



DIAGNOSIS OF "MENTAL BURNOUT" OF ANESTHESIOLOGISTS AND REANIMATOLOGISTS

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Article history:	Abstract:
Received: December 11 th 2022 Accepted: January 11 th 2023 Published: February 17 th 2023	Currently, special attention is drawn to the problem of the influence of professional activity on the psycho-emotional state of those specialists whose work is associated with intense and intense interaction with people. These specialists have certain mental and physiological reactions, which are considered as a manifestation of professional stress. With good reason, anesthesiologists-resuscitators can be attributed to the category of persons most susceptible to professional stress. In recent years, there has been a significant increase in the functional load of these specialists, which is associated with an increase in surgical activity, an increase in the number of operated patients with severe concomitant pathology and naturally leads to a high level of mental tension. These include factors of a socio-psychological nature - the processes of interaction in the system "anesthesiologist - surgeon - patient", as well as group processes in the anesthesiology team itself.

Keywords: mental burnout, depersonalization, maladjustment, professional deformation.

OBJECTIVE.

To develop a methodological approach to the diagnosis, correction and prevention of mental maladaptation and professional deformation of the personality of anesthesiologists working under conditions of prolonged and intense professional stress.

MATERIALS AND METHODS:

The material of the study was the data obtained during the psychological study of doctors who took thematic improvement courses at the Department of Anesthesiology and Resuscitation of the Tashkent Medical Academy. A total of 46 physicians were studied. Of these, there were 32 men. (69.5%), women - 14 people. (30.5%). The mean age was 42.1 years. In accordance with the purpose of the study, doctors were divided into two groups depending on the length of professional activity in the field of anesthesiology and resuscitation. The first group consisted of 24 doctors with less than 13 years of work experience (mean age 33.1 years), the second group consisted of 22 doctors with 13 or more years of work experience (mean age 49.6 years). Such a threshold level in the difference in work experience (13 years) was not chosen by chance. He represents half of the labor pension guard, and with such a duration of professional activity, a person enters that life period,

which is commonly called the "crisis of adulthood". In this age period, the final formation of the personality takes place, which reaches the peak of its social activity, the formation of a system of values is completed, the issues of self-realization, social status and recognition are acutely experienced. The work experience accumulated by this time allows the specialist to objectively assess his professional capabilities and prospects, to revise his life plans, taking into account the characteristics of the profession and his role in it. Of no small importance is the fact that in this critical age period, against the background of life (existential) problems, professional stresses and overloads, the risk of developing borderline neuropsychiatric and psychosomatic disorders first arises or worsens. The clinical and psychological method was implemented using a structured interview designed to identify areas of greatest emotional dissatisfaction and psychological conflict among anesthesiologists-reanimatologists. The points of the interview dealt with various aspects of production activities and social relations of the individual and reflected problems, both for anesthesiologists and resuscitators. The experimental psychological method was implemented using the questionnaire of K. Maslach "Mental burnout" (MBI) adapted by N.E. Vodopyanova. We also used



mathematical and statistical methods for processing and analyzing income data.

RESULTS:

When analyzing the results, a rather similar rank structure of dissatisfaction with various aspects of the professional activity of doctors with more and less work experience draws attention.

The 1st-2nd rank in terms of frequency of occurrence in both groups of doctors (about 90%) is occupied by dissatisfaction with wages and its inconsistency with professional training, experience and emotional stress that anesthesiologists-resuscitators experience at work.

The 3rd-5th rank in the series of highly significant experiences (areas of the greatest emotional dissatisfaction) is associated with the problems of professional recognition, self-realization, and relationships in the "anesthesiologist-surgeon-patient" system.

70-80% of doctors in both groups, being well-trained specialists, feel an insufficient degree of recognition and an insufficiently adequate assessment of their professional contribution to the treatment process by patients and their relatives, they believe that an anesthesiologist, working in a team, remains "in the shadow of the merits of a surgeon".

About 65% of physicians experience stress and dissatisfaction due to the increased risk of developing occupational diseases (5-6th rank of significance). The next in the ranking (rank 6-7) in both groups of doctors (58-61%) is dissatisfaction with the level of their professional training, which indirectly reflects the need for professional and career growth inherent in doctors, and in a broader context - for self-improvement and self-realization. 50-55% of doctors (8-12 significance rank) believe that due to the tense conditions of professional activity over the years they have changed in character (become more emotionally excitable and unbalanced) and that increased workloads are reflected in other areas of their life (family, personal relationships, attitude to life in general). These changes are directly related to the problem of "mental burnout" under the influence of stressful conditions of professional activity. The positive thing in this case is that these changes are well recognized by the medical specialists themselves, which can form the basis for targeted and highly motivated psychological correction. It is important to note that, despite all the variety of problems and reasons for emotional discomfort, in the professional activity, the lowest rank in each group of doctors is occupied by dissatisfaction with their work in general

(rank 13-14). Thus, a mature, balanced attitude of the studied anesthesiologists-resuscitators to their professional activities is manifested, taking into account both its complications and advantages. Statistically significant differences between the compared groups of doctors were obtained in three areas - in the areas of job satisfaction in general, workload and career advancement. Summarizing the results of a clinical and psychological study conducted with the help of a specialized interview, it can be noted that dissatisfaction, both in a broad social context and in professional activities, turned out to be higher among anesthesiologists-resuscitators with less experience compared to doctors with more professional experience.

