

Emotional Burnout in Military Doctors with Different Models of Trust Relationships

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Abstract

Introduction. Although the scientific community is highly interested in studying burnout and trust issues in medical research, there is insufficient information on the relationship between the characteristics of professional burnout and trust in its broadest sense among medical professionals. This study focuses on manifestations of emotional burnout among military doctors with different models of trust relationships. **Methods.** The study used the following diagnostic tools: (a) the Maslach Burnout Inventory (MBI; K. Maslach & S. Jackson, modified by N. E. Vodop'yanova); (b) the questionnaire for Assessing Self-Trust by T. P. Skripkina; (c) the Rotter Interpersonal Trust Scale, modified by S. G. Dostovalova. The sample comprised 41 military doctors. During the study, the sample was divided into three subgroups according to trust relationship models. **Results.** Specialists with a balance between self-trust and trust in the world had lower levels of depersonalization and emotional exhaustion. Military doctors with higher levels of self-trust and trust in the world had the highest scores of exhaustion and depersonalization, consistent with theoretical ideas about the role of trust. The scores of professional burnout were lower among respondents who had high levels of self-trust and trust in the world. The lowest scores of depersonalization and reduced personal accomplishment were obtained in the subgroup of military doctors with high levels of self-trust and trust in the world. The highest scores of depersonalization were obtained in the subgroup of military doctors

with a higher level of self-trust, compared to the level of trust in the world. Military doctors with average levels of self-trust and trust in the world had the highest scores of reduced personal accomplishment. **Discussion.** Building trust relationships with themselves and the world helps military doctors to reduce the development of symptoms of professional burnout. The results of the study expand the knowledge of the relationship between trust and professional burnout in medical practice, especially among military doctors.

Keywords

emotional burnout, exhaustion, depersonalization, reduced personal accomplishment, self-trust, trust in the world, value-related attitude, military doctors

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Introduction

Many authors have widely considered the problem of professional burnout in medical practice. Physician burnout has a negative impact not only on the health and psychological well-being of the specialists themselves (Toker et al., 2012; Verougstraete & Hachimi Idrissi, 2020; Matyushkina, Roi, Rakhmanina, & Kholmogorova, 2020), but also on their professional activity and its results (Panagioti et al., 2018). As a result of professional burnout, the risk of workplace errors increases (Hudson & Moore, 2011; Kobyakova et al., 2016).

Burnout factors are associated with the specificities of the work environment, work process, organizational environment (Gluschkoff, Hakanen, Elovainio, Vänskä & Heponiemi, 2022), and personal traits of professionals. Factors in the organizational environment include uncertainty, unpredictability at work, type of work, working with patients under critical conditions (Gimenez Lozano, Martínez Ramón & Morales Rodríguez, 2021). Factors causing burnout among doctors include specialists' young age, dissatisfaction with work and its conditions, such as wages, overtime work, and long working hours (Amofo et al., 2015). In addition, the protective factors that prevent the development of burnout syndrome are also mentioned, including experience, scientific activity, having a family, organization of resting conditions (Kobyakova et al., 2019), psychologically beneficial working environment, internal strategies to overcome difficulties, well-developed self-regulation, self-efficacy resources, and adjustment-related resources (Gimenez Lozano et al., 2021).

Burnout phenomenon is characterized by an increase in emotional, physical, and motivational exhaustion resulting from the influence of low-intensity chronic professional stress. One of the most common burnout models is the three-component model proposed by K. Maslach and S. Jackson, which includes emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981).

