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СОЦИАЛЬНО-ПСИХОЛОГИЧЕСКИЕ И ДЕМОГРАФИЧЕСКИЕ ПРЕДИКТОРЫ ЭМОЦИОНАЛЬНОГО ВЫГОРАНИЯ МЕДИЦИНСКИХ РЕГИСТРАТОРОВ УЧРЕЖДЕНИЙ ЗДРАВООХРАНЕНИЯ

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Аннотация. В статье представлены результаты исследования социально-психологических и демографических предикторов эмоционального выгорания медицинских регистраторов учреждений здравоохранения.

В исследовании проверялась гипотеза о взаимосвязи между характеристиками эмоционального выгорания и рядом демографических и социально-психологических характеристик (возраст, уровень образования, стиль поведения в конфликтной ситуации). Исследование показало, что возраст и уровень образования не являются однозначными предикторами развития симптомов эмоционального выгорания специалистов. При сравнении кластеров выявлен нелинейный характер динамики компонентов синдрома эмоционального выгорания в зависимости от возраста. В исследовании подтвердилась гипотеза о взаимосвязи симптомов эмоционального выгорания со стилевыми характеристиками поведения медицинских регистраторов в конфликтной ситуации. Значимая положительная взаимосвязь эмоционального выгорания была обнаружена с соперничеством как наиболее эмоционально затратным стилем поведения в конфликте. Наиболее четко эта зависимость прослеживается в группе старшего возраста. Факторный анализ данных подтвердил предположение о постепенном снижении с возрастом тактики конфронтационного взаимодействия в сторону приспособления.

Данные исследования могут использоваться при разработке программ профилактики и коррекции эмоционального выгорания специалистов помогающих профессий.

Ключевые слова: эмоциональное выгорание, деперсонализация, редукция личных достижений, стиль поведения в конфликтной ситуации, медицинские регистраторы, кластерный анализ.

SOCIO-PSYCHOLOGICAL AND DEMOGRAPHIC PREDICTORS OF EMOTIONAL BURNOUT IN MEDICAL RECORDERS OF HEALTH CARE INSTITUTIONS

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Abstract. The article presents the results of a study of socio-psychological and demographic predictors of emotional burnout in medical registrars of health care institutions.

The study tested the hypothesis about the relationship between the characteristics of emotional burnout and a number of demographic and socio-psychological characteristics (age, level of education, behavior in a conflict situation). The study showed that age and level of education are not unambiguous predictors of the development of symptoms of burnout in specialists. When comparing clusters, the nonlinear character of the dynamics of the components of the emotional burnout syndrome depending on age is revealed. The study confirmed the hypothesis about the relationship of symptoms of emotional burnout with the stylistic characteristics of the behavior of medical registrars in a conflict situation. A significant positive relationship to burnout has been found with rivalry as the most emotionally costly behavior in a conflict. This dependence is most

clearly seen in the older group. The factor analysis of the data confirmed the assumption that the tactics of confrontational interaction in the direction of adaptation gradually decrease with age.

These studies can be used in the development of programs for the prevention and correction of the emotional burnout of specialists in helping professions.

Keywords: emotional burnout, depersonalization, reduction of personal achievements, behavior in a conflict situation, medical registrars, cluster analysis.

Relevance

The registry is one of the key structural divisions of polyclinics and other health care institutions. Medical registrars provide primary contact with patients, inform those who have come to the reception about the work schedule of specialists and other important aspects of outpatient care, and, in general, are designed to manage the flow of visitors and documents. The impression of the work of the hospital depends on the work of the registrars, and therefore, the quality of the relationship with patients, and, as a result, satisfaction with the work of the institutions. At the same time, the busy schedule, the need to pay constant attention to patients, show empathy to sick people, the inability to retire or switch to another type of work, naturally provoke professional stress and allow the registry staff to be classified as at risk for burnout syndrome.

