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PREVALENCE OF BURNOUT SYNDROME AMONG MEDICAL PROFESSIONALS IN UKRAINE FROM 2018 TO 2022

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Abstract. The article examines issues related to the prevalence of burnout syndrome among medical professionals in Ukraine from 2018 to 2022. For this purpose, a number of scientific sources related to the subject of the study were analyzed.

It should be mentioned that in the conditions of modern society there are increased requirements for the qualification of specialists (medical professionals), their productivity and the quality of providing medical care. This may affect the professional competence of the specialists, his/her physical/mental health and stress resistance to the formation of negative states caused by the nature of the job, for example, such as burnout syndrome.

Burnout syndrome is one of the most urgent problems in the world. In recent decades, scientists from various countries have been actively researching this phenomenon. The issues concerning the prevalence of burnout syndrome among medical professionals in Ukraine from 2018 to 2022 have not been sufficiently clarified and require more detailed research.

Based on the conducted research, it is possible to reach the following conclusions: preserving the life and health of any person, in particular, a medical professional (including the family doctor), who provides high-quality, qualified, timely medical/rehabilitation assistance to the sick person is an extremely important task of the state. Taking into account the above-mentioned thesis it should be noted that of great importance is the prevention of burnout syndrome as burnout may occur as a possible complication due to the performance of the professional duties by medical professionals. Medical professionals with specialization in "General Practice – Family Medicine", "Therapy" (Internal Medicine), "Pediatrics", "Emergency Medicine", "Psychiatry", "Neurology", and "Surgery" are special categories of specialists who have a high risk of developing burnout syndrome due to the specific of their work. These professional categories spend a significant amount of time in close contact with patients. Burnout syndrome can be manifested by emotional exhaustion, dissatisfaction with oneself, feeling of experiencing psychotraumatic circumstances, inadequate selective emotional response, reduction of professional duties, expansion of the sphere of emotions economy, emotional and/or personal detachment, as well as psychosomatic and psychovegetative disorders, a feeling of lack of energy, a desire to be alone, exhaustion, disappointment in professional activity, being on the edge of one's opportunities, insensitivity to the patients' needs and their objectification, as well as by the loss of interest, indifference to job, physical and emotional fatigue, increased irritability regarding minor events, dizziness, rapid fatigue, headache, etc. Moreover, factors associated with burnout syndrome among Ukrainian medical professionals were analyzed, including those that were studied during the COVID-19 pandemic and factors of the combat environment, which could have the greatest influence on the development and progression of burnout syndrome. The preventive measures for burnout syndrome among medical professionals were examined. The study conducted to find out the prevalence of burnout syndrome among medical professionals in Ukraine from 2018 to 2022 revealed the presence of burnout syndrome or its symptoms among medical professionals (physicians, nurses) ranging from 1.27±0.89% to 94%.

Keywords: burnout syndrome, medical professional, physician, nurse, Ukraine.

Introduction. Article 3 of the Constitution of Ukraine [1] declares that the life and health of any person, in particular, a medical professional (including the family doctor) who provides high-quality, qualified, timely medical/rehabilitation assistance to the sick person is the highest social value in the state.

In the conditions of modern society, there are increased requirements for the qualifications of specialists (medical professionals), their productivity and the quality of providing medical care [2 p123]. This may affect the professional competence of the specialist, his/her physical/mental health and stress resistance to the formation of negative states, which is determined by the nature of the job [2 p123], for example, as the development of burnout syndrome.

Burnout syndrome (code QD85) was included in the 11th edition of the International Classification of Diseases (hereinafter – ICD-11) by WHO as a syndrome arising from workplace stress which hasn't been successfully managed and is characterized by: a) exhaustion or feeling of energy loss/depletion, b) feelings of cynicism/negativism that related to one's job, or increased mental distance out from one's job, c) lack of accomplishment and a sense of ineffectiveness [3].

It should be mentioned that burnout syndrome is one of the most urgent problems nowadays and in recent decades, scientists from various countries have been actively researching this phenomenon [4 p7].

In 1969 H. Bradley first used the term «staff burnout» in his research [5 p366] and later the American psychiatrist H.J. Freudenberger in 1974 studied burnout

syndrome among voluntary mental healthcare workers [6 p159].