Despite the great attention paid to professional burnout, the development mechanisms of burnout in connection with other psychological phenomena that are not directly related to the professional sphere, such as trust, are not yet sufficiently studied. In turn, trust refers to complex psychological phenomena and is considered from different perspectives in the context of different approaches. One of the most common approaches to studying this phenomenon in Russian literature is to define trust as a relationship (Skripkina 1998, Antonenko 2019). T. P. Skripkina is one of the first to propose an independent sociopsychological phenomenon of trust containing a bipolar value-related attitude toward self and the world (Skripkina, 2000). This approach considers trust as a multi-level structure based on fundamental attitudes and biosocial characteristics derived from genetic background and basic security needs. Secondary attitudes, containing self-trust and trust in the world, arise during internalization (Skripkina, 2000). According to the concept proposed by T. P. Skripkina, the typology of the trust relationship system is built on the basis of the determination of a ratio between the levels of self-trust and trust in the world. The world means the part of the world where a person interacts at a given moment. Depending on the levels of self-trust and trust in the world, six types of trust have been identified (Skripkina, 2019). A balance between self-trust and trust in the world not only helps maintain the stability of the individual, but also ensures the sustainability of a particular activity. T.S. Pukhareva (2013) writes that trust as a means of integrating individuals' relations to themselves and ensuring their integrity contributes to the formation and stability of the psychological structure of professional activities. A. A. Aldasheva (2016) also notes that self-trust in the professional sphere plays an important role in performing professional tasks and is an indicator of the ability to control and accept the results of the activities performed, as well as the ability to build and choose appropriate behavioral strategies according to the circumstances. The characteristics listed are, to some extent, indicators of a specialist's adjustment and can be resources to reduce the impact of professional stress factors, including those that cause burnout.

Current research into the relationship between trust and burnout among medical professionals deals mainly with the area of organizational trust. For example, some authors point to the relationships between burnout and low levels of trust in colleagues, employers, and institutions among nurses (Özgür & Tektaş, 2018). Another study found that doctors who perceived less patient trust had higher levels of burnout (Huang et al., 2019). The researchers also point out that a high level of trust of doctors in the organization is related to greater job satisfaction, reduced perceived stress and fewer intentions to leave the practice (Linzer et al., 2019).

The specificity of the work of military personnel, especially military medical personnel, enables us to take into account the characteristics of emotional exhaustion syndrome in this group, as well as associations with trust compared to civilian doctors. For example, a study of burnout among civilian and military nurses found that military hospital personnel had higher levels of emotional exhaustion and depersonalization (Lang et al., 2010). Another study on burnout among military doctors showed that self-care, team-care, health leadership, and shared leadership act as protective factors (Adler et al., 2017). Studies of clinical and command medical officers conducted by I. V. Fedotkina, L. O. Marchenko, and L. V. Vaigacheva showed that symptoms of occupational burnout were associated with risks, aggression, search for thrills, dependences, high anxiety, isolation, and low self-esteem (Fedotkina et al., 2019). These personality traits are to some extent related to the complex phenomenon of trust as a sociopsychological attitude towards self and the world. It has been shown that high levels of social anxiety are associated with low scores of extraversion, trust, and openness (Kaplan et al., 2015).

In a comparative analysis of civilian and military doctors' professionograms we found that the activities of military doctors are most strictly regulated, structured, and characterized by the existence of career prospects associated with the increase in the military ranks, a factor that reduces the risk of emotional burnout among military doctors (Skripkina & Khersonsky, 2023). As a result, the article shows that the presence of career prospects can structure the future, significantly reducing burnout rates.

Aim of the study

This study aims to investigate the relationship between burnout symptoms and the models of trust relationships among military doctors. The study of the relationship between burnout and the models of trust relationships will broaden understanding of the impact of factors of the military professional environment on the development of burnout among doctors and may be used to develop prevention programs for emotional burnout among military doctors.

Methods

The total sample comprised military doctors (N = 41) aged from 22 to 69 years ($M_{age} = 49.1$; $Me_{age} = 50$; $SD_{age} = 10.3$).

The following diagnostic tools were used in the study to measure indicators of emotional burnout and the level of self-trust and trust in others:

1. **The questionnaire for Assessing Self-Trust** (Skripkina, 2000). The questionnaire contains 73 statements requiring the respondents to evaluate their agreement (true/false). Based on answers to the questions, the instrument contains 11 scales to assess self-trust in (1) professional activities, (2) intellectual sphere, (3) everyday problems, (4) relationships with friends, (5) relationships with subordinates, (6) relationships

with superiors, (7) family relations, (8) relationships with children, (9) relationships with parents, (10) opposite-sex relationships, and (11) interesting leisure activities. The total self-trust score was calculated on the basis of these scales.

