

ЗАГАЛЬНА ПСИХОЛОГІЯ, ІСТОРІЯ ПСИХОЛОГІЇ

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EMOTIONAL BURNOUT IN THE PROFESSIONAL ACTIVITIES OF DOCTORS AND TEACHERS

ЕМОЦІОНАЛЬНЕ ВИГОРАННЯ В ПРОФЕСІЙНІЙ ДІЯЛЬНОСТІ ЛІКАРІВ І ПЕДАГОГІВ

The article analyzes the problem of emotional burnout in the professional activity of doctors and teachers, considers the concept of «emotional burnout», features of the professional activity of doctors and teachers. The feelings that lead to the development of emotional burnout syndrome have been identified.

The phases of the syndrome are identified and the symptom complexes of these phases are described, such as a change in the dynamics of fatigue, a decrease in resistance to diseases, deterioration of emotional contacts, dulling of sensations.

A group of factors contributing to the development of the syndrome, such as personal, role (social), and organizational factors, is singled out. Professionally significant properties of doctors and teachers are considered in detail: characteristics of nervous processes, individual-typological features, some of which spontaneously mobilize valuable qualities for professional activity, while compensating for others that prevent the achievement of the goal.

Attention is paid to the place and role of work capacity in the formation of the burnout syndrome. The types are outlined and the phases/periods of performance are described, and their brief characteristics are provided.

A comparison was made of the presence and characteristics of the studied syndrome in doctors and teachers. Significant differences were found between the levels and severity of the emotional burnout syndrome in representatives of the medical and pedagogical fields who participated in the study. Based on the obtained results, we can draw a conclusion about the differences in the levels of the studied syndrome among doctors and teachers, as well as about a higher level of expressiveness of the studied syndrome among doctors.

It is proved that the phase of exhaustion is formed in the same way in doctors and teachers, while the phase of exhaustion is not formed in representatives of both fields.

Personal qualities that facilitate adaptation to professional activity and reduce the process of «burnout» are indicated. Attention is drawn to the importance of the development of emotional maturity and the directions of professional help in case of emotional burnout.

Key words: emotional burnout, emotional burnout syndrome, professional activity of a doctor, professional activity of a teacher.

У статті проаналізовано проблеми емоційного вигорання у професійній діяльності лікарів та педагогів, розглянуто поняття «емоційне вигорання», особливості професійної діяльності лікарів та педагогів. Визначено почуття, що зумовлюють розвиток синдрому емоційного вигорання.

Виділено фази синдрому та описано комплекси симптомів зазначених фаз, таких як зміна динаміки стомлюваності, зниження опірності до хвороб, погіршення емоційних контактів, притуплення відчуттів.

Виокремлено групу чинників, які сприяють розвитку синдрому, таких як особистісні, рольові (соціальні), організаційні фактори.

Докладно розглянуто професійно значущі властивості лікарів та педагогів: характеристики нервових процесів, індивідуально-типологічні особливості, одні з яких стихійно мобілізують цінні для професійної діяльності якості, водночас компенсують інші, що перешкоджають досягненню мети.

Приділено увагу місцю та ролі працездатності в формуванні синдрому вигорання. Окреслено види та описано фази/періоди працездатності, надано їх коротку характеристику.

Проведено порівняння наявності та особливостей досліджуваного синдрому у лікарів та педагогів. Виявлено значні відмінності між рівнями і вираженістю синдрому емоційного вигорання у брала участь у дослідженні представників медичної та педагогічної сфер діяльності. Спираючись на отримані результати, ми можемо зробити висновок про відмінності рівнів досліджуваного синдрому у лікарів та педагогів, а також про більш високий рівень виразності досліджуваного синдрому у лікарів.

Доведено, що фаза виснаження в лікарів і педагогів сформована однаково, тоді як фаза виснаження не сформована у представників обох сфер.

Зазначено особистісні якості, які полегшують адаптованість до професійної діяльності, знижують процес «згорання». Звернено увагу на важливість розвитку емоційної зрілості та напрямки професійної допомоги при емоційному вигоранні.

Ключові слова: емоційне вигорання, синдром емоційного вигорання, професійна діяльність лікаря, професійна діяльність педагога.

Introduction. In the conditions of the development of modern society, the question of the importance of the psychological atmosphere in various spheres of human activity is acute. Currently, there is a drop in the rating of socially significant professions (doctor, teacher, social worker, etc.), competition for jobs is increasing, people's confidence in the stability of their working position is being lost.

Working with people in itself implies high emotional stress and tension, a high probability of conflicts and professional stress. The consequences of emotional overload and stress affect both physical and psychological well-being.

Thus, the probability of developing emotional burnout syndrome increases. In this regard, the need for research into this problem and the detection of its frequency is increasing.