It is important to pay attention to the fact that in domestic and foreign psychology there are different opinions on the essence of the concept of «burnout syndrome» [7 p39]. C. Maslach and M.P. Leiter [8 p103] define burnout syndrome as a psychological syndrome that is manifested by an excessive and long-term reaction to chronic stress, which is formed as a result of interpersonal job contacts and contains three components: a) emotional exhaustion; b) feeling of cynicism, as well as detachment from the job; c) feeling of ineffectiveness and reduction of personal accomplishment. H.V. Katolyk and L.V. Kovalchuk [9 p203] claim that burnout syndrome should be understood as a condition that integrates indicators of the level of: rigidity, anxiety, personal distance, mental exhaustion, emotional exhaustion and professional motivation. Scientists emphasize that the above-mentioned indicators in the conditions of COVID-19 are growing and can speed up the development of burnout syndrome [9 p203]. V.S. Shkrabiuk and D.I. Bilyk [10 p293] state that burnout syndrome should be understood as a complex phenomenon that occurs as a stress reaction in response to production/emotional demands, which originate from the excessive dedication of an individual to his/her professional activity with concomitant disregard for family life and/or recreation.

According to the WHO, burnout syndrome produces physical, mental and emotional signs and symptoms [11 p91]. Physical exhaustion is characterized by low energy, weakness, chronic fatigue, weariness, frequent headaches, increased susceptibility to illness, back pains, muscle tension, nausea, different somatic complaints, and also sleep disturbance [11 p91]. Emotional exhaustion is evidenced by feelings of hopelessness/helplessness, depression, conflicts at home, increases in tension, in negative affective stages such as, for example, irritability, impatience, anger, and also decreases in such positive affective stages as, for example, courteousness, friendliness, considerateness [11 p91-2]. Mental exhaustion is characterized by dissatisfaction/negative attitudes towards work/oneself and life in general [11 p92].

The aim of the research: to identify the issue of the prevalence of burnout syndrome among medical professionals in Ukraine from 2018 to 2022.

Materials and methods: analysis and generalization of scientific publications, the Internet information on the topic of the specified research. Sources were searched in such scientometric databases as, Scopus, Web of Science, Google Scholar, and PubMed by using keywords: burnout syndrome, medical professional, physician, and nurse.

Research results and their discussion. The prevalence of burnout syndrome among medical professionals in the world varies greatly (from 0% to 80.5%) and depends on the methods of assessment and the quality of research [12 p1131].

According to the Medscape US Physician Burnout and Depression Report 2022 among physicians (n=13069) across 29 specialties, burnout rates were above 26%, whereas the highest burnout rates were among physicians of Emergency Medicine (60%), Critical Care (56%), OB/GYN (53%), Infectious Diseases (51%), Family Medicine (51%), Physical Medicine and Rehabilitation

(50%), Diabetes & Endocrinology (50%), Radiology and Pediatrics (49% each), etc [13]. Too many bureaucratic tasks (60%), lack of respect from colleagues/administrators/employers (39%), too many work hours (34%), lack of autonomy/control over one's life (32%), insufficient salary/compensation (28%), increasing computerization of practice (28%), lack of respect from patients (22%) were the chief reasons for burnout syndrome [13]. Among the causes of burnout syndrome situational, structural and personal groups of factors are distinguished [14 p391]. They include excessively difficult/large client load (patients/clients/students, etc.), long working hours without adequate time off, lack of control over the outcome, isolation/poor relationships with superiors/colleagues/clients, etc., ambiguous role demands or/and expansion of the role (may include administrative duties), lack of preparation for coping with job stress, monotony, and personally chances mostly like unrealistic expectations or/and guilt [14 p391].

The issues regarding the prevalence of burnout syndrome among medical professionals in Ukraine from 2018 to 2022 have not been sufficiently clarified and require more detailed research.

Research of scientists who used the MBI by C. Maslach and S. Jackson [15], the questionnaire "Professional burnout" by N.E. Vodopianova, O.S. Starchenkova (adaptation of the MBI) [16 p144-55], as well as the questionnaire "Emotional burnout" by V.V. Bojko [17 p151-6] for the study of burnout syndrome among medical professionals of various specialties (in particular, "General Practice – Family Medicine") were included to this article.

