

INFLUENCE OF PSYCHOSOCIAL FACTORS ON THE DEVELOPMENT OF EMOTIONAL BURNOUT SYNDROME

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Abstract: Risk factors for the development of cervical cancer include weakening of the immune system, smoking, age over 40, diets low in fruits and vegetables, obesity, lack of vitamins A and C. It has also been proven that the likelihood of developing cervical cancer increases with prolonged (over 5 years) oral contraceptives, multiple births, frequent abortions. One of the factors of late detection of cervical cancer is a low medical culture, irregular women undergoing preventive examinations with examination of a smear from the cervical canal for oncocytology.

Keywords: Gonorrhoea, syphilis, chlamydia, genital herpes, neoplasm.

The World Health Organization defines "emotional fading" syndrome as a condition that is observed with decreased productivity at work, rapid fatigue, sleep disorders, increased susceptibility to somatic diseases, and as a result, psychotropic substance dependence in severe cases can end in suicidal disorders [11]. A number of scientists insist that in the last decades, "fading" is gaining momentum [2,8,10,12]. Emotional fading syndrome began to be referred to as "burnout" by foreign scientists 40 years ago, while in translation it received the name in the sense of fading, fatigue, fainting and desolation. According to the Medscape Physician Burnout & Depression Report 2022: Stress, Anxiety and Anger report, issued from June 29 to September 26, 2021, 42% of US physicians with more than 13,000 participants in 29 specialties found a 43% to 60% increase in quenching mortality compared to 2020, 47% in 2021 in ambulance doctors. At the same time, it was observed that there was a characteristic increase from 40% to 48% in doctors in hospitals and from 46 to 58% in doctors working in Polyclinic conditions.

1974 American psychiatrist X. Freundberg observed the observed fading, disillusionment, fatigue patterns in humans who are always communicative, in addition to Hadd, which he assessed as hissy fading.

In the current period, there are cases of fading of healthy people, 10% from medicine, 20% from genealogy, 20% from external mukhit and 50% from Khayat mukhit, especially professional Mahat. Emotional fading syndrome is caused by a decrease in human resource resistance to stressor factors. V.V. Bayko divides emotional fading into 2 main factors: 1. External factor. 2. Internal factors.

1. **External factors:** carrying out disproportionate activities, psychoemotional activities in chronic Ravish, being highly responsible, unfavorable psychological autonomy, a difficult contingent of professional activities. Chronic intensive psychoemotional activity: those in the profession who communicate a lot with people should be able to make quick and correct decisions in conjunction with their emotional activity, solve problems, be attentive, be able to interpret visually, remember written and oral information. Destabilizing activity: improper distribution of cocktail activities, lack of necessary equipment, incorrect information, increased paperwork, increased contradictions. Destabilizing activity is observed when there is

a negative impact on the emergence of many negative thoughts, on the profession, on the accessibility of communication and on interaction. High responsiveness: any professional employee faces inter-relationship communication in social activities and feels responsibility over his work, from this lesson, the problem of emotional fading arises in those cases when he cannot control external and internal factors. Unfavorable psychological forgiveness in professional activity: the basis is the "head-worker" system of vertical conflicts, horizontal conflicts "colleague-colleague" cases. The presence of heavy contingents in the process of communication.

2. Internal factors: emotional rigidity, extreme responsiveness, moral defects and personality disorientation [3]. Emotional rigidity: the state of predisposition fading is more protected from psychological humor, that is, people who are less active and sensitive, able to hold their own from the chicory. Sharpening the situation in Professional activities: the task is observed in extremely responsible people who perform the task with jiddu jaxd. Lack of motivations in professional activities: here are mainly observed 2 jochats:

a) the fact that during his career there is no jaryon that interests him, persuades him, with a decrease in interests, indifference, an increase in hissy blunt;

b) to know that an altruistic sacrifice is not necessary, and to him views that it is not even autonomous, easily lead to the formation of fading. Personal orientation and moral defects: in interpersonal communication, moral education, as if it were not necessary, is manifested by conscience, honesty, respect, Lack of moral education of the individual.

Other scientists, for example, T.B.Formanyuk and T.V.In the opinion of reshetovas, several more factors should be added to these factors: emotional fullness and the difficulty of communicating with others, alexetimia (inability to fully state one's own opinion) being alarming, excessive cocktails, a decrease or absence of the resources needed to conduct normal activities (social ties, kinship ties, love, level of expertise, economic stability, purpose, health and. b.).

A number of scientists have also studied the socio – demographic origin that leads to emotional fading. A number of taqdiqot indicate that one of the main socio – demographic factors is the age of man. Negative proportionality is observed between age and fading [3]. Studies show that the development of fading syndrome in youth is more pronounced, the reason is manifested by an increase in emotional experiences due to professional inexperience. In fact, with age, the syndrome of fading is more common, caused by the observation of chronically multiple thoughts in the Haki of the voqeyans at work.

Professional fading symptoms:

1. Physical. Fatigue, weakness, insomnia, increased blood pressure, pain in the heart and x.
2. Emotional: pessimism, low self-esteem, rudeness, indifference, frustration, anxiety, helplessness, hopelessness, agitation, aggression, depression, loss of ideals, occupational hopelessness, loneliness xissie and b.
3. Behavior: workfulness, neglect of food, refusal of physical activities, boredom, apathy, decreased aspirations, tasting psychoactive tools, alcohol, tabaka, etc.
4. Intellectual: the decline in the desire to carry out innovative activities
5. Social: There is an increase in complaints of decreased enjoyment of social interests, hobbies, communication, reducing relationships in family and work, discouraging those around them and using those around them to have little understanding of it.

The three – factor conceptual model of professional fading was proposed by psychologist and Christina Maslach from Palo Alto chess (USA) [5,6]. The basis of professional fading is determined by the fact that:

- 1) emotional fading (emotional exhaust – EE);
- 2) depersonalization (depersonalization-DP);
- 3) decline in personal achievement (personal accomplishment – PA).

Emotional poverty is manifested by symptoms of acute fatigue, weakness, emotional emptiness and depression. At first, emotional hunger continues with emotional arousal, aggressive reactions, anger and then with a decrease in emotional resources with a decrease in interest in the surrounding vocality.

Depersonalization-with the devaluation of interpersonal relationships, negativism is observed with an increase in negligence towards the feelings and experiences of others. In a person, a latent or transparent negative relationship is manifested by increased impersonality, official contacts, increased excitability and conflict situations. The main feature of depersonalization is the zinc process (loss of feelings for loved ones, decreased empathy – sensitivity, hamdardism).

The reduction of personal achievements is characterized by a decrease in professional efficiency, a restriction of responsibility for social autonomy and a decrease in attention to activity. He blesses himself as incompetent and uncompromising.

The factors observed above have diverse effects in the formation and variability of Occupational fading. For example, occupational fading is the main tachybial part and low volatility symptomacomplex – emotional impoverishment. Scientific research shows that professional fading is seen as a state and process. Scientists consider aloxida aloxida as a condition caused by vaginismus.

N.V.Barabanova insists that fading syndrome requires a lack of attention to gender characteristics, such as sensitivity to male stressors, genuine masculinity, physical strength, agility, and hissy restraint. Women, on the other hand, were observed to be more susceptible to stressors, being more susceptible to sensitivity, empathy, and educational salutations. P.In Sidorova's opinion, on the contrary, women insist that not only their responsibilities at work, but also their family responsibilities are high. [4]

A number of other scientists believe that socio – demographic factors, not gnender features, but the state of premorbid formation of an individual should be underestimated [15].

Perlman B., Hartman E.A., (1982) also developing their own models, show that occupational fading is caused by chronically affecting stressors and consists of:

- a) physiological activities (physical fatigue, depletion of psychophysiological resources and b.);
- b) affective-cognitive activities (irrational or basic views, disadaptation, emotional fading, demoralization, personality deformity, and b.);
- c) behavioral reactions (accentuation, depressonalization, disadaptation, motivation at work, and decreased activity at work, and b.).

M.Burish (1993) says that an increase in the desire for work leads to a rapid fading of energy resources in a person, the appearance of a feeling of exhaustion, frustration and a decrease in interest in work, resulting in the following phases: a decrease in the stage of ogoxifying, personal participation, destructive behavior, psychosomatic reactions and frustration.

V.V.Boyko (1996) assessed the phases of emotional fading as tension, resistance, and fading. Emotional fading syndrome is triggered as a psychological protective reaction of the body or manifests itself as a response reaction to the stress factor acting on the aloxida.

Stress factors are psychosuppressive factors, frustration with the chosen profession, failure to fulfill obligations, being extremely conscientious, being responsible and prone to anxiety [2].

The stage of functional reserves is the act of avoiding unpleasant emotional experiences, not entering into communication ("withdrawal from people"), and the restriction of the intensity of the Register of traits. Saving on Hiss is a board of activity, emotional-moral deorientation. To generously simplify the relationship to mexnat. Division of khissiy views (Ushakov I.B., Shalimov P.M., 1996): "in degree and breadth", double "minimization" (Maritshuk Vyulyu 1983). In order to carry out the activities qualitatively and at the right level, a mechanism is launched that aims not to overdo the merits by launching functional reserves.

