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MANIFESTATIONS OF BURNOUT SYNDROME IN LISTENERS OF NURSING ADVANCED TRAINING COURSES

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ABSTRACT

Over the years, the number of nurses suffering from burnout has increased, possibly negatively affecting patient care, the work environment, and staff shortages. 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 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.*

**ПРОЯВЛЕНИЯ СИНДРОМА ЭМОЦИОНАЛЬНОГО ВЫГОРАНИЯ У
СЛУШАТЕЛЕЙ КУРСОВ ПОВЫШЕНИЯ КВАЛИФИКАЦИИ МЕДИЦИНСКИХ
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РЕЗЮМЕ

Последние годы число медицинских сестер, страдающих от синдрома эмоционального выгорания, всё больше увеличивается, что, возможно, негативно сказывается на уходе за пациентами, рабочей среде и нехватке персонала. 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: 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 к 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 World Health Organization 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 50 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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**РЕАБИЛИТАЦИЯ БОЛЬНЫХ ПОСЛЕ ЭНДОПРОТЕЗИРОВАНИЯ
ТАЗОБЕДРЕННОГО СУСТАВА ПРИ АСЕПТИЧЕСКОМ НЕКРОЗЕ ГОЛОВКЕ
БЕДРЕННОЙ КОСТИ**

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АННОТАЦИЯ

Нами проведена реабилитация всех 64 больных тотальным эндопротезированием с 2015 по 2021 год оперирование по поводу асептического некроза головки бедренной кости. После ЭП ТБС делили на две стадии: Из них с момента операции до 3 недель – это ранняя стадия. С 3 недель до 10 недель – поздняя стадия. В это время необходимо продуктивно выполнять задания и упражнения для реабилитации после ЭП ТБС хирургом и реабилитологом. На санаторно-курортном этапе больные каждый год получали ЛФК и физиотерапии в течение 3 лет в санаторно-курортных условиях. До и после операции оценивалась разница в количестве движений за 10 сек. при выполнении теста оперированной и не оперированной ногой, при этом в наибольшей степени повысился, после операции, показатель отведения бедра. Данные координационного теста показали, что на 14-е сутки этот В это время необходимо продуктивно выполнять задания и упражнения для реабилитации после ЭП показатель на оперированной ноге у основной группы были равны 12,2 м а в контрольной – 11,2 м движения, что на 25,3 % лучше чем в контрольной.

Ключевые слова: Реабилитации, после эндопротезирования, координационный тест, тазобедренный сустав, стадия, АНГБК(асептический некроз головки бедренной кости), ЛФК, физиотерапия.

**SON SUYAGI BOSHCHASI ASEPTIK NEKROZIDA CHANOQ SON BO'G'IMI
ENDOPROSIDAN KEYINGI BESORLAR REABILITATASIYA.**

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ANNOTATSIYA

2015-2021 yillar oralig'ida son boshchasi aseptic nekrozi tashxisi qo'yilgan 64 nafar bemorning son chanoq bo'g'imi total endoprotezlash operatsiyasidan keyingi reobilitatsiyani olib bordik. Son chanoq bo'g'imi total endoprotezlash operatsiyasidan keyingi bemorlar 2 guruhga bo'lindi: bulardan operatsiya kunidan boshlab 3 haftagacha – erta guruh; 3 – haftadan 10 – haftagacha kechki guruh. Bu vaqt oralig'ida jarroh va rehabilitolog tomonidan son chanoq bo'g'imi total endoprotezlash operatsiyasidan keyin reobilitatsiya bo'yicha vazifalar va mashqlar samarali bajarildi. Sanator kurort bosqichida bemorlar har yili 3 yil davomida sanator kurort sharoitida jismoniy mashqlar va fizioterapiya kurslarini o'tashdi. Operatsiyadan oldin va keyin 10 soniya ichida harakatlar sonidagi farq baholandi. Operatsiya qilingan va qilinmagan oyog'I bilan test