

# The Specificity of Emotional States in Medical Workers: Stress and its Stages, Ways to Eliminate

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**Annotation:** This article considers the specifics of the emotional state of medical staff, the stages of stress and ways to prevent it.

**Key words:** Stress, burnout, patient, syndrome, problems, prevention

Stress is a general reaction of the body to an impact (physical or emotional) that violates the constancy of its state, as well as the corresponding state of the body as a whole.

During stress in our body, all defense systems are mobilized, various physiological reactions are activated, aimed at minimizing the negative consequences of stressful effects.

Discussing the problem of the wide spread of psychosomatic disorders in patients, we cannot but talk about the problem of the development of psychoemotional disorders in doctors and other medical workers.

Psychologists say that burnout is a defense mechanism: due to the depletion of emotional and energy resources, indifference to what is happening at work increases. The syndrome is usually caused by a combination of reasons: busy schedules, low wages, aggressive work environment, emotional over strain and dissatisfaction with life's needs.

Anna Kan, a medical psychologist at the N. N. Blokhin National Medical Research Center of Oncology, identifies a list of traits whose owners are predisposed to the manifestation of emotional burnout syndrome: perfectionism, increased responsibility and a tendency to sacrifice one's own interests, as well as daydreaming, which sometimes leads to an inadequate assessment of one's capabilities.

The professional activity of medical workers involved in the treatment and rehabilitation of patients involves a high percentage of factors that cause emotional well-being and stress. According to the classification of professions according to the "criterion of difficulty and harmfulness" (according to A. S. Shafranovna), medicine belongs to the highest type of professions, based on the need for constant work outside of school hours. In the 1960s, the term "occupational deformation" was first coined in the United States in reference to human-to-human occupations where the social environment has a significant impact on work performance. Conclusions are drawn about the presence of professional deformation and the need for special professional selection in the professions of the "man-to-man" system.

Burnout Syndrome (BS) was first described by the American psychologist Feinberger in 1974 to describe the demoralization, frustration, and extreme fatigue he observed in psychiatric workers. The model he developed proved to be suitable for assessing this condition in healthcare workers, whose profession is most prone to burnout. After all, a working day is constant close communication with people, and with sick people who require vigilant care and attention, restraint.

The main symptoms of SES are:

- fatigue, exhaustion, exhaustion after vigorous professional activity;
- psychosomatic problems (fluctuations in blood pressure, headaches, diseases of the digestive and cardiovascular systems, neurological disorders, insomnia);
- the emergence of a negative attitude towards patients (instead of previously existing positive relationships)
- negative attitude to the activities performed;
- aggressive tendencies (anger and irritability towards colleagues and patients);
- functional, negative attitude towards oneself;

- anxiety, pessimism, depression, a sense of the meaninglessness of ongoing events, a sense of guilt.

Mental burnout is understood as a professional crisis associated with work in general, and not only with interpersonal relationships in the process. Burnout can be equated with stress (anxiety, depression, hostility, anger) in its extreme manifestation and with the third stage of the general adaptation syndrome — the stage of exhaustion. Burnout is not just a result of stress, but a consequence of unmanaged stress.

This syndrome includes three main components: emotional exhaustion, depersonalization (cynicism) and reduction of professional (decrease in personal) achievements (MacLeish and Jackson, 1993, 1996):

- 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 labor;
- reduction of professional achievements — the emergence of a feeling of incompetence in one's professional field, the realization of failure in it.

Most of all, those who make unreasonably high demands on themselves are at risk of developing BS. Individuals in this category associate their work with a purpose, a mission, so the line between work and personal life is blurred for them.

In the course of research, three more types of people who are threatened with CMEA have been identified:

The first type — "pedantic", is characterized by conscientiousness, erected to the absolute excessive, painful accuracy, the desire to achieve exemplary order in any business (albeit to the detriment of oneself).

The second type — "demonstrative", is characterized by the desire to excel in everything, to 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 and anger.

The third type — "emotive", is 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.

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

Stage 1 — "Tension" — with the following symptoms of dissatisfaction with oneself, "driven" into a cage", experiencing psychotraumatic situations, anxiety and depression.

Stage 2 — "Resistance" — with the following symptoms:

inadequate, selective emotional response, emotional and moral disorientation, expansion of the sphere of saving emotions, reduction of professional duties.

Stage 3 — "Exhaustion" — with the following symptoms:

emotional deficit, emotional detachment, personal detachment, psychosomatic and psychovegetative disorders

Many factors influence the appearance and severity of EBS:

- age
- work experience in the profession.

Men have higher rates of depersonalization and women are more prone to emotional exhaustion. This is due to the fact that instrumental values prevail among men, while women are more emotionally responsive and less alienated from their clients. A working woman experiences a greater (compared to men) workload due to additional household and family responsibilities, but women are more productive than men in using stress avoidance strategies.

