

Emotional Burnout Features of Psychiatrists-Narcologists

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ABSTRACT

The aim of the study was to determine the indicators of emotional burnout among psychiatrists-narcologists with different professional experience.

52 psychiatrists-narcologists (35 women, 17 men), average age 43.9±14.2 years were examined, including Group I - specialists at the stage of professionalization, with an experience of 3.5-10 years (n=14, 31.8%), Group II - specialists at the stage of professional skill, with an experience of 10 years and above (n=30, 68.2%).

The following methods were used: Diagnosis of the emotional burnout level by V.Boyko and the McLean Scale of organizational stress.

The results showed that the representatives of both groups, seniority and gender regardless, formed a resistance phase with the formed symptom “Inadequate selective emotional response” and symptoms in the formation process “Emotional and moral disorientation”, “Professional responsibilities reduction”, and the Group II representatives the latter symptom had already formed character. Psychiatrists-narcologists show low tolerance to organizational stress with a high predisposition to experiencing distress and stress syndromes.

Key words: psychiatrists-narcologists, work experience, burnout syndrome, organizational stress.

INTRODUCTION

Currently, work is being actively carried out to improve the quality of the medical and psychological assistance organization to persons suffering from dependence on psychoactive substances (PAS) and to take into account its negative medical and social consequences [6, 8]. At the same time, it is extremely important to focus this process on the sphere of professional and personal service providers well-being - medical personnel of narcological institutions.

Among psychiatrists-narcologists, as socio-economic professions representatives working with a complex patients' contingent, the Emotional Burnout Syndrome (EBS) prevalence may be high [7]. EBS signs are the communicative sphere violations, negativism towards patients, colleagues, dissatisfaction with oneself, work, a hopelessness sense, being driven, professional duties reduction, emotional detachment, moral disorientation [2].

At the same time, it is known that with an increase in

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the professional experience length in other professional groups, these phenomena can worsen, leading to serious consequences, for example, psychosomatic problems and neurotic disorders[4].

In this regard, timely EBS psychological markers identification among psychiatrists-narcologists for the programs development for its prevention and restoration of specialists' adaptive resources is relevant.

The aim of the study was to determine the indicators of emotional burnout among psychiatrists-narcologists with different professional experience.

MATERIALS AND METHODS

52 psychiatrists-narcologists doctors (35 women, 17 men), average age 43.9 ± 14.2 years, who were trained in additional professional education programs at the Department of Psychiatry and Clinical Psychology, Northern State Medical University (Arkhangelsk, Russia) were examined.

The basis for the groups formation by experience were: D.Super's professional development theory [10] and E.Zeer's periodization of the personality professional formation [3], according to which the stages correlated with age and professional experience are distinguished duration. The subjects were divided into two groups: I - doctors at professionalization stage of, with experience of 3.5-10 years (14 people, 31.8%), average age 32.6 ± 4.4 years, II - psychiatrists-narcologists at the professional skill stage, with experience of more than 10 years (30 people, 68.2%), average age 48.9 ± 9.9 years. The study type is transverse. To determine the signs of emotional burnout, V.Boyko's method of diagnosing the level of emotional burnout was used, which determines the phase of burnout: tension, resistance, exhaustion, and also the symptoms of each phase were highlighted [1]. To assess tolerance (stress resistance) to organizational stress, the McLean Scale of Organizational Stress was used.

Statistical processing

In the statistical data processing course, the studied features average values estimates were made in the groups: median (Me) and interquartile range (Q₁; Q₃). The quantitative data subordination to the normal distribution law was determined using the Kolmogorov-Smirnov criterion. The differences reliability in the compared averages was assessed by the Mann-Whitney U-test. The critical statistical significance level was $p \leq 0.05$ [9].

RESEARCH RESULTS

Diagnosis evaluation of the emotional burnout level showed that both groups representatives, regardless of the service length, formed a phase of "Resistance". At the same time, there were no differences between men and women. In this phase structure, the leading symptom was the "Inadequate selective emotional response", the symptoms in formation process were "Emotional and moral disorientation", "Reduction of professional duties", and in the group II representatives, the latter symptom had already formed character (Table 1). The "Tension" and "Exhaustion" phases were not formed in both groups, however, we determined the leading symptoms of these phases - "Experiencing traumatic circumstances" and "Emotional detachment".

The tolerance assessment (stress resistance) to organizational stress [5] showed its low level among both groups representatives, regardless of professional experience and gender.

