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**PREVENTION OF OCCUPATIONAL BURNOUT IN MEDICAL WORKERS IN THE CONTEXT
OF THE COVID-19 PANDEMIC**

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Abstract

The article addresses the prevention of occupational burnout in medical workers in the conditions of coronavirus infection pandemic development. Due to the increasing frequency of the various manifestations of occupational burnout syndrome symptoms, the lowering average age of medical workers subject to it, and the presence of socially significant consequences of occupational burnout of doctors in the conditions of coronavirus infection pandemic, there is a rising need in further investigation of new effective and safe methods of prevention and correction of adjustment disorders. The objective of addressing the issues of prevention calls for the diagnostic measures for the identification of key characteristics of social and psychological climate in a medical organization. It is confirmed that achieving success in the system of burnout prevention for medical workers is impossible without conscious participation in it. Medical specialists have to become the subjects of their own activity being the active members of the system of occupational burnout prevention.

Keywords

Occupational burnout – Coronavirus infection – Prevention – Healthcare – Activity – Public

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Introduction

Occupational burnout has recently been drawing the attention of researchers, practitioners, and the general public around the world. Despite the methodological issues such as sampling bias, quantitative studies suggest that burnout is not an exclusively North American or Western phenomenon. It is worthy to note that burnout attracted interest in accordance with the economic development of the participating countries. Globalization, privatization, and liberalization causing rapid changes in the modern working life (increased requirements for new skills development, the need for new types of work, the requirements for improved work quality, tight deadlines) can also lead to occupational burnout syndrome in the context of the coronavirus infection pandemic development.

Occupational burnout presents a problem of work environment characteristic of the workers of highly emotional and interactive spheres such as healthcare. Burnout affects not only an individual worker but also the recipients of assistance and services. In healthcare professionals, burnout correlates with the insufficient quality of care for the patients, lower subjective assessment of the quality of medical assistance provided to the patients, and lower productivity in the conditions of COVID-19 pandemic development.

Occupational burnout is a syndrome that develops in chronic stress conditions and leads to the exhaustion of the emotional, energy, and personal resources of a working person. The syndrome manifests as a result of the accumulation of negative emotions without it being burst out. It should be noted that this phenomenon is extremely dangerous since it does not go away easily but accumulates until total burnout and is associated with a gradual loss of energy and enthusiasm.

The issues of occupational burnout in medical workers were covered in the studies by E.E. Achkasov¹, D.V. Ziukin², N.B. Semenova³, E.A. Taskina⁴, A.R. Shishkina⁵, V.V. Shlemskaia⁶, and others. However, to this day there is a lack of clear factors for the prevention of occupational burnout of medical workers in the conditions of developing coronavirus infection pandemic.

¹ E. E. Achkasov; A. I. Melnikov; B. G. Belozarov; M. A. Iaroslavskaja; M. A. Osadchuk; A. Iu. Asanov y N. A. Kuznetsov, "Psikhologicheskie aspekty reabilitatsii meditsinskikh rabotnikov pri sindrome emotsionalnogo vygoraniia", *Meditsina truda i promyshlennaia ekologiia* num 1 (2019): 15-19.

² D. V. Ziukin, "COVID-19 ili restart ekonomiki", *Nauka i praktika regionov* Vol: 1 num 18 (2020): 74-80.

³ N. V. Semenova; A. S. Vialtsin; I. V. Ashvits; V. V. Korniakova y A. I. Belan, "Professionalnoe vygoranie rabotnikov meditsinskogo profilia", *Mezhdunarodnyi zhurnal prikladnykh i fundamentalnykh issledovaniia* num 1 (2019): 93-98.

⁴ E. A. Taskina, "Problema emotsionalnoi ustoichivosti i professionalnogo vygoraniia meditsinskikh rabotnikov", *Russian New University Bulletin. Series: Chelovek v sovremennom mire* num 1 (2020): 34-39.

