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MENTAL HEALTH PROBLEMS AND BURNOUT IN MEDICAL PROFESSIONALS WORKING IN EMERGENCY SITUATIONS: PREVENTION AND CORRECTION

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In the last decade, special attention has been paid to mental health of healthcare professionals. International organizations have adopted a number of documents aimed to improve mental health of their employees. At the WHO European Conference, it was emphasized that work-related stress is an important problem for approximately one third of workers in the European Union countries and the cost of solving problems related to mental health takes on average 3-4% of the gross national income. In the resolution of the World Health Assembly, the prevention of burnout syndrome is classified as one of the significant topics directly related to the problem of protecting mental and physical health of a working person.

The state of mental health of healthcare professionals affects the quality of their work. The lower the quality of medical care and patient safety, the higher the statistically significant negative situation with burnout, as demonstrated in studies on 6 continents, in 33 countries [1]. According to Medscape, half of doctors note signs of burnout. This indicator has increased by a quarter over the past 4 years [2].

According to Medscape's 2022 «Physician Burnout and Depression Report: Stress, Anxiety and Anger», 47% of physicians reported burnout. In 2021, burnout was most common in critical care (51%), rheumatology (50%), infectious diseases (49%) and urology (49%).

In 2022 we saw a major increase in burnout among emergency physicians, which went from 43% in 2021 to 60% in 2022. Burnout has increased among both sexes, with 41% of men and 56% of women experiencing burnout in 2022 (in 2020, this figure was 36% among men and 51% among women). 21% of physicians said they were depressed. Out of those, about a quarter of physicians said they were clinically depressed, which is a high rate [3]. Numerous bureaucratic tasks, low salary and too many hours at work dominate among the reasons that contribute to burnout the most.

It should be noted that problems caused by the Covid-19 pandemic were also cited by medical professionals as a significant cause of burnout. Stress due to social distancing and social problems related to the pandemic was mentioned by 12% of respondents, stress from treatment of patients with Covid-19 by 10%.

The American Medical Association recommends many ways for healthcare organizations to help physicians who are feeling burned out, including peer-to-peer

support groups and developing team-based care, which can help to rebalance workloads [4]. To the question "Does your workplace offer a program to reduce stress or burnout" only 42% of respondents answered "yes", 41% - no and 17% do not know. 49% of doctors believe that they can cope with emotional stress on their own. In addition, 43% of respondents fear that their mental health problems will become known to employers or the medical board. Some doctors have reported serious career challenges when mental health issues are identified. Unfortunately, there is still a stigma around mental health in our society [3].

Health care workers in Ukraine are also experiencing high levels of burnout, which has increased due to the Covid-19 pandemic and military action. In 2018-2021, there was a study conducted in Ukraine. The purpose of the study was to analyze the causes of burnout and depression among specialists working in the field of mental health care. The level of happiness in the workplace was also studied [5].

In our research, symptoms of burnout were found in 59.3% of the studied mental health specialists. They noted their negative impact on work and relationships with colleagues. Low wages (65.1%) and heavy workloads (34.9%) were named by the interviewees as the main factors contributing to this phenomenon. A quarter of mental health workers indicated that they were considering a career change. Respondents with symptoms of burnout had suicidal thoughts much more often (23.5%). Only a fifth of respondents with existing symptoms of burnout and depression sought professional help. A significant number of doctors (60.8%) did not plan and do not plan to seek help.

Almost half (47.1%) of mental health workers with burnout symptoms rarely felt happy at work. Symptoms of burnout have a direct correlation with low levels of happiness in the workplace. Among the strategies to overcome burnout and depression, facilitation of the work process was in first place - 57.0% according to healthcare workers.

In Ukraine we developed and implemented emotional burnout prevention program among mental health professionals [6]. The program was developed taking into account the recommendations of WHO, AEP and WPA. When creating the program, we took into consideration work aspects unique to mental health specialists.