It is important to distinguish the syndrome of emotional burnout from chronic fatigue, personal and age crises. The problem of a person's psychological health is one of the most important in today's unstable, stressful conditions of human life and society.

Presenting of main material. The concept of «emotional burnout» was first introduced into psychology by the American psychiatrist H.J. Freudenberg in 1974. With this concept, he characterized people who, in connection with their professional activities, are in constant emotional tension, communicate intensively and closely with others. Initially, this group included specialists working in crisis centers and psychiatric clinics, and in 1982.

R. Schwab expanded the group of professional risk, including teachers, policemen, lawyers, prison staff, politicians, managers of all levels.

Emotional burnout was studied by such scientists as K. Maslach, J. Grinberg, E. Morrow, B. Perlman and E.A. Hartman. Domestic researchers consider «emotional burnout syndrome» as a state of «professional deformation». The authors indicate that the symptoms of burnout are manifested in professionals who work in the «person-person» system.

Based on the currently available information about the history of the development of research on emotional burnout syndrome, it is possible to conclude about the high degree of interest of various scientists, researchers, psychiatrists and psychologists in the problem of emotional burnout.

A person's professional activity greatly affects the way of life, the development of a person's individuality. Peculiarities of pedagogical and medical activities, which is related to the topic we are investigating is high emotional tension. One of the key requirements for a teacher's personality is the ability to empathize [1].

Constant self-sacrifice does not go unnoticed by the teacher. The development of the syndrome of emotional burnout in the professional activity of a teacher is also facilitated by such factors as non-recognition of the high social role of the teacher's profession, humiliation of his social status, limitation of mastering new professional skills. Burnout is experienced by individuals with initially high professional motivation, who later experi-

ence disappointment due to the discrepancy between the real professional situation and ideal representations. The specificity of medical activity consists in the forced presence of a specialist among other people's negative emotions, which, of course, cannot help but have a negative impact [3].

Most often, the medical worker himself becomes the object of irritation and aggression of his patient. However, a person cannot remain indifferent to such manifestations of emotions: a constant encounter with the suffering, pain, grief of other people, a specialist cannot help but react to them. At the same time, he is forced to build a psychological barrier that protects him from such manifestations. A medical worker must have many qualities without which his work in the medical field is impossible. He must adhere to ethical norms, be humane, restrained, patient, polite, conscientious and responsible, love his profession, be ready to help people. A medical worker must be able to communicate, listen to the patient, and be attentive. However, the requirements for these specialists are contradictory. Along with possessing a high level of empathy, a medical worker must be emotionally stable – excessive emotionality can interfere with professional activity. At the same time, the personal characteristics of a medical worker can make him vulnerable, cause the emergence of emotional burnout syndrome. There are four feelings that make up the emotional side of the emotional burnout syndrome: guilt before oneself and others for not doing, not having time; shame (it didn't turn out that way, he had no right to make a mistake, he must always be right), resentment (he didn't get a reward for his sacrifice), fear (it won't work, they won't understand) [2].

As K. Maslach states in his work, «the activities of these professionals are very different, but they are united by close contact with people, which, from an emotional point of view, is often very difficult to maintain for a long time». Recently, the problem of the individual as a subject of work has a great influence on the development of psychological research. One of the important aspects of the study of this problem is the changes that occur with the individual in the course of his professional activity.

The development of emotional burnout syndrome in the activities of doctors and teachers is influenced by both the personal qualities of specialists and the surrounding conditions (family situation, relations with colleagues, organizational characteristics, etc.). It is possible to single out the following features characteristic of these professions:

Working conditions: work is «always new»; a number of moments are completely unavailable for external observation and accounting. Mechanical elements of activity are subordinate to the creative principle.

An increase in the number of mechanical elements indicates either the extreme abnormality of the working conditions or the professional unfitness of the employee.

Hardware. In contrast to workers of “mechanical” labor, in whom the properties of the product are determined by the means of production, here – mainly by the character and properties of the performer himself. However, even the presence of all professionally impor-

tant qualities does not make, for example, a teacher a creative pedagogue, because a vocation is still necessary. Here, everyone creates individual value, and any weapon makes an expression of their individuality.

Values for each individual employee. It is necessary to develop mental and physiological abilities to perfection through special training, because otherwise there is «violence on the psyche» and as a result – «depression, exhaustion, irritability».

The role of work in the subject's psychophysiological life. The psychophysiological consequence of such work is overfatigue due to the «high involvement of volitional stimulus» and constant and active work of consciousness.

Overwork is also explained by a large amount of extracurricular work.

