ORIGINAL ARTICLE

BURNOUT SYNDROME: UNDERSTANDING OF NURSING PROFESSIONALS WHO WORK IN THE HOSPITAL CONTEXT

SÍNDROME DE BURNOUT: COMPRENSÃO DE PROFISSIONAIS DE ENFERMAGEM QUE ATUAM NO CONTEXTO HOSPITALAR

ABSTRACT

Objective: to investigate the understanding of nursing professionals about the Burnout Syndrome. Method: This is an exploratory study, which is comprised of 12 nursing professionals who work in the hospital context. Data were collected in September 2012, by means of forms, after approval by the Ethic Research Committee (Protocol nº 84.022) and qualitatively analyzed, through the content analysis technique. Results: from the analysis of the empirical material, three thematic categories have been unveiled: “Syndrome characterized by physical and psychological exhaustion, arising from the job stress”; “Syndrome that causes signs and symptoms, whether physical or psychological for the worker”; “The syndrome and its implications on the work environment, in family and social contexts”. Conclusion: nurses understand the Burnout Syndrome as a disease that causes psychological, physical and social hazards to the worker’s health. Descriptors: Burnout; Worker’s Health; Professional Depletion; Nursing Staff.

RESUMO

Objetivo: investigar a compreensão de profissionais de enfermagem sobre o Síndrome de Burnout. Método: trata-se de estudo exploratório, constituído por 12 profissionais de enfermagem que atuam no contexto hospitalar. Os dados foram coletados no mês de setembro de 2012, por meio de formulários, após aprovação do Comitê de Ética em Pesquisa (Protocolo nº 84.022) e analisados qualitativamente, mediante a técnica de análise de conteúdo. Resultados: da análise do material empírico, emergiram três categorias temáticas: “Síndrome caracterizada pelo esgotamento físico e psicológico, em decorrência do estresse laboral”; “Síndrome que acarreta sinais e sintomas físicos e psicológicos para o trabalhador”; “A Síndrome e suas implicações no ambiente de trabalho, no contexto familiar e no social”. Conclusão: os enfermeiros compreendem a Síndrome de Burnout como uma patologia que causa danos psicológicos, físicos e sociais para a saúde do trabalhador. Descritores: Burnout; Saúde Do Trabalhador; Esgotamento Profissional; Equipe De Enfermagem.

RESUMEN

Objetivo: investigar la comprensión de profesionales de Enfermería sobre el Síndrome de Burnout. Método: trata-se de estudio exploratorio, constituido por 12 profesionales de enfermería que actúan en el contexto hospitalario. Los datos se recabaron en setiembre de 2012, por medio de formulario, tras aprobación del Comité de Ética en Investigación (Protocolo nº 84.022) y analizados cualitativamente, mediante la técnica de análisis de contenido. Resultados: del análisis del material empírico, surgieron tres categorías temáticas: “Síndrome caracterizado por el agotamiento físico y psicológico, efecto del estrés laboral”; “El síndrome y sus implicaciones en el ambiente de trabajo, en el contexto familiar y social”. Conclusión: los enfermeros comprenden el Síndrome de Burnout como una patología que ocasiona daños psicológicos, físicos y sociales para la salud del trabajador. Descriptores: Burnout; Salud del Trabajador; Esgotamiento Profesional; Equipo de Enfermería.
The Burnout Syndrome is considered an epidemic among workers who deal with people. It has high incidence in professionals such as doctors, nurses and teachers, across the world, and can be seen as a relevant public health issue. This syndrome is one of the more important occupational hazards of psychosocial character in current society. Burnout is a serious process of deterioration in life quality of the worker, taking into consideration its serious implications for physical and mental health.  

The word “Burnout” was used for the first time in 1953, in a study that described the issue of a psychiatric nurse who was exhausted with her work, and is resulting from a composition of the English language: “burn”, that means firing; and “out”, that means exterior, which suggests that the person with this kind of stress consumes itself physically and emotionally. Such sickness can be represented as a state similar to a smothering fire, a lack of energy, a flame that extinguishes itself or a battery that runs out.

Despite the predominance of the expression “Burnout”, in most studies, there are references to the syndrome with other denominations, for example, “job stress”, “vocational stress”, “assistential stress”, “assistential occupational stress” or, simply, “occupational stress”, which show the highest incidence among those who are involved in caring for people, regardless of professional or labor nature. There is also the expression “syndrome of burn itself through work” or “professional wear”, in some in Spanish researches. In Brazil, there are classifications such as “professional neurosis”, “neurosis of excellence” or “Burnout Syndrome”. This variety of designations for the same hazard can be confusing and, often, hinders the production of researches with regard to this area.

As for the Brazilian labor legislation, the Ministry of Social Welfare and Assistance presented the new list of occupational diseases and work-related, which contains a set of twelve diagnostic categories of mental disorders. The Burnout Syndrome corresponds to the 12th disorder and is defined as a type of prolonged response to chronic emotional and interpersonal stressors in the job.

