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Liakhovskiy V. I., Nemchenko I. I., Liulka O. M., Horodova-Andreeva T. V.,
Krasnov O. G., Sydorenko A. V.**THE INFLUENCE OF BURNOUT SYNDROME ON THE WORK EFFICIENCY
OF MEDICAS DURING THE PANDEMIC AND MARTIAL LAW**

Poltava State Medical University (Poltava, Ukraine)

660726@ukr.net

The article is based on a review of the scientific literature, defines the burnout syndrome and indicates the risks of its occurrence among medical staff, especially during a pandemic and martial law. Clinical symptoms are described with a five-stage model of its clinical course and diagnostic criteria for detection based on test screenings, among which the Maslach Burnout Questionnaire is most often used. In the context of the COVID-19 pandemic and martial law, the psycho-emotional loading and the risk of the emotional stress of healthcare staff are significant increases. Causes of suffering for medics may be related to personal events or bad relationships at work. Therefore, a decisive protective factor for the well-being of the worker at the workplace and throughout life is the sympathy of others. Treatment of burnout syndrome should be based on an assessment severity of symptoms. For severe symptoms of burnout, psychotherapeutic treatment is recommended. Antidepressants can also be used, preferably in combination with psychotherapy. The article indicates problematic issues in the treatment of this syndrome. It has been proven that burnout syndrome among medics is quite harmful. Both for specialists, medical institutions and patients. Therefore, it's necessary to determine the risks of its occurrence in advance and take preventive actions.

Key words: burnout syndrome, medics, work, pandemic, martial law.

Connection of the publication with planned research works.

The materials of this article are the part of the research work "Development of modern scientifically based principles of stratification, monitoring and prediction of surgical diseases and injuries" (state registration number 0120U101176).

Introduction.

Burnout syndrome is a condition that occurs among staff on the background of chronic stress during the performance of their professional duties. First of all, it applies to those persons who engage in highly specialized work. Among them, medical workers have an increased risk of developing this syndrome, which occurs in long-term exposure to various stressful events [1].

The term "burnout syndrome" as a scientific concept was proposed at the beginning of the 70s of the last century by the psychoanalyst Freudenberger, and later it became widespread among scientists who determined that it consists of three qualitative dimensions: emotional exhaustion, depersonalization and cynicism, decrease in professional efficiency and personal achievements [2]. The emotional distress of workers who lost their health is a preliminary manifestation of other types of symptoms [3]. Severe emotional exhaustion is associated with symptoms, such as indifference to work, withdrawal from relationships that are related to the management of official duties, a sense of ineffectiveness, and a lack of desire to overcome this condition [4]. Burnout affects the efficiency of the performance of official functions and the general well-being of staff. Persons who are burned out and exhausted have significant health problems, both physically and psychologically.

Personnel in practical health care and clinical departments of institutions of higher medical education have a special risk of burnout [5]. Manifestations of this syndrome include decreased job satisfaction, absenteeism, staff turnover and cynicism [6]. Also, they

can have significant negative personal effects (feelings of unhappiness, anxiety, depression, substance abuse, the breakup of relationships, divorce, and even suicide) [7] and professional consequences. Such as the deterioration of the quality of medical care and the making of medical errors, which can manifest in patients' dissatisfaction with treatment and even end in a threat to the lives of patients and their lawsuits against organizations [8].

Today, there are no clear universally accepted definitions of the syndrome of professional burnout and criteria for its diagnosis. So it's difficult to get an objective picture of its distribution in the general population. Some authors indicate that this syndrome affects up to 20% of the working population, but this level also depends on the threshold values for the definition of severe burnout [9]. Other authors provide the following data: in Europe, professional burnout occurs in 10% of workers in European Union (EU) countries and 17% in non-EU countries. In the countries of the European Union, the level of burnout varies from 4.3% of workers in Finland to 20.6% in Slovenia. And in non-EU countries, from 13% in Albania to 25% in Turkey. A lot of studies also found that burnout rates in a country are closely related to workload. Employees point to various causes of burnout. Thus, in most working women, burnout was associated with education and socio-economic status, while in men, a connection was observed with marital status [10]. Therefore, the study of the causes, diagnosis, treatment and prevention of burnout syndrome on work efficiency remains an actual problem of the modern public health system.

