, increased moral and legal responsibility, constant interaction with people, their problems and sufferings and serious diseases [1]. For anesthesiologist nurses, the problem of burnout syndrome is particularly significant, since any disease that requires intensive therapy, resuscitation or anesthesia is a stressful situation, contains the possibility of provoking the development of a situational crisis. The staff is characterized by secondary psychological trauma, because they work with psychologically traumatized patients and their relatives [9, 11].

The field of Anesthesiologists and intensivists refers to professional areas that are maximally saturated with stress factors, the effect of which is potentiated by an increase in the functional load of these specialists, which is associated with an increase in surgical activity and an increase in the number of operated patients with severe concomitant pathology. This naturally leads

to a high level of mental stress of anesthesiologist nurses and determines an increased risk of developing professional personality maladaptation (one of the manifestations of which is the emotional burnout syndrome) and other negative conditions up to violations of social adaptation, neuropsychic or somatic health [3,5,6]. The main scientific contradiction on the problem is that researchers distinguish different personal characteristics of anesthesiologist nurses, but no systematic studies have been conducted to assess the manifestations of burnout syndrome and develop recommendations for this professional group. In addition, it is important to establish the relationship between the complex of psychological characteristics of anesthesiologist nurses and the duration of work in this field, since there are reasons to assume the transformation of personality characteristics as the duration of work increases in the stressful conditions of professional activity [8, 10].

**Purpose of the study.** To identify the psychological features of the development of burnout syndrome in anesthesiologist nurses and to justify recommendations for prevention and psychological correction.

Objectives of the study.

- identify the presence and severity of occupational burnout syndrome in anesthesiologist nurses;
- to determine the indicators of professional and organizational commitment in anesthesiologist nurses and their relationship with the parameters of burnout syndrome;
- develop practical recommendations for the early diagnosis, prevention and psychological correction of burnout syndrome in anesthesiologist nurses.

**Materials and methods.** Specialists with secondary medical education, working in the specialty “nurse-anesthetist” in multidisciplinary medical institutions. We used a questionnaire, a conversation, a set of psychodiagnostic tests as part of the methods of Maslach S. (Vodopyanova N. E., Starchenkova E. S., 2005), the level of subjective control J. V. Rotter (Eliseev O. P., 2001), mathematical and statistical processing of empirical data.

The total volume of the study included 32 people aged 19 to 65 years, of which 7% were men and 93% were women. All respondents have a secondary medical education and work in the position of “anesthesiologist nurses”. The respondents’ work experience in the specialty is from 1 to 45 years.

**Results.** A comprehensive study was carried out, which included the study of the level of severity of the burnout syndrome, working behavior strategies, personal characteristics of anesthesiologist nurses, the semantic sphere and professional needs of nurses, as well as indicators of professional and organizational commitment.

The collection of initial sociological and psychological data, their study and analysis were

carried out in 2017-2020 on the basis of the Department of “Anesthesiology” of Vakhidov Republican specialized center of surgery.

In the course of the study, the features of the structure and development of the burnout syndrome characteristic of the group of anesthesiologist nurses were revealed. The development of the burnout syndrome begins and manifests itself more often with the subfactor depersonalization. This is the interpersonal aspect of burnout syndrome, which develops in nurses as a psychologically protective mechanism for psychotraumatic work situations. For anesthesiologist nurses, indicators of depersonalization of a high level of severity are characteristic according to the analysis of average values. In 52% of the subjects, the development of depersonalization corresponds to a high level. Respondents were more evenly distributed according to the reduction of personal achievements (the self-assessment aspect of burnout) - at a low, medium and high level of severity for about a third of nurses. Emotional exhaustion in the representatives of this professional group, according to the analysis of average values, corresponds to the border of low and medium levels of severity, but 10% of the examined patients have a high level of emotional exhaustion.

