



The Issue of Emotional Exhaustion Among Physicians

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Abstract: This examination examines the issue of emotional exhaustion in physicians, including its symptoms and the underlying causes. The article's foundation was the research that revealed the emotional exhaustion syndrome in students and physicians of various specialities. Burnout, its symptoms, and its causes in the context of physicians. The article was derived from a study that examined the identification of the syndrome of emotional exhaustion among students and physicians of a variety of specialities.

Keywords: Emotional burnout, medicine, physicians, syndrome.

Introduction: Doctors are subjected to continuous psycho-emotional stress, which results in professional personal deformations, including emotional exhaustion syndrome. H.J. Freidenberg, an American psychiatrist, coined the term "emotional burnout" in 1974 to characterise the psychological state of healthy individuals who were involved in communication with clients and patients in an emotionally charged environment. Initially, the term "emotional burnout" was employed as a synonym for terms such as "exhaustion," "exhaustion," and "feeling of uselessness." Emotional fatigue is currently recognised as a condition characterised by physical, emotional, and mental exhaustion that is observed in occupations that are part of the social sphere. Emotional burnout syndrome, like any disease, is defined by specific symptoms, including emotional breakdowns, feelings of hopelessness and futility, mood decline, and the disappearance of emotions and experiences. Burnout occurs as both mental illness and physical discomfort. An individual who is affected by this syndrome is

unaware of their symptoms and is unable to comprehend the circumstances surrounding them. The syndrome progresses gradually via three consecutive stages: Stage I ("tension") is characterised by the taming of emotions, the disappearance of acuteness of feelings, anxiety, and melancholy. Stage II ("resistance") is characterised by irritability, dislike, and bitterness towards colleagues, as well as a reduction in professional responsibilities. Stage III ("exhaustion") - deterioration of professional ideals, emotional alienation, psychological disorders, and psychovegetative disturbances. However, in addition to emotional manifestations, a "burnout" specialist exhibits physical characteristics such as a perpetual sense of fatigue, a loss of energy, a decrease in strength, and a decrease in efficiency. It is crucial to be aware of the symptoms that accompany emotional fatigue, which is a state of exhaustion. At present, five categories of symptoms are identified: depression; physical manifestations (fatigue, weight fluctuation, insomnia); emotional manifestations (apathy, irritability); behavioural manifestations (disinterest in food, accidents, injuries); cognitive state (diminished interest in life, yearning); social manifestations (disinterest in recreation, feelings of isolation, lack of empathy towards others). The condition is more prevalent in individuals who are prone to emotional instability, intense experience, and perception. People of varying ages and levels of work experience may be impacted by emotional fatigue syndrome. This condition is frequently encountered by senior students who are practicing at clinical bases. This illness is cumulative; so, while discussing professional burnout among physicians, it is essential to consider their emotional status beginning in their student years. The research was developed using the findings of a survey conducted among 60 sixth-year paediatric students at Saratov State Medical University. The survey results identified two distinct groupings of students. At 45 individuals, the I group represented one-quarter of the total number of surveyed students. This group is significantly impacted by circumstances that detrimentally affect their overall health and capacity to participate in investigations. On a scale of 1 to 5, we requested that they evaluate their stress tolerance; the higher the score, the less capable they are of withstanding stress. The majority of this set of students ranked their stress tolerance at 5, indicating that they are tired, depressed, and apathetic. Group II consisted of 15 students, representing one-fourth of the respondents, the lesser portion. The students in this cohort demonstrated a stress tolerance rating of 2 points, indicating that they were adequately prepared for stressful situations. The survey results indicate that stress issues and diminished self-control stem from the

university academic process. Essentially, emotional depletion manifests itself at the age of 30-40, when individuals begin to negatively evaluate their own accomplishments and successes and partially lose interest in their work. A study was conducted by I.A. Berdyaeva and L.N. Voyt to determine the extent to which emotional exhaustion syndrome is prevalent among physicians of various specialities. The survey comprised 500 physicians, with women constituting 77.4% and men 22.6% of the sample. For the investigation, the questionnaire "Emotional burnout" by V.V. Boyko, which consisted of 84 questions, was employed. Boyko comprises 84 questions. Interpretation of the results is based on three phases ("tension," "resistance," and "exhaustion") and four symptoms. Following are the findings of the comprehensive examination of emotional burnout: 35.4% of respondents exhibit ERS, with 8.6% demonstrating fully developed ERS throughout all phases. In the resistance phase, the majority of physicians ($58.2 \pm 2.5\%$ of women and $55.9 \pm 4.7\%$ of men) have developed. A tension phase was observed in $18.4 \pm 1.9\%$ of women and $18 \pm 3.6\%$ of men. The exhaustion phase occurred in $19.4 \pm 2.0\%$ of women and $18 \pm 3.6\%$ of males. In addition, gender disparities were identified in the total indicators of emotional burnout. Women exhibit a significantly higher resistance phase index (70%), whereas males are only in the formation phase of the resistance phase.

CONCLUSION

Therefore, physician burnout should be viewed from two perspectives: as a medical and social issue that undermines the personality of specialists and as a factor contributing to the decline in the quality of medical care, which is a consequence of the doctor's lack of interest in patient care and the violation of the doctor-patient relationship. These characteristics are the consequence of the higher standards.

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