From the literature it is known that emotional burnout syndrome, firstly, has a complex structure, and, secondly, it shows a certain dynamics depending on the length of service of a specialist (and, accordingly, age) and the specifics of professional activity [1, 2, 3, 4, 5]. At present, a common understanding of the emotional (professional) burnout syndrome as a phenomenon arising as a result of “intoxication” by professional communication and including three main symptom complexes: psycho-emotional exhaustion, depersonalization and reduction of professional achievements has been achieved in domestic science and practice [6].

Communication of registrars with visitors to clinics is far from always “cloudless”; most often it is the registry that becomes the field of conflict interaction with patients. In this article, we will not analyze in detail the causes of conflicts; we note only that they are both objective and subjective [7]. More precisely, a conflict situation arises from those or other organizational shortcomings (lack of reception tickets, long waiting in the queue, lack of information or inconsistency, etc.), but how quickly and if such a situation will turn into a real conflict. Much depends on the professional communicative competence of the medical registrar. The most important component of the communicative competence of a medical registrar is the ability to assess the level of interaction conflict and competently manage a conflict situation. One of the well-known diagnostic tools for such an ability is Kenneth and Ralph Kilmann's questionnaire, who proposed a two-dimensional conflict management model, in which one dimension is personality behavior based on attention to other people's interests, and the second – behavior directed to the protection of their own interests.

The aim of this study is to test hypotheses about the relationship between the characteristics of emotional burnout and a number of demographic and socio-psychological characteristics (age, level of education, behavior in a conflict situation).

Organization of the study. The study was conducted in 2017-2018. It was attended by medical registrars of health facilities in Lipetsk, Penza and Ryazan regions. The sample (N=401) was characterized by the following socio-demographic parameters: age 20-72 years (average 44 years), sex – almost exclusively women (99,0% of the sample), education level – secondary, secondary special (62,2%), technical secondary (9,5%) and higher (28,3%).

Methods of research. The MBI questionnaire (Maslach Burnout Inventory), developed on the basis of a three-factor model by K. Maslach and S. Jackson and adapted on a Russian-speaking sample of N.E. Vodopyanova and E.S. Starchenkova (2005), was used to identify burnout syndrome. Peculiarities of behavior in a conflict were diagnosed using a questionnaire of behavior in a Thomas-Kilmann conflict situation

adapted by N.V. Grishina. The methods of statistical processing were the Pearson linear correlation coefficient, the parametric criterion for differences between sample t-Student averages, cluster and factor analysis from licensed statistical software packages STADIA 8.0 and Psychometric Expert.

Results

1. At the first stage of processing the results of the study, an analysis of the correlation matrix was conducted, which included age indicators and data from the Maslach-Jackson and Thomas-Kilmann questionnaires (the Pearson correlation coefficients are shown in Table 1).

Table 1.

The correlation coefficients between the age of subjects and indicators psychodiagnostic methods used in the study

	Age	GL	EE	D	RA	C	Ad	R
GL	-0,04							
EE	-0,04	0,71***						
D	-0,09*	0,66***	0,67***					
РД	0,05	0,39***	-0,28***	-0,25***				
RA	-0,05	0,01	0	0	0,04			
Ad	0,14**	-0,05	-0,07	-0,02	0	-0,11*		
R	-0,17***	0,13**	0,16***	0,16***	-0,06	-0,16***	-0,38***	
Av	0,05	-0,02	-0,03	-0,05	0,02	-0,31***	-0,28***	-0,14**
Com	0	-0,06	-0,07	-0,08	0,04	-0,26***	-0,27***	-0,33***

Bold indicates significant correlation coefficients: * at the significance level of 0,05; ** at the significance level of 0,01; *** at a significance level of 0,001.

The abbreviated designations of the scales of the MBI: GL – the general level of emotional burnout, EE – emotional exhaustion, D – depersonalization, RA – reduction of personal achievements; abbreviated designations of the Thomas-Killman scale: C – cooperation, Ad – adaptation, R – rivalry, Av – avoidance, Com – compromise.