⁵ A. R. Shishkina, "Osobennosti proiavleniia sindroma emocional'nogo vygoraniia meditsinskikh rabotnikov s razlichnym stazhem professionalnoi deiatelnosti", *Vektor nauki Toliattinskogo gosudarstvennogo universiteta. Series: Pedagogika, psikhologiiia* Vol: 1 num 36 (2019): 75-81.

⁶ V. V. Shlemskaia; A. V. Khateev; V. I. Prosin; T. G. Suranova, "Novaia koronavirusnaia infektsiia COVID-19: kratkaia kharakteristika i mery po protivodeistviuu ee rasprostraneniia v Rossiiskoi Federatsii", *Meditsina katastrof* num 1 (2020): 57-61.

Methods

The theoretical and methodological basis of the study is formed by the abstract and logical method, induction, deduction, analysis, synthesis, and systematization serving the substantiation of approaches to the prevention of occupational burnout in medical workers and statistical and economic and graphical methods implemented for the study of the level and trends of occupational burnout of medical workers in the context of the developing coronavirus pandemic.

The informational basis for the study is composed of statistical data provided by state institutions, legislative and regulatory documents governing the economic and legal aspects of occupational burnout prevention in medical workers in the context of the coronavirus infection pandemic development, and the results of scientific research⁷.

It is planned to systematize the specific characteristics of occupational burnout of medical workers, develop measures for the coordination of activity between the main participants of the medical process, and determine its unique features in the conditions of coronavirus infection pandemic.

Results.

Studies indicate that healthcare professionals who have worked for a long time demonstrate lower motivation and responsibility, cynicism, indifference to patients, and emotional exhaustion in performing their professional duties. Further on, such components of burnout as physical, emotional, and cognitive exhaustion and depersonalization can be observed.

Emotional burnout can, therefore, be considered as a syndrome with the elements of emotional exhaustion, depersonalization, and reduced personal achievements. The state of psychological tension related to workplace conflicts, difficulties in solving work-related issues, and stressful relationships with the subjects of professional activity present the causes of burnout and manifest in three stages (Figure 1).

The primary reasons for occupational burnout in medical organization employees include frequent change of managers at all levels, annual organizational and staff changes, constant explicit and implicit conflicts between the employees and management, authoritarian management style and increased demands applied to medical professionals, and the delegation of authority to those who are unable to perform the demanded functions due to their professional and individual psychological qualities.

⁷ Ek. V. Agamirova; El. V. Agamirova; O. Ye. Lebedeva; K. A. Lebedev y S. V. Ilkevich, Methodology of estimation of the quality of tourist product", *Quality - Access to Success* Vol: 18 num 157 (2017): 82-84; O. V. Markova; N. A. Zavalko; V. O. Kozhina; O. V. Panina y O. Ye. Lebedeva, "Enhancing the quality of risk management in a company", *Espacios* Vol 39 num 48 (2018) y N. A. Zavalko; V. O. Kozhina; A. G. Zhakevich; O. E. Matyunina y O. Ye. Lebedeva, "Methodical approaches to rating the quality of financial control at the enterprise", *Quality - Access to Success* Vol: 16 num 161 (2017): 69-72.

