JMGCB
ISSN:3032-1085
https://doi.org/10.61796/jmgcb.v1i9.961

CLINICAL CHARACTERISTICS OF BURNOUT SYNDROME

Yadgarova Nargiza Faxritdinovna[1]
Tashkent Medical Academy
faxritdinovna@gmail.com

Shadmanova Lola Shavkatovna[2]
Tashkent Medical Academy
shavkatovna@gmail.com

Received: Jul 22, 2024; Accepted: Aug 29, 2024; Published: Sep 30, 2024

Abstract: General Background: Emotional Burnout Syndrome (EBS) has emerged as a significant concern within healthcare professions, affecting the mental health and performance of medical practitioners. **Specific Background:** While various studies have examined EBS, there remains a lack of comprehensive analysis focused on the influence of demographic factors such as age and gender among doctors in diverse specialties. **Knowledge Gap:** Existing literature inadequately addresses the specific characteristics of EBS development across different age groups and professional roles, highlighting the need for targeted research in this area. **Aims:** This study aims to investigate the prevalence and developmental characteristics of EBS among doctors, with particular attention to variations by age and gender. **Results:** The findings indicate that female doctors aged 24 to 34 experience significantly higher overall stress levels compared to their male counterparts. Furthermore, women aged 46 to 55 demonstrated a pronounced resistance phase to stress. A weak direct correlation ($p<0.05$) was identified between the emergence of this resistance phase and the overall age of symptom development. Notably, over half of the respondents exhibited a resistance phase, while nearly 20% reported signs of stress and burnout. Oncologists and psychiatrists were found to have the highest prevalence of EBS. **Novelty:** This research provides new insights into the demographic factors influencing EBS, emphasizing the unique experiences of female medical practitioners and highlighting the specialties most affected. **Implications:** The findings underscore the necessity for healthcare institutions to implement targeted interventions to address EBS, particularly for vulnerable groups, thereby promoting the mental well-being of medical professionals and enhancing overall healthcare delivery.

Keywords: Emotional Burnout, Doctors, Gender Differences, Age Factors, Prevalence.

Introduction

Relevance. Given that Emotional Burnout Syndrome is often observed among our doctors due to its demanding nature and responsibilities, significant psycho-emotional stress has developed in their professional activities. This results in fatigue, sleep disturbances, depression, behavioral changes, mood disorders, and even substance dependence. Such conditions can lead to psychosomatic illnesses, and substance dependence can disrupt relationships among colleagues. Therefore, it is crucial to address this syndrome.

Objective. To study the causes and clinical psychopathological symptoms of Emotional Burnout Syndrome among specialists in various fields.

Methods

Materials and Methods. A specially developed questionnaire and the V.V. Bayko survey

were used to identify "Emotional Burnout" syndrome. The study involved doctors from Tashkent region, with 114 participants: 87 women (76.3%) and 27 men (23.7%). Age distribution ranged from 24 to 65 years, with an average age of 44.3±1.49 ($p<0.01$). Age groups included: 24-34 years – 24.2% (average age 29.86±0.79, $p<0.01$); 35-44 years – 25.4% (average age 39.58±0.75, $p<0.01$); 45-54 years – 32.6% (average age 49.85±0.66, $p<0.01$); 55-64 years – 14.2% (average age 58.36±1.02, $p<0.01$); 65 years and older – 3.6% (average age 68.27±2.1, $p<0.01$). No significant age differences between men and women were found.

Several researchers suggest that Emotional Burnout Syndrome is more pronounced in individuals with over 15 years of experience. Symptoms of "emotional exhaustion" were assessed based on scoring, resulting in the following: 9 points or less – undeveloped symptoms; 10-15 points – developing symptoms; 16 points or more – clearly manifested symptoms. Regarding the phases of Emotional Burnout Syndrome: 36 points or less – unformed phase; 37-60 points – developing phase; 61 points or more – formed phase. Among respondents, 32.4% (37 individuals) worked in family polyclinics, while 58.7% (67 individuals) worked in hospitals. Specialized professionals accounted for 8.9% (10 individuals).