Emotional fading is a deficiency of negative traits, rudeness, disdain, professional deformity of an individual. It is manifested by a decrease in interest in an object or subject, a decrease in extents and the loss of holiness hiss and a fading interest in life. An ongoing serious situation leads to homeostasis failure, tension and the end of functional reserve. The result is that the emosioanl background consists of positive experiences, changes in hissio-volitional activity, and in the future psychosomatic disorders are observed[3].

Currently, the main 5 gurppas of emotional fading syndrome are differentiated[4,14]:

1) physical symptoms – fatigue, exhaustion during the day, decreased body weight, insomnia, feeling unwell, irritability to infectious diseases, psychosomatic changes: dizziness, nausea, sweating a lot, varaja's behavior, difficulty breathing, artieral blood pressure oishi and dermatosis and. b.

2) emotional symptoms – emotional fullness, rudeness in personal and professional relationships, apathy, fatigue, pessimism, helplessness and hopelessness hiss, aggressiveness, irritability, confusion and disbelief, unexplained anxiety, depression, bad luck and guilt hiss, jaundice, loss of Hope, apathy and decreased interest in chayot.

3) intellectual symptoms – rigidity of thinking, decrease in concentration of attention, decrease in innovational activity, loss of alternative treatment measures and decisions in problematic cases, failure to improve qualifications, thus, work activities may continue, but the results will be negative.

4) behavioral symptoms – resistance to work, late arrival at work, or if not late arrival and late arrival, rapid fatigue during work hours, increased extensibility to rest, quick clock gaze, overtaking meetings with patients, separation and avoidance from cockroaches, decreased or increased appetite, increased sadness towards personal preferences, increased carelessness and frivolity.

5) Social symptoms – Social low activity, limited social interactions at home and at work, the perception of others and other things as not wanting to be depressed, lack of support from the family and Workaholics, signs of sadness and apathy.

P.I.Sidorov, A.G.Slove and I.A.The symptoms of emotional fading by novikovs (2007) are mainly divided into 3 types: psychophysiological-non-passable during the day, stagnant fatigue, especially after getting up from sleep in the morning; emotional and physical exhaustion crisis; decreased perception of external mukhit and decreased response to external changes; General asthenization disorder, weakness, decreased faolicity and energy, changes in biochemical and hormonal indicators in the blood; unexplained headaches, constant disturbances in the functioning of the digestive system; increased or decreased body weight; sleep disorders, drowsiness before going to sleep, premature wakefulness and disorders of the sleep phases; constant drowsiness, sleep clicks during the day; rapid fatigue at physical or emotional loads; decreased hearing and vision, decreased sense and sensitivity; socio – psychological: apathy, jerkiness, passivity and depression; extreme irritability to trifles, increased nervous breakdowns, disorientation of unexplained experiences, anxiety, perception of "something wrong", high can't "or" doesn't look like "; behavior-the states of not doing what they do from work at home, refusal to make decisions, the increase in the hiss of uselessness and unnecessary, the decrease in enthusiasm for work, hardening in the little things, inability to do the necessary and necessary things, moving away from cockroaches, the appearance of vague criticism; there are instances of rudeness to psychoactive tools.

The result of the research of several scientists shows that professional fading is inextricably linked with personal, situational and professional activities. N.E.Vodopyanova and E.S.Starchenkova in their monographs mark the formation of the syndrome of fading, which is observed in professional activity, with the following:

Personal factors: non-acceptance of nonchalance, chronic inability to endure loneliness, non-social protection, experiencing social and personal isolation, lack of sequence of stress-overcoming hatai mistakes, desirability of manageability, cocktails, sluggishness of the "i Concept", low self-esteem, dullness in relation to professional activism, avoidance of bad luck, emotional notoriety, and an abundance of expectations.

Situational statuses: social comparison and misogyny, rude relationships, negative or "cold" relationships with hamkasbs, "heavy" patients, students or hamkasbs, low organizational views, internal and interpersonal conflicts, ignorance of one's place, lack of social, professional and administrative support, and an abundance of burdens.