In the research of V.V. Chorna et al. [18 p53-60], scientists studied burnout syndrome by using the questionnaire "Emotional burnout" by V.V. Bojko and the questionnaire "Professional burnout" (MBI adapted by N.E. Vodopianova, O.S. Starchenkova) among medical professionals (n=324): doctors (n=87), nurses of psychiatric (n=137) and general medical profiles of healthcare facilities (n=101) of Vinnytsia region; authors established: that the degree of the formation of the last phase of burnout syndrome called "Exhaustion" (V.V. Bojko's method) was 100% in men and 83.3% in women that were nurses of the general medical profile of healthcare facilities; high levels of emotional exhaustion were present among 47.8% and 33.3% of men that were nurses of the general medical and psychiatric profiles of the healthcare facilities, which were 2.3-1.7 times higher than the indicators found among women (in particular, 19.4% among female doctors, 20.5% and 19.5% among female nurses of general medical and psychiatric profiles, respectively); very high levels of depersonalization were observed in men (61% and 33.3%) and in women (32.1% and 35.9%) that were nurses of general medical and psychiatric profiles of healthcare facilities, respectively; according to the authors, it was an evidence of a decrease in the level of empathy and cynical attitude towards patients of 2/3 of the female and 1/2 of male medical personnel. Reduction of personal accomplishment was present at a high level of 28% in male doctors, as well as 22.2% and 26.6% in men and women that were nurses of the psychiatric profile of healthcare facilities [18 p53-60].

N.A. Maruta, O.S. Chaban, G.Yu. Kalenskaya [19 p22-9] investigated burnout syndrome in neurologists and psychiatrists (n=196) by using the questionnaire "Professional burnout" by N.E. Vodopianova, O.S.

Starchenkova (adaptation of the MBI method) and established the presence of very high and high levels of emotional exhaustion (29.24% and 38.60%, respectively), very high levels of depersonalization (50.29%) among respondents; also by using the "Emotional burnout" questionnaire by V.V. Bojko scientists found that the following symptoms played a leading role in the formation of burnout syndrome: experiencing psycho-traumatic circumstances (18.43 ± 9.13 p.), inadequate selective emotional response (18.64 ± 7.09 p.), reduction of professional duties (19.26 ± 8.01 p.), expansion of the sphere of the emotions economy (17.41 ± 9.40 p.), psychosomatic and psychovegetative disorders (13.32 ± 8.32 p.), as well as emotional and personal detachment (10.82 ± 5.74 p. and 12.70 ± 8.80 p., respectively); it was found that the violation of the executive functions of the respondents was combined with emotional exhaustion ($r=0.732$), fatigue ($r=0.611$), a decrease in professional success ($r=0.821$), in activity ($r=0.562$), dissatisfaction with oneself ($r=0.632$), inadequate emotional response ($r=0.487$), physical and mental asthenia ($r=0.523$). Authors noted that burnout syndrome was observed in 68.4% of doctors [19 p22-9]. A.O. Pohribna and T.V. Yartseva [20 p109-10] researched burnout syndrome among medical professionals in the city of Sloviansk on the basis of the regional clinical psychiatric hospital by using the "Emotional burnout" questionnaire (V.V. Bojko) and found that 18% of respondents had formed burnout syndrome, while 66% of specialists had burnout in the formation phase. In particular, burnout syndrome manifested itself in the "Tension" phase in the form of experiencing psycho-traumatic circumstances (61.7%), in the "Resistance" phase in the form of the expansion of the sphere of the emotions economy (69.8%), and inadequate selective emotional response (72.6%), in the "Exhaustion" phase in the form of psychosomatic and psychovegetative disorders (48%) [20 p111-2]. I. Yurchenko, I. Savchenko, O. Dymchuk [21 p70-3] studied the presence of burnout syndrome by using MBI (C. Maslach and S. Jackson) and also examined the factors that formed it among medical professionals of psychiatric and narcological healthcare facilities of Luhansk region ($n=93$: doctors and nurses); authors claimed the following theses: 24.3% of respondents had high levels of exhaustion and had all signs of burnout syndrome; 21% of specialists did not have any plans for the future; 17.9% of employees claimed about the existence of indifference to their work duties. 16.3% of medical workers took hypnotic, psychotropic or pain-relieving drugs to reduce the manifestations of stress, insomnia, fatigue, that were not prescribed by a doctor [21 p73]. L.N. Yuriyeva [22 p345-7] conducted research among psychiatrists and narcologists ($n=223$) and found the presence of burnout syndrome among 79% of respondents ("Emotional burnout" questionnaire by V.V. Bojko).

