



Izgaranje na poslu kod zdravstvenih radnika Burnout at Work among Healthcare Workers

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Apstrakt

Sindrom sagorevanja ili „burnout sindrom” predstavlja stanje emocionalne, fizičke i mentalne iscrpljenosti uzrokovano prekomernim i produženim stresom, a karakteriše ga emocionalna iscrpljenost, depersonalizacija i nisko lično postignuće. Termin je u upotrebu uveo psiholog Herbert Freudenberger 1974. godine, koji ga je definisao kao izumiranje motivacije ili podsticaja, naročito tamo gde nečija privrženost ili odnos prema poslu ne daju željene rezultate. „Burnout sindrom” se javlja kao prolongirani odgovor na hronični stres na poslu. On obuhvata promenjen doživljaj kako sebe, tako i drugih. Pojavljuje se kada se osoba oseća preopterećeno, emocionalno iscrpljeno i nesposobno da ispuni svakodnevne zahteve. Uglavnom pogađa ljude sa mnogo radnih obaveza, konstantno izloženih stresu, one koji su sve manje u stanju da odgovore i poslovnim i privatnim obavezama.

Sindrom sagorevanja na radu je prisutan kod 48–69% ljudi u Japanu i Tajvanu, kod oko 20% u SAD i kod oko 28% ljudi u državama EU, uglavnom kod osoba koje obavljaju poslove vezane za rad i komunikaciju sa ljudima. Učestalost se razlikuje među zemljama u Evropskoj uniji (10%) i van nje (17%). U Evropskoj uniji je najređe u Finskoj (4,3%) a najčešće u Sloveniji (20,6%). Van Evropske unije najređe je u Albaniji (13%), a najčešće u Turskoj (25%). Učestalost sindroma sagorevanja je dvostruko veća u medicinskoj profesiji u odnosu na prosek. Prisutan je kod 27–60% zdravstvenog osoblja. Najpre je otkriven kod medicinskog osoblja koje radi u odeljenjima psihijatrije, na odeljenjima intenzivne nege bolesnika, kod hirurga, a kasnije i kod drugih. Nađena je veoma visoka povezanost ovog sindroma i stresa u ispitanjima populaciji. Najčešći stresovi su: preopterećenost poslom, administrativni poslovi i pritisak vremenskih rokova (nedovoljno vreme predviđeno za pregled). Najveći procenat lekara je bio kandidat za sindrom sagorevanja i češće su to bili specijalisti opšte medicine. Sa porastom nivoa stresa, raste i pojava sindroma sagorevanja. U Americi je 37,9% lekara izgarano, pri čemu je češći slučaj kod žena. Najčešći je na odeljenjima urologije (54%), neurologije (50%) i nefrologije (49%). Između 25% i 33% medicinskih sestara u intenzivnim jedinicama ima sva tri klasična simptoma izgaranja, 86% ima barem jedan simptom. Uzroci nastanka sindroma sagorevanja na radu u zdravstvenim ustanovama su stres, težak, komplikovan i emotivno zahtevan odnos sa bolesnikom i teškoće vezane za organizaciju posla. Kombinacija visokih zahteva radnog mesta i niska autonomija zaposlenih, izražena emocionalna iscrpljenost posebno utiču na pojavu sindroma sagorevanja na poslu. Sindrom nastaje kao posledica neusaglašenih odnosa između zaposlenih i radne sredine, kao prolongiranog odgovora na hronične emocionalne i interpersonalne profesionalne stresove. Posebno su podložne osobe koje teže perfekcionizmu, imaju nerealno visoka očekivanja i

Abstract

Burnout syndrome is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress, characterized by emotional exhaustion, depersonalization, and low personal achievement. The term was coined by psychologist Herbert Freudenberger in 1974, who defined it as the extinction of motivation or incentive, especially where one's commitment or attitude towards work does not produce the desired results. "Burnout syndrome" occurs as a prolonged response to chronic stress at work. It includes a changed experience of both oneself and others. It occurs when a person feels overwhelmed, emotionally exhausted, and unable to meet daily demands. It mainly affects people with many work obligations, constantly exposed to stress, and those who are less and less able to respond to both business and private obligations

Burnout syndrome at work is present in 48–69% of people in Japan and Taiwan, in about 20% in the USA, and in about 28% of people in EU countries, mainly in people who perform tasks related to work and communication with people. The frequency differs between countries in the European Union (10%) and outside it (17%). In the European Union, it is rarest in Finland (4.3%) and most common in Slovenia (20.6%). Outside the European Union, it is rarest in Albania (13%), and most common in Turkey (25%). The incidence of burnout syndrome is twice as high in the medical profession as compared to the average. It is present in 27 - 60% of health personnel. It was first discovered among medical staff working in psychiatric wards, intensive care units, surgeons, and later among others. A very high correlation between this syndrome and stress was found in the studied population. The most common stresses are work overload, administrative tasks, and the pressure of deadlines (insufficient time allotted for the review). The highest percentage of doctors were candidates for burnout syndrome and more often they were specialists in general medicine. As the stress level increases, so does the occurrence of burnout syndrome. In America, 37.9% of doctors are burned out, with the case being more common among women. It is most common in the departments of urology (54%), neurology (50%), and neurology (49%). Between 25% and 33% of nurses in intensive care units have all three classic symptoms of burnout, and 86% have at least one symptom. The causes of burnout syndrome at work in healthcare institutions are stress, a difficult, complicated, and emotionally demanding relationship with the patient, and difficulties related to work organization. The combination of high work demands and low employee autonomy expressed emotional exhaustion, especially affecting the occurrence of burnout syndrome at work. The syndrome arises as a consequence of incompatible relations between employees and the working environment, as a prolonged response to chronic emotional and interpersonal professional stress. People who strive for perfectionism, have unrealistically high expectations, and assessments related to their capabilities



procene vezane za svoje mogućnosti i lični rad. Konflikti vezani za profesionalnu ulogu stvaraju emocionalni zamor, a ambivalentan odnos prema poslu, smanjena podrška saradnika i niska poslovna sposobnost stvaraju osećaj sniženog samovrednovanja i niskog ličnog postignuća.

U prevenciji se primenjuju dve strategije prevazilaženja ovog sindroma, jedna fokusirana na kognitivne funkcije i druga na fizičke aktivnosti i relaksaciju. Rezultati pokazuju da efekti oba programa dovode do značajne redukcije posledica i pojave zamora. Primena individualnih mera koje se odnose na snalaženje sa izazovima kroz učenje veština (relaksacija, učenje komunikacije sa ljudima, sticanje samopouzdanja, meditacija), takođe daju zadovoljavajuće rezultate u praksi.

and personal work are especially susceptible. Conflicts related to the professional role create emotional fatigue, and an ambivalent attitude towards work, reduced support from colleagues and low business ability create a feeling of lowered self-esteem and low personal achievement.

In prevention, two strategies for overcoming this syndrome are applied, one focused on cognitive functions and the other on physical activities and relaxation. The results show that the effects of both programs lead to a significant reduction in the effects and appearance of fatigue. The application of individual measures related to coping with challenges through learning skills (relaxation, learning to communicate with people, gaining self-confidence, meditation) also gives satisfactory results in practice.