It should be noted that, in addition to the above-mentioned features, representatives of the specified group of professions are characterized by the factor of forced communication. As a result of specific features of professional activity, the chronic effect of large emotional loads on a person, the so-called syndrome of emotional burnout occurs. The term «emotional burnout» was introduced to characterize the psychological state of healthy people who are in intensive and close communication with clients, patients, in an emotionally charged atmosphere while providing them with professional assistance. The syndrome of «emotional burnout» is manifested in the feeling of emotional exhaustion, exhaustion (a person cannot devote himself to work, as it was before); dehumanization and depersonalization (development of negative attitudes towards students, patients, clients); negative self-perception in professional terms (decreased self-esteem of one's professional skills). Briefly, burnout is defined as «a specialist's maladaptation to the workplace due to excessive workload and inadequate interpersonal relationships».

The following four phases of the syndrome can be distinguished, each of which is characterized by a set of symptoms:

1. Change in the dynamics of fatigue: (The appearance of a feeling of fatigue before the end of the working day. The person does not manage to recover his strength until the next working day. The dynamics of sleep are disturbed: it is difficult to fall asleep, then there is a sudden early awakening). Lack of appetite or, conversely, overeating.

Abuse of chemical agents: tobacco, coffee, alcohol, drugs.

2. Decreased resistance to diseases: (disease is a specific reaction of the body to a psychological situation).

The emergence of a feeling of psychosomatic malaise. Emergence of a sense of guilt, concern (anxiety), excitement, irritation against the background of rapid heartbeat, shortness of breath, gastrointestinal disorders, headache, lumbago, low pressure.

3. Deterioration of emotional contacts. Aggressive feelings: increased irritability, sudden anger (disabling brakes), aggressiveness, conflict. Deterioration of the emotional atmosphere in it.

Negative attitude towards clients. Appearance of negative attitude towards work.

4. Dulling of the senses. I don't want anything, then – alienation and apathy. Decline mood and associated emotions: cynicism, pessimism, feelings of hopelessness and meaninglessness, depression. The poverty of the repertoire of work actions.

Regarding other people, patterns and stereotypes appear. The feeling of loneliness is against the background of abundance of communication and contacts.

A lot of problems with loved ones.

The following groups of factors contribute to the development of the «emotional burnout» syndrome:

1. Personal factors that increase the risk of «burnout»:

– low assessment by the specialist of the significance of his work;

– dissatisfaction of a person with his professional growth;

– the subject's lack of autonomy, support orientation;

– aggressiveness, intemperance, orientation towards achieving one's goal at any cost;

– authoritarianism, dominance, categoricalness, uncompromisingness;

– rigidity (stiffness, inability to change the program of actions), inertia, inflexibility.

The so-called “workaholics” also belong to the “burning out”, i.e. those who decided to devote themselves to the realization of work goals only, who seek their vocation in work to self-forgetfulness.

2. Role (social) factors of the syndrome:

– lack of coordination of joint actions of specialists;

– internal competition of specialists, lack of integration of their efforts in case of need for work for a common result.

3. Organizational factors (nature of work):

– many hours of work, which is not evaluated properly, has a content that is difficult to measure: the nature of the management does not correspond to the content of the work;

– uncertainty or lack of responsibility.

When considering each of the professionally significant properties, it is necessary to pay attention to how stable this property is, how much it is amenable to development and compensation in the process of training and professional activity. The main characteristics of nervous processes (strength of excitatory and inhibitory processes, mobility, balance) leave their mark on professional activity in any field, however, different professions make their demands on different properties of the nervous system.

Individual typological properties. Individual-typological features change little during the professional path and belong to the most stable properties. At the same time, it should be remembered that the same typological property can have both positive and negative (from the point of view of professional success) manifestations. For example, the weakness of nervous processes determines a low limit of working capacity and, at the same time, high sensitivity (sensitivity). And the inertia of nervous processes is manifested in low indicators of the speed of the nervous system and in the strength of temporary connections, etc. [2].

Thus, a natural deficiency in the field of one function is compensated by an advantage in the field of another, no less important. And different types of higher nervous activity should be considered not as different degrees of perfection, but as ways of balancing the organism with the environment. To the individual-typological properties that are manifested in all types of the subject's activity, activity, communication, behavior, etc., and therefore affect the cognitive and emotional processes, mental states and properties, belongs to temperament as one of the most important properties of individuality.

The complex of individual characteristics of a person can only partially satisfy the requirements of any type of activity. Therefore, a person consciously or spontaneously mobilizes his valuable qualities for this type of work, at the same time compensates or somehow overcomes those that prevent the achievement of the goal. As a result, an individual style of activity is created – a unique version of the methods of work typical for a given person in conditions typical for him.

Three types of professions are widely represented in the professional literature:

1. Professions where every healthy person can achieve socially acceptable effective activity.
2. Professions in which not every person can achieve the desired effect.
3. Professions that by their very nature involve achievement the highest levels of skill.

