

Job morale of physicians working in public healthcare settings in Kazakhstan before the COVID-19 pandemic: A narrative review of the literature with systematic search

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Abstract

The current review aims to narratively review the existing literature on four indicators of job morale (job motivation, job satisfaction, burnout and symptoms of depression) among physicians working in public health institutions in Kazakhstan for the entire period of the formation of an independent state and before the COVID-19 pandemic.

We used the methodology of systematic literature search. In particular, publications were searched in the following databases: Pubmed, Cochrane Library and Scopus from January 1991 (the acquisition of the country's sovereignty) to April 2020 (the beginning of the COVID-19 pandemic). The search was also carried out using specialized search engines (Google Scholar) and in electronic scientific libraries (Cyberleninka), as well as domestic medical journals. A total of 112 references were found, from which 35 articles were selected for the subsequent analysis. After reading the full-text articles, a total of 17 sources were finally included in our review. Out of the available studies, 11 are devoted to the study of the burnout syndrome of physicians among 1550, three studies examined job satisfaction among 306 participants, one study was devoted to symptoms of depression among 15 participants. Two studies studied two indicators of job morale.

Based on the findings of the current review, it can be assumed that job morale of physicians working in public healthcare settings in Kazakhstan before the COVID-19 pandemic is rather low.

Key words: job morale, job satisfaction, job motivation, burnout, Kazakhstan.

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Introduction

Job morale of an employee is a term that is used both in healthcare and in a broader context. This interest is caused by the widespread assumption that the psycho-emotional state at work can significantly affect productivity. The job morale of a medical worker is a complex phenomenon and currently has no universally recognized definition and measurement method [1,2].

The available data indicate that physicians with positive job morale are more likely to provide patients with better care [3], it is assumed that improving job morale in the workplace can have a positive impact on labour productivity, solve the problem of inadequate work productivity in areas with fewer/inadequate resources [4]. In addition, positive job morale at work is associated with greater retention and higher recruitment of medical personnel [5-8].

The deterioration of the job morale of physicians, including a decrease in professional motivation, job satisfaction, burnout syndrome and symptoms of depression have become ubiquitous among physicians. The data indicate that many qualified physicians leave Kazakhstan to work in high-income countries or leave the profession [9]. The deterioration of job morale at work affects not only on a personal level, but also on health care in general. Thus, when an employee is dismissed, there are economic costs associated with the training of new personnel [10]. Moreover, there is evidence that the deterioration of job morale among physicians reduces the quality of care

provided to them and affects the safety of patients. It is also known that professional burnout increases the risk of medical error [11]. Therefore, the study of job morale is of great importance, allowing to retain qualified medical personnel and improve the quality of medical care [12].

The presence of a significant number of publications suggests that this situation is relevant for the healthcare systems across the world. However, the issue of job morale was not among the most urgent in Kazakhstan. The issues of material support and resource supply of healthcare facilities came to the fore. However, the COVID-19 pandemic has demonstrated a fact forgotten by many: the most important and valuable resource in the world is a person, and in medicine it is a medical worker. Most medical institutions did not respond to this problem for a long time, leading to the situation where physicians with signs of negative job morale were left without support, which, in turn, can pose a danger to the patient. The support of colleagues has become the preferred way to help a physician recover after the loss of a patient or a medical error.

Against this background, the current review aims to narratively review the existing literature on four indicators of job morale (job motivation, job satisfaction, burnout and symptoms of depression) among physicians working in public health institutions in Kazakhstan for the entire period of the formation of an independent state and before the COVID-19 pandemic.

Methods

Literature search. To achieve this aim, we used the methodology of systematic literature search. In particular, publications were searched in the following databases: Pubmed, Cochrane Library and Scopus from January 1991 (the acquisition of the country's sovereignty) to April 2020 (the beginning of the COVID-19 pandemic). The search was also carried out using specialized search engines (Google Scholar) and in electronic scientific libraries (Cyberleninka), as well as journals recommended by the Committee for Quality Assurance in Education of the Ministry of Education and Science of the Republic of Kazakhstan (Bulletin of Kaz NMU, Valeology, Astana Medicine Journals, Science and Health, etc.). The keywords for the search were: "job morale", "job motivation", "job satisfaction", "burnout" and "depression". Before starting the search, we had the

following search filters: studies performed on humans, published in English, Russian and Kazakh languages and full versions of articles.

Inclusion criteria. The studies were included in the review according to the following criteria: 1) original studies in which four indicators of job morale (job motivation, job satisfaction, burnout and symptoms of depression) were evaluated among physicians working in public health settings in Kazakhstan; 2) studies published in English, Russian and Kazakh languages. Literary reviews, letters to the editor and editorials were excluded from the review.