RESULTS AND DISCUSSION

The data analysis showed that the emotional burnout markers among psychiatrists-narcologists, regardless of work experience, are the emerging symptoms of "Experiencing traumatic circumstances" and "Emotional detachment". The EBS "Resistance" phase development is being formed with "Inadequate selective emotional response" as leading symptom and "Emotional and moral disorientation" and "Reduction of professional responsibilities" as developing symptoms. Being aware of the anxiety tension presence, psychiatrists-narcologists tend to avoid the emotional factors action, limiting their own emotional manifestations by selectively responding during work contacts, as well as making attempts to reduce or alleviate responsibilities that require emotional costs. This behavior is progressing, since with an increase in the service length, the "Reduction of professional duties" symptom acquires an established character.

A low tolerance level to organizational stress is typical for both groups' doctors, which means that, regardless of the service length, there is a high predisposition to experiencing distress and stress syndromes, for example, to the burnout risk and the psychosomatic diseases development. The psychological markers EBS identification allows us to identify personal distress areas and can form the basis for the psychological support areas development in the individual and group programs form and trainings.

Table 1: Emotional burnout indicators and tolerance to organizational stress among psychiatrists-narcologists, points (Me, Q₁; Q₃)

Groups	I Group	II Group	U-criterion, p
Indicators	(n = 14)	(n = 30)	
Phase “Tension”	35,00 (10,75; 44,50)	23,50 (9,50; 42,50)	189,50; 0,605
Symptom 1 “Experiencing traumatic circumstances”	13,50 (4,00; 22,00)	10,00 (2,00; 18,00)	180,50; 0,456
Symptom 2 “Dissatisfaction with yourself”	6,50 (3,00; 10,25)	5,50 (0,00; 11,25)	198,00; 0,759
Symptom 3 “Trapped in a cage”	0,00 (0,00; 8,00)	5,00 (0,00; 6,00)	198,50; 0,756
Symptom 4 “Anxiety and depression”	5,00 (0,00; 10,00)	3,00 (0,00; 7,75)	186,50; 0,547
The “Resistance” phase	47,00 (35,50; 65,50)	56,50 (39,50; 73,75)	177,50; 0,413
Symptom 1 “Inadequate selective emotional response”	20,00 (15,00; 20,50)	17,00 (12,00; 21,00)	187,50; 0,568
Symptom 2 “Emotional and moral disorientation”	11,00 (7,00; 17,00)	12,50 (7,00; 17,00)	189,50; 0,603
Symptom 3 “Expanding the sphere of saving emotions”	7,00 (2,75; 20,75)	8,50 (4,75; 20,75)	182,50; 0,487
Symptom 4 “Reduction of professional responsibilities”	14,00 (7,00; 20,00)	17,00 (8,75; 22,00)	174,00; 0,363
Phase “Exhaustion”	29,50 (20,75; 50,75)	30,50 (18,00; 44,50)	207,50; 0,950
Symptom 1 “Emotional deficit”	6,00 (0,00; 15,50)	9,00 (5,00; 10,00)	184,00; 0,508
Symptom 2 “Emotional detachment”	11,00 (4,50; 15,00)	10,00 (5,00; 15,50)	197,00; 0,742
Symptom 3 “Personal detachment (depersonalization)”	5,00 (0,00; 13,50)	5,00 (0,00; 15,75)	202,50; 0,846
Symptom 4 “Psychosomatic and somatovegetative disorders”	6,50 (2,00; 10,00)	4,00 (0,00; 8,00)	180,50; 0,452
Tolerance (stress resistance)	52,00 (46,75; 56,00)	51,50 (44,50; 55,25)	193,00; 0,668

CONCLUSION

1. Psychiatrists-narcologists, their professional experience regardless, tend to develop EBS with the “Resistance” phase prevalence, which, in turn, is associated with the “Tension” phase, reflecting the personal resistance process with attempts to protect themselves from unpleasant impressions. At the same time, the most pronounced symptom is “Inadequate selective emotional response”.
2. Psychiatrists-narcologists show low tolerance to organizational stress, associated with insufficient ability to communicate, accept the other people values, adequately assess the situation without compromising their health and performance, and characterized by behavior and passivity inflexibility in relation to active vitality rest and recovery forms, as well as a tendency to type “A” behavior. Low tolerance to organizational stress can also serve as a marker of the EBS development.

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