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ABSTRACT

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PROFESSIONAL BURNOUT AMONG HEALTHCARE PROVIDERS TAKING CARE OF PATIENTS WITH DEMENTIA OF DIFFERENT GENESIS

Emotional burnout is a prevalent issue among medical and social workers. Healthcare providers attending to patients with various types of dementia are no exception. These caregivers face high levels of physical and emotional stress, constant emotional strain, and the demands of working within a "person-to-person" service system. The sudden onset of the COVID-19 pandemic and the medical community's lack of preparedness exacerbated these stressors, leading to an increase in both personal and reactive anxiety while performing professional duties. Caregivers engage in continuous, intensive interpersonal contact with patients, creating an emotionally charged environment that significantly contributes to professional burnout.

This article examines the prevalence and characteristics of emotional burnout among professional caregivers of patients with dementia of various genesis. The authors emphasize that emotional burnout is not merely a form of stress but a result of a complex interplay of external and internal stress factors within personal and professional relationships.

The purpose of the work was to investigate the presence of burnout syndrome among professional caregivers of patients with dementia of various genesis.

Using the "Professional burnout" technique (Maslach Burnout Inventory, MBI) in the adaptation of N.E. Vodopyanova examined 87 people who are professional caregivers of patients with dementia of various genesis. Patient care was carried out on a professional basis and was provided by persons with appropriate professional education in the field of medical or social services. In this research, the following professions are represented: psychiatrist, medical psychologist, nurse (medical brother), paramedic (paramedic), social worker.

As a result of the examination, mental and physical exhaustion due to long-term emotional stress, which was expressed in a depressed state, fatigue and a feeling of emptiness, a lack of energy and enthusiasm, a loss of the ability to see the positive results of one's work, a negative attitude regarding work and life in general.

Key words: professional burnout, emotional burnout, caregivers, dementia, healthcare providers.

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ПРОФЕСІЙНЕ ВИГОРАННЯ МЕДИЧНИХ ПРАЦІВНИКІВ, ЯКІ ЗДІЙСНЮЮТЬ ДОГЛЯД ЗА ПАЦІЄНТАМИ ІЗ ДЕМЕНЦІЄЮ РІЗНОГО ҐЕНЕЗУ

Емоційне вигорання є досить розповсюдженим явищем у медичних та працівників соціальних служб. Медичні працівники, які займаються доглядом за пацієнтами з деменцією різного ґенезу частіше є особами схильними до підвищеного стресу і, як наслідок, емоційного вигорання, адже високий рівень фізичного та емоційного навантаження, постійне емоційне напруження та надання послуг у системі «людина-людина», виконання своїх професійних обов'язків з догляду за хворим на деменцію, раптовість пандемії та непідготовленість всієї медичної спільноти до викликів спричинених пандемією COVID-19, зростання рівня тривоги як особистісної, так і реактивної під час виконання своїх професійних обов'язків, перебувають в інтенсивному міжособистісному контакті з пацієнтами і, відповідно, постійно перебувають в емоційному стресовому середовищі під час того, як надають професійну допомогу по догляду.

Стаття висвітлює питання розповсюдження та особливостей формування та перебігу професійного емоційного вигорання у професійних доглядачів за пацієнтами із деменцією різного ґенезу.

Показано, що емоційне вигорання є не різновидом стресу, а наслідком впливу комплексу стресових факторів, як зовнішніх, так і внутрішніх у системі особистих і професійних відносин.

Метою роботи було дослідження наявності синдрому вигорання серед професійних доглядачів за пацієнтами із деменцією різного ґенезу.

За допомогою методики «Професійне вигорання» (Maslach Burnout Inventory, MBI) в адаптації Н.Є. Водоп'янової обстежено 87 осіб, які є професійними доглядачами за пацієнтами із деменцією різного ґенезу. Догляд за пацієнтами здійснювався на професійний основі та надавали його особи, що мають відповідну фахову освіту у сфері медичних чи соціальних послуг. У даному досліджені представлені наступними професіями: лікар-психіатр, медичний психолог, медична сестра (медичний брат), санітар (санітарка), соціальний працівник.

В результаті проведеного обстеження у осіб, які здійснювали догляд за пацієнтами із деменцією виявлено розумове і фізичне виснаження через тривале емоційне навантаження, що виражалося в депресивному стані, почутті втоми та спустошеності, нестачі енергії й ентузіазму, втраті здібностей вбачати позитивні результати своєї праці, негативній установці відносно роботи і життя взагалі.

