DENTISTS' MENTAL BREAKDOWN SYNDROME

Rakhmatillo F. Usmanov – Ph.D., associate professor
Samarkand State Medical University (Samarkand, Uzbekistan)
usmanov_raxmatullo@mail.ru

Abstract. *Studying how emotional burnout syndrome develops in dentists based on factors including age, gender, work experience, and specialization is the goal. Methods. Examined were 200 dentists enrolled in Samarkand State Medical University's Department of Dentistry for the 2024–2025 academic year. The "Methodology of diagnostics of emotional burnout level" test developed by V.V. Boyko.Results. 53.8% of respondents reported having signs of emotional fatigue. Age, gender, and dental work experience had no bearing on the severity of emotional burnout phases (p >0.05). Differences were seen in the column "caging" when professional specialization was considered (p=0.02). General dentists experienced this ailment the most, followed by dental surgeons. Among orthopedic dentists, "emotional detachment" (p=0.03) was the most common symptom. In conclusion. A dentist's professional activity can lead to the development of the emotional burnout syndrome, which is impacted by the doctor's area of expertise.*

Keywords*: dentists, professional specialization, and emotional exhaustion.*

Introduction. Burnout in residents is associated with consequences that matter to patients, institutions, and workforce sustainability, including increased self-reported errors, reduced empathy and professionalism, and greater risk of attrition from clinical practice [5], [2].

Systematic reviews and policy-oriented studies link higher trainee distress to poorer patient-facing behaviours and to organizational costs via turnover and reduced productivity [5].

Specialty reviews highlight that resident burnout can undermine educational outcomes and continuity of care, creating downstream effects on service delivery and institutional resilience [2].

Chronic stress at work causes physical and mental exhaustion, which is a hallmark of emotional burnout syndrome. First of all, this syndrome is typical of professions that help others, such social workers, psychologists, teachers, and medical professionals. [1, 3, 5] is the range. The basic idea of the method used to study emotional exhaustion syndrome is provided by K. Maslach and M. Leiter. "Discrepancy between personality and work is the cause of burnout," Maslach and M. Leiter [6]

Materials and materials. Our study's hypothesis was that the onset of emotional burnout syndrome in dentists may be influenced by factors such as age, gender, length of service, and professional specialization. The study was conducted from 2024 to 2025. It involved 200 dentists who were enrolled in Samarkand State Medical University's Department of Dentistry. The average age of the 99 women and 101 men in the sample was 39.6±10,3 years and 38.8±9,4 years, respectively. Of the total, 57.0% were dentist who also worked as therapists, followed by orthopaedic therapists (27.0%) and surgeons (15.0%). By applying V.V. Boyko's "Method of diagnostics of the level of emotional burnout," we were able to determine the extent to which emotional burnout symptoms first appeared and the phases at which they developed [2]. Individual and small-group testing was done with 15–20 people. The results were statistically processed using the statistical data processing software package "SPSS v. 14" to calculate Pearson's nonparametric $\chi 2$ criterion, arithmetic mean values (M), and errors of mean values (±m). Seven age groups were created from these respondents: Individuals aged 21–25, 26–30, 31–35, 36–40, 41–45, 46–50, and 51–63 are among the following age groups. Findings from the study: After a statistical inquiry and study of the symptoms, degree of formation, and phases of development of emotional burnout, it was determined that the severity of the phases of tension (p=0,65), resistance (p=0,25), and exhaustion (p=0,16) in emotional burnout was independent of a dentist's age. There were no statistically significant differences in the phases of tension (p=0.83), resistance (p=0.47), and exhaustion (p=0.61) between men and women. Depending