The aim of the study.

To study the causes, diagnostic criteria, and impact on the work efficiency of medical personnel of burnout syndrome in order to prevent its development.

Main part.

Burnout syndrome occurs in performing all types of work. However, this disease is observed much more

often among doctors. In a study comparing the incidence of burnout among US physicians and among other workers, the frequency of burnout symptoms in physicians was found to be 37.9% and 27.8% in a control population. It was more common in first-line physicians such as emergency, family and internal medicine, which are at the greatest risk of stress. It is important to note that low productivity, which is commonly associated with burnout among staff, is mainly seen in healthcare personnel. In particular, it has a negative impact at three levels: at the individual and family level, at the level of patient care, and at the level of costs to the health care system [11]. At the current stage of life, physician burnout is a public health problem that widely affects the viability of the entire society [12].

Some gender dependence is observed in the occurrence of burnout syndrome. Thus, female doctors more often report symptoms of burnout. In 2015, among doctors with professional burnout syndrome, women accounted for 51%, and men – 43%, and in 2020 – 48% and 37%, respectively [13]. In addition, there are gender differences in the presence of various symptoms: exhaustion, depersonalization and lack of work performance. A study conducted among general physicians showed that exhaustion and fatigue are equally common in both sexes. On the other hand, the feeling of lack of efficiency is more common in women, and male doctors are less likely to doubt the quality of their work than women [14].

Clinical manifestations of burnout syndrome are diverse, although its diagnosis is quite difficult since it develops during several successive stages. Nowadays, the five-stage model of its clinical course is most often used, which begins with the “honeymoon” stage and is characterized by enthusiasm in performing one’s professional skills. However, over time, it inevitably becomes associated with the stresses that arise from performing the work. If no positive coping strategies are implemented at this stage, there is a risk of triggering the burnout process. After that comes the stage of stagnation, which is provoked by the appearance of stress. This stage begins with the realization that some days are harder than others and life is limited by work. Family, social life and personal priorities suffer, and general symptoms of stress appear that affect the person emotionally and physically. Then a stage of chronic stress develops, which leads to disorder, a feeling of failure and powerlessness. Efforts and diligence in performing one’s duties are clearly not appreciated by management, and the fact that there is insufficient recognition leads to the fact that a person feels incompetent and inadequate. Then it leads to the stage of apathy, despair and disappointment arising, employees do not see a way out of the situation, and become submissive and indifferent. The final stage is habitual burnout. Symptoms of burnout cause serious physical or emotional problems and may ultimately prompt a person to seek help and intervention. Each stage of the course of this syndrome is manifested by different symptoms, which include the presence of warning symptoms in the early stages (increased commitment to goals and exhaustion), followed by a decrease in commitment (to patients, to work, to increased demands), emotional

reactions and accusations (depression, aggression). It ultimately leads to a decrease in cognitive productivity, motivation, creativity and evaluation, as well as a smoothing of emotional, social and intellectual life, psychosomatic reactions and despair [15].

Nowadays there is no standardized and generally accepted diagnostic procedure for professional burnout syndrome [16]. For this, test screenings are mostly used, and the most common of them is the Maslach Burnout Inventory (MBI). After its publication in 1981, several new adapted versions were gradually developed for different groups and different working conditions [17].

There are currently five versions: Social Services Survey (MBI-HSS), Social Services Survey for Medical Personnel (MBI-HSS (MP)), Teacher Survey (MBI-ES), General Survey (MBI-GS) and “General survey for students” (MBI-GS (S)). Questionnaires consider different aspects of burnout. Versions MBI-HSS, MBI-HSS (MP) and MBI-ES. MBI-GS and MBI-GS (S) use 5 items of manifestations. A 5-point scale of depersonalization rate the degree to which one doesn’t respond personally to individuals who need care, treatment, or services. The 8-point scale of personal achievements measures feelings of competence and progress at work, cynicism (indifference to one’s work) is additionally assessed on a 5-point scale and professional effectiveness (sense of competence and achievement) on a 6-point scale. All items are rated on a 7-point frequency scale: never (0), several times a year or less (1), once a month or less (2), several times a month (3), once a week (4), several times a week (5) and daily (6) [17].

The occurrence of burnout syndrome among medics during the declared global pandemic of COVID-19, the full-scale aggression of Russia in Ukraine and the declaration of martial law in connection with this deserves special attention. In these conditions, the psycho-emotional loading of healthcare personnel significantly increases, which is caused by long duties, shorter breaks and higher emotional stress. The conditions in which medics worked, weren’t negotiable during the acute phases of the pandemic [18]. All this to a certain extent affects the work and well-being of medical personnel [19]. Thus, it is important to identify the effective protective factors that could promote well-being and neutralize the harmful effects of emergency-related work conditions and demands. This process begins with the recognition of the consequences of the pandemic and martial law for this particular group of professionals. Elements such as trust [20], social support [21], good communication with colleagues and administration [22], effective teamwork [23] – have a significant impact on personal well-being and the risk of burnout. The causes of the suffering of medical personnel can be related to events in their personal lives or bad relations at work [24]. Therefore, during a pandemic and martial law, they have the root to create a friendly environment at work that directly affects their personal life. However, such a state as stress and exhaustion, which lead to the development of burnout syndrome, can arise due to the loss of resources, such as expensive for everyone objects, money, knowledge, time, and external conditions, while well-being comes

from their cumulation and meaningful use in any sphere of life [25]. Namely, the COVID-19 pandemic and martial law have caused the loss of relevant resources and this has led to increased suffering, so the effect of professional burnout syndrome is a potential form of resource loss, first of all, for medics [26].

In this regard, the current scientific literature has identified compassion at work as a crucial protective factor for the well-being of people in the workplace and throughout their lives [27]. Compassion is described as “sensitivity to the suffering of oneself and others with an obligation to try to alleviate and prevent it” [28]. It occurs when someone in the environment suffers (negative emotions, stress, exhaustion and frustration) during work [29]. Compassion manifests itself in four dimensions: attention to the suffering of others; understanding what caused the employee’s suffering; empathizing with the suffering of another and helping her or him to talk in detail about the feelings and thoughts that contributed to such suffering, helping others through appropriate skilled and thoughtful actions with the intention of reducing suffering [30]. Unlike empathy, compassion involves a motivational dimension that is related to the desire to help others or at least do something positive for them during their suffering [31]. Focusing and performing helpful actions that are valuable and appropriate during the suffering of other workers, allows empaths to support their colleagues in keeping work tasks and goals in mind [32].

It has been noted that healthcare personnel are more effective when their supervisors show compassion, especially during pandemics and martial law. Worse when they feel a high degree of control and coercion. If medical worker feels that his work is recognized and appreciated, leads to his satisfaction, commitment and sense of belonging increase significantly, they make fewer medical errors and problems in relations with colleagues [33]. At the same time, compassion at work has a positive effect on personal well-being. This affects the forming of positive effects and emotions of staff [34], psychological well-being and mental health [35], as well as the general state of health [36].

Treatment of burnout syndrome should be based on an assessment of the severity of symptoms. If they are insignificant, measures such as changing life habits and optimizing the balance between work and personal life are recommended. They are based on the following measures: relief from stressors, recovery through rest and sports, “return to reality” [15]. When this syndrome is confirmed, doctors can apply various types of rehabilitation [37]. One of them focuses on relationships, with an understanding of the importance of spending quality time with family, friends, loved ones and colleagues. The second, which contributes to the well-being of some people, is a religious belief or spiritual practice. It also refers to personal attention and nurturing of one’s own spiritual aspects. The third type of recovery is related to work. And the fourth consists of self-care practices, in which each specialist actively develops personal interests and self-awareness for professional and family responsibilities. Finally, the fifth component is the adaptation of a certain life

philosophy. This is the development of a philosophical approach to life, which is based on a positive outlook, when a person defines his own values and acts accordingly with an emphasis on the balance between personal and professional life [38].