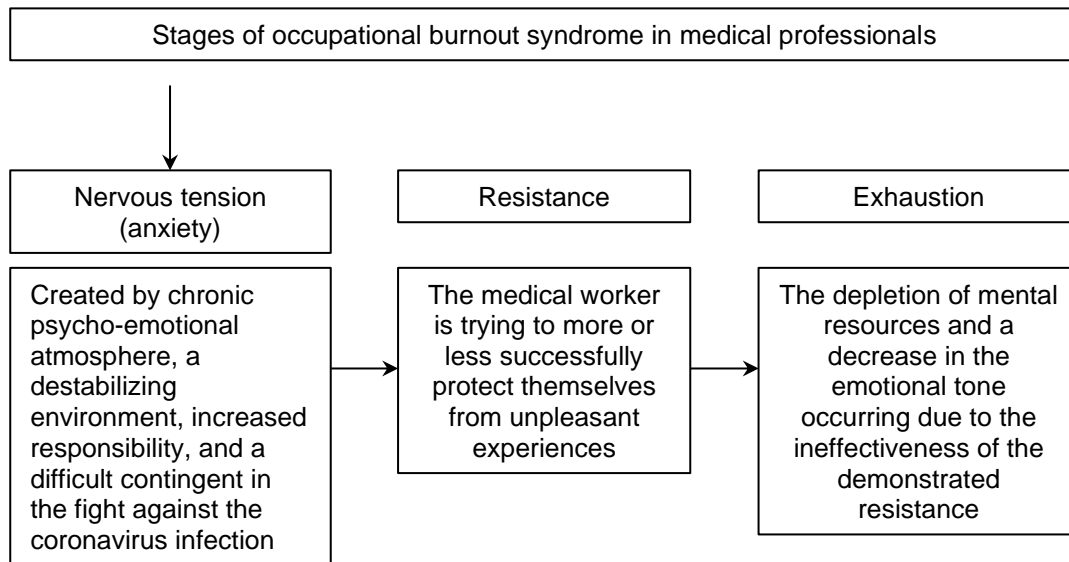


Figure 1
The stages of occupational burnout syndrome in medical workers in the conditions of COVID-19 pandemic

The state of increased stress, anxiety, and chronic discomfort and dissatisfaction determined by these factors affect the physiological and psychological health of medical staff, as well as the effectiveness of their professional activities. Therefore, occupational burnout syndrome has a structure consisting of three components: psycho-emotional exhaustion, depersonalization (cynicism), and reduced professional achievements.

Psycho-emotional exhaustion presents the process of draining of emotional, physical, and energy resources of a professional working with coronavirus infected patients. This draining manifests in chronic emotional and physical tiredness and indifference to others with the signs of depression and irritability. Depersonalization presents a specific form of social maladjustment of a professional manifesting in decreased contacts with others, higher irritability and intolerance in communication situations, and negativity in relation to other people.

The reduction of personal achievements manifests in the medical professional's tendency towards lower self-esteem and lower assessment of one's own professional achievements, reduced professional ambitions, the complexity of professional goals, and fixation on failures. The recent more complete definition of burnout implies the presence of three clinical subtypes. This typology emphasizes the phenomenological perspective and allows identifying specific sources of subjective suffering.

The frantic subtype is characterized by increased ambitiousness related to the need to achieve goals and work overload as they risk their health and personal life in the pursuit of good results and increase their efforts to cope with the difficulties in obtaining the expected results. With the proactive style of problem-solving, the frantic subtype is a state of high motivation where burnout occurs due to the inability to recognize limitations and the person feeling guilty for not achieving their goals given their high ambitions.

The inferior subtype demonstrates indifference and a lack of interest in performing their medical tasks, a lack of development and personal experience of growth along with the

desire to take on other work functions, and boredom and suffering from a lack of incentives and monotony in performing tasks. The inferior subtype suffers due to the absence of career prospects. The exhausted subtype is characterized by a lack of recognition for the efforts they put into their work, a lack of control over the results, and neglect as the main response to the difficulties arising in the conditions of coronavirus infection pandemic.

Practice demonstrates that the quality of medical services is largely determined by the actions of nursing staff (nurses, midwives, paramedics, laboratory assistants). Low social status, insufficient income, a rather high emotional level of the profession, inadequate assessment of the professional contribution of paramedical personnel to the treatment of patients with coronavirus infection by patients and managers contribute to this type of medical workers developing professional maladaptation, having psychogenic disorders, and leaving the profession.

Adaptation disorders can manifest at the interpersonal (social), personal, and psychophysiological levels. It is apparent that, in the field of professional relations, maladaptation reduces the effectiveness and reliability of activities. At the personal level, maladaptation changes value orientations and motives and the emotional sphere, forming occupational burnout syndrome, and at the psychophysiological level, it reduces the functional reserves of the body and contributes to the development of health problems in medical workers.

