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DOCTOR AS A GUARD OF MOTHERS AND BABIES' HEALTH IN KAZAKHSTAN AND GERMANY: TWO PSYCHOLOGICAL MODELS OF BURNOUT RESISTANCE

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**ДОКТОР НА ОХРАНЕ МАТЕРИНСКОГО И ДЕТСКОГО ЗДОРОВЬЯ
В КАЗАХСТАНЕ И ГЕРМАНИИ: ДВЕ ПСИХОЛОГИЧЕСКИЕ
МОДЕЛИ СОПРОТИВЛЕНИЯ ВЫГОРАНИЮ**

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Abstract. Modern researchers unequivocally state an unfavorable picture of the mass burnout of the personnel of medical institutions. However, the descriptions of research materials do not contain data on the burnout of specialists from medical institutions for pregnant women and newborns. It has been suggested that the value aura of obstetrical activity stimulates the employees to manifest a humanistic mission in the profession, which also protects them from burnout. Empirical hypothesis testing is organized alternatively to traditional. Instead of studying the causes and level of burnout, factors of resistance to it were analyzed from cross-cultural positions.

The method of statistical analysis of the critical values (ϕ^* Fisher's criterion; factor of critical values of selective correlation of Pirson r) revealed similar and different indicators between the respondents from Kazakhstan and Germany. The indicators of the MBI (Maslach Burnout Inventory), the SOC (Sense of Coherence) of A. Antonovsky etc. were compared. Differences in quantitative indicators served as a starting point for ascertaining the differences and their interpretation.

Both groups of medical workers demonstrated favorable results. The respondents of both countries showed a pronounced professional resource of burnout resistance. The reason for this can be called the high social responsibility of physicians for the results of their work in countries focused on increasing demographic indicators. Differences are related to the overall level of burnout resistance (in Germany it is higher) and emotional exhaustion in particular (in Kazakhstan it is more favorable). The cross-cultural nature of the differences is due to the traditionally established resources of burnout resistance. These are professional and organizational resources in Germany (technological ordering, discipline and predictability of labor outcomes) and psychotherapeutic resources in Kazakhstan (emotional and personal support from colleagues and the environment).

Аннотация. Современные исследователи однозначно констатируют неблагоприятную картину массового выгорания персонала лечебных учреждений. Однако в описаниях исследовательских материалов не встречаются данные о выгорании специалистов из медицинских учреждений для рожениц и новорожденных. Выдвинуто предположение, что ценностный ореол деятельности родовспоможения стимулирует у сотрудников проявление гуманистической миссии в профессии, чем и оберегает их от выгорания. Эмпирическая проверка гипотезы организована альтернативно традициям. Вместо изучения причин и

уровня выгорания анализировались факторы устойчивости к нему с кросскультурных позиций.

Методом статистического анализа критических значений (коэффициента корреляции Пирсона r , ϕ^* критерия Фишера) обнаружены сходные и различные показатели между респондентами из Казахстана и Германии. Сравнивались между собой показатели шкал устойчивости к выгоранию по МБИ (Maslach Burnout Inventory), шкалы жизненных ориентаций SOC (Sense of Coherence) А. Антоновского и др. Различия в количественных показателях послужили отправной точкой для констатации различий и их интерпретации.

Обе группы медицинских работников продемонстрировали благоприятные результаты. Респонденты обеих стран показали выраженный профессиональный ресурс устойчивости к выгоранию. Причиной этого можно назвать высокую социальную ответственность медиков за результаты своего труда в странах, ориентированных на повышение демографических показателей. Различия связаны с общим уровнем устойчивости к выгоранию (в Германии он выше) и эмоциональным истощением в частности (в Казахстане он более благоприятен). Кросскультурный характер различий объясняется традиционно сложившимися ресурсами устойчивости к выгоранию. Это профессионально-организационные ресурсы в Германии (технологическая упорядоченность, дисциплина и предсказуемость результатов труда) и психотерапевтические ресурсы в Казахстане (эмоциональная и личностная поддержка коллег и окружения).

Keywords: burnout resistance, correlation analysis, factors of influence, professional and organization resources, psychotherapeutic resources.

Ключевые слова: корреляционный анализ, профессионально-организационные ресурсы, психотерапевтические ресурсы, устойчивость к выгоранию, факторы влияния.

Traditionally the researchers on burnout problems in medical institutions ascertain an adverse picture of doctors' professional stress. On occasion destructive actions of a burnout syndrome determine criminality in sphere of medical activity [1] and even suicide risk of employees [2]. The literature analysis has shown, that special diagnostics of burnout at employees of the medical centres for pregnant women and mothers with babies were not spent. Probably, psychological atmosphere of care and responsibility about children helps to avoid burnout. In this case it is expedient to study the personnel burnout resistance at medical clinics, as it has been made in research presented.

Formulation of the problem

A special research has been fulfilled at cross-country-cultural term. Two groups of respondents working at the medical centres in Kazakhstan and Germany were compared. Ethno-cultural features remained outside of an object of the research. The purpose of the work consisted in revealing of the general and various circumstances provoking professional stress at medical clinics in each country.