Each person is responsible for their own health, organizational and institutional awareness, attention and recognition of the problem can play a crucial role in promoting the well-being of doctors [38]. Job characteristics and institutional factors that promote well-being include providing adequate job resources, staff support and fostering a collegial work environment. Empowering physicians to influence their work environment, participate in organizational decisions that affect the conduct of medical practice, and have greater control over their schedules has a significant positive effect. Efforts to minimize disruptions at work by providing flexible schedules, child care adapted to irregular working hours, etc. It’s very important for improving employee well-being [39].

With pronounced symptoms of burnout, psychotherapeutic treatment is recommended. Antidepressants can also be used, preferably in combination with psychotherapy [15]. There are several treatments for burnout, but all with unclear evidence. Some studies have shown that cognitive-behavioral therapy improves emotional exhaustion. However, the evidence for the effectiveness of stress management and music therapy is conflicting. Some authors recommend using qigong therapy, physical therapy, although the evaluation of these treatment methods doesn’t give unambiguous results [40].

Conclusions.

Therefore, burnout syndrome still doesn’t have a clear definition and diagnostic criteria, but it remains an important problem and challenge for public health and society as a whole. Burnout of medical workers is quite harmful for specialists, medical institutions and patients. Therefore, it is necessary to determine the risks of its occurrence in advance and take preventive measures to avoid damage in the future. Medical personnel who work in medical facilities of general practice-family medicine, emergency care, intensive care and surgery are particularly affected. This situation can worsen when the flow of severe patients and injured begins to exceed the available capacity. As an example, in the case of the recent COVID-19 pandemic or war. Also, it’s necessary to conduct prospective long-term studies to further study the causes of burnout and to determine specific indicators for measuring the well-being of the doctor and evaluating the effectiveness of various therapeutic schemes for the treatment of this syndrome.

Prospects for further research.

Given the actuality and prevalence of the syndrome among medical staff, it is necessary to continue studying this problem and identify the leading causes of stress among doctors, nurses and junior medical personnel that cause the development of it. It is also necessary to develop new methods of its diagnostics. Treatment and profilaxys will positively affect the medics’ efficiency.

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ВПЛИВ СИНДРОМУ ВИГОРАННЯ НА ЕФЕКТИВНІСТЬ РОБОТИ МЕДИЧНИХ ПРАЦІВНИКІВ ПІД ЧАС ПАНДЕМІЇ ТА ВОЄННОГО СТАНУ

Ляховський В. І., Немченко І. І., Люлька О. М., Городова-Андрєєва Т. В., Краснов О. Г., Сидоренко А. В.

Резюме. Синдром вигорання – це такий стан, який виникає у працівників на фоні хронічного стресу під час виконання ними професійних обов'язків. У першу чергу, це стосується тих співробітників, які займаються високоспеціалізованою працею. Серед них медичні працівники мають підвищений ризик розвитку цього синдрому, який виникає при доволі тривалому впливі різних стресових подій. З сильним емоційним виснаженням пов'язані такі симптоми, як байдужість до роботи, відсторонення від стосунків, які пов'язані з виконанням службових обов'язків, відчуттям неефективності та відсутність бажання подолати даний стан. Вигорання впливають на ефективність виконання службових функцій та загальне самопочуття працівників. Співробітники, які вигоряють і виснажені, мають значні проблеми із здоров'ям як з фізичної, так і з психологічної точки зору.

Клінічні прояви синдрому вигорання є різноманітними, хоча його діагностика є доволі складною, оскільки він розвивається протягом декількох послідовних стадій. В наш час найчастіше використовується п'ятиступенева модель його клінічного перебігу. На сьогоднішній день не існує стандартизованої та загальноприйнятної процедури діагностики синдрому професійного вигорання. Для цього, здебільшого, використовуються тестові скринінги, а найбільш часто із них – Опитувач вигорання Маслаха (МБІ). Особливої уваги заслуговує виникнення синдрому вигорання у медичних працівників під час оголошеної всесвітньої пандемії COVID-19 та воєнного стану, який впроваджений в результаті повномасштабної агресії росії в Україну. У цих умовах у працівників сфери охорони здоров'я значно збільшується психоемоційна навантаження, яка викликана тривалими змінами, коротшими перервами та вищим емоційним стресом. Причини страждань медичних працівників можуть бути пов'язані з подіями в особистому житті або поганими стосунками на роботі. Тому, вирішальним захисним фактором для благополуччя працівника на робочому місці та протягом усього життя є співчуття оточуючих.