The results of the experimental psychological study analyzed the structure and severity of individual components of the "mental burnout" syndrome in groups of anesthesiologists-resuscitators with different professional experience. Analysis of the average group results shows that the least pronounced (on the border of low and medium levels of severity) among the components of the "mental burnout" syndrome in both groups of doctors is the component "emotional exhaustion". This is a statement about the lack of relevance of the mental state in the studied doctors of signs of elegance of the emotional background, increased mental exhaustion and affective lability, loss of interest and positive feelings for sensations, a feeling of "satiation" of work, dissatisfaction with life in general, that is, affective-personal changes, a symptom complex. "emotional perception". At the same time, the analysis of individual results showed that in both groups there are doctors (their total number does not exceed 8% of the total sample) who note clear signs of "emotional exhaustion" - a decrease in mood and activity level, a constant feeling of fatigue and "lack of energy", increased mental exhaustion, manifested in emotional incontinence, irritability or loss of interest in the environment. According to doctors' self-assessment, such a condition is associated with a high level of physical and emotional stress, which is typical for this medical specialty in general, as well as with specific organizational forms of work in the field (daily duty, work for one and a half to two rates, a large number of patients). Doctors note that emotional stress is most clearly felt in the morning hours (at the beginning of daily duty) and at the end of the work shift and manifests itself in behavior as traits of irritability, irascibility, intolerance. In contrast to "emotional exhaustion", which is not expressed in the whole group and occurs only in individual doctors, "depersonalization" and "reduction of personal



achievements" as components of the personality "burnout" syndrome are quite clearly presented in both groups of doctors - at the level of average and high values of scale estimates. Moreover, the severity of these components of "mental burnout" at a statistically significant and close to it level prevails in the group of anesthesiologists-resuscitators with less professional experience. It can also be noted that the "depersonalization" indicator in both groups of anesthesiologists-resuscitators significantly exceeds the corresponding indicator obtained in the group of general practitioners (average age, 45 years; average work experience, 18 years) [6]. In the context of the "Psychic burnout" methodology used in the study, "depersonalization" is an interpersonal dimension of the professional deformation of the personality and is manifested by the formation of special, destructive relationships with other people. In relationships with patients, the "depersonalization" of the doctor manifests itself in the "loss of the patient" [1] – emotional detachment and indifference, the formal performance of professional duties without personal inclusion and empathy, and in some cases, in negativism and a cynical attitude towards patients. In such cases, patients are perceived not as partners in the treatment process and individuals with their own needs and experiences, but as passive objects of medical manipulation. At the behavioral level, "depersonalization" is manifested in the arrogant behavior of a doctor, the use of special medical slang, humor, labels for patients, that is, naming them not by their first and last name, but, for example, by a nosological form ("here lies a heart attack"), etc. e. Signs of "depersonalization" also include "insensitivity" to death, which is perceived as a fact that requires the implementation of the necessary measures (documentation, communication to relatives) [4]. "Depersonalization" is manifested not only in relationships with patients. In particular, the signs of "depersonalization" of anesthesiologists-resuscitators include the formation of arrogance and at the same time - resentment towards colleagues, specialists in related specialties and relatives of patients. The presented data show that "depersonalization", as a component of "mental burnout", is significantly higher in the group of anesthesiologists-resuscitators with less professional experience compared to doctors with more experience.

This does not correspond to a priori assumptions about the increase in the symptoms of "professional burnout" of the individual as the duration of work in stressful conditions increases, but is consistent with the idea that there is a natural connection between the quality

of the subject-subject relationship of a professional and the degree of his qualification. In particular, S.P. Beznosov [1] cites observations according to which the lower the doctor's qualification, the less he talks with the patient and examines him with physical methods, giving preference to instrumental methods that do not require direct personal contact between the doctor and the patient. It can also be assumed that the development of depersonalization in younger doctors is significantly influenced not only by professional relationships and the extreme nature of the activity, but also by the quality of life - the level of satisfaction with life values, creative activity, the system of needs and the environment. This position is confirmed to a certain extent by the data, the anesthesiologists-resuscitators of the 1st group have a lower satisfaction with the standard of living. The indicator of "reduction of personal achievements" in the group of doctors with a shorter professional experience corresponds to a high level of severity, and in the group of doctors with a longer experience it corresponds to an average level, and the differences between the groups tend to be statistically significant. Representing the self-evaluative measurement of the syndrome of "mental burnout", this indicator reflects the degree of satisfaction of the doctor with himself as a person and as a professional. An increase in this indicator reflects a tendency to a negative assessment of one's competence and productivity and, as a result, a decrease in professional motivation, an increase in negativism in relation to official duties, a tendency to relieve oneself of responsibility, to isolate oneself from others, detachment and non-participation, avoiding work first psychologically, and then physically. In some anesthesiologists-resuscitators, this manifests itself in the desire to "disappear" from the field of view of surgeons or management, even during anesthesia [4].

CONCLUSIONS: Thus, the study revealed signs of "mental burnout" of anesthesiologists-resuscitators and showed a similar structure of this phenomenon in groups of doctors with less and more professional experience. In each of the groups of doctors in the structure of the syndrome of "mental burnout", the signs of "emotional exhaustion" are presented to a minimum degree, and to a medium and high degree - signs of "depersonalization" and "reduction of personal achievements". Similar ratios show that against the background of an optimal emotional state and level of activity in both groups of doctors, a feeling of dissatisfaction is nevertheless formed in connection with changes in one's personality, value system, and behavior under the influence of professional activity,



which are clearly manifested at work and spread outside the professional environment. The degree of this dissatisfaction is statistically significantly higher in the group of anesthesiologists-resuscitators with less professional experience.

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