In order to create differentiated preventive programs, we studied the prevalence and severity of the burnout syndrome among various groups of specialists working in the field of mental health in Ukraine as well as students. Then, the reasons sanctioning the development of the burnout syndrome were identified and structured into 5 clusters.

1. The reasons, caused by the relationship in the team and role relationships.
2. The reasons related to working with patients suffering from mental and behavioral disorders.
3. Reasons related to therapeutic ideology and cultural features of the domestic psychiatric service.
4. Causes due to the personality characteristics of a specialist.
5. Reasons for the peculiarities of the educational process in medical universities.

Specific risk factors for the development of burnout during the Covid-19 pandemic and during emergencies have been identified and described.

The program is built around two parts of medical education: graduate education and postgraduate education (residency and CME). Educational strategies and methodology for the prevention of emotional burnout are focused on two areas: informational and educational.

At the stage of undergraduate education, students receive information about the signs of professional burnout and its causes. They are also educated about the psychology of relationships in the system "doctor-nurse-patient-relatives". They are trained in basic professional communication skills, psychological defense skills, primary self-help and mutual help skills. It is advisable to practice these skills at each clinical department, taking into account unique characteristics of their patient base.

For specialists in the period of postgraduate education, much attention is paid to conducting trainings dedicated to teaching communication skills when interacting with patients and their relatives; developing self-confidence; relaxation techniques; distress tolerance to professional stress (autogenic training, "stress inoculation", systematic desensitization, etc.); techniques for controlling one's own time (the Time management method); the principles of debriefing after a critical situation (on the example of a situation of an aggressive act and suicide by a patient in a psychiatric hospital). Particular attention is paid to the mental health of medical workers in the context of the COVID-19 pandemic [7,8].

Anxiety, burnout, depressive and stress-related disorders were the most common short-term outcomes among hospital-based health care providers for critically ill patients with COVID-19. Compared to other professional groups, medical professionals have the highest level of poor sleep quality. Insomnia is very often one of the manifestations of anxiety and depressive disorders. It is also one of the main risk factors for the development of PTSD [9, 10].

The mental state of medical workers after the end of the epidemics will require psychological intervention and psychiatric correction for many years to come. One year after the end of the SARS epidemic in China in 2003, higher levels of stress were recorded among healthcare workers than among recovered patients, and 3 years later, the level of depressive symptoms increased. It was also found that altruistic risk-taking during the outbreak reduced the likelihood of high levels of depressive symptoms after the outbreak [11,12].

The high level of transmission of COVID-19 prevents the provision of psychological and psychiatric crisis care offline. A new model of psychological crisis intervention using Internet technologies was developed to solve urgent psychological problems of people involved in the COVID-19 epidemic more effectively. This model unites doctors, psychiatrists, psychologists, and social workers in online platforms to provide psychological intervention to patients, their families, and medical staff [13, 14].

It is a comprehensive psychological crisis response system that allows you to provide online mental health services. The menu of these services includes: an online survey about the state of mental health related to the outbreak of COVID-19; online

education on mental health during pandemics; online psychological counseling services and self-help interventions, including cognitive behavioral therapy for depression, anxiety, stress disorders and insomnia.

The Anticipate, Plan and Deter (APD) step-by-step model of stress management for medical professionals was developed: anticipate, plan, deter [14]. Anticipate – undergo stress training before the event; understand stress management; express images that characterize likely catastrophic reactions to the event. Plan – develop an individual resilience plan (recovery after psychological problems); find individual or group coping resources. Deter – learn to use an individual resilience plan and monitor stress levels.

Management of psychological crises during pandemics should be based on psych hygienic and psychoprophylactic measures both at the level of the individual and at the level of society as a whole. Without psychological and psychotherapeutic interventions, the COVID-19 pandemic will have long-term consequences for the mental health and well-being of healthcare workers. Therefore, it is extremely important that prevention and correction programs are implemented in educational and medical organizations.

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