Лікування синдрому вигорання повинне ґрунтуватися на оцінці тяжкості симптомів. При виражених симптомах вигорання рекомендується проводити психотерапевтичне лікування, також можуть застосовуватися антидепресанти, бажано в поєднанні з психотерапією. Синдром вигорання досі не має чіткого визначення і критеріїв постановки діагнозу, однак залишається важливою проблемою та викликом для громадського здоров'я. Вигорання працівників медичної галузі є доволі шкідливим для спеціалістів, лікувальних закладів та пацієнтів. Тому, необхідно завчасно визначати ризики його виникнення та проводити профілактичні заходи.

Ключові слова: синдром вигорання, медичні працівники, праця, пандемія, воєнний стан.

THE INFLUENCE OF BURNOUT SYNDROME ON THE WORK EFFICIENCY OF MEDICS DURING THE PANDEMIC AND MARTIAL LAW

Liakhovskiy V. I., Nemchenko I. I., Liulka O. M., Horodova-Andreeva T. V., Krasnov O. G., Sydorenko A. V.

Abstract. Burnout syndrome is a condition that occurs in staff against the background of chronic stress during the performance of their professional duties. First of all, this applies to those persons who are engaged in highly specialized work. Among them, medics have an increased risk of developing this syndrome, which occurs with long-term exposure to various stressful events. Severe emotional exhaustion is associated with symptoms such as indifference to work, withdrawal from work-related relationships, feelings of ineffectiveness and lack of desire to overcome the condition. Burnout affects the efficiency of the performance of work functions and the general well-being of employees. Employees who are burned out and exhausted have significant health problems, both physically and psychologically.

Clinical manifestations of burnout syndrome are diverse, although its diagnosis is quite difficult since it develops during several successive stages. Nowadays, the five-stage model of its clinical course is most often used. These days there is no standardized and generally accepted diagnostic procedure for professional burnout syndrome. For this, test screenings are mostly used, and the most common of them is the Maslach Burnout Inventory (MBI). The emergence of burnout syndrome among medics during the declared global pandemic of COVID-19 and martial law, which was introduced as a result of Russia's full-scale aggression against Ukraine, deserves special attention. In these conditions, the psycho-emotional stress of healthcare personnel significantly increases, which is caused by long duties, shorter breaks and higher emotional stress. The reasons for the suffering of healthcare staff can be related to events in their personal lives or bad relationships at work. Therefore, a crucial protective factor for employee well-being in the workplace and throughout life is compassion to others.

Treatment of burnout syndrome should be based on an assessment of the severity of the symptoms. With pronounced symptoms of burnout, psychotherapeutic treatment is recommended, and antidepressants can also be used, preferably in combination with psychotherapy. Burnout syndrome still doesn't have a clear definition and diagnostic criteria but remains an important problem and challenge for public health. Burnout of medics is quite

harmful to specialists, medical institutions and patients. Therefore, it is necessary to determine the risks of its occurrence in advance and take preventive measures.

Key words: burnout syndrome, medics, work, pandemic, martial law.

ORCID and contributionship:

Liakhovskyi V. I.: [0000-0003-1551-4891](https://orcid.org/0000-0003-1551-4891)^{ADC}

Nemchenko I. I.: [0000-0002-3556-5373](https://orcid.org/0000-0002-3556-5373)^{DC}

Liulka O. M.: [0000-0002-1056-8308](https://orcid.org/0000-0002-1056-8308)^B

Gorodova-Andreeva T. V.: [0000-0002-4093-5607](https://orcid.org/0000-0002-4093-5607)^{EC}

Krasnov O. H.: [0000-0002-8704-1686](https://orcid.org/0000-0002-8704-1686)^{AC}

Sydorenko A. V.: [0000-0003-4152-513X](https://orcid.org/0000-0003-4152-513X)^{DE}

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Corresponding author

Liakhovskyi Vitaliy Ivanovych

Poltava State Medical University

Ukraine, 36024, Poltava, 23 Shevchenko str.

Tel.: +380505222319

E-mail: 660726@ukr.net

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