L. Beheza [23 p37-45] investigated burnout syndrome by using the "Professional burnout" questionnaire (MBI adapted by N.E. Vodopianova, O.S. Starchenkova) among physicians of various specialties ($n=593$); according to the signs of the professional orientation, doctors were divided into the following 5 groups by the author: 1) "professional-age type": obstetrics and gynecology, urology; pediatrics (pediatric surgery, pediatric anesthesiology, pediatric otolaryngology, neonatology); medical psychology, psychiatry; this type ($n=147$) had high levels of emotional exhaustion (64%); 2) "traumatic type":

orthopedics and traumatology; surgery; sports medicine and physical rehabilitation; this type ($n=64$) had high levels of emotional exhaustion (14%); 3) "general type": cardiology, family medicine, neurology, pulmonology and phthysiology, dentistry; infectious diseases, otolaryngology, ophthalmology, dermatology and venereology; this type ($n=194$) had high levels of emotional exhaustion (65%), in particular, $49 \pm 4.7\%$ of respondents were dissatisfied with their profession; 4) "instrumental type": radiology, general hygiene, epidemiology; ultrasound, MRI, CT doctors; forensic medical examination, pathological anatomy; laboratory doctors; this type ($n=109$) had high levels of emotional exhaustion (57%) and depersonalization (37%); 5) "severe states": neurosurgery; anesthesiology and intensive care; internal medicine, emergency medicine; clinical oncology. This type ($n=79$) had high levels of emotional exhaustion (63%) [23 p37-45].

G.O. Danylichuk, Y.I. Venher, D.O. Lahoda [24 p137-42] found out the levels of burnout syndrome among medical professionals ($n=80$): family doctors, district general practitioners, and interns specializing in "General Practice – Family Medicine" by using "Professional burnout" questionnaire (MBI adapted by N.E. Vodopianova, O.S. Starchenkova) and established high levels of emotional exhaustion and very high levels of depersonalization among doctors (family doctors, district general practitioners) and interns (EE – 25.03 ± 0.82 p. and 26.08 ± 1.18 p.; DP – 15, 11 ± 0.47 p. and 15.42 ± 0.62 p., respectively). It was also found that male doctors had significantly lower levels of emotional exhaustion, depression, and anxiety than female doctors ($p<0.001$), which indicated greater endurance to stressful situations at work and higher resistance to burnout syndrome among male specialists [24 p137-42]. T.B. Lazarchuk, O.Y. Samogalska and I.V. Meretska [25 p148-50] surveyed primary care physicians ($n=200$: 30 emergency physicians, 111 family doctors and 59 general practitioners) to determine burnout syndrome by using "Emotional burnout" questionnaire by V.V. Bojko ($n=150$); scientists noted the following theses: among 87.2% of respondents the formation of the "Resistance" phase of burnout syndrome with the dominant symptom of expansion of the sphere of the emotions economy (30.2 ± 10.4 p.) was found. V. Yekhalov et al. [26 p186-95] studied burnout syndrome among doctors specializing in "General Practice – Family Medicine" at various stages of education by using "Emotional burnout" questionnaire by V.V. Bojko and found that 50% of family doctors had manifestations of burnout syndrome in the formed "Exhaustion" phase (16.7%) or in its formation (33.3%). On the other hand, M.M. Mlynskaya and M.B. Gasluk [27 p406-9] by using the "Emotional burnout" questionnaire (V.V. Bojko) found high levels of burnout syndrome in 40% of medical professionals of the cardiology and therapeutic departments.

V.V. Rovenska and E.O. Sarzhevskaya [2 p123-7] surveyed medical workers ($n=100$): doctors and paramedics of the stations of emergency (ambulance) medical care, surgeons, cardiologists, pediatricians, family doctors to determine the levels of burnout syndrome by using the "Professional burnout" questionnaire (MBI adapted by N.E. Vodopianova and O.S. Starchenkova) and established high levels of: 1) emotional exhaustion (EE) among pediatricians (64%), surgeons (60%) and family doctors (83%), 2) depersonalization among paramedics of the

stations of emergence (ambulance) medical care (80%), pediatricians (93%), family doctors (94%), 3) reduction of personal accomplishment among pediatricians (71%) and family doctors (88%). Authors emphasized that the most pronounced burnout syndrome (by all scales) was present among pediatricians and family doctors [2 p123-7]. On the other hand, T.P. Yavorska [28 p116] researched burnout syndrome among medical professionals (n=113): general practitioners (n=42), cardiologists (n=33) and neuropathologists (n=38) by using the MBI-HSS questionnaire and found out that every second doctor had a high level of emotional exhaustion, 1/3 of respondents had depersonalization, and 1/4 of doctors had a reduction in personal accomplishment.

