

Emotional Burnout Syndrome Of Obstetrician-Gynecologists In Different Regions Of Kazakhstan Republic

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ABSTRACT

Each healthcare practice specialist has not only professional responsibilities but psychological pressure. And the healthcare system has the same problem in Kazakhstan too. The authors had the main aim to study the psychological conditions of doctors in Kazakhstan and emotional burnout syndrome in particular. Obstetricians-gynecologists were in the center of the study. The authors took care of age, sex, work experience, and salary of the doctors in the experiment. So, the study objective was the evaluation of the presence and features of the emotional burnout syndrome of obstetricians-gynecologists in different regions of Kazakhstan. In this aim was analyzed the data massive about obstetricians-gynecologists from different regions of Kazakhstan. Can be noted, indicators of obstetricians-gynecologists emotional attitude did not differ significantly in different Kazakhstan cities. And the level of "emotional burnout" was increased in older age professionals groups.

Keywords: public health, emotional burnout syndrome, working conditions, emotional exhaustion.

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INTRODUCTION

The healthcare system in the Republic of Kazakhstan requires a deep reforming and significant reassessment of its priorities [1, 2]. Human resources remain one of the most important components of the public health system, necessary for its daily functioning [3].

The healthcare professionals of Soviet schools are characterized by good theoretical training and a conscious desire for self-improvement and health carer system improving [4]. In the last years, a process of moral values and incentives erosion is observing. The formation of a new complex of other social and industrial relations led to the Soviet doctor's psychological stereotype breaking [5]. Unfortunately, the lack of unified, elaborated approaches of health workers training associated with the health care system functioning underperformance has led to unprofitability and degradation of the Kazakh health care system [6].

The development and implementation of measures aimed at restoring and improving the health care system high level remains a difficult task. It requires considering the condition and necessities of healthcare professionals [7].

Currently, there are tools for appropriate assessment of the level of the subjective problem of doctors and nurses that affect the quality of medical care [8-9]. However, such instruments are not used by the health authorities in practice.

The study objective became to evaluate the presence and features of the emotional burnout syndrome of obstetricians-gynecologists in different regions of Kazakhstan.

MATERIALS AND METHODS

The observation was included obstetricians-gynecologists from different regions of the Kazakhstan, was take care of different age and sex implement of the respondents. So we were taken care of such *inclusion criteria*:

- obstetrician-gynecologists;
- chief of departments in maternity and gynecological hospitals.

The exclusion criteria were:

- residents and interns specializing in obstetrics and gynecology;
- participation refusal

Table 1 shows the distribution of participants depending on the study base (city), age, sex, professional experience, and salary.

Table 1. Distribution of examined doctors in the experiment

Criterion	Value	The number of respondents, n=201	%
Base of research	Nur-Sultan	10	5.0
	Almaty	26	12.9
	Aktubinsk	20	10.0
	Taldykorgan	30	14.9
	Karaganda	29	14.4
	Pavlodar	27	13.4
Age:	Ust-Kamenogorsk	29	14.4
	Semey	30	14.9
	up to 30 years	15	7.5
	30-40 years	67	33.3
Sex	41-50 years	69	34.3
	over 50 years	50	24.9
Work experience as an obstetrician-gynecologist:	female	163	81.1
	male	38	18.9
Salary	up to 5 years	22	10.9
	5-10 years	38	18.9
	11-20 years	97	48.3
	21 years or more	44	21.9
Salary	less than 50 thousand tenge	9	4.5
	50-100 thousand	56	27.9

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101-150 thousand tenge.	80	39.8
151-250 thousand tenge.	42	20.9
more than 250 thousand tenge.	14	7.0

material and non-material methods of motivational management, as well as combinations of these methods in the form of specific types of social guarantees, were developed. The given article presents data obtained using the questionnaire "Professional (emotional) burnout adaptation Vodopyanova N.E. Method K. Maslach and S. Jackson".