The results of the research conducted on nursing personnel fighting the coronavirus infection allow concluding on the strong relationship between high professional psychological stress of the nursing staff and the development of burnout syndrome. The negative impact of occupational burnout of nurses on both their personality and health and the effectiveness of their professional activities is quite apparent. The staff turnover is increasing and the quality of work and the prestige of medical institutions are reducing hindering the development of the healthcare industry as a whole.

Some of the patient outcomes were sensitive to the conditions of primary health care. In addition, women were subject to a higher degree of burnout than men. The highest percentage of occupational burnout was observed in intensive care physicians, emergency medical therapists, general practitioners, and surgeons. We can also note the correlation with higher burnout rates found in single people living alone and having a large personal debt and reduced physical activity and overweight specialists compared to the lower burnout rates observed in married and remarried doctors.

Age and professional experience were also found to be greatly related to burnout. Studies indicate that younger and less experienced workers are under higher risk of occupational burnout development. This phenomenon can be related to the difference in reaction to stressful situations and the ability to cope with stress among the workers with varying degrees of working experience. More experienced workers typically demonstrate better coping abilities as they are subject to the factors of the initial region of the stability zone (Figure 2).

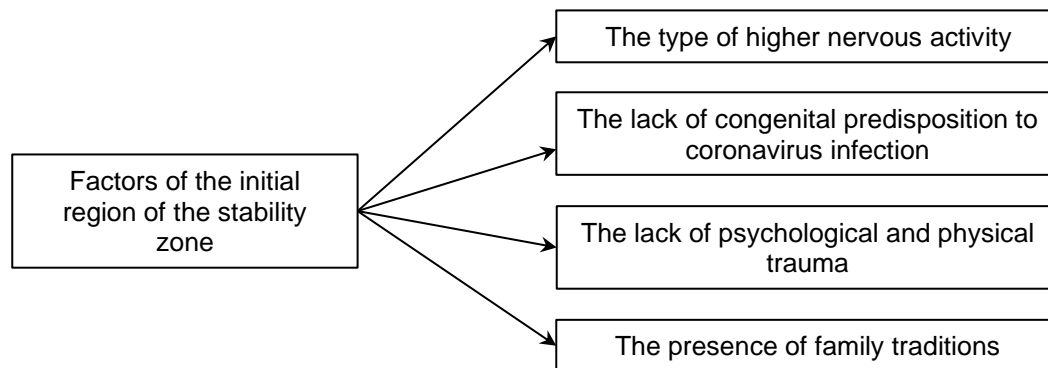


Figure 2

Factors of the initial region of the stability zone of medical workers

The practice has demonstrated that medical workers are at the risk of infection when performing their work duties, the coronavirus infection included. To protect themselves, each medical professional has to make sure they are aware of the risks and know the preventive measures, that is, use the means of individual protection: wear a robe, a cap, gloves, and a mask, wash their hands frequently, do not touch their eyes, nose, mouth, hands, including the gloves, monitor their health carefully, and carry out non-specific prophylaxis.

If biological material containing the 2019-nCoV pathogen comes into contact with mucous membranes or skin, medical personnel should treat their hands with an alcohol-containing skin antiseptic or alcohol, if the face was not protected it should be wiped with a swab moistened with ethyl alcohol, and the mucous membranes of the mouth and throat should be rinsed with ethyl alcohol. It is always necessary to consider this understanding that a medical institution is a system where all structures work in a coordinated and clear manner if the head has organized the work correctly.

Everything mentioned above also relates to the prevention of diseases among employees:

- the head of a medical facility has to guarantee that the personnel is instructed properly and is able to perform the preventive measures;
- the medical facility must be provided with personal protective equipment;
- hand hygiene products should be readily available at any place where medical care is provided;
- it is necessary to organize the monitoring of the health status of medical workers (daily examinations with thermometry two times per day throughout the entire period of care for patients with 2019-nCoV and within 14 days after the last contact with a patient).