It is worth mentioning that this syndrome is constituted by three dimensions related to each other, which are independent. To characterize this syndrome, these dimensions should be considered sequentially according to the procedural model. The first dimension is the Emotional Exhaustion, which is characterized by a lack of energy and enthusiasm and by a sense of resource depletion. The Depersonalization is the second dimension, which occurs when the worker starts to treat customers, colleagues and the organization in a distant and impersonal way, and the emotional bond is replaced by a rational bond. The third dimension is the Low Performance at Work, in which the worker tend to negatively evaluate itself, shows up dissatisfied with its professional development and experience a decline in competence and success feelings.

Studies focused on the worker’s health have shown as various professional segments, especially in the healthcare area, develop and compose a significant risk group for acquisition of this syndrome. In this regard, it should be highlighted that studies related to the Burnout Syndrome have increasingly occurred in the academic scope, and this sickness is related to the specific stress that reaches professionals who deal with people when performing their jobs, such as: teachers, doctors, nurses, policemen, among others.

The relationship between psychiatric and behavioral symptoms and the positive dimensions of the Burnout Syndrome was investigated through a study that encompassed several professional classes (administrative, assistential and support sectors) of a public hospital of medium complexity. The results showed the impact of the psychological suffering on productivity and work quality and found direct relationships among the dimensions of the syndrome in question and the studied symptoms. By watching, specifically, the professionals of Nursing area (the second professional category to develop Burnout Syndrome), studies were found that confirmed how much that category is inserted in the risk group.

In this approach, it is noticeable that the Burnout Syndrome is not a phenomenon exclusively with individual and internal characteristics, but a complex of psychological characteristics that reflect the structures of a given society. And although it is seen as occupational disease, is still unknown to a considerable portion of the professionals who are part of the risk group. In spite of this pathology, among health professionals, certainly occur for a long time, its recognition as a serious public health problem has been more explicit in recent years. This is an evil that affects these professionals, probably, since its functions have been associated with relevant social, psychological and economic factors, which are...
now recognized as relevant in relation to the syndrome in question.3

Thus, knowing the existence of a pathology that affects the worker, so that you can remove him from work activities and make him unusable for life, has motivated the interest in conducting a study about the Burnout Syndrome with nursing professionals of a hospital institution. The recognition about the relevance of this issue and the existence of a gap in relation to existing publications are also part of this motivation.

Given the above, this study starts from the following question: How do nurses who work in the hospital context understand the Burnout Syndrome?

To answer the proposed question, this study had the following objective: to investigate the understanding of nursing professionals who work in the hospital context, regarding the Burnout Syndrome.

The results of this study should serve not only as support for the construction of interventional measures for these workers, but also to aid future research projects that address this theme, preventing this disease in the workplace, promoting an improvement in their of life quality and contributing to decrease the existing gap in the area of specific publication on this issue.

METHOD

This is an exploratory study, with qualitative approach, conducted in a hospital institution of the public network in the municipality of João Pessoa, Paraíba, Brazil, and whose population sample was comprised of nursing professionals (nurses and nursing technicians) from the selected hospital for the study. For selecting the sample, we adopted the following inclusion criteria: being acting in the elected institution for the study at the time of data collection; having at least one year of professional performance and availability to participate in the research.

Based on the previously established inclusion criteria, the sample consisted of sixty nursing professionals (22 nurses and 38 nursing technicians). Of these, 48 gave us back the blank form, arguing that they do not know the issue in question, and 12 returned the answered form. Thus, the final sample was comprised of 12 nursing professionals - six nurses and six nursing technicians. The empirical material arising from those professionals was coded based upon the professional category, in order to maintain their anonymity. Hence, the forms of nurses were identified by the letter “E”, followed by numbers from one through six. Examples: “E1”, “E2”, and so on. Regarding the nursing technicians, they were assigned by the code “TE”, also followed by numbers from one to six.

To facilitate the data collection, performed in September 2012, we used a form containing questions pertinent to the proposed objective for the research. It should be emphasized that this study was guided from the ethical recommendations set out in the guidelines and the regulatory standards for researches involving human beings, which were established by the Resolution nº 196/96 from the Brazilian National Health Council, in force in our country, especially, with regard to the Free and Informed Consent Form of the participant, as well as the guarantee of anonymity and secrecy of information. By following the recommendations of the aforementioned Resolution, the research project was approved by the Ethics Research Committee from the Universidade Federal da Paraíba (UFPB), João Pessoa/PB/Brazil, in August 2012, under Protocol number 84.022.