Ключові слова: професійне вигорання, емоційне вигорання, доглядачі, деменція, медичні працівники.

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INTRODUCTION

Emotional burnout is a fairly common phenomenon among medical and social workers, who, by virtue of their profession, are immersed in psychological and emotional experiences. According to data from Mental Health America from September 2020, 93% of healthcare professionals experience stress, 76% report exhaustion, and 54% report burnout [1]. Healthcare professionals caring for patients with dementia of various origins are no exception.

The main reasons for increased stress levels are: high levels of physical and emotional burden, constant emotional stress, and working in a "person-to-person" system. Additionally, burnout is enhanced by professional duties related to caring for patients with dementia, the unexpectedness of the pandemic, and the general unreadiness of the medical community for the challenges associated with COVID-19 [2, 3, 4]. This causes an increase in both trait and state anxiety during the performance of professional duties, since employees are in intensive contact with patients and are constantly in an emotionally stressful environment.

Exhaustion disorder was recognized as an official diagnosis in the 10th revision of the ICD (code F43.8A). It is characterized by symptoms of mental and physical fatigue lasting at least two weeks and triggered by psychosocial stressors for at least six months prior to diagnosis. WHO is already working on introducing this syndrome into the 11th edition of the ICD. In ICD-11, burnout is not considered a medical condition, but is classified as an occupational phenomenon and is described in Factors Influencing Health Status or Contact with Health Services. According to ICD-11, burnout is a syndrome resulting from chronic stress in the workplace [5].

Caring for patients experiencing a wide range of psychopathological and psychosomatic changes (i.e., dementia) is a significant chronic psychoemotional burden for medical staff. As dementia progresses, the need for 24-hour care increases, becoming a source of constant emotional stress and exhaustion for caregivers. New difficulties in adaptation arise at the personal and social level, as well as a feeling of social isolation and dissatisfaction, decreased ability to perform usual roles in society and the professional sphere [6, 7].

Most caregivers of dementia patients are relatives or employees of institutions that provide services at a professional level. In global practice, the term “dementia support services” is used. They are provided to people with dementia and their caregivers, and are performed by various specialists and paraprofessionals. Such services include medical care, psychological support, financial planning services, social support and training for caregivers, cognitive training for patients, care at home or under temporary or permanent care conditions, as well as additional services related to comorbidities [8–10].

The aim of the paper was to investigate the presence of burnout syndrome among professional caregivers taking care of patients with dementia of various origins.

Using the Maslach Burnout Inventory (MBI) methodology adapted by N.Ye. Vodopyanova, 87 people who are professional dementia caregivers, were surveyed.

Patient care was provided at a professional level and by individuals with appropriate medical or social services education. The following professions were represented in this study: psychiatrist, medical psychologist, nurse, ward attendant, and social worker. In accordance with the goals and objectives of the study, inclusion and exclusion criteria were formulated.

Inclusion criteria:

- adults (of full age);

- signed Informed Consent Form;

- employment in the professional field of dementia support services;

- at least 1 year of work experience in this field;

- direct contact with patients who have dementia.

Exclusion criteria:

- age over 60 years;

- current or past substance use addiction;

- somatic and neurological diseases in the stage of exacerbation or decompensation.

To achieve the goals and implement the tasks of this study, the following methods were used: information-analytical, clinical-anamnestic, clinical and psychopathological, psychodiagnostic, psychometric, as well as statistical methods for mathematical processing of the obtained data. During the study, the clinical-psychopathological method was the main technique providing detailed examination and observation, with

subsequent verification of the collected information according to ICD-10 diagnostic criteria.

The study of professional caregivers was conducted using the Maslach Burnout Inventory (MBI) adapted by N. Ye. Vodopyanova [11].