During the factor analysis, 6 most significant factors of psychological stability were identified: emotional stenicity, stability; the factor of interpersonal communication, goodwill towards people and positive self-esteem; age-status characteristics of the individual, achievement of a certain status and professional success; balance (balance) of nervous processes, energy cost in achieving professional success; self-confidence, assertive behavior; understanding of the relationship of events and a positive attitude to life.

The dynamics of burnout syndrome depending on the length of professional activity is revealed to a greater extent than on the age of the respondents, which indicates that the development of burnout syndrome in anesthesiologist nurses were conditioned by the specifics of the work and has its own characteristic differences in this professional group.

The group of specialists with 5-10 years of experience are the most vulnerable to the development of burnout syndrome: in this interval, the highest rates of depersonalization, an increase in the value of emotional exhaustion, and a decrease in the reduction of personal achievements were noted.

If we consider the burnout syndrome as a dynamic process that takes place over time, then we can describe the dynamics of changes that occur with the nurse in this way. A nurse-anesthetist who has entered the profession initially has a high desire to help people, combined with a strong sense of duty and interest in the content of professional activities. With the growth of professional burnout, the meaning of the profession as “helping people” is lost, but the interest

in its content increases, the need for self-actualization remains, and material interest as the meaning of work is manifested. In the future, there is a decrease in the components of the meaning of the profession as a “duty” and interest in professional activity.

The development of burnout affects the structure of professional and organizational commitment, which can contribute to a decrease in job satisfaction and work efficiency. Thus, with the development of the reduction of personal achievements, affective professional commitment decreases; with the development of depersonalization, normative commitment decreases as an indicator of the group professional and organizational competence of a specialist. High affective commitment to the organization accelerates the development of emotional exhaustion (with emotional attachment to one object (organization), the attitude to another (profession) passes into the category of duty.

The conducted studies of anesthesiologist nurses confirm the presence of the risk of emotional burnout syndrome in nurses of this specialty and the need for prevention and psychological correction of the emotional state. Methods of diagnosis, prevention and psychological correction of burnout syndrome are proposed, which include the study of the severity of emotional burnout, psychological counseling, lectures on professional stress and training.

**Conclusions.** According to the results of the survey, 30% of anesthesiologist nurses have psychological determinants of the development of burnout syndrome. The level of development of burnout syndrome is average in 15% and high in 10% of the examined nurses. The leading role in its development is played by the symptom of “depersonalization”.

With the help of factor analysis, 6 most significant factors of psychological stability were identified: emotional stenicity, stability; the factor of interpersonal communication, goodwill towards people and positive self-esteem; age-status characteristics of the individual, achievement of a certain status and professional success; balance (balance) of nervous processes, energy cost in achieving professional success; self-confidence, assertive behavior; understanding of the relationship of events and a positive attitude to life.

The dynamics of burnout syndrome depending on the length of professional experience is revealed to a greater extent than on age, which indicates that the development of burnout syndrome is conditioned by the specifics of the work and has its own characteristic differences in anesthesiologist nurses. The group of nurses with 5-10 years of experience is the most vulnerable to the development of burnout: in this interval, the highest indicators on the scale of “depersonalization”, an increase in the value of “emotional exhaustion” and “reduction of personal achievements” are noted.

Nurses initially have a high desire to “help people” combined with a strong sense of duty and interest in the content of professional activities. With the growth of the parameters of professional burnout, the meaning of the profession as “helping people” is lost, but the interest in its content increases, the need for

self-actualization remains, and material interest as the meaning of work is manifested. In the future, there is a decrease in the components of the meaning of the profession as a “duty” and interest in professional activity.