N.O. Terenda, T.B. Pavliv, N.O. Slobodian [29 p29-31] conducted a survey of 157 medical professionals of emergency medical care (hereinafter – EMC) of Lviv region concerning the determination of burnout syndrome (MBI questionnaire) and found out high levels of: emotional exhaustion (EE – $22.29 \pm 3.32\%$); depersonalization (DP – $7.64 \pm 2.12\%$); reduction of personal accomplishment (PA – $51.59 \pm 3.99\%$) and very high levels of PA ($22.93 \pm 3.36\%$); the average level of burnout syndrome among medical workers was set at $62.42 \pm 3.86\%$ and the high levels of burnout were present among $1.27 \pm 0.89\%$ of respondents; on the other hand, scientists found out the influence of age $r_{xy}=0.2563$ ($p=0.001$) and professional experience $r_{xy}=0.3225$ ($p=0.000$) on the development of burnout syndrome. Moreover, authors claimed that the high levels of burnout syndrome were indirectly affected by the COVID-19 pandemic [29 p29-31]. O.S. Lalymenko et al. [30 p61-2] surveyed EMC workers (n=85) in the city of Kharkiv by using the MBI-GS questionnaire and found out high levels of: emotional exhaustion among 57.1% of respondents aged 30-40 years and 42% among workers over 40 years of age; depersonalization among 40.9% of respondents under the age of 29 and 42.9% among specialists aged 30-40; reduction of personal accomplishment among 85.7% of respondents over the age of 40.

O. Oliynyk et al. [31 p147-51] researched burnout syndrome among anesthesiologists (n=105) of Western Ukraine by using the MBI questionnaire, and found out: the presence of burnout syndrome symptoms among 82% of respondents with less than 5 years of experience (EE – 28.0 ± 2.6 p.) and among 84% of specialists with more than 20 years of experience (27.2 ± 2.3 p.); high levels of depersonalization among doctors with experience from 5 to 20 years (DP – 12.4 ± 1.1 p.); and reduction of professional accomplishment among doctors with more than 20 years of experience (PA – 28.2 ± 2.6 p.).

O.V. Bondar, A.I. Rybin, and A.O. Patskov [32 p23-7] studied burnout syndrome among 147 oncologists by using the "Emotional burnout" questionnaire (V.V. Bojko) and also authors researched factors that affected burnout; scientists established that most oncologists had burnout syndrome in the "Resistance" phase (47.21 ± 2.65 p.); the formed symptom of this phase was inadequate selective emotional response (16.05 ± 1.1 p.), instead such symptoms as expansion of the sphere of the emotions economy (10.92 ± 1.17 p.) and reduction of professional duties (12.08 ± 1.05 p.) were in the formation process; 91.7% of respondents emphasized that their professional activity was associated with stress; 52.9% of physicians claimed that to live life without suffering is impossible; 56.9% of

doctors perceived illness as a test. Respondents indicated the following important values of their professional activity: satisfaction from the profession and the opportunity for self-realization (37,6%), the importance of the profession and the opportunity to help patients (29,4%); authors stated that there were lower levels of burnout syndrome among doctors whose dominant values were self-realization and satisfaction with the profession ($p<0.05$) [32 p27].

According to the research data of O.A. Snisar [33 p284], high levels of emotional exhaustion (36%), depersonalization (24%), and reduction of personal accomplishment (16%) were present among nurses of Cherkasy and Cherkasy region (MBI-HSS questionnaire by C. Maslach and S. Jackson). However T.M. Draha, T.B. Khanas, I.Ya. Krynytska [34 p40-1] studied burnout syndrome among nurses (n=120) of surgical and therapeutic departments by using the "Emotional burnout" questionnaire (V.V. Bojko) and found out that employees of surgical departments had significantly higher levels of burnout syndrome than therapeutic departments workers. In particular, authors identified the following symptoms of burnout syndrome among nurses of surgical and therapeutic departments: feeling of experiencing psychotraumatic circumstances (93% and 13%), "cagedness" (70% and 30%, respectively), anxiety and depression (60% for surgical department specialists) [34 p40-1].