Analysis. The methodology of descriptive analysis was used to process the obtain data.

Results

A total of 112 references were found, from which 35 articles were selected for the subsequent analysis. After reading the full-text articles, a total of 17 sources were finally included in our review. The total number of respondents surveyed for all indicators of job morale was 2381 people. Out of the available studies, 11 are devoted to the study of the burnout syndrome of physicians among 1550 participants [13-23], three studies examined job satisfaction among 306 participants [24-26], one study was devoted to symptoms of depression among 15 participants [27]. Two studies studied two indicators of job morale [28,29]. The general characteristics of all the studies included in this review are provided in Table 1.

The study of professional burnout by Rakhmetova and co-authors includes a survey of 130 physicians of surgical and therapeutic specialties in Astana showed that there is no significant difference between the specialties, the indicators of professional burnout are at a high level [13].

Kalymzhan and co-authors studied the level of emotional exhaustion among 171 physicians in Almaty,

and found that on average, for all interviewed physicians, this indicator is at an average level. While the indicators of depersonalization and reduction of personal achievements are at a high level: a high level of burnout in terms of emotional exhaustion, depersonalization and reduction of personal achievements (PA) was found in 41%, 61.4% and 63% of physicians [14].

In Seiduanova's study, the susceptibility to emotional burnout of 66 general practitioners/family physicians was studied using Boyko's test in polyclinics in Almaty. With an increase in the length of service, starting from five years and above, the indicators of reactive and personal anxiety among participants increased compared to the control group. The values of these indicators are in the range of boundaries from low to high anxiety [15].

Table 1 - General characteristics of included studies

Studies	Region	Number of participants	Specialities	Indicators	Methods	Results
Rakhmetova B.T. et al., 2020 [13]	Astana	130	Surgeons, therapists	Burnout	Maslach Burnout Inventory (MBI)	High level of burnout: fatigue index (26.2), monotony index (27.1), satiety index (28.3), stress index high (31.5), exhaustion index significant (26.2), monotony index significant (27.1), satiety index (28.3), stress index high (31.5). MBI: High
Kalymzhan G.T. et al., 2020 [14]	Almaty	171	Oncologists	Burnout	Maslach Burnout Inventory (MBI) EE – emotional exhaustion DP – depersonalisation PA – personal accomplishment	EE=25 (Medium) DP=14.3 (High) PA=29 (High)
Seydumanova L.B. et al., 2017 [15]	Almaty	66	General practitioners	Burnout	Test by Boiko	Voltage = 18.5% Resistance = 29.8% Depletion = 18.2%
Khairusheva D.A. et al., 2016 [16]	Almaty	180	Mixed	Burnout	Maslach Burnout Inventory (MBI)	Not reported
Madenbai K.M. et al., 2019 [22]	Turkestan	44	Surgeons, therapists	Burnout	Positive and Negative Affect Schedule (PANAS)	Not reported
Schneider V.V. et al., 2017 [17]	Almaty	124	Obstetric-gynaecologists	Burnout	Maslach Burnout Inventory (MBI)	Not reported
Hamama L. et al., 2015 [18]	Not reported	125	HIV centre specialists	Burnout	Maslach Burnout Inventory (MBI)	MBI = 1,88
Abdiorazova A et al., 2018 [19]	Astana	363	Mixed	Burnout	Copenhagen Burnout Inventory (CBI)	CBI = 53,1%
Koskadamov T.T. et al., 2018 [20]	Karaganda	50	Family physicians	Burnout	Maslach Burnout Inventory (MBI) EE – emotional exhaustion DP – depersonalisation PA – personal accomplishment	EE = 20% high, 57% medium, 23% DP = 18% very high, 0% high, 62% medium, 20% low PA=59 % low, 18 % medium, 0 % high, 10% very high
Vinnikov D. et al., 2019 [21]	Almaty	96	Cardiologists	Burnout	Maslach Burnout Inventory (MBI) EE – emotional exhaustion DP – depersonalisation PA – personal accomplishment	EE=19 (Average) DP=14.1 (High) PA=41 (High)
Berikuli D. et al., 2020 [23]	Multi-centered	201	Obstetric-gynaecologists	Burnout	Maslach Burnout Inventory (MBI) EE – emotional exhaustion DP – depersonalisation PA – personal accomplishment	EE=20.06 (Average) DP=7.31 (Average) PA=29.6 (High)
Zhumagazina G.Zh. et al., 2019 [28]	East Kazakhstan oblast	310	Mixed	Burnout/ job satisfaction	Not reported	Satisfied with the profession = 85.2%
Uteulin M. et al., 2018 [24]	Shymkent	59	Cardiologists	Job satisfaction	Not reported	Job satisfaction - high
Aldabergenova G.A. et al., 2019 [25]	Astana	37	Therapists	Job satisfaction	Self-developed	Job satisfaction = 54.3%
Sadakbayeva G. et al., 2020 [26]	Almaty	210	Mixed	Job satisfaction	Self-developed	Dissatisfaction with financial stimulation = 54.8%
Azanova B.A. et al., 2012 [29]	Almaty/ Karaganda/ Atyrau	200	Mixed	Job satisfaction/ job motivation	Not reported	Not reported
Baturin A.A. et al., 2012 [27]	Aktobe	15	Resuscitators	Depression symptoms	Hospital Anxiety and Depression Scale (HADS)	Anxiety 29% Sleep disorders 49% Reduced performance

Khairusheva's study studied emotional burnout among students and medical workers of several healthcare organizations in Almaty based on the questionnaire adapted by N. Vodopyanova. Overall, 668 people took part in the survey, including second - and fifth-year students of one of the largest medical educational institutions in Almaty, as well as 180 employees of various medical institutions. The highest burnout rates were observed among palliative care centre workers (71% were severely burned out and 9.7% were very badly burned out) and polyclinic workers (57.8% were severely burned out and 20.5% were very badly burned out). The burnout rate of second - and fifth-year medical students was also high (11.5% and 5.1% showed very high burnout, and 53.8% and 55.7% high burnout, respectively). The study also showed that among medical professionals, younger respondents with less experience are more prone to burnout [16].

In the study by Madenbai and co-authors, the relationship between socio-demographic characteristics and indicators of positive and negative affect was studied

according to the PANAS questionnaire [30]. Out of the 44 participants, 27 (61.4%) were physicians of a therapeutic profile and 17 (38.6%) of a surgical profile. A low degree of positive affect was found in 29.5% of participants, a moderate degree in 25%, medium and high degrees of positive affect were found in 22.7% in each of the last two groups. The degree of negative affect was distributed as follows: 34.1%-low degree, 31.8%-moderate degree, 18.2%-medium degree, 15.9%-high degree. There was a statistically significant difference between males and females in terms of the positive affect. Age was recognized as a significant factor: negative phenomena were significantly higher in those younger than 32 years compared to those older than 32 years. The type of activity was also an important factor: among surgical physicians, the average level of positive affect and the high level of negative affect showed higher values [22].

A study by Schneider and co-authors, involving 124 Kazakhstani and 35 German medical workers of maternal and child hospitals showed that among the sample of the

Kazakh population, medical workers aged 30 years and younger were the most resistant to burnout compared to other age groups [17].

The attitude and burnout among medical workers working with HIV/AIDS patients in Kazakhstan compared to Russian and Israeli specialists was also studied. This study showed that the average burnout score of Kazakhstani healthcare professionals working with HIV/AIDS patients was higher than that of Russian and Israeli colleagues (1.88, 1.65 and 1.31, respectively) [18].

The results of Abdiorazova's study, which covered 363 medical workers of various specialties of polyclinics and hospitals in Astana, showed that 82.1% of participants had a high level of personal burnout, 66.9% had a high level of professional burnout and 53.1% had a high level of burnout. It is also noted that medical workers who have worked for less than 10 years and for more than 21 years, had the highest degree of burnout [19].

In the study of Koskadamov and Beisenaev, the results of the analysis among 100 medical workers (50 family physicians and 50 nursing staff) of family outpatient clinics in Karaganda showed that more than 20% of respondents have high or very high level of emotional burnout syndrome [20]. At the same time, there was no reliable statistical significance between gender and the degree of burnout, as well as between work experience and degree of burnout [20].

According to the results of Zhumagazina's research among 310 medical workers employed at East Kazakhstani healthcare organizations, majority of the participants feel support and approval from the leadership. A number of organizational factors affect the degree of burnout among medical workers, including the level of wages, the lack of additional remuneration, performance of work that causes emotional stress and lack of satisfaction from the chosen profession. Almost all participants in the study consider the salary they receive to be average. Furthermore, almost all respondents are satisfied with their profession and believe that their chosen profession is important and significant in society [28].

In the study by Vinnikov and co-authors, the relationship between age, gender, duration of work, smoking, physical activity and the degree of burnout among cardiologists of the Almaty Cardiology Center was evaluated. No associations between these factors and burnout were found. A high level of depersonalization prevailed in 52% of cardiologists, a high level of emotional burnout was

found in 32% of cardiologists, and a reduction in personal accomplishment was noticed among 16% of physicians [21].

In a multicentre study by Berikuly and co-authors, burnout was not connected with geographical region. However, emotional burnout increased with age and experience of physicians [23].

Uteulin and co-authors reported high satisfaction of 59 cardiologists of the Shymkent Cardiology Center with working conditions [24].

Aldbergenova and co-authors report the results of the study on 37 therapists of a polyclinic in Astana. Authors revealed insufficient satisfaction with working conditions due to social and industrial factors affecting the effectiveness of medical care, labour productivity and the successful solution of professional tasks [25].

Another study defined that 210 physicians in Almaty were satisfied with material and technical equipment at work yet described their dissatisfaction with financial incentives (54.8%). Respondents also admitted having difficulties with information and communication technologies (insufficient Internet speed and imperfection of information systems) [26].

Azanova and co-authors reported following results. "Satisfaction with the results of work": in Almaty - 75%, in Karaganda - 60%, and in Atyrau - 78.4% ($p \leq 0.01$). "The possibility of professional growth" as Motivation was noted in Almaty - 58.3% of respondents, in Karaganda - 54.3%, in Atyrau - 33.3% ($p < 0.05$). Overall, 47.9% of respondents in Almaty, 40% in Karaganda, and 41.2% in Atyrau noted "Recognition of professional merits and achievements" as motivation for work. "Financial remuneration" as motivation for work was noted in Almaty - 39.6% of respondents, in Karaganda - 48.6%, and in Atyrau - 41.2% [29].

Bayturin and co-authors conducted a study on 15 resuscitators of the Aktobe City Clinical Children's Hospital and defined that 49% of respondents suffered from sleep disorders, while 25% had chronic insomnia requiring therapeutic correction. According to psychological testing, 29% of respondents had an increased level of anxiety, 43% had a decreased level of activity and 66% had a decreased performance during work. Respondents considered stressful factors at work to be the cause of sleep disorders, poor health and increased anxiety levels. Almost 90% of the respondents had a history of hypertensive crises or rhythm disturbances [27].

Discussion

The results of this review show that the job morale among physicians working in public healthcare settings in Kazakhstan was evaluated using mainly quantitative methods. However, the scales have questionable substantive validity, making the interpretation of the results problematic.

Strengths and limitations. To date, this review is a first study on job morale of physicians in Kazakhstan. One of the important limitations of this review is that the search strategy covered articles only in the field of health, meaning that data related job morale was almost certainly missed. In addition, the quality of the studies was not evaluated, meaning that the results of the review should be interpreted with caution.

Considering that emotional exhaustion is the main domain of burnout, we may conclude that physicians working in Kazakhstan have a high risk of professional burnout. Burnout levels varied in different studies, but

in general were noticeably lower in large cities than in regional centres [13-16,24]. This indicates the importance of exploring job morale and its influencing factors in different geographical regions. Based on the results of the current review, it can be defined that the level of emotional burnout was associated with work experience. In particular, the higher was the professional experience, the higher was the level of burnout [15,24]. It was also reported that employees with an experience up to 10 years and more than 21 years have higher burnout rates [15], [24]. Furthermore, burnout rates were higher among physician working at palliative care health facilities and polyclinics [16]. As regard to physicians speciality burnout level was higher among physicians working with patients infected with HIV [18] and surgeons [22]. It is important to note that studies report contradicting results. One study reported that respondents over the age of 32 have a lower degree of emotional burnout than respondents under the age of 32. Another study reports

that respondents over 30 years of age are more prone to emotional burnout [17]. Berikuly and co-authors also notes the relationship between age and burnout - the older the respondent, the higher were the burnout rates [23].

Studies that have studied professional satisfaction note a high level of professional satisfaction (interaction with colleagues, professional growth) [25,28], while the level of satisfaction with material and technical equipment is at an average level [26,27]. Overall, job satisfaction was studied significantly less than professional burnout. To date, only one study has examined some of the symptoms of work-related depression, such as sleep disorders, insomnia, increased anxiety and decreased activity and performance. These indicators varied, but generally have the character of moderate [29].

Based on the data provided above, it can be concluded that there are only a few studies that have studied the job morale of physicians in Kazakhstan. The quality of

Conclusions

Based on the findings of the current review, it can be assumed that job morale of physicians working in public healthcare settings in Kazakhstan before the COVID-19 pandemic is rather low. However, this conclusion is mainly based on burnout findings and should be considered cautiously. Future research needs to explore job morale as a complex phenomenon and study it across different geographical regions and professional and age groups.

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the studies is somewhat questionable, making it difficult to compare the results.