Significant positive correlations were found between the data of the emotional burnout questionnaire (with the exception of the reduction of personal achievements) and the indicators on the scale of rivalry of the methodology for assessing behavior in a

conflict situation (at a significance level of $p \leq 0,01$) and a negative relationship with the age of the subjects.

The factorization of the intercorrelation matrix revealed two factors having the largest eigenvalues. The first factor (eigenvalue 2,39) includes the following variables: the total level of emotional burnout (load on the factor 0,87), emotional exhaustion (load on the factor 0,9) and depersonalization (load on the factor 0,88), the second (own value of 1,47) – respectively, rivalry (load on the factor 0,88), adaptation (load on the factor 0,82) and age (load on the factor 0,53).

2. In more details, to consider the characteristics of the emotional burnout of medical registrars allowed the use of the cluster analysis procedure (Table 2).

Table 2.

The average results of the methods and the age of the subjects in selected clusters

	Age	GL	EE	D	RA	C	Ad	R	Av	Com
Cluster 1	48,61	54,93	15,63	8,27	29,73	6	7,85	1,22	7,34	7,43
Cluster 2	32,89	68,43	21,65	11,96	33,07	6,20	7,01	2,09	7,19	7,46
Cluster 3	53,35	71,89	22,42	12	35,70	5,95	7,32	1,79	7,47	7,38

The three-cluster model turned out to be the most informative. The generalized characteristics of the clusters are presented in Table 2. The volume of the first cluster was 88 people, the second, respectively, was 162, the third was 151. The share of persons with higher education in clusters was 20,5%, 43,8% and 19,1%, respectively, despite the fact that the qualification requirements of the specialty recognize that the level of basic or specialized secondary education is quite sufficient.

Significant differences according to the t-Student criterion (at the significance level of $p \leq 0,01$) between the average indicators of the methods for the clusters were found in the level of emotional exhaustion and depersonalization (the indicator of the first cluster is significantly lower than the second and third), the reduction of personal achievements (the indicator of the first the cluster is significantly higher than the second and third, the scale is calculated in the opposite direction in comparison with the scales of depersonal-

ization and reduction of personal achievements) adaptation (indicator of the first and third clusters of significantly higher than the second) rivalry (first cluster index significantly lower than the second).

Conclusions

1. The study showed that age as such is not an unambiguous predictor of the development of symptoms of burnout of specialists, as well as the level of education. Comparison of clusters that differ in age demonstrates the non-linear character of the dynamics of the components of the emotional burnout syndrome. The highest, but insignificantly different levels of total burnout, are observed both in the groups of older (practically, pre-retirement) age and younger age. Some, but also insignificant, increases in the reduction of personal achievements are characteristic of the middle-aged group.

2. Did not find statistical confirmation of the hypothesis about the relationship of the level of reduction of personal achievements with the level of education. In the second – conditionally youth – cluster, distinguished by twice the higher share of specialists with higher education in comparison with two other clusters, indicators of reduction of personal achievements occupy a median position. A plausible explanation for this may be the fact that the increasing prevalence of higher education in the camp and its increasing lack of demand leads to a decrease in its value and expectations regarding the content of work, especially among women.

3. At the same time, the hypothesis about the relationship of symptoms of emotional burnout with the stylistic characteristics of the behavior of medical registrars in a conflict situation was confirmed. A significant positive relationship of burnout has been found with rivalry as the most emotionally costly behavior in a conflict, and this dependence is most clearly seen in the group of the oldest. The factor analysis of the data also confirmed the assumption that the tactics of confrontational interaction in the direction of adaptation gradually decrease with age.

4. In our opinion, these studies can be useful in the development of individualized programs for the prevention and correction of the emotional burnout of specialists in helping professions.

There is no conflict of interest.

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