### Литература/References

1. *Квалификационная характеристика специальности – анестезиология и реанимация [Kvalifikatsionnaya kharakteristika spetsial'nost' – anesteziologiya i reanimatsiya]* URL:<https://www.minzdrav.uz/documentation/detail.php?ID=16359&version=contrast> The link is active on 03.03.2021
2. *Association of burnout syndrome and global self-esteem among Polish nurses. Ewa Kurcewicz corresponding- author1 and Marcin Józwick – 2 (2019). DOI: 10.5114/aoms.2019.88626*
3. *Hairong Yu, Anli Jiang, Jie Shen Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey. International Journal of Nursing Studies 2016; 57:28-38. URL: https://pubmed.ncbi.nlm.nih.gov/27045562/* The link is active on 09.03.2021
4. *Christina Maslach, Michael P. Leiter The truth about burn-out: How organizations cause personal stress and what to do about it. - San Francisco, Jasssey - Bass publishers - 2008. - 200 p. URL:https://www.wiley.com/en-us/The+Truth+About+Burnout%3A+How+Organizations+Cause+Personal+Stress+and+What+to+Do+About+It-p-9780470423561* The link is active on 09.03.2021
5. *Muhammad W. Darawad, Hani Nawafleh, Mahmoud Maharmeh, The Relationship between Time Pressure and Burnout Syndrome: A Cross-Sectional Survey among Jordanian Nurses Health, 2015, 7, 14-22 Published Online January 2015 in SciRes. URL:https://m.scirp.org/papers/53025* The link is active on 09.03.2021
6. *Васильева А.З. Инновационные методы подготовки специалистов здравоохранения среднего звена для обеспечения высокотехнологической медицинской помощи Главная медицинская сестра. 2010, № 9. - С. 139-145. [Vasil'eva A.Z. Innovatsionnye metody podgotovki spetsialistov zdravookhraneniya srednego звена dlya obespecheniya vysokotekhnologichnoi meditsinskoj pomoshchi Glavnaya meditsinskaya sestra. 2010, № 9. - S. 139-145].*
7. *Дементьева Е. Л., Кораблев В. Н.- Управление немедицинским персоналом в медицинской организации Электронный Журнал Социальные аспекты здоровья населения.2014; 40(6). (In Russian)] URL: http://vestnik.mednet.ru/content/view/638/30/lang,ru/* The link is active on 09.03.2021
8. *Дорошин М.Р., Курбаш В.Г. Сестринское дело в анестезиологии и реанимации Академия, 2010. [Doroshin M.R., Kurbash V.G. Sestrinskoe delo v anesteziologii i reanimatsii Akademiya, 2010].*
9. *Емельянова А.А., Куташов В.А., Хабарова Т.Ю. Теоретические основы изучения феномена эмоционального выгорания у врачей и среднего медицинского персонала / А.А. Емельянова, В.А. Куташов, Т.Ю. Хабарова // Центральный научный вестник. – 2017. – Т. 2, № 2 (19). – С. 23 – 26. [Emel'yanova A.A., Kutashov V.A., Khabarova T.Yu. Teoreticheskie osnovy izucheniya fenomena emotsional'nogo vygoraniya u vrachei i srednego meditsinskogo personala / A.A. Emel'yanova, V.A. Kutashov, T.Yu. Khabarova // Tsentral'nyinauchnyvestnik. – 2017. – Т. 2, № 2 (19). – S. 23 – 26.] URL: https://www.elibrary.ru/item.asp?id=28131423* The link is active on 09.03.2021
10. *Рустамова, Х. Е., Стожарова, Н. К., & Кариева, М. Т. (2011). Степень влияния факторов окружающей среды на уровень заболеваемости населения республики. Бюллетень Ассоциации врачей Узбекистана, (4), 83-85 [Rustamova, Kh.E., Stozharova, N. K., & Kariyeva, M. T. (2011). Stepen' vliyaniyafaktorovokruzhayushcheisredy nauroven' zaboлеваemostinaseleniyarespubliki. Vyulleten' AssotsiatsiivacheiUzbekistana, (4), 83-85].*
11. *Сайдалихужаева, Ш. Х. Professional risks in the activities of nurses. on the example of 3rd clinics Tashkent medical academy / Ш. Х. Сайдалихужаева, А. А. Анвархонов, Д. М. Рахматуллаева // Молодойученый. – 2020. – № 52 (342). – С. 60-62. – URL: https://moluch.ru/archive/342/77160/ (date of request: 03.03.2021).*