

**EMOTIONAL BURNOUT SYNDROME: THE ESSENCE OF THE CONCEPT AND THE HISTORY OF ITS STUDY**

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**Annotation.** Occupational stress is a multidimensional phenomenon, expressed in physiological and psychological reactions to a difficult work situation. The development of stress reactions is possible even in progressive, well-managed organizations, which is due not only to structural and organizational features, but also to the nature of work, personal relationships of employees, and their interaction. The article describes the history of the study of the development and the main clinical forms of emotional burnout syndrome.

**Keywords.** Burnout syndrome, stress, profession, medical workers, social, depersonalization.

In modern society, people's attitude to work is changing. People lose confidence in the stability of their social and financial situation, in the security of the workplace. Competition for prestigious and highly paid jobs is intensifying. In parallel, there are processes of narrow specialization in the profession and, at the same time, globalization with related industries. The demands of the labor market are changing rapidly. The rating of a number of socially significant professions is falling – medical workers, teachers, scientists. As a result, mental and emotional stress increases, which is associated with stress in the workplace. Anxiety, depression, psychosomatic disorders, dependence on psychoactive substances (including alcohol, drugs, etc.) are revealed. All these are symptoms of emotional burnout syndrome. Emotional burnout syndrome (EBS) is an organism's reaction resulting from prolonged exposure to moderate-intensity occupational stresses [1,2,3].

EBS is a process of gradual loss of emotional, cognitive and physical energy, manifested in symptoms of emotional, mental exhaustion, physical fatigue, personal detachment and decreased satisfaction with the performance of work. In the literature, the term "burnout syndrome" is used as a synonym for emotional burnout syndrome.

It is also a psychological defense mechanism developed by a person in the form of complete or partial exclusion of emotions in response to selected traumatic effects. This is an acquired stereotype of emotional, most often professional, behavior. "Burnout" is partly a functional stereotype, since it allows you to dose and economically spend energy resources. At the same time, its dysfunctional consequences may arise when "burnout" negatively affects the performance of professional activities and relationships with partners. Sometimes EBS (in foreign literature - "burnout") is designated by the concept of "professional burnout", which allows us to consider this phenomenon in the aspect of personal deformation under the influence of professional stresses [5,6,7].

According to the classification of professions according to the "criterion of difficulty and harmfulness" (A.S. Shafranovna), medicine refers to the profession of the highest type on the basis of the need for constant extracurricular work on the subject and oneself. In the 60s, the term "professional deformation"

was first introduced in the USA in the professions of "man– man", in which the social environment significantly affects the efficiency of work. Conclusions were drawn about the existence of professional deformation and the need for special professional selection in the professions of the "man – man" system.

EBS was first described in 1974 by the American psychologist Freudenberger to describe the demoralization, frustration and extreme fatigue that he observed in psychiatric workers. The model developed by him turned out to be convenient for assessing this condition in medical workers – the profession with the greatest tendency to "burnout". After all, their working day – this is a constant close communication with people, besides the sick, who require constant care and attention, restraint [10, 11, 13, 14].

The development of ideas about burnout at the first stages of the study took place by accumulating descriptions of symptoms that are associated with it. Most of the studies were purely empirical and did not attempt to give a theoretically generalized definition [18]. The authors of the review on burnout, T. Cox and A. Griffiths, list about 150 symptoms that researchers attribute to burnout. Among them are affective symptoms: sullenness, tearfulness, low and unstable mood, depletion of emotional resources, cognitive symptoms — a feeling of hopelessness and hopelessness, rigidity of thinking, cynicism, detachment in communicating with colleagues and clients, stereotypical attitude. All this is accompanied by typical stress health complaints: headaches, nausea, dizziness, anxiety and insomnia. Motivational symptoms include the disappearance of inherent human motivations: diligence, enthusiasm, interest and idealism; and on the contrary, the appearance of disappointment, dissatisfaction, rejection of the position is possible.

E. Edelwich and A. Brodsky describe burnout as a process of disillusionment. They define burnout in "helping professions" as a progressive loss of idealism and energy that people experience as a result of the specific conditions of their work. Researchers believe that the original idealism and noble aspirations become the key to frustration in the future [39].

D. Etzion defines "burnout" as "psychological erosion". She believes that burnout occurs gradually and imperceptibly for a person, and it is impossible to attribute it to specific stressful events. The researcher also talks about the discrepancy between individual and environmental characteristics (expectations and requirements of the environment). This discrepancy acts as a constant source of stress [15]. K. Maslak and M. Leiter also called burnout "erosion of the soul". "It represents an erosion in values, mood and will — the erosion of the human soul" [17].