There are studies showing a link between marital status and burnout. They note 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 British researchers, disability in medical workers in almost half of cases is associated with stress. Among general practitioners examined in this country, a high level of anxiety was detected in 41% of cases, clinically pronounced depression in 26% of cases. A third of doctors took medications to correct emotional stress, the amount of alcohol consumed exceeded the average level. It has been established that one of the factors of the "burnout" syndrome is the duration of the 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 existing potential;

- monotony of work;
- a high degree of uncertainty in the assessment of the work performed;
- dissatisfaction with social status.

There is a certain group of doctors who are subject to additional stressful effects, in particular, female doctors, doctors practicing in remote and inaccessible areas. Not surprisingly, only 26% of female doctors are satisfied with their jobs compared to 44% of their male counterparts.

Many doctors have no one to talk to about something personal, except for their spouse. Thus, they risk damaging personal relationships by bringing professional matters into the home and being unable to perform other duties. According to Western journals, the number of divorces in the families of doctors is 10-20% higher than in the general population. Marriages in which both husband and wife are health workers are likely to be unhappy.

There are now many studies documenting widespread dissatisfaction with the profession and feelings of regret associated with choosing a medical career. Increased workloads, working hours, overtime stimulate the development of burnout. Breaks from work have a positive effect and reduce burnout, but this effect is temporary: the burnout level partially increases three days after returning to work and fully recovers after three weeks.

In a study of emotional stress in doctors, psychologist King (1992) came to an unexpected conclusion: "Physicians working in medical settings experience significant personal stress and find it difficult to communicate with anyone other than their immediate family and circle of friends. The predominant characteristic of the medical profession is the denial of personal health problems."

Burnout is not just a result of stress, but a consequence of unmanaged stress. According to Grainger (1994): "Physicians are taught a lot about the theory and practice of medicine, but little about how to take care of themselves and deal with the inevitable stresses."

Doctors somehow try to find a way out of this situation on their own. There is a so-called way out of this situation, in particular the use of psychotropic substances (alcohol, drugs) and, as an extreme option, suicide. According to Western statistics, the number of suicides among doctors ranges from 28 to 40 per 100,000 populations. The number of doctors who kill themselves in one year in the United States is comparable to one or two medical school degrees. It is a fact. Female doctors are particularly at risk. Among them, the suicide rate is four times higher than among women in general. Among male doctors — 2 times. Of course, such a position of the doctor has an unsatisfactory effect on himself, on the patients treated by him, and on society as a whole. Behind this lies the entire tragic depth of his current position in society.

The above sad statistics mainly concerns the developed industrial countries (USA, Canada, France, etc.).

When it comes to preventing burnout in the medical profession, each of us should be encouraged to become our own highly trained stress reliever. We need to learn how to reprioritize and think about lifestyle changes by making changes to our daily routine. By accepting responsibility for the nature of the experience of stress, you begin to gain control over yourself and at the same time mentally move from the position of the victim to the state of the survivor. We can start by rekindling the mindset that our work can and should be fun and rejuvenating, developing our personal resources.

The most effective in the West are group forms of work: special classes in groups of professional and personal growth, increasing communicative competence (Balint's method).

To avoid burnout syndrome:

- try to calculate, deliberately distribute all your loads;
- learn to switch from one activity to another;
- deal more easily with conflicts at work;
- strangely enough, it sounds — do not try to always and in everything be the best.

Remember that work is just a part of life. Knowing that EBS is in fact not only and not so much your problem as the problem of the profession should help you adequately treat the appearance of its symptoms and try to make adjustments in your life in a timely manner.

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So, in order to avoid CMEA, a person must occasionally, but be sure to evaluate his life in general — whether he lives the way he wants. If the existing life is not satisfying, you should decide what needs to be done for positive changes. Only by properly caring for the quality of your life, you can remain an effective specialist..

#### Literature:

1. Чумакова Г.А д.м.н., проф., Бабушкин И.Е. к.м.н., доцент, Бобровская Л.А. к.м.н., доцент, Смагина И. В. к.м.н., Макашев С.Н., к.м.н.
2. А. А. Кирпиченко, Б. Б. Ладик, А. А. Паликов. Основы медицинской психологии и коммуникации. – Минск: Высшая школа, 2004 г.
3. Скугаревская М. М. Синдром эмоционального выгорания//Медицинские новости. - 2002.- №7.
4. Исканджанова, Ф. К. (2022). Медицинская педагогика в профессиональной деятельности врача. *Integration of science, education and practice. Scientific-methodical journal*, 3(2), 163-167.
5. Исканджанова Ф.К «Индивидуально-типологические особенности личности» <http://repository.tma.uz/xmlui/handle/1/4164>
6. Iskandjanova, F. K. (2022). The mechanism of methodological improvement of professional and pedagogical competence of future medical teachers. *Central Asian Journal of Medicine*, 2022(1), 5-10.
7. Исканджанова, Ф. К. (2022). Роль профессионально-педагогической и информационной компетентности врача-педагога в образовательном процессе. *Gospodarka i innowacje.*, 21, 253-257.