Professional commitments: creative cognitive skills, communication in a business Rich in personality, tireless work on oneself and increasing professional competence, adaptation to new people and adaptation to professional situations, making and finding new decisions, making decisions that are a challenge for others, self-control and volitional activity, a profession that does not like or lean, an abundance of "paperwork" work, the

A number of other scientists have studied their scientific work on emosioanl fading syndromes observed in other Soha, i.e. tor Soha specialists [1]. Skugarevskaya (2003) in psychiatrists, Lukyanov I.I. (2006) and Lozinskaya E.I. (2007) Artyunov A. in narcologists, dentists.I. (2004) and Larensova L.I. (2002), Lyubimova D.V. 20028; Fokina T.Yu, 2009 in ambulance doctors Hamda Kalashnikova S.A. 2004 psychotherapists and those who studied the development and clinical types of Occupational fading syndrome in peditors.

Conclusion.The development of emotional fading or occupational fading syndrome is characterized by a process that develops as a result of several processes taking place in the body, external social factors, stress disorders that can have a psychological effect. In the study of this process, several scientists have covered the attitude towards the profession in humans during their scientific activities, the formation, development and how this attitude ends, the psychoemotional processes taking place in the body, the psychosomatic disorders caused by it, the influence of harmful habits on professional activity. It has been observed that each developing stage in turn goes in a sequence, becomes irrelevant in Charco syndrome, emotional poverty i.e. reaches the level of coldness, comes to the states of depersonalization, States of being indifference to changes in one's personality, and the reduction of personal achievements affects theoretical and practical knowledge in the process of professional activity.

References:

1. Аленинская О.А. Особенности аффективного компонента концепции пациента у врача / О.А. Аленинская // Вестн. Тамб. ун-та. Сер.: Гуманит. науки. 2008. – № 9. – С. 281–287.
2. Антоненко М. Проблема феномена «выгорания» у консультантов и волонтеров в работе телефона доверия / М. Антоненко; Респ. центр соц.-психол. помощи населению [и др.]. – Казань, 2001. – 65 с.
3. Бабич О.И. Профилактика синдрома профессионального выгорания педагогов: диагностика, тренинги, упражнения / авт.-сост.– Волгоград: Учитель, 2009. – 122 с. – (В помощь шк. психологу).

4. Бойко В. В. Синдром «Эмоционального выгорания» в профессиональном общении. — СПб.: Изд-во «Сударыня», 2005. — 105 с.
5. Бойко В.В. Синдром «эмоционального выгорания» в профессиональном общении / В.В. Бойко. — СПб.: Сударыня, 1999. — 29 с.
6. Бойко В.В. Энергия эмоций в общении: взгляд на себя и других. — М.: Наука, 2006. — 154 с.
7. Винокур В.А. Профессиональное «выгорание» и состояние здоровья медицинских работников / В.А. Винокур // Нов.С.-Петербург. врач. ведомости. -2008.-№ 1. — С.82-92.
8. Винокур В.А. Профессиональный стресс у медицинских работников и его предупреждение / В.А. Винокур // Гедеон Рихтер в СНГ. — 2001. — № 4.
9. Глауберман Д. Радость сгорания: как конец света может стать новым диагностиком, тренинги, упражнения / авт.-сост. О.И. Бабич. — Волгоград : Учи-тель, 2009. — 122 с.
10. Лизунова Е.В. Методологические основы формирования стрессо-устойчивости будущих учителей в чрезвычайных ситуациях : монография / Е.В. 2008. — 134 с.
11. Лукьянова В.В., Водопьяновой Н.Е., Орла В.Е. Современные проблемы исследования синдрома выгорания у специалистов коммуникативных профессий: монография / Курск. гос. мед. ун-т. — 2008. — 336 с.
12. Медицинских работников / В.А. Винокур // Нов. С.-Петербург. врач. ведомости. — 2008. — № 1. — С. 82–92.
13. Началом / — М. : Добрая кн., 2004. — 364 с.
14. Никишина В.Б. Состояние «выгорания»: детерминация, феноменология, генезис, измерение / Никишина В.Б., Молчанова Л.Н., Недуруева Т.В. — Курск, 2007. — 381 с.
15. Орёл В.Е. Феномен «выгорания» в зарубежной психологии: эмпирические исследования // Психологический журнал. — 2001. — Т. 22. — № 1. — С. 90–101.
16. Сидоров П.И. Синдром профессионального выгорания: учеб. пособие / П.И. Сидоров, А.Г. Соловьев, И.А. Новикова; Сев. гос. мед. ун-т. — Архангельск: Изд. центр СГМУ, 2007. — 176 с.
17. Трунов Д. Синдром сгорания: позитивный подход к проблеме // Журнал практического психолога. — М.: Изд-во МГУ. — 2008. — № 8. — С. 84–89.