PEQUERIARITIES OF SELF-CONTROL, SELF-CONCEPT AND SELF-REGULATION OF THE EMOTIONAL STATE IN NURSES WORKING IN CLINICS

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A study of self-control of emotional states and emotional burnout syndrome formation occurrence in nurses with higher medical education and in nurses with secondary medical education working in clinics was carried out. The role of higher nursing education in the prevention of emotional burnout syndrome formation was confirmed.

Keywords: self-control, self-concept, self-consciousness, emotional burnout syndrome (EBS), emotional state, working activity

Проведено исследование самоконтроля эмоциональных состояний и частоты формирования синдрома эмоционального выгорания у медицинских сестер, работающих в поликлиниках со средним и высшим медицинским образованием. Подтверждена роль высшего сестринского образования в предупреждении формирования синдрома эмоционального выгорания.

Ключевые слова: самоконтроль, самосознание, синдром эмоционального выгорания, эмоциональное состояние, трудовая деятельность

The working activity of nurses in clinics presupposes high degree of emotional involvement and a lot of other factors: psychological loading connected with too much of personal contacts, overstrain, fatigue, emotional burnout, etc., and as a result rapid exhaustion of capability for adaptation and the development of psycho-somatic conditions. According to the classification of professions on the grounds of the degree of their unfavorable impact on the person, medical professions rank among the highest [1].

Person’s self-control is first of all revealed in the actions of the person’s own working activity self-controlling — determining activity stages and their sequence: the resulting stage — according to the actual results; step-by-step stage — in the process of work; and prognostic stage — before setting to work.

Person’s self-concept of his own personality in the process of work and in the process of communication plays a great role in the person’s professional activity. A Psychological Dictionary [5] defines self-concept as a conscious attitude of a person to his needs and abilities, his drives and motifs of behavior, his emotions and thoughts. Self-concept is also revealed in the emotional-cognitive evaluation of his own subjective abilities as a basis for expedient acts and actions.

Russian psychologists consider that the ability to distinguish the «self» from the person’s own activity lies at the basis of self-concept. And this ability develops in the process of communication when the primary (fundamental) ways of person’s activity are being formed. Besides, mediated by the co-work (implying communication), person’s attitude to his own conscious being provides for the formation of a certain image of the «self», as of the one being able for socially significant acts and actions. The image of the «self» (the subjective image of one’s own «ego») is being formed under the influence of evaluating attitude of other people when one’s motifs, aims and results of work are related to the canons and social norms of behavior accepted in the society. The «Image of the self» in the self-concept, self-control and self-regulation is a necessary condition for each act of setting goals in the working activity of clinic nurses.

The interest for the studying of emotional states appeared in the world [8, 10] and home [5] psychology in the 40s — 50s of the twentieth century. The «demand» for experimental studies in the field of the psychology of emotional states was conditioned, first of all, by the clinical medical practice [2,3,6,7], the development of sport of higher achievements, the development of medical technology. And all that required «human conditions» to be taken into account in order to provide for the safety and reliability of the nursing profession. The discovery of «general adaptation syndrome» made by Hans Selije [5] and works of his disciples enriched medical science and psychology with such notions as «stress», «tension», «emotional stress», «anxiety». The research of needs deprivation drove Rosentsveige to the discovery of such state as frustration. In all these cases integrated psychophysiological states, which affect person’s adaptation, and which conventionally can be referred to the norm deviation, were meant [9]. There is a great variety of person’s emotional states. Every emotional state of a nurse reflects her (or his) spiritual, psychological, and biological being. In psychology [5, p.7] the term «state» means some inner characteristic of a person’s psyche which is a relatively stable component of a psychological process.

N.D.Levitov [5] underlines that in psychic states as well as in other psychic phenomena a person’s interaction with the environment is reflected. Any significant changes in the environment, changes in the inner world of a person, changes in the body cause a certain response in an entire person and lead to the transition into a new psychological state. Our psyche is organized hierarchically — the state of separate parts of the psyche is a part of the person’s state as a whole. The distinguishing between these separate parts is possible only to the extend, to which we can find well grounded basis for the isolation of certain spheres, structures and blocks in our psyche, our self-consciousness.

In the training of nurses with higher education (the specialty «nursing») at the Medical Institute of Novgorod State University named after Yaroslav Mudryi much space is given to the studying of natural sciences, mathematics, and medical-biological disciplines such as: anatomy with elements of histology, normal physiology, mi-
crobiology, virusology, immunology, common pathology as well as to the specific professional disciplines such as: nursing in therapy, pediatrics, geriatrics, surgery, obstetrics and gynecology; rehabilitation, etc.

Besides, in the process of their professional training the nurses getting their higher education study a lot of psychological disciplines: common psychology, social psychology, age and pedagogical psychology, conflictology, psychology in management. Such professional training in psychology enables the nurses with higher education to consciously conduct self-control and self-regulation of their emotional state in their professional working activity at clinics.

WHO defines the emotional burnout syndrome (EBS) as «physical, emotional or motivational exhaustion, characterized by decreased efficacy, fatigue, and increased susceptibility to somatic diseases» [2].

