COMPREHENSIVE STUDY OF BURNOUT SYNDROME IN NURSES

Abstract. Over the years, the number of nurses suffering from burnout has increased, possibly negatively affecting patient care, the work environment, and staff shortages. Creating a healthy work environment in which nurses feel supported by their colleagues and management is important in eliminating burnout symptoms and ensuring a safe structure for nursing staff. The article presents the results of a study of the features of the burnout syndrome in nurses. The object of the study was nurses of various profiles. Based on the level of development of the burnout syndrome in nurses, it can be concluded that the nursing profession is one of the risk factors for professional burnout. Since nurses are required to provide constant care and attention to patients and their relatives during the working day, an approach based on individual characteristics is necessary.

Relevance
The burnout syndrome is generally regarded as stress in response to the relentless activity and emotional demands that a person experiences with excessive "diving" in work and neglect associated with family life and rest [1, 3, 4]. The field of nursing activity is a profession with the greatest predisposition to the syndrome of "professional" or "emotional" burnout, since it is a constant communication with people in addition to patients and their relatives, during the whole working day, require care, attention and restraint [2, 5, 6].

The purpose of the study: is to study the features of the formation of emotional exhaustion syndrome in nurses in conditions of professional stress and develop recommendations for the creation of a psychological support program.

Material and Methods
This study was based on the results of a comprehensive study of burnout syndrome in 1167 nurses for the period from 2020 to 2023. 93% of the respondents had secondary education, 4.7% had higher medical education, and 2.3% had incomplete higher education. 86% of respondents were in formal marriage, 4.6% were divorced, and 9.4% did not report marital status.

In the process of conducting scientific research, methods of socio-hygienic, questionnaire survey, sanitary-statistical, analytical, study of documents, psychological observation and individual and group conversation, socio-psychological training were used, relying on the basic principles of evidence-based medicine.

Results and discussion
A survey Maslach Burnout Inventory (MBI) of a total of 11 confirmations was used to determine the level of development of emotional exhaustion syndrome in nurses. A total of 11 confirmations such as: ("By the end of the workday I feel mentally exhausted", "I cannot sleep well due to work-related worries", "Emotional burden at work is too heavy for me"; "After working day I can vent my anger on my loved ones"; “I feel like my nerves have reached the limit”; “My work has a negative effect on my health”; “It is difficult for me to cope with the emotional stress after work”; “When my workday is over I have no strength left”; “I feel tired because of people's problems”; “I drink coffee to be cheerful”; “I use nicotine to be cheerful”)
were used to determine the level of development of burnout syndrome in nurses. According to the statements, the nurses identified one of four options: never, rarely, often, and always.

The analysis found that stationary and patronage nurses had lower levels of 7.9±0.47% and 10.5±0.52% respectively, intermediate levels of 48.4±0.58% and 42.1±0.66%, and higher levels of 43.7±0.54% and 47.4±0.62% respectively, but had higher rates of emotional exhaustion syndrome in patrons. Such a situation can be explained by the fact that the functional obligations of the patronage nurse are high. It is known that in addition to the above, cases of psychoemotional tension and increased anxiety often occur in the process of communicating with the patient and his relatives in the activities of the nurse.

We used the HADS hospital scale for the purpose of identifying anxiety levels in nurses and studying the relationship between its BS. The results showed that the norm of anxiety for stationary and patronage nurses was 7.8 and 10.3% respectively, subclinically expressed anxiety was 24.4% and 18.6%, and clinically significant anxiety was 67.8% and 71.1% respectively.

Reactive (RA) and personal (PA) anxiety levels were studied in nurses using the Spilberger-Hanin questionnaire. This was evident when studied in the junction of reactive anxiety in stationary nurses, with higher RA levels (50.6±5.72% and 59.8±5.23%) in oncology and ambulance and resuscitation nurses, and lower RA levels (46±4.07% and 54.7±6.83%) in surgical nurses.

When analyzing the extent to which age anxiety develops in patronage nurses, it was found that high levels of RX dominated the 25-40 age study group, accounting for 56.1%. Mid-level RX fell in the 40-55 age group (44.5%), low-level RA dominance, and control group 3.

Such a distribution of RA levels allows us to conclude that the age factor can directly influence the development of RA in nurses and form the basis for the development of BS. Taking into account the equality of the distribution of shares with a slight shift in the age group 20-25, it can be said that, on the one hand, the emotional stress experienced by young nurses when faced with practice after a medical educational institution, the level of empathy, the feeling of the magnitude of the discrepancy between expectations and reality are explained by negative consequences.

The method of differential self-assessment of the functional state on three components: felling, activity and mood (FAM test) was applied. The results obtained showed that patronage nurses had a significant change in test criterion averages compared to stationary nurses. While the average values for health and activity criteria were 5.6 and 5.65 points before work, respectively, this figure was expressed in terms of scores of 4.38 and 4.01 after work; the mood criterion was 5.71 points before work and 2.83 points after work.

When analyzing the stability of concentration of attention, it was found that when tested before work, 44.3% of stationary nurses observed very high-level, 36.7% observed high-level and 19% observed medium-level dkb, while lower-level nurses were not identified. After work, these indicators are appropriate 32,5–22,8–27,4 and 17.3%.

The "I" variant of the Gissen’s personality test revealed the personal dynamics of the participants in the training, reflected in the change in indicators on all scales. The group process served as an impetus for personal development, as a result of which the dynamics took place both during training and for a long time. Respondents indicate a decrease in the indicators of the level of social approval, the level of openness of the individual, the level of social maturity, the dominance scale.

Recommendations for the prevention and reduction of high levels of burnout were developed according to the following communicative criteria: obtain of skills and qualifications in self-management; relaxation; definition of goals. The antistress program, which was used to relieve emotional stress of nurses and prevent exhaustion syndrome, included exercises: the ability to relax and relax, the development of anti-stress physical fitness, the use of analytical and creative potential, the development of imagination.
Conclusion

Thus, the main reasons influencing the occurrence of emotional burnout of medical workers are: high intensity of the working day, great responsibility for the result of communication with staff and patients and the performance of assigned professional activities, a significantly large number of different emotional and psychological tensions between personal contacts, quite frequent demands for informal relationships in solving their problematic situations, dependence on colleagues and patients, conflict or tense moments in communication, which are caused by distrust, disagreement and manifested in various forms of refusal from further interaction.

References: