

Sindrom izgorelosti – resna nevarnost sodobne družbe

Burnout syndrome – a serious danger in modern societies

Priznanje nekoga, da je utrujen, izčrpan, da ne zmore več, pogosto slišimo tako v privatnem življenju kakor tudi v delovnem okolju. Smo se na to navadili in to dojemamo kot del moderne družbe? Sodita vanjo izčrpanost in utrujenost prav tako kakor mobilni telefon in računalnik? Je to sodoben trias, brez katerega ne gre, smo se s tem sprijaznili in bomo tako živeli?

Prvi znanstveni opis sindroma izgorelosti je objavil psihoanalitik Herbert Freudenberger leta 1974, in sicer kot stanje popolne psihične in fizične izčrpanosti (1). Izraz je izbral po noveli pisatelja Grahama Greena iz l. 1960 »A Burn-Out Case«, v kateri glavni junak trpi za znaki izgorelosti. L. 1981 je Christina Maslach uvedla metodo za merjenje izgorelosti, ki se še danes najpogosteje uporablja (Maslachin vprašalnik izgorelosti – Maslach Burnout Inventory – MBI). Kasneje so se mu pridružili še drugi vprašalniki (BPI, CBI, SAI). V zadnjih letih je zanimanje za ta pojav zlasti v razvitih državah naraščalo, izvedene so bile številne raziskave na tem področju, največ s strani psihologov. Rezultati raziskav so pokazali, da so najbolj prizadeti posamezniki, katerih poklici so vezani na delo z ljudmi. To so zlasti socialni delavci, učitelji, medicinske sestre, zdravniki, zobozdravniki.

Sindrom izgorelosti postaja tako vedno večji problem sodobne družbe. Definicija sindroma še vedno ni dokončna. Znanstveniki so si enotni, da gre za proces izgorevanja, ki se konča z izgorelostjo. Definicija, ki temelji na MBI in je danes najbolj uporabljena, opisuje ta sindrom kot izčrpanost, depersonalizacijo – odtujenost in zmanjšano učinkovitost pri delu. Na splošno velja, da negativni stres predstavlja ključni vzrok za nastanek izgorelosti. Po 10. mednarodni klasifikaciji bolezni (International Classification of Diseases (ICD 10) je »izgorelost« opisana pod Z73.0 na sledeči način: »Izgorelost – stanje popolne izčrpanosti«.

We often hear people say that they are tired, exhausted, and unable to carry on in their private, as well as their professional lives. Sadly, this has become the accepted norm and is considered part of modern society; where exhaustion and fatigue have their places alongside mobile phones and computers. Have we accepted and become resigned to this situation?

The first scientific description of burnout syndrome was in 1974 by the psychoanalyst Herbert Freudenberger, who described it as a state of total mental and physical exhaustion (1). The term burnout is based on the 1960 novel, A Burnt-Out Case by Graham Greene, in which the main character suffers from signs of burnout. The most commonly used instrument for the measurement of burnout is a questionnaire known as the Maslach Burnout Inventory (MBI), introduced by Christina Maslach in 1981. Other questionnaires including BPI, CBI, SAI later followed. Recently, burnout syndrome has become of central interest in developed countries, with numerous studies, mostly by psychologists, being conducted in this field. The results indicate that professionals involved in people-related work, such as social workers, teachers, nurses, doctors and dentists, are most affected.

Although burnout syndrome is a growing problem in modern society, an exact definition of the syndrome remains undefined. Scientists are in agreement though, that burnout syndrome involves a process where an individual becomes stressed and is no longer able to cope with daily situations. Today, the most widely used definition is based on the MBI description of burnout which states that exhaustion, depersonalization and reduced satisfaction in performance are the primary symptoms and in general, negative stress is the root cause for the development of burnout. In addition, the International Classification of Diseases (ICD-10) describes burnout under section Z73.0, as a state of vital exhaustion.

Preveč intenzivnega dela povzroči delovno izčrpanost, ki pa ne pušča posledic. Prisilna delavnost – deloholizem – pa je začetek procesa samouničevanja, ki se konča s popolnim psihofizičnim izčrpanjem ali izgorelostjo. Danes je znano, da je izgorelost psihična motnja. Zunanji dejavniki, kot so družba, delovno okolje, družinske razmere lahko sprožijo proces, vendar niso njegov vzrok. Izgorevanje prizadene ljudi, ki imajo storilnostno pogojeno samopodoba. To pomeni, da njihova samopodoba temelji na rezultatih njihovega dela. Največkrat so to zelo pridni, uspešni ljudje, ki so bili v otroštvu vzgajani s pogojno ljubeznijo. Pohval in ljubezni so bili deležni, ko so bili uspešni v šoli, in nastala je samopodoba, ki temelji na storilnosti. Današnji šolski sistem skupaj s starši vzpodbuja, da otrok izgubi željo po lastnih potrebah, postane programiran za uspeh v šoli, študiju in kasneje v poklicu. Lahko je zelo uspešen, a delovno mesto brez priznanj in pohval, jasno določenih delovnih obveznosti in dobrih odnosov lahko pri takem človeku sproži proces izgorevanja. Proces lahko v začetku, če ga spoznamo, ublažimo z izboljšanjem upravljanja s časom. V kolikor rezultatov ni, je nujna pomoč psihoterapevta.

Raziskave na področju izgorelosti med zdravniki so pokazale, da je prevalenca izgorelosti med zdravniki v Evropi in Ameriki od leta 1990 dalje v porastu. Znanstveniki ugotavljajo, da se 40 do 50 % zdravnikov sooča s tem problemom (3,4). Število zdravnic na vodilnih položajih v zadnjih letih narašča. To zahteva uravnovešene različnih vlog, od poklicne zdravniške in vodstvene vloge, do odgovornosti in potreb družine. Za zdravnike ne glede na starost in za mlajše zdravnice je največji stresni dejavnik na delovnem mestu odnos s sodelavci in podpora vodstva. Pri starejših zdravnicah je najvažnejši dejavnik čas, preživet na delovnem mestu. Izgorelosti so najbolj izpostavljene starejše zdravnice z otroki, ki delajo več kot 50 ur tedensko in so na vodilnih položajih. Druga izpostavljena skupina so starejši neporočeni zdravniki brez otrok (3). V Sloveniji so podatki o prezgodnji umrljivosti zdravnic že dolgo znani, a se do sedaj na tem področju ni naredilo še nič.

Znano je, da je sindrom izgorelosti resen družbeni problem, ki ga moramo pravočasno zaznati in ustrezno ukrepati. Vzrok za njegov pojav je znan, to je storilnostno pogojena samopodoba. Duševne motnje, pogojene s sindromom izgorelosti, kot so anksioznost in depresije, se pogosteje pojavljajo pri zdravnikih in študentih medicine v primerjavi z ostalim prebivalstvom (5). Zato je pomembno,

Excessive intensive work causes exhaustion, but without any other noticeable consequences. However, forced working - workaholism, is the foundation of the self-destructive process resulting in complete mental and physical exhaustion, or burnout. Today we know that burnout is a psychological disorder. External factors including society, work environment, and family situations can trigger the process, however they are not the underlying cause of it. Burnout affects people with a conditioned self-image known as efficacy self-image, in which self-image is based on work results. These are mostly very hardworking and successful individuals, who were raised with conditional love during childhood; meaning these individuals received praise and love only as a reward for success in school and therefore developed a self-image based on efficacy. Today, the school system, along with parents, encourage children to sequester personal needs in favor of becoming a programmed individual delivering success in school, university, and later, as a professional. Although this individual might be very successful, he/she is susceptible to burnout in a work environment where; no acknowledgement or praise is given; there are no clearly defined obligations; or there are not good relations with coworkers. If detected early, the process can be eased by improved time-management or if this does not deliver results, therapy may be required.

Research involving the rate of burnout among physicians has shown that the burnout prevalence among European and US physicians has been increasing since 1990, with only 40 to 50% of physicians now able to cope with burnout (3,4). Over the past few years the number of female physicians in leading positions has increased, leading to greater numbers of women trying to balance multiple roles at home and in the workplace. The most important stress factor for male physicians of all ages and younger female physicians are relations with colleagues and support from superiors, whereas for senior female physicians, work attendance is a crucial factor. Senior female physicians with children, and those in managerial positions who work more than 50 hours a week, are most susceptible to burnout, with data from Slovenia indicating premature mortality rates this cohort of female physicians. The second most vulnerable group are unmarried senior male physicians without children (3). Data on premature mortality in female physicians in Slovenia has been known for a long time, however so far nothing has been done in this regard.

da se pri odločitvi za poklic zdravnika, kjer so dejavniki tveganja za nastanek procesa izgorevanja veliki, upoštevajo ti podatki. Pri izbiri kandidatov za študente medicine bi bilo potrebno poleg znanih kriterijev, kot je uspeh v šoli, vključiti še psihološko testiranje z intervjujem. Zavedati se je potrebno, da izgorelost zdravnika predstavlja tveganje v procesu zdravljenja (6). To tveganje bi lahko zmanjšali, če bi bodoče študente kritično seznanili z zgoraj navedenimi dejstvi.

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Vsi ljudje si želijo zdravja, vendar pogosto delajo vse, kar škodi njihovemu zdravju.

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Burnout syndrome is a serious problem in modern society and early detection methods are needed in order to successfully combat this syndrome. Mental disorders resulting from burnout, including anxiety and depression, are more prevalent in physicians and medical students compared to the general population (5). As the underlying cause of this syndrome is efficacy conditioned self-image, society must first find ways to reduce the onset of this phenomenon in children. It is also important to present data regarding burnout to potential medical students in order for them to understand that their chosen profession poses an increased risk factor for the development this syndrome. Finally, in addition to current criteria, university admission panels need to consider adding measures such as a psychological exam to the admissions process for candidate selection to medical school. It is necessary that society recognizes that physician burnout poses a risk to the patient treatment process and that this risk can be reduced by critically informing future medical students of the perils of this syndrome (6).

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All men wish to be healthy, but often they do everything that is disadvantageous to their health.

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