The problem of burnout has been studied in Russian science since the 1980s. Terms such as "professional burnout", "emotional burnout" and "mental burnout" are used equally. Initially, the term "emotional combustion" appeared in Russian psychology, introduced by Formanyuk [3]. The use of the term "emotional burnout" is natural because the symptom of emotional exhaustion is the very first and main one in this syndrome and triggers the other symptoms. Using the term "professional burnout", the researchers emphasize that this syndrome manifests itself in the professional sphere and is associated with a person's attitude to work. The most common term at this time is "mental burnout" [21; 22; 19.] focuses on the fact that burnout occurs in the sphere of the mental and affects all spheres of personality. Although the use of the term "mental burnout" is currently the most popular, we consider the term "emotional burnout" more successful.

According to the research data of V.V. Lebedev, S.E.Timoshenko, 1993; B.D.Novikova, 1993; SP. Beznosova, 1997, the category of workers at risk of developing "emotional burnout" also includes penitentiary employees whose professional activities have a number of specific features, complicated by many negative factors. Its success is determined not only and not so much by professional knowledge, but by the ability to implement them in their activities through the development of professionally important and personal qualities. This is especially true of those departments of the penitentiary system (PS), whose representatives communicate directly with prisoners. All this requires the development and use of appropriate preventive measures in the penitentiary system.

Despite a considerable number of works devoted to the study of certain forms of professional deformities in employees of the UIS (B.C. Medvedev, 1992; B.D. Novikov, 1993; V.V. Lebedev, 1993; SP. Beznosoe, 1997; SE. Borisova, 1998; E.G.Lunina, 1997; I.M. Dolmatova, 2001), studies of emotional

burnout syndrome are clearly insufficient, resulting in a lack of scientific knowledge about the essence and mechanisms of this phenomenon and the lack of reliable, effective methods of its prevention and correction.

In this historical period, science sets itself the goals of prevention, correction of professional burnout. Separate factors of professional deformations are analyzed. The relationship between the formation of EBS and personal characteristics of the individual, as well as stress factors, is clearly highlighted. Science is making a big step forward in studying this issue.

The historical period of COMECON scientific research since 2000. During this period, V. Boyko points out the following personal factors contributing to the development of emotional burnout syndrome: a tendency to emotional coldness, a tendency to intense experience of negative circumstances of professional activity, weak motivation for emotional return in professional activity.

Reshetova T.V. (2002) believes that COMECON is most affected by people who have:

- lack of emotion or inability to communicate;
- alexithymia in all its manifestations (inability to express your feelings in words), is always associated with anxiety;
- workaholism, when there is a camouflage of any problem with work (a workaholic most often covers up his professional insolvency with a pace);
- people without resources (social ties, family ties, love, professional solvency, economic stability, purpose, health, etc.)

Orel V.E. notes that breaks in work have a positive effect and reduce the level of burnout, but this effect is temporary: the level of burnout partially increases three days after returning to work and fully recovers after three weeks.

Professor K. Cherniss in his article "Professional burnout: concern for employees and bosses is growing" (2003) says that a great responsibility for the development of burnout in the organization lies with the head, because there are such jobs and situations that, in a sense, are simply created for burnout. Most of the people working in these places are very vulnerable. They are in highly stressful situations where they are expected to perform a high level of work, and where they have little control over what or how they do.

K. Cherniss notes that burnout affects not only people, but also organizations. As well as an individual suffering from burnout, various symptoms of this phenomenon appear in organizations, they are as follows: Since 2000, scientific research has focused on the factors of the formation of emotional burnout syndrome in professional activity. Research goes to another, more advanced level and a scientific opinion is expressed about the COMECON of organizations. Interest in the study of burnout syndrome grew after American scientists Maslach and Jackson systematized the descriptive characteristics of this syndrome and developed a questionnaire for its quantitative assessment. According to the authors, burnout syndrome manifests itself in three groups of experiences: emotional exhaustion, depersonalization and reduction of personal achievements.

The main symptoms of EBS are: fatigue, fatigue, exhaustion after active professional activity; psychosomatic problems (fluctuations in blood pressure (BP), headaches, diseases of the digestive and cardiovascular systems (CVS), neurological disorders, insomnia); the appearance of a negative attitude towards patients (instead of previously positive relationships); negative mood to the performed activity; aggressive tendencies (anger and irritability towards colleagues and patients); functional, negative attitude towards oneself; anxiety, pessimistic mood, depression, feeling of meaninglessness of events, guilt [8, 9, 10, 11].

Mental burnout is understood as a professional crisis related to work in general, and not only with interpersonal relationships in the process of it. Burnout can be equated with distress: anxiety, depression, hostility, anger in its extreme manifestation and to the third stage of the general adaptation syndrome – the stage of exhaustion. Burnout is not just a result of stress, but a consequence of uncontrollable stress [3, 4, 6, 7, 13, 14].