Results and Discussion

Results. When evaluating the phases of Emotional Burnout Syndrome, the stress phase scored 41.5 points ($p<0.05$). The main symptoms included: decreased self-confidence and confidence in others, irritability, anger, mood swings without cause, self-blame, feelings of shame, taking on guilt, and increased distractibility. The resistance phase scored 62.77 points, indicating "insufficient selective emotional responses," "decreased professional responsibility," "emotional and ethical disorientation," and the tendency to internalize emotional experiences.

The stress phase was primarily observed among female doctors aged 24 to 34 ($p<0.05$), characterized by symptoms akin to feeling "trapped," rapid fatigue, and exhaustion due to psychotraumatic situations. In men aged 35 to 44, symptoms manifested as dissatisfaction with oneself, reduced motivation towards work, and increased self-doubt.

The "resistance" phase of stress was observed among women aged 46 to 55. This phase indicated a struggle against prolonged stress, where individuals began to seek psychological comfort in response to external pressures. Symptoms included efforts to restrain emotions, such as faint smiles, indifference, carelessness, and lack of enthusiasm. In men over 55, a decline in professional responsibility was noted, leading to an increase in the resistance phase and a weak direct correlation with all its symptoms ($p<0.05$). Among respondents aged 24 to 35 and 46 to 55, the formation of the resistance phase of emotional burnout was evident, with symptoms of "personal detachment" or "depersonalization" being prominent. In respondents over 56, signs of declining professionalism, reduced responsibility, and deteriorating relationships with partners emerged as indicators of "adequate selective emotional response."

When correlating by gender, significant differences were found: women exhibited a notably higher incidence of symptoms due to "experiencing psychological traumatic situations," leading to the formation of the resistance phase and all its symptoms. In contrast, men showed symptoms in the formation phase, including fatigue and signs of "emotional deficiency," "psychosomatic and psychovegetative disorders," and "personal detachment or depersonalization."

The results of the study indicate that 35.4% of the respondents exhibited symptoms of emotional burnout, while 8.6% showed that all three phases were fully formed. A majority of doctors (58.2±2.5% of women and 55±4.7% of men) demonstrated the formation of the resistance phase. The

stress phase was evident in 18.4±1.9% of women and 18±3.6% of men. The burnout phase was identified in 19.4±2.0% of women and 18±3.6% of men. Austrian researchers have found that male doctors experience emotional burnout 25% to 50% more than female doctors and much more than the general population.

In one out of three respondents, all three phases of formation were identified: stress (36% of men, 38% of women), resistance (30% of men, 36% of women), and burnout (40% of men, 37% of women) ($p<0.05$) (Figure 1). This demonstrates that many specialists experience psycho-emotional stress and strain during their activities, which contributes to the development of emotional burnout symptoms.

Furthermore, analysis of the emotional burnout phases among respondents revealed that 6% of specialists showed no signs of emotional burnout syndrome.

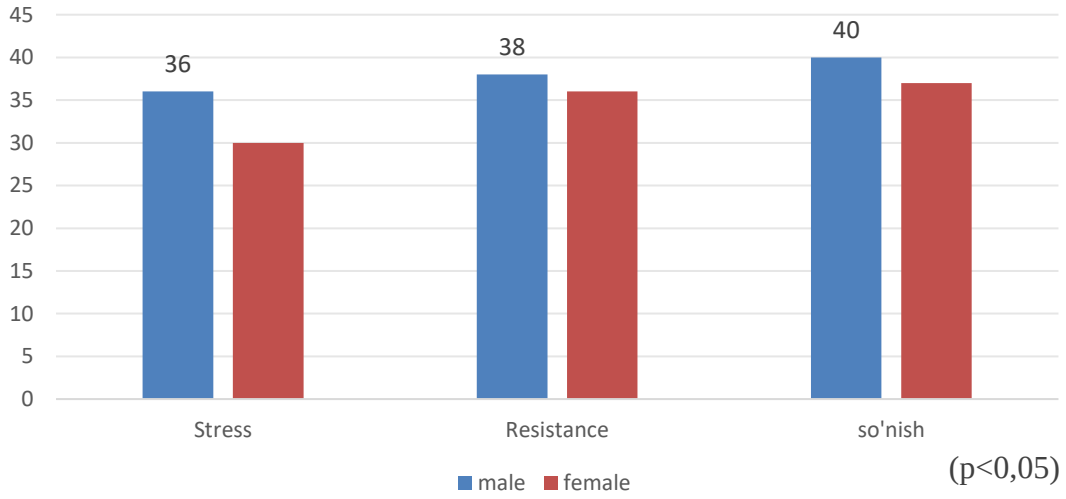

Figure 1. Indicators of the Formation Phase of Burnout Syndrome by Gender.