Statistical analysis. The distribution of the obtained data as a whole corresponds to the normal one, with a low dispersion level that did not differ in the selected groups, which made it possible to use the Student's test for the analysis. $p < 0.05$ was taken as the boundary level of statistical significance.

There was a close to even distribution of respondents in the Kazakh cities, the predominance of young people, women, with 11-20 years of work experience and wages of less than 150 thousand KZT per month. There were no significant differences in the distribution of respondents in by age, gender, work experience, and wages in the cities where the research bases are located.

A comprehensive multistage sociological study of obstetricians-gynecologists motivational management in maternity hospitals was carried out. The most acceptable

RESULTS

Within the framework of the research section, the information obtained using the Maslach Burnout Inventory (MBI) methodology is analyzed. Comparison of the methodology results for all distribution parameters presented in Table 1 (Fig. 1).

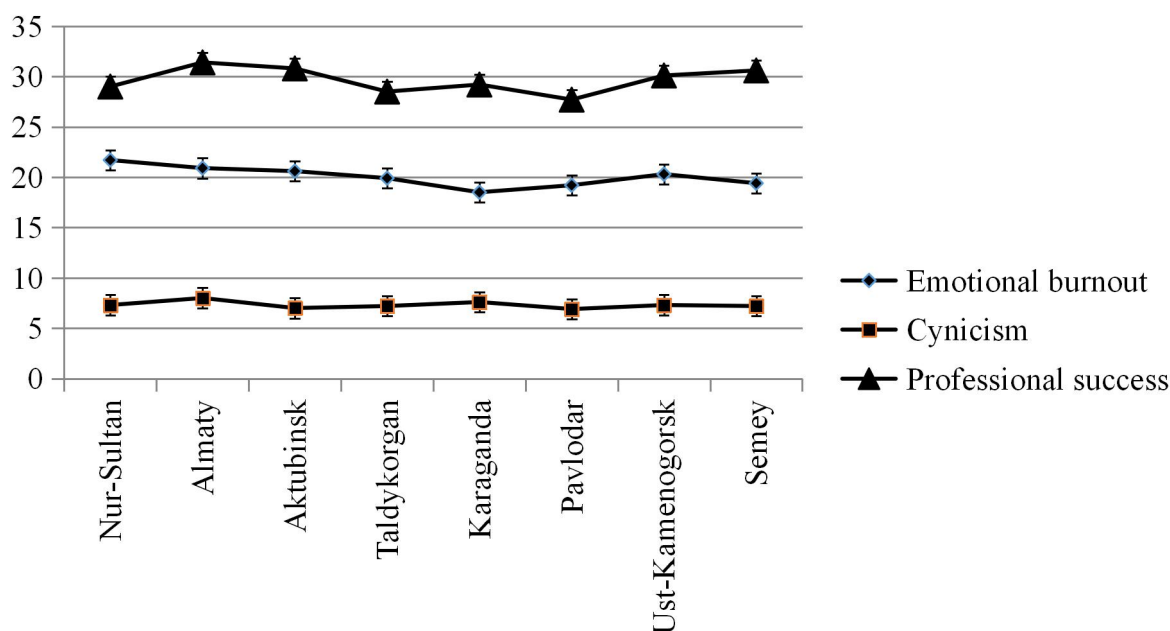


Figure 1. Indicators of the MBI methodology depending on the city where the labor activity was carried out.

There were no significant differences in the scales of "emotional exhaustion", "cynicism" and "professional success" between the respondents who carried out

professional activities in different cities. Figure 2 shows a similar distribution by age.