Implications for future research and practice. Despite the fact that all components of job morale were studies in this review, the majority of included studies were dedicated to professional burnout. This indicate a need for studies exploring other indicators of job morale, including job motivation, job satisfaction and depression symptoms. There is also no data on job morale of physicians working in rural regions as almost all included studies explored job morale of physicians working in the cities of republican significance or regional centres. Future research on job morale of physicians working in public healthcare settings in Kazakhstan can help not only to understand the processes underlying job morale but also to develop strategies to improve it.

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Conflict of interest. The authors declare that there is no conflict of interest.

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COVID-19 пандемиясына дейінгі Қазақстандағы денсаулық сақтау мекемелерінде жұмыс істейтін дәрігерлердің психо-эмоционалдық жағдайы: Жүйелі іздегіру арқылы әдебиеттерге шолу

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Түйіндеме

Бұл шолу Қазақстанда тәуелсіз мемлекеттің қалыптасуының бүкіл кезеңінде және COVID-19 пандемиясына дейінгі кезеңде мемлекеттік денсаулық сақтау мекемелерінде жұмыс істейтін дәрігерлер арасындағы қызметтік моральдың 4 индикаторы (еңбек мотивациясы, жұмысқа қанағаттану, шаршау және депрессия белгілері) бойынша қолданыстағы әдебиеттерді баяндауға бағытталған.

Әдебиеттерді жүйелі іздеу әдістемесін қолдандық. Атап айтқанда, басылымдар келесі дерекқорларда іздестірілді: Pubmed, Cochrane Library және Scopus 1991 жылдың қаңтарынан (ел егемендігін алу) 2020 жылдың сәуіріне дейін (COVID-19 пандемиясының басталуы). Іздеу сонымен қатар мамандандырылған іздеу жүйелерін (Google Scholar) және электронды ғылыми кітапханаларда (Киберленинка), сондай-ақ отандық медициналық журналдарды қолдану арқылы жүргізілді. Барлығы 112 әдебиет табылды, олардың ішінен кейінгі талдау үшін 35 мақала таңдалды. Толық мәтінді мақалаларды оқығаннан кейін, барлығы 17 дереккөз біздің шолуымызға қосылды. Қолда бар зерттеулердің 11-і 1550 дәрігерлердің күйіп қалу синдромын зерттеуге арналған, үш зерттеу 306 қатысушының жұмысқа қанағаттануын зерттеді, бір зерттеу 15 қатысушының депрессия белгілеріне арналған. Екі зерттеу жұмыстағы моральдың екі көрсеткішін зерттеді.

Ағымдағы шолудың нәтижелеріне сүйене отырып, COVID-19 пандемиясына дейін Қазақстандағы денсаулық сақтау мекемелерінде жұмыс істейтін дәрігерлердің моральдық деңгейі айтарлықтай төмен деп болжауға болады.

Түйін сөздер: дәрігерлердің психоэмоционалды жағдайы, жұмысқа қанағаттану, жұмысқа мотивация, күйіп кету, Қазақстан.

Психоэмоциональное состояние врачей, работающих в государственных учреждениях здравоохранения в Казахстане до пандемии COVID-19: Обзор литературы с систематическим поиском

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Резюме

Целью настоящего обзора является нарративный обзор существующей литературы по 4 показателям психоэмоционального состояния (мотивация к работе, удовлетворенность работой, выгорание и симптомы депрессии) среди врачей, работающих в учреждениях общественного здравоохранения Казахстана за весь период становления независимого государства и до пандемии COVID-19.

Мы использовали методологию систематического поиска литературы. В частности, проводили поиск в следующих базах данных: Pubmed, Cochrane Library и Scopus с января 1991 года (приобретение суверенитета страны) по апрель 2020 года (начало пандемии COVID-19). Поиск также проводился с использованием специализированных поисковых систем (Google Scholar) и в электронных научных библиотеках (Cyberleninka), а также в отечественных медицинских журналах. Всего было найдено 112 ссылок, из которых для последующего анализа было отобрано 35 статей. После прочтения полных текстов статей в наш обзор было окончательно включено 17 источников. Из имеющихся исследований 11 посвящены изучению синдрома выгорания врачей среди 1550, три исследования изучали удовлетворенность работой среди 306 участников, одно исследование было посвящено симптомам депрессии среди 15 участников. Два исследования изучали два показателя морального духа на работе.

На основании результатов текущего обзора можно предположить, что моральный дух на работе врачей, работающих в государственных учреждениях здравоохранения в Казахстане до пандемии COVID-19, довольно низкий.

Ключевые слова: психоэмоциональное состояние врачей, удовлетворенность работой, мотивация на работе, выгорание, Казахстан.