Analysis of the emotional burnout phases among the respondents revealed that 6% of specialists showed no signs of emotional burnout syndrome. Distinct characteristics, development patterns, and severity levels of emotional burnout phases were observed among doctors of various specialties. This indicates that the phases of emotional burnout are directly related to the specific field in which the respondents work. Many researchers have studied the development of burnout syndrome in surgeons, obstetricians-gynecologists, pediatricians, traumatologists, oncologists, and psychiatrists.

When analyzing the average scores, it was found that the stress phase corresponds to the formation stage among doctors on average. This was confirmed across all specialties, including general practitioners, surgeons, obstetricians-gynecologists, and pediatricians ($p<0.05$). General specialists, particularly anesthesiologists-resuscitators and a group of laboratory doctors, showed higher scores compared to narrower specialties, but lower than those in the oncologist and psychiatrist groups. The severity of this phase was significantly higher among psychiatrists and oncologists ($p<0.05$) compared to all other groups. The resistance phase developed as a direct result of coping with stress and was found to be most prevalent among oncologists (81%), more than half of the surgeons (62%), psychiatrists (62%), therapists (60%), pediatricians (60%), obstetricians-gynecologists (56%), and specialized specialists (54%). In contrast, the formation phase was less

prevalent among anesthesiologists-resuscitators (57%) and general practitioners (40%), and the group of narrow specialists (36%).

The severity of the resistance phase (average score) was significantly higher among oncologists and psychiatrists compared to all other specialties ($p<0.05$), corresponding to the formation indicators. More than half of the psychiatrists (62%), obstetricians-gynecologists (52%), nearly half of the therapists (49%), oncologists (49%), one-third of anesthesiologists-resuscitators (43%), surgeons (41%), narrow specialists (44%), and pediatricians (37%) were at the formation stage of burnout. Among all doctors, the largest number of those in the burnout phase were oncologists (31%), followed by general practitioners (26%), surgeons (24%), and pediatricians (20%). It is noteworthy that there were no respondents in the psychiatrist group at the formation stage of burnout.

Conclusion

Thus, the highest indicators of the phases of emotional burnout syndrome are observed in the stress phase among the group of oncologists. Their stress phase is assessed at 57.2±4.0 points, which is significantly higher than that of the general population ($p<0.05$). A similar situation is observed in the resistance ($p<0.05$) and burnout ($p<0.05$) phases. Furthermore, this group leads significantly in the symptoms of each phase. Psychiatrists rank second, indicating the necessity of working with diverse populations. They are closely associated with patients exhibiting psychological imbalances or deviant behaviors, which differ from the general population. All of the above changes affirm the connection between responsibilities, public health, life, and the professional nature of work. These changes develop as a result of long-term professional stress.

References

[1] Ларенцова Л.А., Барденштейн Л.М., Синдром эмоционального выгорания у врачей различных специальностей: психологические аспекты. - Москва: Медицинская книга, - 2009, - 142 с.

[2] Maslach, C., & Leiter, M. P. (2016). *Burnout: A Guide to Identifying Burnout and Pathways to Recovery*. Harvard Business Review Press.

[3] Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017 Jan;92(1):129-146. doi: 10.1016/j.mayocp.2016.10.004. Epub 2016 Nov 18. PMID: 27871627.

[4] Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. Med Educ. 2016 Jan;50(1):132-49. doi: 10.1111/medu.12927. PMID: 26695473.

[5] Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlates of the three dimensions of job burnout. *Journal of Applied Psychology*, *81*(2), 123–133. https://doi.org/10.1037/0021-9010.81.2.123

[6] Embriaco N, Papazian L, Kentish-Barnes N, Pochard F, Azoulay E. Burnout syndrome among critical care healthcare workers. Curr Opin Crit Care. 2007 Oct;13(5):482-8. doi: 10.1097/MCC.0b013e3282efd28a. PMID: 17762223.

[7] West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. J Intern Med. 2018 Jun;283(6):516-529. doi: 10.1111/joim.12752. Epub 2018 Mar 24. PMID: 29505159.