2. **The Rotter Interpersonal Trust Scale modified by S. G. Dostovalov** (Dostovalov, 2000). The scale measures the level of social trust of respondents, i.e. their trust in others. The instrument contains 25 statements, each assessing the level of agreement using a scale of 1 indicating "fully agree" to 4 indicating "fully disagree". Higher overall scale scores indicate higher social trust in respondents.

3. **The Maslach Burnout Inventory (MBI; K. Maslach & S. Jackson) modified by Vodopyanova** (Vodop'yanova & Starchenkova, 2017). The Inventory assesses the severity of emotional burnout according to the following three characteristics: emotional exhaustion, depersonalization, and reduced personal accomplishment. The higher the levels of emotional exhaustion and depersonalization, the more these symptoms of emotional burnout are pronounced. At the same time, the scale of reduced personal accomplishment is reversed.

In line with the established empirical objectives, we conducted a study of trust-related attitudes among military doctors (the questionnaire for Assessing Self-Trust by T. P. Skripkina and the Rotter Interpersonal Trust Scale). These instruments assessed the level of the following two parameters: self-trust ranging from high to low and the level of trust in the world. The results of the study also enabled us to construct trust relationship models characteristic of this sample.

Results

Respondents were divided into the following three groups based on test results:

- Group A – respondents with a balance between self-trust and trust in the world.
- Group B – respondents with high levels of self-trust and trust in the world.
- Group C – respondents with a higher level of self-trust, compared to the level of trust in the world.

We should note that this sample did not include respondents whose level of self-trust was lower than the level of trust in the world. We assume that this empirical fact is related to the characteristics of military doctors' professional activities. In their professional activities, they rely mainly on themselves, which is obviously an important quality associated with their profession.

Our findings indicated that the majority of respondents were characterized by a balance between the level of self-trust and the level of trust in the world – 78 %; 14.6 % of respondents had a higher level of self-trust, compared to the level of trust in the world; 7.3 % of respondents had high levels of self-trust and trust in the world (Table 1).

Table 1
Models of trust relationships among military doctors

Subgroups	Trust indicator	n	%
A	Average levels of self-trust and trust in the world	32	78 %
B	High levels of self-trust and trust in the world	3	7.3 %
C	The level of self-trust is higher than the level of trust in the world	6	14.6 %

In line with the objectives of our study, we performed a comparative analysis of the emotional burnout characteristics among military doctors with different models of trust relationships.

The Shapiro-Wilk test was used for testing distribution. During testing, we found that distribution was different from normal for all scales ($p < 0.001$). Therefore, non-parametric methods of statistical inference were used for further analysis. The Kruskal–Wallis test was used to compare burnout scores among the groups of doctors with different models of trust relationships. For pairwise comparisons between groups with different models, the Mann–Whitney test was used.

The comparative analysis (Kruskal–Wallis H test) of emotional burnout indicators among military doctors with different models of trust relationships showed a number of significant differences (Table 2). Thus, (a) depersonalization is higher in military doctors with a higher level of self-trust compared to the level of trust in the world (Group C); depersonalization is lower in military doctors with high levels of self-trust and trust in the world (Group B) ($p = 0.002$). (b) The scores of reduced personal accomplishment are lower among military doctors with high levels of self-trust and trust in the world (Group B); the scores of reduced personal accomplishment are higher in military doctors with average levels of self-trust and trust in the world (Group A) ($p = 0.033$).