O.S. Lalymenko et al. [35 p121] studied burnout syndrome among teachers of medical higher education institution at the Kharkiv National Medical University (n=81) by using the MBI-GS questionnaire and found out that teachers of clinical and natural science departments had higher levels of emotional exhaustion and depersonalization comparing to teachers of the humanitarian department. Also according to the authors' research, the levels of personal accomplishment were lower among men aged 36.6-48.6 years that were teachers of the clinical and natural science departments [35 p121]. However, I.S. Lembyk and R.Yu. Prymak [36 p180-4] researched burnout syndrome among teachers of the medical higher educational institution of pediatric disciplines and found out the following signs of burnout: 66.7% of respondents got the feeling of experiencing psychotraumatic circumstances, 52.4% of teachers mentioned "cagedness", 52.3% of answerers had inadequate selective emotional response, 47.6% of employees got psychosomatic and psychovegetative disorders ("Emotional burnout" questionnaire by V.V. Bojko).

Research by L.N. Yuryeva, T.I. Shusterman and B.Yu. Marchenko [37 p445-55], who analysed the causes of burnout symptoms and levels of happiness among healthcare professionals (n=86): family doctors, narcologists, psychiatrists, interns specializing in "Psychiatry", child and adolescent psychiatrists, found that 59.3% of respondents noticed symptoms of burnout syndrome in themselves, which negatively affected relations with colleagues (70.6%) and job (64.7%); the main factors of burnout syndrome that affected above-mentioned indicators were the following: low salary (65.1%) and heavy workloads (34.9%); respondents with symptoms of burnout syndrome were more likely to have thoughts of suicide (23.5%), in particular, the highest rates were among family doctors and interns in the specialty "Psychiatry" (33.3% each); a moderate and direct relationships between burnout symptoms and thoughts about changing professions

($r=0.6$) and between burnout symptoms and the presence of suicidal thoughts ($r=0.6$) were found; 60.8% of respondents did not plan and do not plan to apply for help in the future; a direct and strong relationship between burnout syndrome symptoms and a low level of happiness at the workplace was found ($r=0.8$). In particular, 47.1% of respondents with burnout syndrome symptoms rarely felt happy at the workplace [37 p445-55]. O. Lazorko and T. Shevtsova [38 p159-68] emphasize that the indicators of the expression of basic emotions are closely correlated with the components of burnout syndrome, in particular, scientists found direct/positive relationships among the following indicators: 1) fear, interest, grief, shame and emotional exhaustion; 2) grief and depersonalization; 3) surprise, interest, shame, fear and reduction of professional accomplishment. In addition, researchers found a negative/inverse relationship between: 1) joy, surprise, interest and emotional exhaustion; 2) guilt and depersonalization [38 p159-68].

In addition to the above-mentioned symptoms of burnout syndrome (according to the "Emotional burnout" questionnaire by V.V. Bojko) we found out such burnout symptoms among Ukrainian healthcare professionals as a feeling of lack of energy, a desire to be alone, exhaustion, disappointment in professional activity, being on the edge of one's opportunities, insensitivity to the patients' needs and their objectification, as well as by the loss of interest, indifference to job [28 p116], physical and emotional fatigue [32 p25], increased irritability regarding minor events, dizziness, rapid fatigue, headache [39 p19], etc.

I.Y. Pinchuk et al. [40 p196-8] studied the factors associated with professional stress (in particular, burnout syndrome) during the COVID-19 pandemic among medical professionals ($n=1100$) and more than a third of the answerers were family doctors. Authors reached the following conclusions: the risk of transmission of the virus to family or friends (49.4%), absence or insufficient protective equipment (47.8%), the death of patients with virus COVID-19 (47.6%), low effectiveness of specialists' personal protective equipment (43.7%) were identified by more than 40% of respondents as the main factors, that caused significant stress (burnout) among medical professionals [40 p199-200]. The research results of N.A. Surhund, N.M. Prymush [41 p150] concluded that the risk of the development of burnout syndrome among medical professionals who directly fought against COVID-19 was very high (3-8 times higher) than among medical professionals that performed their professional duties in the absence of the direct countermeasures against COVID-19; also scientists found high levels of burnout syndrome among healthcare workers of the anti-COVID-19 department.

