

THE EMOTIONAL EXHAUSTION PROBLEM FOR PHYSICIANS

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Abstract: This research examines the issue of emotional fatigue among physicians, including its symptoms and underlying reasons. The research that discovered emotional exhaustion syndrome in physicians and students across several disciplines formed the foundation of the article. The etiology, indicators, and manifestations of burnout within the medical profession. The article was predicated on research examining how physicians and students from various disciplines might recognize the symptom of emotional fatigue.

Keywords: illness, physicians, pharmaceuticals, and psychological fatigue

Annotation: Persistent psycho-emotional stress induces professional personal distortions, such as emotional exhaustion syndrome, in physicians. The term "emotional burnout" was first used in 1974 by American psychiatrist H.J. Freidenberg to characterize the psychological state of healthy individuals engaged in emotionally intense interactions with patients and clients. Initially, "emotional burnout" was synonymous with "exhaustion," "fatigue," and "sense of worthlessness." Currently, emotional tiredness is acknowledged as a condition characterized by mental, emotional, and physical exhaustion in social activities. Emotional burnout syndrome, like to other ailments, is marked by specific symptoms including emotional breakdowns, feelings of futility and despair, diminished mood, and a detachment from emotions and events. Burnout presents as both physical distress and psychological illness. An individual with this illness lacks comprehension of the factors contributing to their symptoms and remains oblivious to them. The disorder advances steadily via three consecutive stages: The regulation of emotions, the diminishment of feeling intensity, worry, and melancholy characterize stage I ("tension"). Irritability, aversion, and animosity

towards colleagues, along with a decline in professional responsibilities, are indicative of stage II ("resistance"). Stage III, termed "exhaustion," encompasses mental issues, psychovegetative abnormalities, emotional detachment, and a reduction in professional ambitions. Nonetheless, a "burnout" specialist exhibits physical signs such as chronic fatigue, diminished energy, reduced strength, and decreased efficiency, with emotional indicators. Comprehending the indicators and manifestations of emotional exhaustion, a state of depletion, is crucial. Depression is currently classified into five categories of symptoms: physical symptoms (fatigue, weight fluctuations, insomnia), emotional symptoms (apathy, irritability), behavioral symptoms (disinterest in food, accidents, injuries), cognitive symptoms (diminished interest in life, yearning), and social symptoms (disinterest in recreation, feelings of isolation, lack of empathy towards others). Individuals predisposed to emotional instability, intense experiences, and heightened perception are more susceptible to the condition. Emotional fatigue syndrome may impact individuals across all age groups and degrees of professional experience. Senior students engaged in clinical placements often encounter this challenge. Given the cumulative nature of this illness, it is essential to consider the emotional state of physicians beginning in their student years when discussing professional burnout. The research was conducted using the findings of a survey administered to sixty sixth-year pediatric students at Saratov State Medical University. The survey findings indicated two distinct student groupings. The I group, with 45 individuals, constituted 25% of the total students surveyed. This group is significantly impacted by circumstances that adversely influence their overall health and capacity to participate in research. We requested that they evaluate their stress tolerance on a scale from 1 to 5, with a higher number signifying a diminished capacity to withstand stress. The majority of students in this group rated their stress tolerance as 5, indicating apathy, despondency, and fatigue. Fifteen students, or one-fourth of the respondents, comprised Group II, the lesser percentage. The students in this cohort demonstrated a stress tolerance rating of two points, indicating their proficiency in managing challenging situations. The research results indicate that the academic process at

university contributes to stress-related issues and a decline in self-regulation. Emotional weariness often manifests between the ages of 30 and 40, when individuals begin to question their accomplishments and experience a decline in work engagement. I.A. Berdyayeva and L.N. Voyt conducted a study to determine the prevalence of emotional exhaustion syndrome among physicians across various specializations. Of the 500 physicians that participated in the survey, 77.4% were female and 22.6% were male. The investigation used V.V. Boyko's "Emotional Burnout" questionnaire, including 84 elements. Boyko comprises eighty-four questions. Four symptoms and three phases—"tension," "resistance," and "exhaustion"—are used to analyze the results. The findings of the comprehensive examination of emotional tiredness are as follows: Among the respondents, 35.4% exhibited ERS, whereas 8.6% had fully developed ERS throughout all phases. A majority of physicians ($55.9 \pm 4.7\%$ of males and $58.2 \pm 2.5\%$ of females) have evolved during the resistance phase. $18.4 \pm 1.9\%$ of females and $18 \pm 3.6\%$ of males had a stress period. $18 \pm 3.6\%$ of males and $19.4 \pm 2.0\%$ of females underwent the exhaustion phase. Moreover, disparities between the sexes were seen in the comprehensive assessments of emotional tiredness. Males are now in the development stage of the resistance phase, whereas females have a much greater resistance phase index of 70% compared to males.

Conclusion: Consequently, physician burnout must be regarded from two perspectives: as both a medical and social issue that undermines the integrity of professionals, and as a determinant of declining quality in medical care, stemming from physicians' neglect of patient welfare and the erosion of the doctor-patient relationship. These characteristics stem from heightened expectations.

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