This syndrome includes three main components: emotional exhaustion, depersonalization (cynicism) and reduction of professional (reduction of personal) achievements: emotional exhaustion – a feeling of emotional emptiness and fatigue caused by one's own work; depersonalization – a cynical, indifferent

attitude to work and the objects of one's work; reduction of professional achievements – the emergence of a sense of incompetence in one's professional sphere, awareness of failure in it [ 5, 8, 9, 11, 12, 17,18,19].

The most at risk of the occurrence of EBS are those who make exorbitantly high demands on themselves. The individuals included in this category associate their work with a purpose, a mission, so the line between work and personal life is blurred for them. There are three categories of people who are threatened by EBS: the "pedantic" type – characterized by conscientiousness, elevated to the absolute; excessive, painful accuracy, the desire to achieve exemplary order in any business (even to the detriment of themselves); the "demonstrative" type, characterized by the desire to excel in everything, always be in sight. At the same time, they are characterized by a high degree of exhaustion when performing inconspicuous, routine work, and overwork is manifested by excessive irritability, anger.

The third type is "emotive", characterized by unnatural sensitivity and impressionability. Their responsiveness, the tendency to perceive someone else's pain as their own borders on pathology, self-destruction, and all this with a clear lack of strength to resist any adverse circumstances [3, 4, 7, 8, 10, 12, 14].

EBS includes 3 stages, each of which consists of 4 symptoms.

The first stage-Tension is characterized by the following symptoms: dissatisfaction with the fight; "being driven" into the cage"; experiencing traumatic situations; anxiety and depression.

The second stage is Resistance: inadequate, selective emotional response; emotional and moral disorientation; expansion of the sphere of saving emotions; reduction of professional responsibilities.

The third stage is Exhaustion: emotional deficit; emotional detachment; personal detachment; psychosomatic and psychovegetative disorders [7,10,11,13,14].

The appearance and severity of EBS is influenced by many factors. Age and work experience in the profession have the closest connection with burnout. It was revealed that the average medical staff of psychiatric clinics "burns out" 1.5 years after starting work, and social workers begin to experience this symptom after 2-4 years. The tendency of younger workers to burnout is explained by the emotional shock they experience when confronted with reality, which often does not correspond to their expectations. It was found that men have higher scores on depersonalization, and women are more susceptible to emotional exhaustion. This is primarily due to the fact that instrumental values prevail among men, while women are more emotionally responsive and have less sense of alienation from their clients. A working woman experiences higher work overload (compared to men) due to additional household and family responsibilities, but women are more productive than men, using strategies to avoid stressful situations [1, 3, 10, 13, 14].

Studies have been conducted indicating the existence of a link between marital status and burnout. They show a higher degree of predisposition to burnout of persons (especially males) who are not married. Moreover, bachelors are more prone to burnout even compared to divorced men.

According to English researchers, in medical workers, disability is associated with stress in almost half of cases. A third of doctors took medications to correct emotional stress, the amount of alcohol consumed exceeded the average level. It is established that one of the factors of the "burnout" syndrome is the duration of a stressful situation, its chronic nature.

The development of chronic stress in representatives of communicative professions is influenced by: restriction of freedom of action and use of available potential; monotony of work; a high degree of uncertainty in the assessment of the work performed; dissatisfaction with social status [1, 3, 5, 7, 9, 11, 13].

Many doctors have no one, except their spouse, with whom they could talk about something personal. At the same time, they risk spoiling personal relationships by bringing professional issues into the house and being unable to perform other duties. According to Western periodicals, the number of divorces in doctors' families is 10-20% higher than in the general population. Marriages in which the husband and wife are medical workers are more likely to be unhappy [3, 4, 5, 9, 10, 11, 14].

A large number of studies have been conducted, which documented the widespread dissatisfaction with the profession and a feeling of regret in connection with the choice of a medical career. Increased activity loads, working hours, overtime work stimulate the development of burnout.

Doctors and nurses experience more severe burnout compared to hospital attendants, with a higher level observed among the medical staff of oncological departments. A comparative analysis of personnel working outside hospitals (for example: doctors engaged in private practice) with mentally ill people and in hospitals shows that the first group of employees is most susceptible to burnout. Pines and Maslach (1978) found that the longer staff work in psychiatric institutions, the less they like working with patients, the less they feel successful working and the less humane their position towards the mentally ill [4, 5, 8, 14].

