



Stresovi i reakcije medicinskog osoblja na hemodijalizi

Stresses and Reactions of Medical Staff to Hemodialysis

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Apstrakt

U medicini je u poslednjem veku došlo do niza revolucionarnih otkrića koja omogućuju uspešno lečenje mnogih bolesti. Ovaj progres je doveo do pomeranja granica do kojih je moguće produžiti ljudski život ugrožen bolešću. Broj bubrežnih bolesnika, koji jedino uz pomoć dijalize ili transplantacije mogu da nastave da žive, veliki je. Napretkom medicine postignuto je da nefrološki bolesnici žive dugi niz godina, ali uz pojavu mnogih problema psihološke, socijalne i ekonomske prirode. Psihološke promene vezane za dijalizu jednako su prisutne kod pacijenata, njihovih porodica, kao i osoblja koje radi na njihovom zbrinjavanju.

Zahtevi profesionalne uloge, odnos sa ostalim osobljem i pacijentima dominantne su zone izvora stresa za osoblje. Osoblje i pacijenti grade različite strategije prilagođavanja koje mogu biti više ili manje uspešne. Visoko obučeno osoblje na hemodijalizi izgrađuje velika očekivanja, u odnosu na uspešnost dijalize. Velika je i verovatnoća da će ta očekivanja biti izneverena, bar povremeno, bilo kroz: slabu saradnju pacijenata, njihovu agresivnost ili pogoršanje somatskog stanja.

I u savremenim uslovima poslovanja za profesionalni stres, jedan od modernijih termina u organizacijskoj psihologiji, je burnout sindrom. Ovaj sindrom podrazumeva stanje psihičke i emocionalne iscrpljenosti, koje dovodi do smanjene efikasnosti na poslu. Izgaranje (burnout) ili iscrpljenost se javlja zbog neusklađenosti ambicija, ideja, ciljeva i zadataka na poslu, preteranog rada i/ili loših međuljudskih odnosa, zbog čega osoba postaje izložena hroničnom stresu. Sindrom izgaranja je „odgovor” organizma na hroničan stres na radnom mestu, i označava proces koji nastaje u profesionalnom odnosu. Opisuje se kao niz telesnih i mentalnih simptoma iscrpljenosti, odnosno, kao odloženi odgovor na hronične emocionalne i interpersonalne stresne događaje.

Zaključak: Medicinske sestre u hemodijalizi izložene su nizu stresogenih faktora. Strategije borbe protiv stresa zavise od individualnih sklopova ličnosti, ali i organizacije rada jedinice za dijalizu. Važno je da medicinske sestre veruju sebi i neguju svoje ideale, ne dovodeći svoje psihofizičko u pitanje.

Abstract

In the last century, a series of revolutionary discoveries have been made in medicine that enable the successful treatment of many diseases. This progress has led to a shift in the limits to which it is possible to extend human life threatened by the disease. The number of kidney patients, who can only continue to live with the help of dialysis or transplantation, is large. With the progress of medicine, it has been achieved that nephrological patients live for many years, but with the appearance of many problems of a psychological, social, and economic nature. Psychological changes related to dialysis are equally present in patients, their families, and the staff working on their care.

The demands of the professional role and the relationship with other staff and patients are the dominant zones of sources of stress for the staff. Staff and patients build different coping strategies that may be more or less successful. Highly trained hemodialysis staff have high expectations of dialysis success. There is also a high probability that these expectations will be disappointed, at least occasionally, either through: poor patient cooperation, aggressiveness, or deterioration of their somatic condition.

Even in modern business conditions for professional stress, one of the more modern terms in organizational psychology is burnout syndrome. This syndrome implies a state of mental and emotional exhaustion, which leads to reduced efficiency at work. Burnout occurs due to a mismatch of ambitions, ideas, goals, and tasks at work, excessive work, and/or poor interpersonal relationships, due to which a person becomes exposed to chronic stress. Burnout syndrome is the body's "response" to chronic stress at the workplace, and it denotes a process that occurs in a professional relationship. It is described as a series of physical and mental symptoms of exhaustion, i.e. as a delayed response to chronic emotional and interpersonal stressful events.

Conclusion: Nurses in hemodialysis are exposed to a number of stressogenic factors. Strategies to combat stress depend on individual personality structures, but also on the organization of the work of the dialysis unit. It is important that nurses believe in themselves and nurture their ideals without questioning their psychophysical condition.