EBS is a process consisting of several phases: tension, resistance, and exhaustion. Each of the phases has a number of characteristic symptoms. But the symptoms of emotional burnout syndrome are variable. They depend on the nurse’s personal peculiarities of self-control and self-regulation in behavior, communication and in professional working activity. The symptoms of emotional burnout syndrome include: gloomy, depressive mood of nurses; lack of emotionality, irritation in interpersonal relations; distancing from colleagues; unmotivated negative attitude to patients; absent-mindedness, impaired concentration; errors in writing and oral speech; impulsiveness; hyperactivity; sleeplessness; overeating; development of psycho-somatic problems (fluctuation of arterial blood pressure, headaches, diseases of digestive system, neurological impairments); etc. [3].

Thus, emotional state is a form of our psyche’s self-regulation and one of the most important mechanisms of person’s integration as a whole — as the entity of person’s spiritual, psychological and somatic organization. The adaptive function of person’s emotional state makes it possible to maintain the professional health, ability for adequate behavior, successful working activity and opportunity for the full-scale personal development at a maximally possible level.

The goal of the research is to study peculiarities of self-control, self-regulation and self-concept in the emotional burnout syndrome development in nurses with higher and secondary medical education working in clinics.

Material and methods of research

We have investigated 60 nurses. Group A comprised 30 nurses with higher education working in clinics aged: 18-30 years — 26,7%, 31-55 years — 53,3%, older than 55 years — 20%. The mean age 40,5 ± 12 years. Group B comprised 30 nurses with secondary medical education aged: 18-30 years — 40%, 31-55 years — 56,7%, older than 55 years — 3,3%. The mean age 32,6 ± 8 years. There were no statistically significant differences in age of group A and group B nurses (p > 0,05).

To assess the degree of EBS expression we used the B.B.Boyko’s method of the emotional burnout level diagnosing, questionnaires, and interviewing of the nurses.

The findings of the research and their discussion

Basing on the analysis of the findings received in the process of interviewing, emotional states and emotional burnout level testing, and questionnaires for nurses, who had higher medical education in specialty — nursing, we determined the following. Performing the actions of their own working activity self-controlling — determining activity stages and their sequence: the resulting stage — according to the actual results; step-by-step stage — in the process of work; and prognostic stage — before setting to work, the nurses with higher education comprehend and evaluate their working activity and their emotional states better than nurses with secondary medical education.

Thus, EBS in group A nurses was on the developmental stage in 27,0 ± 8,0%, in 7,0 ± 5,0% the emotional burnout syndrome was formed completely and in 67±9,0% the emotional burnout syndrome was not formed. In group B nurses with secondary education the emotional burnout syndrome was not formed in 33,0±9,0%, which is significantly less than in group A (p < 0,01). The occurrence of EBS on its developmental stage was in group B, according to our data, significantly higher than in group A — 53,0 ± 9%, the difference being statistically true p < 0,02.

However there was no significant difference in the number of nurses with a completely formed EBS. In group A a formed EBS was revealed in 7,0 ± 5,0% and in group B — in 13,0 ± 6,0% of nurses, p > 0,05.
The analysis of EBS symptoms allowed us to determine the expression (formed — non-formed) of the syndrome phases: tension, resistance, exhaustion. As our results have shown, the occurrence of formed EBS phases in nurses working in clinics has a number of individual characteristic features. We have revealed that the resistance phase was the most expressed one in both groups A and B (picture 1). However the degree of all EBS phases expression was much higher in group B, in nurses with secondary medical education.

Besides, in course of our investigation, we have determined the occurrence of some EBS symptoms in nurses from groups A and B (table 1). It should be noted that in nurses with secondary medical education from group B such symptoms as dissatisfaction with the self, anxiety and depression were present, while in group A such symptoms were absent.

But such symptoms as suffering psychologically traumatizing conditions, reduction of professional duties, personal distancing, psycho-somatic and psycho-vegetative impairments: emotional-moral disorientation, extension of emotions economy sphere, deficiency of emotionality were formed in group A as often as in group B (p > 0,05).

So, nurses with higher education being in the know of the self-control structure and being able to conduct self-regulation of their emotional states preserve their somatic and psychological health better and they are able to behave adequately and to work more effectively and successfully.

**Summary**

1. Among the nurses with higher special medical education the degree of emotional burnout syndrome formation is significantly lower (p < 0.01) than in nurses with secondary education.

2. Lack of self-control, poor self-regulation of their own emotional states in nurses with secondary medical education leads to the development and formation of anxiety and depression states in them.

3. Most nurses with secondary education have a completely formed emotional burnout syndrome or are at the stage of its development and formation.

4. The fact that nurses with higher education know the peculiarities of their self-control and their emotional states self-regulation, makes it possible for them to preserve their professional health, their ability to adequate behavior, effective working activity, their personal self-development and self-consciousness at a maximally possible level.


**5.** Psychic states / Edited and designed by Kulikova L.V. St-Petersburg: Peter, 2000. 512 p. ("Reader in Psychology" series).

**6.** Chuvakov G.M., Chuvakova O.A., Andreyeva C.M. Peculiar features of emotional burnout syndrome in LPU nurses. New St-Petersburg Doctors’ Gazette. 2007. №3. P.65-68.