When studying emotional distress among doctors, psychologist King (1992) made a striking conclusion: "Doctors working in a medical institution are subject to significant personal distress, it is difficult for them to open up to anyone outside their immediate family and circle of friends." The predominant feature of the medical profession is to deny problems related to personal health. Burnout is not just a result of stress, but a consequence of uncontrollable stress. According to Grainger (1994): "Doctors are taught a lot about the theory and practice of medicine, but they are almost not taught how to take care of themselves and cope with the inevitable stresses."

COMECON – why is it often seen by doctors?

EBS (as well as other disorders related to professional activity) are primarily affected by representatives of professions related to direct work with people or high responsibility for others (especially when it comes to life, health and safety) [1, 2, 5, 9, 10, 12, 14].

The work of a doctor by definition requires significant emotional investment, as it is associated with communicating with people and with all the difficulties that result from this (negative emotions, transference, experiences, conflicts) [1, 4, 5, 6, 9, 10, 13, 14].

The work of a doctor requires intellectual and time investments in studies and permanent postgraduate education both within the framework of advanced training courses and independently.

The work of a doctor is often associated with stress, night shifts, irregular working hours [4, 5, 10, 13, 14].

The doctor needs a circle of professional communication. And problems in relations with colleagues (isolation, conflicts), the doctor, as a rule, experiences hard, even if he does not realize it. People of such a complex profession as a doctor are very susceptible to changes in mood and motivation to work in conflicts with colleagues and difficulties in communicating with management.

Also, there are many difficulties in the work of a doctor related to the maintenance of medical records, which requires time and can be a source of conflicts with management. The need to financially support yourself and your family often comes into conflict with the professional aspirations of a doctor [1, 4, 5, 8, 9, 12, 13, 14].

All these factors hang like a sword of Damocles over the head of every doctor, threatening him with the development of chronic fatigue syndrome (CFS), which entails a whole range of psychosomatic disorders. That is why EBS is a serious problem for this category of working people.

EBS develops gradually over a long period of time. It does not come suddenly, overnight. If you do not pay attention to the warning signs of burnout in time, then it will certainly come. These signs are initially unnoticeable, but over time they worsen more and more. It must be remembered that the early signs of EBS are a kind of red flags that tell you that something is wrong with you and a decision needs to be made to prevent a breakdown. If you ignore them, then eventually you will have a COMECON [1, 2, 4, 6, 8, 9, 14].

**Physical signs of EBS:** fatigue, exhaustion, dizziness, weight changes; decreased immunity, poor health, excessive sweating, trembling; problems with appetite and sleep, CCC diseases; frequent headaches, dizziness, back and muscle pain.

**Emotional signs of EBS:** feelings of failure and self-doubt, indifference, exhaustion and fatigue; feelings of helplessness and hopelessness, emotional exhaustion, loss of ideals and hopes, hysteria; increasingly cynical and negative prognosis is being made, other people become faceless and indifferent (dehumanization); detachment, loneliness, depression and guilt; decreased satisfaction and sense of accomplishment, mental suffering; loss of motivation and professional prospects, negative perception of one's professional training.

**Behavioral signs of EBS:** avoiding responsibility, impulsive emotional behavior; social self-isolation; transferring one's troubles to others; performing individual jobs requires more time than before;



working more than 45 hours a week, insufficient physical activity; using food, drugs or alcohol to cope with problems [1, 4, 5, 8, 9, 10, 14].

Of course, it is quite difficult to diagnose EBS only on the basis of these symptoms – special tests have been developed for this, many of which can be found on the Internet and books on psychodiagnostics. In particular, the Russian scientist E. Klimov dealt with the issues of labor psychology (and, accordingly, the problem of burnout). There is also an author's test questionnaire by V. Boyko, which allows you to determine emotional burnout. It is quite cumbersome, and requires a certain amount of time to complete, but the ability to timely identify such a serious problem as EBS is worth all the effort [20,21].

The importance of studying emotional burnout is dictated by its multicomponence, which manifests itself in a state of psychophysiological exhaustion, alienation and violation of self-consciousness, devaluation of oneself as a professional. Most often, this phenomenon occurs in connection with active interaction in working with people, determined by both the saturation of the emotional sphere and the complexity of the cognitive side of the labor process [20]. Such a complex phenomenon in its structure as emotional burnout syndrome, ambiguous in the interpretation of the causes of its occurrence and manifestations explains the continuing relevance of this topic for research interest.

Thus, stress in healthcare workers has a negative impact on their professional activities. And first of all, this is due to errors in the appointment of therapy (in the appointment of medicines, their dosages, methods of administration). Monitoring the level of stress and tension in doctors is necessary not only to preserve their own health and well-being, but also to ensure the quality of medical care and safety for the patient.

In recent years, the issue of the need to develop a system of encouraging doctors to adopt a healthier lifestyle has become acute in different countries of the world. This will protect you from stress caused by the demands of working in medical structures.

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