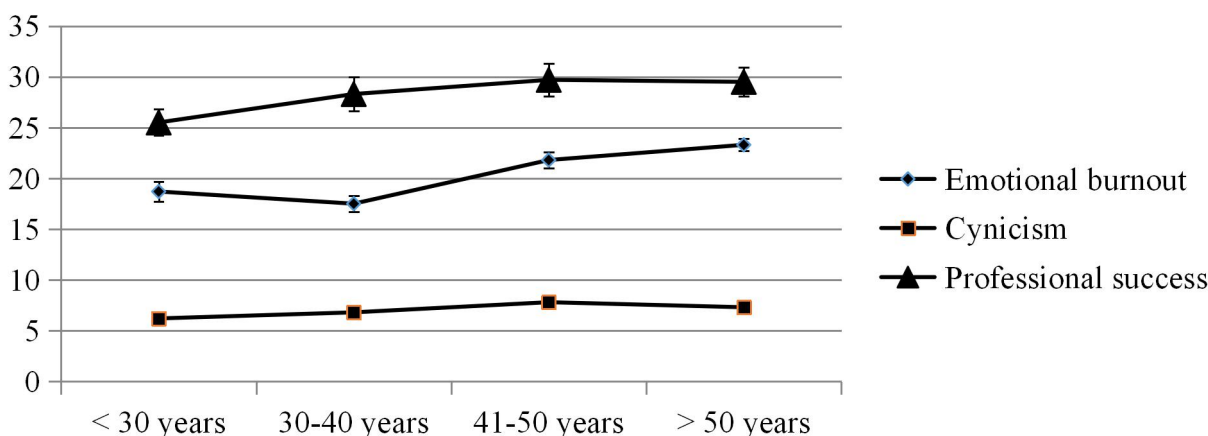


Figure 2. Indicators of the MBI methodology depending on the age of the respondents

In this case, the analysis revealed the presence of certain differences indicating the age influence on emotional reactions concerning professional activity. A significant excess was determined on the scale of "emotional exhaustion" in the category over 50 years old vs30-40

years old (33.1%, $p < 0.05$) and on the scale "cynicism" - in the category of 41-50 years in comparison with respondents under 30 years old (25.8%, $p < 0.05$). Figure 3 shows the parameter data depending on the gender of obstetricians-gynecologists.

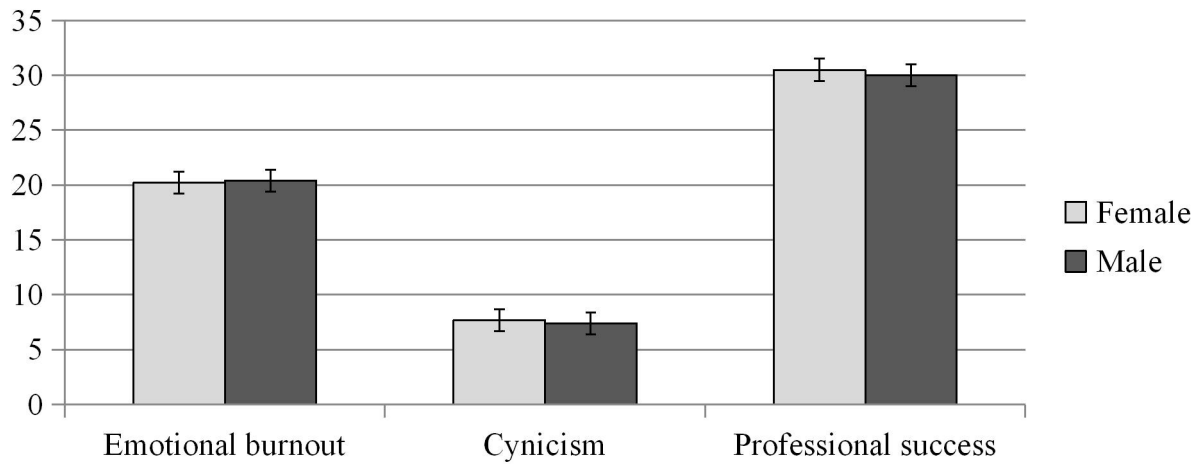


Figure 3. Indicators of the MBI methodology depending on the gender of the respondents

There were no significant differences revealed between the respondents depending on gender. Figure 4 shows

the data distributed according to professional experience.