According to the results of the study, a number of characteristic complaints were identified in the group of professional caregivers. In particular, among the physiological manifestations, drowsiness, often accompanied by a desire to sleep all day through, was reported by 14 people (16.1%) and lethargy was reported by 9 people (10.3%). In the psychological aspect, caregivers reported detachment from social contacts – 13 people (14.9%), negative and cynical attitude towards colleagues – 13 people (14.9%), general pessimism about life and professional prospects – 12 people (13.8%), devaluation of one' s professional duties – 11 people (12.6%), negative feelings towards patients – 8 people (9.2%), increased irritability caused by minor events – 8 people (9.2%), frequent unreasonable experiences of negative emotions, such as guilt feeling, resentment, and shame – 7 people (8.0%), immersion in one's own thoughts – 6 people (6.9%), and feeling of depression – 5 people (5.7%). Outbursts of unmotivated anger or avoidance of communication with loved ones and relatives were also observed in 5 people (5.7%), passivity in 4 people (4.6%), indifference in 3 people (3.4%), and boredom in 2 people (2.3%).

During the survey, signs of emotional burnout among caregivers were recorded. Decreased enthusiasm for professional activities and indifference to their results were observed in 12 people (13.8%). In addition, caregivers suffered from the feeling that their work was becoming increasingly difficult to perform (11 people – 12.6%). The inability to independently make decisions regarding current care activities was consistently manifested in 10 people (11.5%), as well as a decline in self-confidence – in 8 people (9.2%), and a periodic feeling of uselessness – in 5 people (5.7%).

Among professionals with over ten years' work experience, a tendency to detach from colleagues and loved ones was observed in 15 people (17.2%), avoidance of friends – in 13 people (14.9%), and a formal relationship towards their professional duties – in 12 people (13.8%). Impaired social functioning in this group was manifested by low social activity in 13 people (14.9%) and decreased interest in leisure and hobbies in 11 people (12.6%). Social contacts were mainly limited to work for 14 people (16.1%), and minimal interpersonal contacts and relationships were observed both at work and at home for 9 people (10.3%). The subjects suffered from feelings of uselessness and isolation (12 people – 13.8%), lack of understanding from others, and insufficient support from family, friends, or colleagues (13 people – 14.9%).

According to the survey using the Maslach Burnout Inventory (MBI) adapted by N. Ye. Vodopyanova, it was found that emotional burnout syndrome is a characteristic feature among professional caregivers and is observed in 32 (36.8%) people out of a total of 87 people (100.0%) who cared for patients with dementia.

As a result of the study, intellectual and physical exhaustion due to prolonged emotional stress was observed among caregivers of patients with dementia. This was manifested by a depressive state in 10 people (11.5%), a feeling of fatigue and emptiness in 14 people (16.1%), a lack of energy and enthusiasm in 13 people (14.9%), a loss of the ability to see the positive results of one's work in 11 people (12.6%), and a negative attitude towards work and life in general in 12 people (13.8%).

The obtained results highlight that burnout syndrome was most prevalent among the caregivers in a gerontopsychological ward, where dementia is one of the most common diagnoses. Statistical analysis confirmed these data ($\chi 2=10.138$, $p<0.01$).

Burnout syndrome has been defined as a multifactorial and multifaceted phenomenon in terms of its forming factors. However, the main source of burnout is interaction with seriously ill patients.

In caregivers of patients with dementia, the burnout had a gradual and staged development and depended on the duration of work in this area and the intensity of the workload. Caregivers had a characteristic sequential development of emotional burnout syndrome: nervous tension (anxiety stage), resistance (adaptation stage), and exhaustion (exhaustion stage). It is worth noting that before the developed clinical manifestations occurred, a certain staging of the process was observed, which sometimes violated the classical sequence and indicated a certain phase stereotypy.

In the first stage of emotional burnout, caregivers experienced a state of heightened inspiration, excessive responsibility, and a strong desire for success in their professional activities. They were completely immersed in their work, working more than 46 hours a week, often forgetting about their own needs and interests, focusing on the prospect of career growth. In such a state of anxiety and tension, signs of exhaustion were barely noticeable and usually manifested themselves in the form of forgetting important things, disruptions in work, and episodes of frustration. Full rest or job promotions helped maintain working capacity. Working in stressful conditions activated internal resources, but after a few years, the work was accompanied by stress disorders, which gradually deepened and provoked new stresses

[12]. According to our observations, the duration of the first stage varied from 3 to 5 years.

The second stage, typical of caregivers of patients with dementia, was accompanied by the depletion of emotional and physical resources that were not restored by either sleep or rest. Due to the "emotion economy", the attitude towards patients lost its positive connotation, and instead of a desire to help, functionality without humanism appeared. Interest in work decreased significantly, and the desire to implement new ideas or improve professional skills disappeared. Labor discipline was violated by frequent tardiness and absenteeism; there was an inability to concentrate and the desire to take a break. Addictive behaviors emerged, such as frequent use of tea, coffee, alcohol, or medication. Sometimes, eating disorders or religious fanaticism were observed.