Simultaneously with it the executed research gave the chance to define cross-cultural characteristics of factors influenced to burnout resistance among employees of medical institutions. On the foreground there were the distinctions caused by professional circumstances of activity of the centres of motherhood and the childhood in a context of nation-wide demographic problems of birth rate and an increase in population.

Materials and methods

Overall 159 persons have taken part in research, 124 in Almaty (Kazakhstan), 35 in clinics of Frankfurt-on-Main, Leipzig, etc. (Germany). Test materials were printed in Russian and German languages. Empirical materials in Germany have been collected by V. Schneider during her scientific training. Research techniques have been chosen: questionnaire MBI (Maslach Burnout Inventory) [3–5]; the questionnaire AVEM from Germany for an estimation of functionality of medical workers by K. Klüber and A. Stade [6] (for Russian-speaking sample a translation from German was executed by A. Garber and V. Schneider); a questionnaire of behaviour and the experience connected with work by U. Schaarschmidt and A. Fischer (ArbeitsberogenesVerhaltens – und Erlebensmuster) [7]. The statistical methods were applied to processing unequal respondent groups, allowing them to compare (ϕ^* R. Fisher's criterion; factor of critical values of selective correlation of K. Pirson r) [8–9].

Results and its discussion

Following the results of the revealed correlation were composed two various factorial models of personnel burnout resistance at centres of the motherhood and the childhood in Kazakhstan and Germany. Models represent various groups of factors influenced on burnout resistance: indicators of the social status and health, norms and requirements of professional activity, intra-organization intercourse, etc. The models' descriptions are presented as a result of the generalised “portraits” of doctors' burnout resistance in Kazakhstan and Germany. The Kazakhstan model of burnout resistance showed the factors concentrated psychotherapeutic resources, the Germany model — on professional & organization resources,

The analysis of the diagnostic data received on Kazakhstan sample, has shown that the employees burnout resistance in the centres of the motherhood and the childhood are elderly till 30 years ($r=0,2253$; $p<0,01$), both men and women.

On questionnaire materials, the most strongly pronounced factor of burnout resistance is the emotional resource. The interrelation of the factor with the general indicator of burnout resistance makes “an emotional tone” ($r=0,3375$; $p<0,001$). Intratest correlation of scales has shown that the factor “an emotional tone” is interconnected with the factor “professional instructions” ($r=0,2705$; $p<0,01$). The effectiveness of realization the professional instructions directly depends on confidence, steadiness and optimism of an employee, who can take the decision in case of emergency in such emotional conditions. Simultaneously with the emotional resource of burnout resistance aligns on itself practically all other statistically significant organizational factors of influence.

The organizational factors connected among themselves – “unity of values and purposes in the organization” ($r=0,2150$; $p<0,01$) and “professional instructions” ($r=0,2135$; $p<0,01$); “management curing the employees” ($r=0,1831$; $p<0,05$), “professional problems and features of communications” ($r=0,1855$; $p<0,05$), “psychological climate” ($r=0,1648$; $p<0,05$) — contrary to expectations, influence the emotional burnout resource, instead of professional resource. Thus the factor “unity of values and purposes in the organization” positively influences the general indicator of burnout resistance ($r=0,1858$; $p<0,05$), and degree of this influence depends on its correlation with the factor “professional instructions” ($r=0,4383$; $p<0,001$). The factor “professional problems and features of communications”, in moderate degree influencing an emotional resource of stability, shows a close connection with the factor “unity of values and purposes in the organization” ($r=0,3728$; $p<0,001$). The factor “psychological climate” influences an emotional burnout resource, aligning on itself significantly expressed interrelations practically with all specified organizational factors: with “management curing the employees” ($r=0,3514$; $p<0,001$) and “professional instructions” ($r=0,3089$; $p<0,001$); with “unity of values and purposes in the organization”

($r=0,2903$; $p<0,01$) and “professional problems and features of communications” ($r=0,2443$; $p<0,01$).

The organizational factor “mutual aid and support” in risk of burnout and personal disbalance, is expressed poorly in its influence on a personal burnout resistance and is poorly connected with other organizational factors ($r=0,1526$; $p<0,05$).

On questionnaire AVEM there is such a picture: two pairs of factors are interconnected at high level ($p<0,001$): “professional claims” and “readiness for power expenses” ($r=0,3637$), “professional claims” and “subjective value of activity” ($r=0,3445$). They define the maintenance of the generalized portrait of the doctor from the medical centre for mothers with babies. It means that the overall performance in this case depends on situational motivation of the doctors. The factor “satisfaction by life” determines professional burnout resistance ($r=0,1821$; $p<0,05$), not personal ($r=-0,1666$; $p<-0,05$).

Thus, the most provided in respect of strengthening the doctors’ burnout resistance in Kazakhstan is the psychotherapeutic sphere. The emotional component acts as an original prism through which can be seen organizational requirements, problems and values concerning sphere of professional actions and relations.