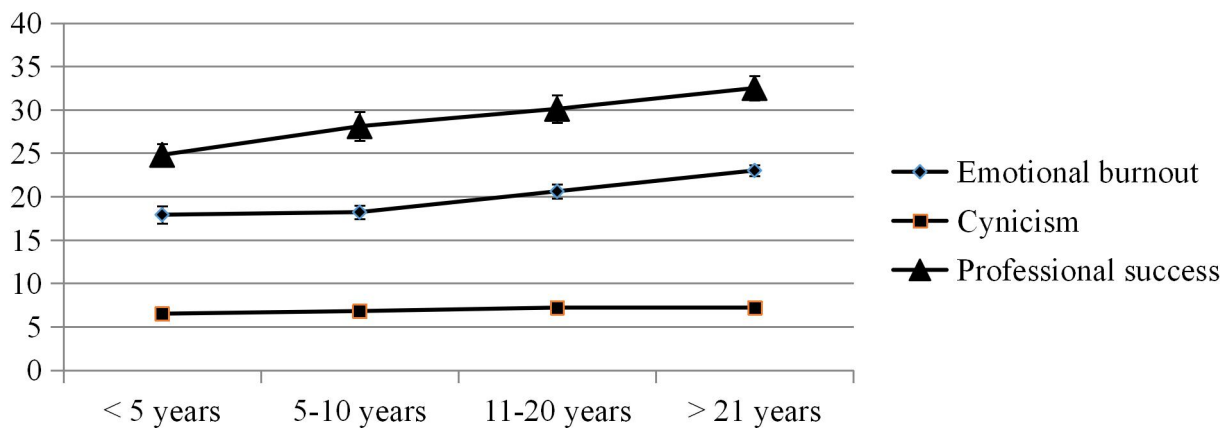
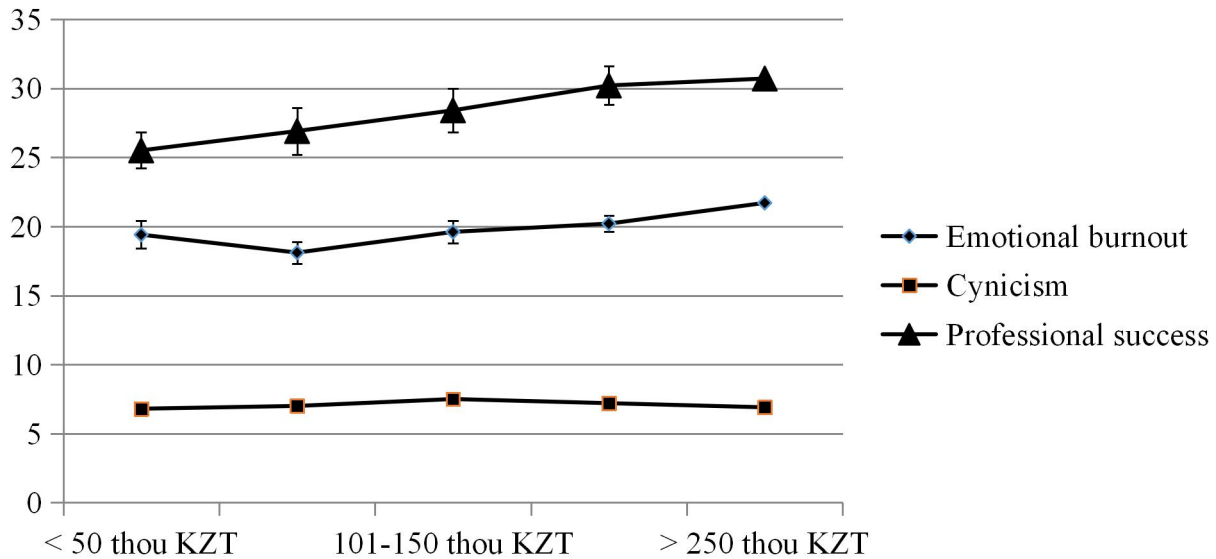


Figure 4. Indicators of the MBI method depending on the professional experience of obstetrician-gynecologists.