Today Ukrainian society, medical professionals (in particular family doctors) are surrounded by extreme influences, as the work of certain specialists is connected with the need to stay in combat zones; we consider correct the opinion of O.V. Hromtseva, V.V. Striukov [42 p100-1] that the probability and speed of the formation of burnout syndrome in war conditions increase among medical workers because they must perform their professional duties in conditions of air alarms, with the absence of electricity and water supply, constantly comply with safety rules, etc. L.S. Yakovytska [43 p69] established that there are a direct, very high relationships between indicators of

burnout and self-esteem ($r_{xy}=0.452$; $p\leq 0.009$), burnout and stress resistance ($r_{xy}=0.695$; $p\leq 0.001$), self-esteem and stress resistance ($r_{xy}=0.873$; $p\leq 0.001$); according to the researcher, self-esteem and stress resistance are important components that ensure the work process and significantly increase the responsibility of choosing certain actions by the doctor in emotionally complex conditions, such as war. Quite right is the opinion of V.V. Kalnysh et al. [44 p84-5] concerning the identification of the following factors of the combat environment, which could have the greatest influence on the development and progression of burnout syndrome among military servicemen (in particular, medical professionals) that participated in ATO/JFO in Eastern Ukraine from January 2019 to October 2020, such as: shelling by artillery, by tanks, by MLRS/MRLs, by mortars; fear of direct contact with the enemy's infantry during the offensive, as well as during the execution of a combat mission; the death of a comrade-in-arms; living in a tent; fear of stepping on a mine; violation of the usual sleep pattern; prolonged hypothermia; malnutrition, etc. The impact of the war on the development and formation of burnout syndrome is significant [45 p255].

O.V. Kulish and L.O. Sipko [46 p35] studied the impact of empathy on burnout syndrome among medical workers and emphasized that with the increase in empathy levels, the levels of burnout and risk of its development also got higher. Moreover, authors noted that medical workers who had low levels of empathy also had lower levels of burnout syndrome compared to specialists with average levels of burnout [46 p35]. Scientists pointed out that contacts with psychoactively dependent patients, aggressive behaviour of patients, newborns care, intensive care of elderly people, chronically, and terminally ill patients care were associated with an increased risk of burnout syndrome (for example, the work in the field of medicine such as psychiatry, narcology, etc.) [46 p34].

In addition to the above-mentioned causative factors of burnout syndrome, we found out the following causes of burnout among Ukrainian medical professionals as age, work experience [29 p29], low salary, an excess of bureaucratic tasks [25 p148], excessive work intensity [31 p147], improper working conditions and harmful professional factors [18 p60], significant stress at work, inadequate, demanding patients [47 p30], insufficient financial support, improper nutrition, marital status [48 p82], psychological and personal characteristics of an individual, unclear expectations towards the job, lack of control, work-life imbalance, lack of social support [49 p168], etc.

It should be mentioned that of great importance is the prevention of burnout syndrome as burnout may occur as a possible complication due to the performance of the professional duties by medical professionals. The preventive measures of burnout syndrome among medical staff of healthcare facilities include: conducting lectures, conferences on psychological and psychiatric topics with elements of medical ethics, morality and deontology, the psychological trainings aimed to develop stress resistance, education techniques and methods of self-regulation of communicative, emotional, volitional, and motivational spheres of the medical workers of healthcare facilities of all forms of ownership; improving the material/technical base of healthcare facilities and creating proper working conditions for employees; conducting a psychodiagnostic test of burnout syndrome 1-2 times a year for diagnosing

burnout syndrome and assessment of its severity; developing a system of individual psychological counseling of medical professionals in the healthcare facilities (organizational level); attention to self-care, work-life balance, mindfulness, positive psychology, self-awareness of the most fulfilling work roles, positive coping strategies, stress management and resiliency training, reflection on life priorities as well as values, using breaks at work to relax; moreover, to develop skills of psychoemotional self-regulation one can use art and/or music therapy, self-performed daily exercises aimed to realize negative emotions and allow to overcome it; mastering autorelaxation techniques as deep breathing, mental and muscle relaxation; proper diet and sleep, hobbies, sports, moderate exercises, massage, etc (individual level) [18 p59, 50 p522, 51 p197, 52 p 31].