Table 2
Comparative analysis of indicators of emotional burnout among military doctors with different models of trust relationships (Kruskal–Wallis H test)

	Group A (N=32)		Group B (N=3)		Group C (N=6)		Significance of differences	
	M	SD	M	SD	M	SD	Kruskal– Wallis H test	p-value
Emotional exhaustion	18.7	6.54	15.5	2.12	19.8	6.2	3.89	0.143
Deperso- nalization	6.6	5.08	3	4.24	8.58	3.73	12.05	0.002
Reduced personal accomp- lishment	37.2	6.28	45	1.41	39.8	7.51	6.8	0.033

However, a pairwise comparison revealed that:

- The emotional exhaustion of military doctors with high levels of self-trust and trust in the world is lower at the level of significant tendencies than that of military doctors with average levels of self-trust and trust in the world ($U = 18$, $p = 0.074$) and significantly lower compared to military doctors with a higher level of self-trust compared to the level of trust in the world ($U = 0$, $p = 0.016$), despite the absence of significant differences in the overall analysis.
- Depersonalization among military doctors with high levels of self-trust and trust in the world is significantly lower compared to military doctors with average levels of self-trust and trust in the world ($U = 0$, $p = 0.004$) and military doctors with a higher level of self-trust compared to the level of trust in the world ($U = 0$, $p = 0.017$). Moreover, depersonalization is significantly higher among military doctors with a higher level of self-trust compared to the level of trust in the world, compared to military doctors with average levels of self-trust and trust in the world ($U = 46.5$, $p = 0.042$);

- The scores of reduced personal accomplishment among military doctors with high levels of self-trust and trust in the world are significantly lower compared to military doctors with average levels of self-trust and trust in the world ($U = 7.5$, $p = 0.015$) and to military doctors with a higher level of self-trust compared to the level of trust in the world ($U = 0$, $p = 0.013$).

Therefore, all indicators of emotional burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) were found to be less pronounced among respondents with high levels of self-trust and trust in the world (Group B) than among respondents with average levels of self-trust and trust in the world (Group A) and with a higher level of self-trust compared to the level of trust in the world (Group C). Depersonalization was also less pronounced among military doctors with an average level of self-trust (Group A) than among doctors with a higher level of self-trust compared to the level of trust in the world (Group C).

The lowest scores of depersonalization and reduced personal accomplishment were observed among military doctors with high levels of self-trust and trust in the world (Group B). The highest scores of depersonalization were observed in military doctors with a higher level of self-trust compared to the level of trust in the world (Group C). The most pronounced reduced personal accomplishment was observed among military doctors with average levels of self-trust and trust in the world (Group A).

Discussion

Despite an obvious interest of the psychological scientific community in the issues of professional burnout and trust in medical practice, to date, only few studies have been conducted on the relationship between physician burnout and trust. In this study, we tried to investigate the relationship between the characteristics of trust models and the occurrence of various aspects of professional burnout. The data obtained confirm previous theoretical and empirical studies of the socio-psychological phenomenon of trust and the success of subjects' interactions with objective and social environments, particularly in professional activities (Aldasheva, 2016; Pukhareva, 2013; Huang et al., 2019).

Many Russian authors focus on studying the emotional exhaustion of military personnel. Thus, N. N. Vorob'eva studied the relationship between personality traits and emotional burnout in military personnel (2017). M. E. Zelenova and A. V. Zakharov present the results of a study on the relationship between emotional burnout and stress in military professional activities. They also considered health issues in military personnel under professional stress (Zelenova & Zakharov, 2014). The phenomenology of emotional burnout in military personnel is discussed in the works by I. A. Machul'skaya et al. (2015). N. N. Sudilovskaya and A. M. Khizmatulina (2017) reported that both doctors and nurses had an average level of severity of emotional burnout syndrome. In the study, they refer not only to structural but also procedural aspects of the phenomenon of emotional

burnout and note the prevalence of the resistance phase in the two groups of medical personnel examined.

We should note that most studies on trust in medicine are aimed at studying patients trust phenomenon, rather than at studying the models of trust relationships in medical personnel. Thus, A. N. Sukhova and L. N. Karashchuk (Sukhov & Karashchuk, 2022) analyzed the existing methods to studying the content of trust in various fields of science and focused on a psychological component of the content of this phenomenon.

E. A. Evstifeeva et al. (2020), in a study aimed at investigating professional burnout among oncologists, note that doctors have a low level of reflexivity and do not tend to trust interpersonal contacts. Almost two-thirds of oncologists examined have already developed emotional burnout syndrome. This study shows that with low interpersonal trust in a doctor's professional activity, the probability of professional burnout increases, as also confirmed by our research results.

