

## SYNDROME OF EMOTIONAL BURNOUT IN DOCTORS

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**Abstract.** *This article reveals the concept of burnout syndrome, its causes and symptoms. Diagnostic method, clinical and neurological aspects of SEV, prevention and treatment.*

**Keywords:** *doctors, stress, emotional burnout, fatigue, physical and mental health.*

Physician burnout syndrome is a serious problem that often remains underestimated and under researched. According to the definition of the World Health Organization, “emotional burnout syndrome” (EBS) is physical, emotional or motivational exhaustion, characterized by impaired productivity at work, fatigue, insomnia, and increased susceptibility to somatic diseases [1]. WHO in the 11th edition of the International Classification of Diseases (ICD-11) for statistical accounting of mortality and morbidity, version: 04/2019 (ICD-11, Version: 04/2019), proposed to allocate a special code for burnout - “QD85 Burn-out ” The explanation of the code emphasizes that burnout refers to phenomena in a professional context and should not be used to describe phenomena from other areas of life. It is important that the new classification recognizes the syndrome as a factor influencing health status, as well as a factor that may be a reason for contacting health services. The code "QD85 Burnout" has not yet been accepted as an official medical diagnosis. However, according to K. Golonka et al. (2019a), isolating burnout into a separate code will help draw more attention to this topic and encourage specialists from different professions to solve this problem.

Working under constant stress, time pressure and high responsibility, healthcare workers are at risk of burnout, which can have a significant impact on their physical and mental health. [1,7,8]

The concept of “emotional burnout syndrome” was introduced into psychology by the American psychiatrist G. Freudenberger in 1974. Synonymous names: emotional burnout, burnout, mental burnout, professional burnout. The syndrome affects specialists whose work involves constant deep interaction with people. At risk are doctors, psychologists, teachers, social workers, rescuers, and law enforcement officers. The prevalence of SEV among such specialists reaches 80-90%. Emotional burnout is more often detected in workers whose work experience exceeds 10 years. There is a gender predisposition; women predominate among patients. [1,4,9]

1. Socio-demographic factors:

- o Young professionals under 35 who do not have children are often susceptible to burnout.
- o Professionals who see fewer than 10 or more than 40 patients per day are also at risk.
- o Lack of hobbies outside of work can make the situation worse.

2. Personal characteristics:

o Introverts, perfectionists, and people with low levels of sensitivity and moral flexibility are more susceptible to burnout.

o Due to isolation and excessive concentration on difficulties, emotional discomfort accumulates.

3. Organizational factors:

- o Dissatisfaction with workload, maintenance and pay.
- o Impossibility of advanced training.
- o Exhausting work conditions, strict management.

The pathogenetic mechanisms partially coincide with those during the development of stress; the body experiences constant, prolonged exposure to unfavorable factors. At the first stage, the resistance phase unfolds - physiological and psychological reserves are used (the level of activation of the central nervous system, the production of hormones changes), the person feels tension, but successfully copes with it. Interest and job satisfaction are maintained. The second stage is the exhaustion phase. The body's ability to withstand stress is lost, and negative factors (organizational, content, personal) lead to disturbances at the physiological and psychological level. Motivation and interest in activities decrease, depressed mood and irritability increase. At the third stage, exhaustion is manifested by persistent emotional and somatic disorders: depression develops, chronic diseases worsen, and new diseases on a psychosomatic basis arise. [1,6,8]

Signs of physician burnout may include emotional exhaustion, distancing from patients, apathy, and avoidance of professional responsibilities. To prevent this condition, it is necessary to pay more attention to the support and self-care of medical personnel, as well as to implement programs for the prevention and treatment of burnout syndrome. Additionally, it is important to recognize that burnout should not be ignored or stigmatized in the medical community. Conversations about stress and emotional well-being should be encouraged, not considered a sign of weakness or inability to cope with professional demands. A supportive environment and open dialogue can help prevent burnout and promote long-term mental health among healthcare staff. [1]

In addition, it is also necessary to pay attention to the balance between work and rest. Taking regular breaks, time for rest and recovery, and taking care of your own physical and mental health can help reduce stress and prevent burnout. It is important to remember that self-care is not a selfish act, but is a necessary condition for working productively and effectively for the benefit of patients.

As a result, burnout is a serious problem that should not go unnoticed. It is important to ensure access to professional psychological support and consultation for medical personnel, as well as create mechanisms for early detection of signs of burnout and provision of timely help. Caring for the mental well-being of doctors and medical staff is the key to their successful professional activities and providing quality medical care to patients. [1,3]

To study burnout syndrome, it is necessary to conduct special tests that will help determine the presence or absence of this condition in a person. One of the most common tests on this topic is the Maslow-Denver Test, which allows you to identify a person's level of burnout and stress. This test is based on the study of various aspects of a person's emotional state and behavior.

Also, to diagnose burnout syndrome, standardized questionnaires and surveys are often used to help assess the level of fatigue, emotional and psychological exhaustion in a person. One such questionnaire is the Mini-Schitz-Oppenheimer Questionnaire, which includes questions about the physiological and psychological symptoms of burnout.

It is important to note that conducting tests to investigate burnout syndrome requires special training and experience working with patients, as this condition can be quite difficult to detect and diagnose. Therefore, it is important to entrust the conduct of such tests to professionals who have experience working with this issue and can provide accurate and reliable research results.

To treat burnout syndrome among doctors, it is necessary to create conditions for psychological support and counseling. Programs that teach stress management strategies, develop self-regulation skills, and strengthen psychological resilience can help clinicians effectively manage negative emotions and avoid burnout. In addition, it is important to conduct regular workload reviews and mental health assessments of health care personnel to promptly identify signs of burnout and provide the necessary assistance. [1,2,5]

To successfully prevent physician burnout, it is also important to provide adequate rest and recovery time after difficult events, as well as encourage healthy lifestyles and stress-relieving hobbies. Collective support from colleagues and management, as well as the opportunity to discuss difficult situations and emotions, can significantly reduce the risk of burnout among medical staff.

Eventually, it is important to recognize that taking care of your own mental and emotional health is just as important as caring for the health of your patients. Doctors must learn to build boundaries between work and personal life, be able to relax, and find sources of support outside the work environment. Recognizing and understanding the problem of physician burnout is the first step to addressing it and creating a healthy, supportive environment in the healthcare setting. To effectively prevent burnout syndrome among doctors, it is also necessary to take into account factors of organizational culture and work environment. It is important to create conditions that promote improved work-life balance and reduce the negative impact of stressful situations on the mental health of medical personnel. Workload must be monitored, management support must be provided, and an environment for open communication and problem solving must be created. In addition, it is also important to pay attention to educational programs and trainings aimed at developing emotional intelligence skills among doctors. Learning to manage your emotions, express your feelings constructively, and resolve conflict effectively can help reduce your stress levels and prevent the development of burnout. Additionally, it is important to maintain a culture of acceptance and respect for mental health within the medical community. Knowing that taking care of your mental well-being is not a sign of weakness, but rather, learning to seek help and support when needed is an important step towards preventing burnout. Doctors must be supported and protected so that they can continue their noble work of helping patients without risking their mental health. [1,10,11]

**Conclusion.** Burnout occurs due to chronic stress at work. This is not a disease - but a factor that affects health and quality of life.

Symptoms of psychological burnout include physical and emotional exhaustion. It manifests itself in the fact that a person does not see the point in work, feels irritable and empty, and as a result, a drop in productivity. The causes of professional burnout can be external (work conditions) and internal, psychological. For example, a person “buries himself” in work to hide from the feeling of emptiness and problems in life, and does not notice how he is burning out.

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