Positive consequences of such position are statistically significant distinctions in favour of emotional ($\varphi_{эми}=6,928$; $p<0,001$) and personal ($\varphi_{эми}=6,756$; $p<0,001$) burnout resources in comparison with colleagues from Germany. The restrictions connected with a priority of emotional intercourse before professional becomes dependence on the results of highly responsible work from personal preferences and priorities.

The type of interrelation of burnout resistance factors gives an alternative “portrait” of the doctor from Germany, working in clinic for mothers with babies. Statistically significant factors of burnout resistance concern sphere of professional duties. They do not concern emotional and personal spheres.

First of all, one should pay attention to the absence of the age factor of burnout resistance. In process of increase in the experience of work the age factor does not act, unlike Kazakhstan [10–12], and indicators of burnout do not occur to strengthen. Among the group of socially-demographic factors appeared poorly significant “degree of labour employment” ($r=0,2881$; $p<0,05$) and “requirement for maintenance of relatives” ($r=0,3333$; $p<0,05$). Respondents from Germany specify in negative influence of factors of health ($r=-0,3245$; $p<0,05$), underlining the status of a healthy able-bodied person.

Second, all factors of influence are divided fifty-fifty on two groups and the sphere of the socially-demographic status and professional work start with. The correlation analysis has shown, that the organizational factor “mutual aid and support” ($r=0,3462$; $p<0,05$) serves to restore the emotional resource, thus the factor is connected with purely industrial — “professional problems and features of communications” ($r=0,3774$; $p<0,05$).

Third, one can notice moderate influence of the three pairs of equal factors. First pair of factors has exclusively social character. “Degree of labour employment” and “requirement for maintenance of relatives” serve as stable regulators of burnout resistance. Communication between factors is $r=0,3241$; $p<0,05$. Second pair of factors integrates questionnaire sections about health and work. These are factors “physical condition” and “management curing the employees” ($r=0,2780$; $p<0,05$). Questionnaire indicators on these parts should be regarded as necessity to the doctor to be most actively to care about health, not counting neither on his own natural resources, nor on improving actions from an organization management. Third pair of factors completely concerns work. Correlation between factors “professional problems and features of communications” and “mutual aid and support” ($r=0,3774$; $p<0,05$) means that the emotional burnout resource is limited by communications on subjects of working problems. The negative type

of communication of the factor “professional problems and features of communications” with indicators of burnout resistance indirectly specifies on formal and dull character of executed duties.

On questionnaire AVEM turn out that the behavior and the experiences connected with work do not influence on respondents from Germany unlike doctors from Kazakhstan. The factor “readiness for power expenses” in performance of professional problems reduces an emotional resource ($r=0,4931$; $p<0,001$). Negative influences of factors “subjective value of activity” ($r=-0,4116$; $p<-0,01$) and “aspiration to perfection” ($r=-0,3203$; $p<-0,05$) are directed on emotionally and personal sphere and does not mention quality of work.

The doctor from Germany takes support from his own professional possibilities and labour capacity of his colleagues, on technological achievements of the medical centres. They allow him to avoid the reference to emotional and personal resources in unexpected and difficult cases. Simultaneously with it there is possibly communicative poverty at the medical centres for the motherhood and the childhood which, owing to a habitual state of affairs, may not be noticed.

The correlation analysis showed the cross-cultural character of differences between respondents in two countries. Two types of burnout resistance concentrated in two models — two “psychological portraits”. The doctor’s burnout resistance in Kazakhstan is based on emotional and personal resources. The doctor’s burnout resistance in Germany is supported by high level technologies and employees’ discipline in medical sphere.

Conclusions

Following the results of research carried out there are described two alternative models of burnout resistance: for those who work in Kazakhstan and those who work in Germany in sphere of aid to future mothers and women with newborn children.

1. In Kazakhstan the doctor with burnout resistance (man or woman) is till 30 years old, rather independent of involvement into labour employment and not strongly burdened with material cares of the family. Its emotional health resource based on self-trust, the developed self-control and a positive vital spirit. Execution of professional duties is coordinated by norms, the purposes and values of the organisation and a trade as a whole. He is rather reflective and ready to accept critical decisions. Organization problems are provided with a sufficient range of professional and interpersonal dialogue with constructive criticism, and also the ability to accept and assist support.

2. For Germany the generalized “psychological portrait” of the doctor resistant to burnout can be presented in an image of the employee of any sex and age. The specialist watches over the health, during the regulated quantity of working hours fulfills accurately registered official duties with a view of maintenance of own material requirements. During the working day he has few time for poor dialogue with the colleagues, limited to especially organization themes. Significant resources of burnout resistance have complex social-and-professional character. The first signs of burnout because of monotonous intensive work or doubt in correctness of discharge of duties in concrete cases are decided in mini-consultations concerning the actual professional questions.

Recommendations

Cross-cultural ways of doctors’ burnout resistance in Kazakhstan and Germany at sphere of extremely responsible work in medicine — curing the health of mothers and newborn babies — give the difference in professional positions. For Kazakhstan actually deducing in a priority of values and the purposes of professionalism and highly technological work. For Germany, in the conditions of its openness for mass immigration from east countries, acceptance for norms of domesticity and high interpersonal contacts, transferred on business relations becomes actual.

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