

**PRIMARY ASSESSMENT OF SUSCEPTIBILITY  
TO THE SYNDROME OF PROFESSIONAL "BURNOUT"  
OF PRACTICAL PHARMACISTS IN UKRAINE**

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**Background.** Syndrome of professional "burnout" (SPB) of practical pharmacists is a syndrome of physical and emotional exhaustion with the development of negative self-esteem, negative attitude towards work and pharmacy visitors. The profession of a practical pharmacist is among the most vulnerable to emotional burnout, as it refers to a group of occupations with increased moral responsibility for the people's fate, health and life. Negative influence on health is rendered by constant stressful situations in which the practical pharmacist gets into during the process of social interaction with the visitors, the inevitable insight into his problems, and also due to other moral and psychological factors: insufficient experience of the pharmacy worker, critical professional, personal and age periods in life of the employee, negative motivation, organizational shortcomings in work.

**The aim** of this study was the level of psychological perseverance and diagnostics of SPB presence in practical pharmacy workers of Ukraine.

**Materials and methods.** To achieve the aim of the study the pool of 64 Ukrainian practical pharmacy workers was carried out. The questionnaire for respondents consisted of four parts: general questions, questionnaire for assessment the general quality of life and scales for diagnostics of anxiety, depression and SPB. The results were processed with the help of statistical methods.

**The results.** The pool showed that 97% of respondents were women and 3% — men, most respondents were aged 20-29 years (28%) and 30-39 years (31%). Most of respondents (75%) have higher education, specialty - Pharmacy (92%). The majority of respondents (30%) had more than 20 years of experience in the field of practical pharmacy. The majority of participants (84%) hold the position of pharmacist. In general, respondents to relieve stress from work prefer to communicate with friends (75%) or nature (59%).

Specialists distinguish three phases of SPB formation — the phase of tension, resistance and exhaustion. Interpretation is based on qualitative and quantitative analysis, which is carried out by comparing the results within each phase by calculating the parameters of the 3 phases of SPB formation, consisting of 12 symptoms (in each phase 4 symptoms). The proposed methodology gives a detailed picture of the SPB. So, in the "Tension" phase, the symptom "Experiencing psycho-

traumatic circumstances" dominated in the majority of respondents (30%), in the phase "Resistance" — the symptom "Emotional and moral disorientation" (59%), in the phase "Exhaustion" — the symptom "Personal detachment (depersonalization)" (78%). The obtained results indicate that these symptoms are most burden the emotional state of the individual. It was found that the "Tension" phase was formed only in 3% of the participants, 25% of respondents are in the formation stage and in 69% of the respondents this phase didn't form; the "Resistance" phase was formed in 41% of the respondents, 31% of respondents are in the formation stage and in 25% of the participants the phase didn't form; the phase "Exhaustion" was formed only in 3% of respondents, 25% are in the stage of formation and in 69% of participants the phase didn't form. It shows that in general the majority of respondents have forming SPB, but the formed one isn't so common.

In addition, the formation of SPB is influenced by the presence of anxiety and depression symptoms among practitioners. So the next step of our study was the evaluation of the anxiety and depression levels in survey participants. For this purpose, hospital scales of anxiety and depression were applied. In assessment by the anxiety scale, subclinical and clinically expressed anxiety was detected in 42% of the respondents, absence of anxiety symptoms — in 6%. Evaluation by the depression scale showed that the absence of severe symptoms of depression is observed in 14% of the survey participants, subclinical depression — in 44%, clinically expressed depression — in 33%. Such results indicate that among practical pharmacy workers the problems associated with the high prevalence of depression symptoms are presented.

**Conclusions.** Based on the obtained results, it can be concluded about the high risk of SPB formation in practical pharmacy workers, taking into account the peculiarities of their professional activity (constant stresses, high psycho-emotional load). The presence of such symptoms as anxiety, depression, experiencing psycho-traumatic circumstances, depersonalization, emotional and moral disorientation in future can lead to the higher percentage of pharmacists with formed SPB. This can effect pharmacists' work quality, which are inattention to the pharmacy visitors, mistakes number increase, higher risk of medicine for patients' needs mixing up, etc. in general, for pharmacies the development of SPB in its workers can lead to staff turnover, decrease in profit caused by medicine realization cutback and others. So, further it is necessary to continue the study of the SPB prevalence among Ukrainian practical pharmacy workers to have more clear data on psycho-emotional state of pharmacists. Also it is needed to apply methods of its prevention in order to prevent and stop its further spread.