2019-nCoV determined the need for the heads of private and public hospitals to register all medical personnel in the unified state healthcare system meaning that medical workers must provide the most detailed information: the level of their education and qualifications, as well as the place of residence and passport data. This measure caused resonance among doctors, paramedics, nurses, and other workers. Many perceived this as a census of doctors and the selection of the best specialists who would subsequently be called upon to save the world from 2019-nCoV.

Discussion

The reliability of the presented approaches is confirmed by the fact that even experienced infectious disease specialists, biologists, and scientists cannot predict the scale of the spread of the new coronavirus. The government and medical specialists hope that quarantine measures and the responsibility of citizens will help curb the incidence, and the pandemic will decline. In this case, a significant load for pulmonologists, resuscitators, therapists, pediatricians, laboratory assistants, and infectious disease specialists can be expected. Primarily, they have to be ready to work in emergency mode due to the spread of 2019-nCoV which will lead to occupational burnout of medical workers.

The medical staff forced to quarantine can not only mentally support their colleagues but also engage in personal development. Completing courses, seminars, and trainings will benefit them greatly. In addition, in this time they will be able to gain new knowledge on viral diseases and put them into practice when self-isolation ends⁸. The only option remaining is to wait for the situation to stabilize and medical workers should be prepared for increased workload if the pandemic continues to gain momentum.

Medical staff across the world pays a very high price in the fight against 2019-nCoV. Thousands of health workers got infected with the virus and the number of medical professionals who have deceased is growing steadily. Doctors, nurses, and other hospital staff present the most vulnerable group despite the protective suits and masks. Their disease also develops in the most severe form primarily due to the concentration of the virus around them. Doctors are in close proximity to the infected and are prone to not just getting infected but receiving the virus in large doses.

The described potential for infection causes discontent among health workers in several countries due to the lack of personal protective equipment. In France, doctors sued the government for not giving an order for increased production of medical masks which jeopardized the medical workers themselves. Zimbabwean doctors and nurses went on strike in protest of the lack of personal protective equipment when strict quarantine was introduced in the country. In Britain, the lack of personal protective equipment undermines the trust of doctors and nurses in the system.

Conclusion

Drawing the conclusion on the factors preventing the development of burnout, we can note that in many cases hospital doctors have an advantage over their ambulatory colleagues. Hospital practice promotes favorable social relations with colleagues and patients which can serve as a protective factor. Moreover, the work schedule of hospital doctors can allow time for continuing medical education, research, and teaching which reduces the risk of burnout.

⁸ I. L. Cherkasov; M. I. Seredina; O. I. Mishurova; T. A. Adashova y O. Ye. Lebedeva, "The effect of international tourism on the development of global social-economic processes", *Journal of Environmental Management and Tourism* Vol: 8 num 6(22) (2017): 1166-1170; K. A. Lebedev; O. S. Reznikova; S. D. Dimitrieva y E. I. Ametova, "Methodological approaches to assessing the efficiency of personnel management in companies", *Journal of Advanced Research in Law and Economics* Vol: 9 num 4(34) (2018): 1331-1336 y E. Yu. Nikolskaya; N. I. Kovaleva; M. E. Uspenskaya; N. I. Makshakova; E. N. Lysoivanenko y K. A. Lebedev, "Innovative quality improvements in hotel services", *European Research Studies Journal* Vol: 21 num 2 (2018): 489-498.

Based on the results of the diagnostic measures, it is proposed to construct a work plan with a subdivision and an individual approach for psychological correction programs for each medical employee. The prevention of occupational burnout of a medical specialist presents a multi-level process involving physicians, psychologists, department heads, teams, and the professional community. It must be emphasized that without the active and conscious inclusion of a medical specialist in the prevention system achieving success in this direction is impossible.

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