on how long they had been employed, the respondents were divided into seven groups: In terms of length of employment, 29% had only been employed for five years, 13% for six to ten years, 13% for eleven to fifteen years, 17% for sixteen to twenty years, 13.2% for twenty-one to twenty-five years, 11% for twenty-six to thirty years, and 4.5% for thirty to forty-five years. An study of the data revealed that the degree of emotional burnout experienced by dentists was unaffected by the length of employment (stress being p=0.8, resistance being p=0.55, and exhaustion being p=0,15). Based on their specialties, the interviewees were divided into three groups: therapeutic dentists, orthopedic dentists, and dental surgeons. The indices of stress, resistance, and weariness were not significantly impacted by specialization. There were statistically significant variations between specialists in the categories "cagedness" (p=0.02) and "emotional detachment" (p=0.028). "Caged" is a symptom that appears when emotionally distressing experiences lead to an inevitable sense of despair. General dentists exhibited the most severe form of this illness, followed by dental surgeons in second place. In orthopaedic dentists, the symptom "emotional detachment" was more commonly found. Emotions are virtually completely excluded from the professional sphere when the personality is present. Although a person experiences full-blooded emotions in other areas, this one is indifferent and has a "mechanical" reaction that lacks sentiments and emotions. As a result, it is gradually assessed that "I don't care about you." This symptom implies that the person's personality has been distorted in a work-related role. This symptom suggests professional personality distortion in dentists, even without taking specialization into account. Each phase of emotional burnout syndrome was shown to have the most common symptoms (p=0,000). Among dentists who had emotional burnout during the tension period, the most frequently reported symptoms were "surviving psychotraumatic circumstances" (32,5%) and "anxiety and depression" (27,5%). The resistance phase is when the symptom "inadequate selective emotional response" goes through both its development and formation stages (54.5% and 31.5%, respectively). "Emotional detachment" was the symptom that emerged and the one that was continuing emerging during the exhaustion phase (21.5 and 31.5%). After a thorough analysis of the data, dentists showed 29.0% tension during the forming stage and 9.0% during the formed stage, 43.0% resistance during the forming stage and 38.0% during the formed stage, and 26.5% exhaustion during the forming stage and 17.0% during the formed stage. The final results of the study allowed for the determination that 33.0% of dentists were in the creation stage of burnout syndrome and 21.0% had the condition at the time of the test. According to the information we have gathered, emotional tiredness is a serious problem in work environments.

Conclusion. In the medical field today, emotional tiredness syndrome is a problem. The most common signs of emotional weariness among dentists are "emotional detachment," "anxiety and depression," "inadequate emotional response," and "psychotraumatic circumstances." There was no direct relationship between the risk of acquiring emotional burnout syndrome and the age of experts, gender, or professional work experience. The development of emotional tiredness syndrome is influenced by a dentist's professional specialty. The second most common complaint among dentists-therapists and dental surgeons is "being driven into a cage" (p=0.02), whereas orthopaedists report "emotional detachment" (p=0.3). 5. The results of the study partially confirmed the original idea. We conclude that the professional responsibilities of a dentist can lead to emotional tiredness syndrome. The development of the syndrome is influenced by the doctor's professional specialty.

REFERENCE

1. Berg, D. D., Divakaran, S., Stern, R. M., & Warner, L. N. (2019). Fostering Meaning in Residency to Curb the Epidemic of Resident Burnout: Recommendations From Four Chief Medical Residents. Academic medicine: journal of the Association of American Medical Colleges, 94(11), 1675–1678. https://doi.org/10.1097/ACM.0000000000002869

2. Desai SV, Asch DA, Bellini LM, et al.; iCOMPARE Research Group. Education outcomes in a duty hour flexibility trial in internal medicine. N Engl J Med. 2018;378(16):1494–1508. [PubMed: 29557719]

3. Dyrbye LN, Burke SE, Hardeman RR, et al. Association of clinical specialty with symptoms of burnout and career choice regret among US resident physicians. JAMA. 2018;320(11):1114–1130. [PubMed: 30422299]

4. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. Ann Intern Med. 2002;136(5):358–367. [PubMed: 11874308]

5. West CP, Huschka MM, Novotny PJ, et al. Association of perceived medical errors with resident distress and empathy: A prospective longitudinal study. JAMA. 2006;296(9):1071–1078. [PubMed: 16954486]

6. Panagioti M, Geraghty K, Johnson J, et al. Association between physician burnout and patient safety, professionalism, and patient satisfaction: A systematic review and meta-analysis. JAMA Intern Med. 2018;178(10):1317–1330. [PubMed: 30193239]

7. Jackson ER, Shanafelt TD, Hasan O, Satele DV, Dyrbye LN. Burnout and alcohol abuse/dependence among U.S. medical students. Acad Med. 2016;91(9):1251–1256. [PubMed: 26934693]

8. Dyrbye LN, Thomas MR, Massie FS, et al. Burnout and suicidal ideation among U.S. medical students. Ann Intern Med. 2008;149(5):334–341. [PubMed: 18765703]

9. Seligman ME, Parks AC, Steen T. A balanced psychology and a full life. Philos Trans R Soc Lond B Biol Sci. 2004;359(1449):1379–1381. [PubMed: 15347529]

10. Shanafelt TD, West CP, Sloan JA, et al. Career fit and burnout among academic faculty. Arch Intern Med. 2009;169(10):990–995. [PubMed: 19468093]