The caretakers tried to shift the blame for their own failures onto others, paying more attention to wages and social benefits. The discrepancy between professional activities and the achieved standard of living led to frustration. Communication became formal and limited to work relationships; interest in leisure activities decreased; and a feeling of isolation and lack of support from others arose. Stress reactions developed into persistent anxiety, depression with feelings of guilt and helplessness. Dyssomnias had a different nature: from deep sleep to persistent insomnia. Reduced immunity often led to chronic diseases and psychosomatic reactions; complaints of physical exhaustion, headaches, and other symptoms were frequent.

In the third stage of emotional burnout, caregivers felt an existential void and performed professional duties without enthusiasm and initiative. Thinking became rigid, and routine overshadowed any attempt at a creative approach to work.

The feeling of burnout at the personal level in caregivers of this group was manifested by indifference to work and social interactions, impoverished emotional reactions, and a constant feeling of fatigue. A defensive reaction among professional caregivers was represented by a desire for solitude. Against the background of apathy, their self-esteem significantly decreased, their mood became unstable, and they developed unfounded fears and feelings of guilt towards their patients. There was a decrease in tolerance and ability to compromise, increased suspicion; frequent accusations against colleagues led to conflicts, both among the department staff and with patients and their relatives. In the second group of caregivers of patients with dementia of various origins, such manifestations were observed in those who had 10 to 20 years' experience in this field.

According to the results of a study using the Maslach Burnout Inventory (MBI) adapted by N. Ye. Vodopyanova, which takes into account three components: emotional exhaustion, depersonalization, and reduction of personal achievements, the following was found:

- emotional exhaustion was reported in 14 professional caregivers (16.1%), among whom 5 subjects (5.7%) had a high level, 7 subjects (8.0%) had a medium level, and 2 subjects (2.3%) had a low level;
- depersonalization was reported in 7 professional caregivers (8.0%), among whom 1 subject (1.1%) had a high level, 2 subjects (2.3%) had a medium level, and 4 subjects (4.6%) had a low level;
- reduction of personal achievements was reported in 25 professional caregivers (28.7%), among whom 16 subjects (18.4%) had a high level, 8 subjects (9.2%) had a medium level, and 1 subject (1.1%) had a low level.

Particular attention should be paid to caregivers with a high level of emotional exhaustion (5 subjects – 5.7%), as this symptom defines the basis of burnout and is manifested by emotional emptiness, indifference, or emotional oversaturation.

One caregiver (1.1%) had a high level of depersonalization, indicating a deterioration in relationships with colleagues and patients and an increased cynical mood at work. A high level of reduction in personal achievements was found in 16 (18.4%) individuals who tended to negatively evaluate themselves and devalue their activities.

Therefore, according to the method of N. Ye. Vodopyanova, the development of professional burnout syndrome in professional caregivers working with patients mainly occurs due to emotional exhaustion and a reduction of personal achievements. This is explained by the gradual, progressive nature of the course of mental disorders in patients with dementia.

The study showed that burnout syndrome differs from stress in its nature: it is a consequence of the influence of a complex of stress factors, both external and internal, in the system of personal and professional relationships.

CONCLUSIONS

It has been found that professional caregivers of patients with dementia are at risk for developing burnout, given that they belong to altruistic professions and work in teams for 6 months or more and are involved in providing various types of assistance to people in critical situations (nurses/medical brothers, social workers).

This process requires preventive psychosocial and psychocorrectional work. Favorable factors for the formation and development of burnout syndrome are the young age of the caregiver, over 10 years of work experience, and concomitant exhaustion.

AUTHOR CONTRIBUTIONS

All authors substantively contributed to the drafting of the initial and revised versions of this paper. They take full responsibility for the integrity of all aspects of the work.

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CONFLICT OF INTEREST

The authors have stated that they have no competing interests that could sway their judgment or influence the study's outcomes, including no financial ties, personal relationships, or authorship conflicts that could compromise the research's integrity.

ARTIFICIAL INTELLIGENCE DISCLOSURE

The authors confirm that they did not use artificial intelligence technologies when creating the presented work.

CONNECTION WITH OTHER RESEARCH PROJECTS

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