Conclusions. Based on our research, we can reach the following conclusions:

1. Preservation of the life and health of any person, including medical professional (in particular, family doctor), who provides high-quality, qualified, timely medical/rehabilitation assistance to the sick person is an extremely important task of the state. Taking into account the above-mentioned thesis it should be noted that of great importance is the prevention of burnout syndrome as burnout may occur as a possible complication due to the performance of the professional duties by medical professionals.

2. Medical professionals with specializations in "General Practice – Family Medicine", "Therapy" (Internal Medicine), "Pediatrics", "Emergency Medicine", "Psychiatry", "Neurology", and "Surgery" are special categories of specialists that have a high risk of developing burnout syndrome due to the specific of their work. These professional categories spend a significant amount of time in close contact with patients. Burnout syndrome can be manifested by emotional exhaustion, dissatisfaction with oneself, feeling of experiencing psychotraumatic circumstances, inadequate selective emotional response, reduction of professional duties, expansion of the sphere of the emotions economy, emotional and/or personal detachment, psychosomatic, and psychovegetative disorders, a feeling of lack of energy, a desire to be alone, exhaustion, disappointment in professional activity, being on the edge of one's opportunities, insensitivity to the patients' needs and their objectification, as well as by the loss of interest, indifference to job, physical and emotional fatigue, increased irritability regarding minor events, dizziness, rapid fatigue, headache, etc.

3. Factors associated with burnout syndrome among Ukrainian medical professionals were analyzed, including those that were studied during the COVID-19 pandemic and factors of the combat environment, which could have the greatest influence on the development and progression of burnout syndrome. The preventive measures for burnout syndrome among medical professionals were examined.

4. The study conducted to find out the prevalence of burnout syndrome among medical professionals in Ukraine from 2018 to 2022 revealed the presence of burnout syndrome or its symptoms among medical professionals (doctors, nurses) ranging from 1.27±0.89% to 94 %.

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- Резюме.** У статті розглядаються питання, що стосуються поширеності синдрому емоційного вигорання (далі - СЕВ) у медичних працівників в Україні з 2018 по 2022 роки. Задля цього було проаналізовано значну кількість наукових джерел, що розкривають предмет нашого дослідження.
- На підставі проведеного дослідження можливо дійти наступних висновків: збереження життя й здоров'я будь-якої людини, зокрема, й медичних працівників (відповідно й лікарів ЗПСЛ), які надають якісну, кваліфіковану, своєчасну медичну/реабілітаційну допомогу, є надзвичайно важливим завданням держави, а також має виняткове значення щодо профілактики СЕВ, як можливого ускладнення під час виконання професійних обов'язків медичними працівниками. Медичні працівники, які мають спеціалізацію «Загальна практика – сімейна медицина», «Терапія», «Педіатрія», «Медицина невідкладних станів», «Психіатрія», «Неврологія», «Хірургія», є особливими категоріями фахівців з високим ризиком формування СЕВ, що може проявлятися емоційним виснаженням, незадоволеністю собою, переживанням психотравматичних обставин, неадекватним вибірковим емоційним реагуванням, редукцією професійних обов'язків, розширенням сфери економії емоцій, емоційною та/чи особистісною відстороненістю, а також психосоматичними й психовегетативними порушеннями тощо. Окрім того, були виявлені фактори, що пов'язані з СЕВ, у медичних працівників України, зокрема, й під час пандемії COVID-19, а також фактори бойової обстановки, які могли мати найбільший вплив на розвиток і прогресування СЕВ. Відповідно, були розглянуті заходи профілактики СЕВ. Проведене дослідження щодо з'ясування поширеності синдрому емоційного вигорання у медичних працівників в Україні з 2018 по 2022 роки виявило наявність СЕВ чи його симптомів у медичних працівників (лікарів, працівників середнього медичного персоналу) у межах від 1,27±0,89% до 94%.
- Ключові слова:** синдром емоційного вигорання, медичний працівник, лікар, медична сестра, Україна.

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**ПОШИРЕНІСТЬ СИНДРОМУ ЕМОЦІЙНОГО
ВИГОРЯННЯ У МЕДИЧНИХ ПРАЦІВНИКІВ В
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