The 3-rd type of professions have specific requirements for individual characteristics of a person, which in some cases can be determined genetically. The majority of professions do not impose such strict requirements on the subject of activity (type 1) or allow, with the help of the inclusion of compensation mechanisms, the development of ISD, to correct the lack of certain professionally important qualities (type 2 professions).

In relation to the tasks solved by the subject of work, it is possible to distinguish the maximum, optimal and reduced working capacity.

The following phases or periods of working capacity are typical for long-term work:

The phase of employability. It is characterized by an increase in the body's metabolic processes. The duration of this period depends on the person's preparation, work experience and condition. Shortening the training time is facilitated by prior instruction.

Compensation phase. It is characterized by stable activity. Work reactions are accurate, correspond to the required rhythm. Stable mobilization of attention, memory, information processing processes is observed. Labor productivity and its quality are maximum at this stage.

Subcompensation phase. After the end of time in unfavorable conditions, the phase of subcompensation occurs. It is characterized by some decrease in working capacity due to the development of fatigue, and even a decrease in concentration of attention. Labor productivity may remain high, but the quality of work is decreasing. There is an activation, «forcing» of the body's functional systems, the involvement of more of its reserves.

Physiological resistance temporarily increases, but in the future, the body's vital forces are exhausted.

Decompensation phase. It is characterized by a violation of the energy supply of the activity. Motivational indicators are changing. Labor efficiency, its quality and reliability are significantly reduced. Social contacts in the team are deteriorating. The number of errors is increasing. Work becomes exhausting. The leading motivation is aimed at the cessation of activity.

Disruption phase. Occurs with very intensive or prolonged work.

In the process of work, a phase of final rush may occur. Its essence is the emergency mobilization of the body's functional reserves in order to ensure a sharp increase in working capacity under the influence of the appropriate motivation, which is close to the end of the work.

The effectiveness of activity is often determined by how effectively a person's potential is used – his capacity to work in given conditions. And in some cases, the external conditions may be so far from optimal that they will not be able to show the result that the specialist is ready for, even with the maximum return of spiritual and physical forces.

60 people participated in the study. Of them: 30 people are doctors, 30 people are teachers. Among the 30 doctors – 15 men, 15 women. Among teachers, the ratio is the same 15:15. The age of the test subjects is from 38 to 57 years, the experience of work in the specialty is from 15 to 31 years. The study of the features of emotional burnout was carried out using the following research methods:

1) diagnosis of emotional burnout of the personality (V.V. Boyka);

2) diagnosis of professional burnout (K. Maslach, S. Jackson, adapted by N. E. Vodopyanova).

The analysis of the results of the study was carried out according to the following parameters: integral final index of the method of diagnosing professional burnout by K. Maslach, S. Jackson [4], adaptation by N. E. Vodopyanova; final total values for the phases of tension, resistance and exhaustion of the diagnosis of emotional burnout of the personality V.V. Boyko.

Based on the obtained data, it can be assumed that doctors are more prone to the formation of emotional burnout syndrome than teachers, which may be due to the specifics of professional activity in the medical field.

According to the results of the method of diagnosing professional burnout (K. Maslach, S. Jackson, adapted by N. E. Vodopyanova), as well as the stress and resistance phases of the diagnosis of emotional burnout of the personality V.V. Boyko, the sample of doctors exceeded the sample of teachers in terms of emotional burnout.

According to the consequences of the exhaustion phase of the diagnosis of emotional burnout of the personality V.V. Boyko's sample of doctors is included in the sample of teachers in terms of the level of emotional burnout.

Personal qualities that facilitate adaptability and reduce the process of «burnout» can also be singled out: benevolence, the ability to empathize; active strategy

«coping behavior» (mastering the situation by transforming it and overcoming emotional distress by changing own attitude to the situation); personal authenticity («non-complexity»).

Only an emotionally mature person can cope with professional difficulties.

Professional help with «emotional burnout» is considered mainly in two directions: a) «mitigation of the effect of the organizational factor» and b) «work with burnout» – in the form of various types of psychotherapy (group and individual).

Conclusions from the conducted research. The obtained result can be interpreted ambiguously.

1. The phase of exhaustion in doctors and teachers is formed in the same way: the sample of doctors does not exceed the sample of teachers in terms of the level

of formation of the phase, just as the sample of teachers does not exceed the sample of doctors.

2. The phase of exhaustion is not formed by representatives of either the medical or the pedagogical spheres of activity. The absence of a formed exhaustion phase indicates a high stress resistance of the subjects.

Thus, in the course of the study, significant differences were found between the levels and severity of the emotional burnout syndrome in the representatives of the medical and pedagogical fields who participated in the study. Based on the obtained results, we can draw a conclusion about the differences in the levels of the studied syndrome among doctors and teachers, as well as about a higher level of expressiveness of the studied syndrome among doctors.

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