Significant differences were revealed on the scale of "emotional exhaustion" between the groups of respondents with experience of up to 5 years and 21 years or more (28.5%, $p < 0.05$), 5-10 years and 21 years or more (26, 4%, $p < 0.05$) and on the scale of

"professional success" - between groups with experience of up to 5 years and 21 years or more (30.9%, $p < 0.05$). Figure 5 shows the results of the analysis depending on the salary level.



Fig

Figure 5. Indicators of the MBI methodology depending on the level of respondents' wages.

No significant differences were found between the selected categories. Simultaneously, a study of doctors

working conditions satisfaction level was carried out. The received data is shown in Table 2.

Table 2. Indicators of doctors' satisfaction by working conditions

Age	Score	Working experience	Score	Salary per month	Score
Up to 30 years, n=15	0.57± 0.04	Up to 5 years, n=22	0.55± 0.03	Less than 50 thousands tenge, n=9	0.41± 0,03
30-40 years old, n=67	0.61± 0.05	5-10 years, n=38	0.62± 0.05	50-100 thousands tenge., n=56	0.49± 0,04
41-50 years, n=69	0.65± 0.05	11-20 years, n=97	0.68± 0.05	101-150 thousands tenge, n=80	0.66± 0.04
Older than 50 years, n=50	0.60± 0.04	21 years or more, n=44	0.54± 0.04	151-250 thousands tenge, n=42	0.69± 0.05
-	-	-	-	More than 250 thousands tenge., n=14	0.55± 0.04

After the satisfaction research methodology applying, the results significantly differ from the emotional burnout definition data, taking into account the degree of differences between specific categories of the examined. At the same time, there were no significant differences by the age-related indicator of the respondents. The highest values it shows in the 41-50 years old category, and the lowest among young doctors. More significant differences were revealed during working experience indicator comparison. The highest rates were found in the 11-20 years old group and they had a significant excess over the "up to 5 years" and "21 years and more" groups ($p < 0.05$). The differences related to the salary level were more significant. As expected, the lowest level of satisfaction was determined at minimum salary values, but the highest - at submaximal values. The respondents with the highest salary levels showed a decrease in satisfaction, which is possibly related to other factors. For example, with a higher level of workload and responsibility of this doctor's category.

There were no significant correlations of the parameters determined using the two methods.

DISCUSSION

The emotional condition of medical specialists associated with their professional activities is one of the most important aspects influencing the productivity and quality of a doctor's life [10]. It should be noted that more

and more negative assessments of doctor's satisfaction in this area have recently been determined. It can be associated with ongoing health care reforms. However, an objective determination of the corresponding indicators both in individual professional groups and among medical workers, in general, has not been carried out in our country.

The results obtained in this study indicate the absence of significant problems and, more importantly, the practical absence of differences between certain categories of obstetricians-gynecologists. Significant differences were found only between some categories depending on age and working experience. At the same time, the fact that the indicators of both emotional burnout and professional success, assessed by the doctor himself, turned out to be higher among older respondents and those who have wider professional experience.

The main tool for stimulating the professional activity of medical workers, in modern conditions is and probably will remain for a long time material reward [11, 12]. When analyzing the degree of satisfaction, the lowest rates were found among young doctors with a lack of working experience and a low salary. This result is quite expected. However, the presence of the satisfaction level decrease in the group of the most highly paid specialists suggests that their necessities require not only monetary remuneration but the presence of other potential stimulation mechanisms that are not sufficiently

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implemented in the existing management model.

CONCLUSIONS

1. Indicators of obstetricians-gynecologists emotional attitude to the professional activity in different Kazakhstan cities did not differ significantly and were within adequate limits, indicating full professional suitability for this criterion.
2. An increase in the level of the "emotional burnout" scale was revealed in older age groups and persons with wide professional experience.
3. Determined more significant dependencies of doctors' satisfaction with the professional activity conditions by the studied parameters than the emotional burnout research methodology data.

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