Thus, we found that in military doctors, in terms of emotional exhaustion and depersonalization, the least burnout occurs among specialists with a balance between the levels of self-trust and trust in the world (high or average scores) compared to those with a higher level of self-trust compared to the level of trust in the world. At the same time, military doctors who have high levels of self-trust and trust in the world are less prone to depersonalization and reduced personal accomplishment than those who have average levels of self-trust and trust in the world. Reduced personal accomplishment, which results in a reduction in the sense of competence and a negative assessment of professional achievements, was most prominent in the group of doctors with average levels of self-trust and trust in the world. Thus, military doctors with higher levels of self-trust focusing primarily on themselves, have less trust in others and have higher mental and emotional exhaustion, and more depersonalize patients than those who have equal average or high levels of trust in themselves and others. At the same time, however, they are less likely to devalue their achievements and performance compared to doctors with average levels of self-trust and trust in the world, which is probably a compensation to ensure adaptive functioning in difficult situations of professional choice.

An interesting fact is that in the sample of military doctors studied, there are no specialists who have low levels of self-trust and trust in the world, or those who have a higher level of trust in the world compared to the level of self-trust. This can be explained in part by the personal characteristics of the subjects who choose self-development in the military sphere, and in part by the phenomenon of professional deformation influenced by working conditions, which requires independent research.

Conclusion

The characteristics of the professional activities of military doctors form self-trust in the performance of their professional functions. We should note that a balance between self-trust and trust in the world is characteristic of most respondents.

The study results indicated that a high level of such a professional burnout indicator as depersonalization was identified among military doctors with a higher level of self-trust compared to the level of trust in the world and is lower among military doctors with high levels of self-trust and trust in the world. In general, we found that the depersonalization of military doctors with high levels of self-trust and trust in the world is significantly lower compared to military doctors with average levels of self-trust and trust in the world and to military doctors with a higher level of self-trust compared to the level of trust in the world. The depersonalization score is significantly higher among military doctors with a higher level of self-trust compared to the level of trust in the world than among military doctors having average levels of self-trust and trust in the world.

Emotional exhaustion among military doctors with high levels of self-trust and trust in the world is lower at the level of significant tendencies compared to military doctors with average levels of self-trust and trust in the world and significantly lower than among military doctors with a higher level of self-trust compared to trust in the world, despite the lack of significant differences.

Reduced personal accomplishment is lower among military doctors with high levels of self-trust and trust in the world and higher in military doctors with average levels of self-trust and trust in the world.

The lowest scores of depersonalization and reduced personal accomplishment are observed among military doctors with high levels of self-trust and trust in the world (Group B); the highest scores of depersonalization are observed in military doctors with a higher level of self-trust compared to the level of trust in the world (Group C), and the most pronounced reduced personal accomplishment is observed among military doctors with average levels of self-trust and trust in the world (Group A).

Our research has enabled us to emphasize the interdependence of manifestations of burnout aspects and the relationship of trust attitudes among military doctors (the ratio between the levels of self-trust and trust in the world).

The results of this work contribute to the development of the idea of the basic role of self-trust and trust in others in doctors' professional activities and of the relationship between professional burnout and the ability of doctors to rely on themselves and others simultaneously. The results of the study clearly show that deformations in manifestations of these attitudes are associated with physician burnout.

The results can be used for the development of burnout prevention programmes for military doctors, taking into account identified characteristics, and for career guidance. Further research in this field is expected to lead to the study of phenomena that mediate the process of development of burnout in combination with the types of trust attitudes in medical practice.

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Author Contribution

Tat'yana Petrovna Skripkina contributed to the concept and design of the study, carried out critical analysis, edited the final version of the manuscript.

Il'ya Igorevich Khersonskii contributed to the analysis of literature, collected and analyzed the data, wrote the text of the manuscript.

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Conflict of Interest Information

The authors have no conflicts of interest to declare.