Data analysis was carried out on a qualitative approach. The empirical material seized, from subjective questions, included in a form, was grouped and analyzed by means of the content analysis technique proposed by Bardin. Such method consists of three phases: pre-analysis, in which the researcher performs a fluctuating reading of the data that will guide the analysis, according to the proposed objective; exploration of the material, phase in which the coded material, i.e., subjected to a process by which the raw data are aggregated into thematic categories; and the treatment and interpretation of the results, in which the obtained empirical data are analyzed according to the thematic categories that were unveiled, supported in the literature pertinent to the issue under study.13

RESULTS AND DISCUSSION

Of the sixty professionals who were selected for the study, only twelve (six nurses and six nursing technicians) participated in the proposed research, whereas the others reported do not have knowledge about the Burnout Syndrome. This ignorance reflects a worrying situation, due to the sneaky nature of this evil, which may be present intermittently and gets worse over time.14

The ignorance of nursing professionals about this syndrome highlights the little attention given to this issue during the university training in the health area. In a study on the Burnout Syndrome with healthcare professionals, it was revealed that the low priority given to this issue in the
training of healthcare professionals occurs, among other factors, due to the distorted view that contents related to the health of such worker can be learned throughout the professional life. This is worrying fact, since it implies the lack of implementation of control measures, with the aim of providing a better life quality in the work environment.1

The thematic categories seized by means of the content analysis technique, based on the empirical material of the study, were the following: Syndrome characterized by physical and psychological exhaustion, arising from the job stress; Syndrome that causes signs and symptoms, whether physical or psychological for the worker; The syndrome and its implications on the work environment, in family and social contexts.

● Category I - Syndrome characterized by physical and psychological exhaustion, arising from the job stress

The testimony of the professionals involved in the study have reflected, in general, that the syndrome may be acquired through the stress arising from the intense working day of nursing professionals who, specifically, work under pressure, which causes physical and psychological exhaustion. This understanding can be seen in reports just like in the following:

- It is a state of physical and mental exhaustion and its cause is closely linked to the professional daily life of every individual. (E1)
- Syndrome characterized by psychological disorder, in which a vulnerable people usually are those who work under pressure. (E2)
- Syndrome characterized by physical and psychological exhaustion, changing the professional performance, may come in association with other pathologies. (E3)
- [...] This is the syndrome of exhaustion due to hard work. (E4)
- It is a syndrome acquired through the stress tackled during the work process. (E6)
- Work exhaustion. (TE1)
- Depressive mental disorder that manifests itself especially in people whose profession requires interpersonal involvement. (TE2)
- It is a disease that affects workers of several occupational areas. (TE4)
- It is a mental disorder due to the stress, which may arise from physical and mental exhaustion. (TE6)

From what was reported by the subjects, the Burnout Syndrome is a disease that arises from the job stress, which causes physical and mental exhaustion in nursing professionals.

It is worth mentioning that, with the changes in the modern world, the technology and the robotization have significantly advanced, and this leads to the dehumanization of human and affective contacts within the work environment. Before the current scene, there are professionals such as the nursing professionals, for which the direct and permanent contact with other people and the excessive workload is part of their work condition. Such workers are called high contact professionals, who, inevitably, involve themselves with other people and with an excessive workload, in an environment that is potentially generator conflicts and diseases, for example, the Burnout Syndrome, which appears as a worrying threat to work.15

This syndrome may be related to the emotional response to situations of chronic stress, due to intense working days, or to professionals who have great expectations concerning their professional development and dedication to the profession and do not reach the expected return. This depletion can also be resulting from the social division of labor in Nursing, since this division is processed, initially, to meet an established model of health policy, at the same time it produces the class structure of the capitalist society, through the professional hierarchization.16-7

The nursing team is comprised of nursing assistants, technicians and nurses that, not always, work harmoniously. Sometimes, there are interpersonal problems, mainly related to the lack of respect regarding the professional hierarchy, or even the abuse of power by nurses towards nursing assistants or technicians. All this can provoke moments of strains and stresses in the work environment that, as time goes by, can result in impairment of biological and psychological aspects of workers, with the onset of diseases. Furthermore, it should be added that these professionals, in general, need to have more than one job, in order to maintain an adequate socioeconomic pattern for their families, which induces them, often, to not have a satisfactory rest and this can cause high levels of stress, both as regards the relationship between their peers, as with regard to the relationship with the patient itself.

Moreover, the healthcare professionals, especially nurses, who acquire this syndrome, are often subjected to physical and mental overload during their working activities. The equipment and environment of hospitals usually do not comply with the ergonomic standards and impose tasks that overwhelm the individual, including with extensive working days and double duties. Associated
with these factors, the work with disease and suffering of patients constitutes itself as reason of physical and psychological stress.18

As can be seen, there are many situations that can lead to the development of the Burnout Syndrome in nursing professionals. Therefore, they must be watchful; both to adequately face these stressful situations, and to realize, previously, symptoms that may be manifesting and that require an appropriate treatment.

- Category II - Syndrome that causes signs and symptoms, whether physical or psychological for the worker

With the Burnout Syndrome, the individual loses the ability to understand the feeling or the reaction of other people. He/she do not want to be involved with the problems and difficulties of others, and the interpersonal relationships may be disrupted. The subject predispose itself to the development of physical and psychological symptoms and the illness can bring negative consequences for occupational and/or personal life.19

In the reports of the healthcare professionals involved in the study, the following signs and symptoms were mentioned:

- Shortness of breath, mood swings, sleep disorders, have difficulty in concentrating, dissatisfaction and anxiety disorder, among others. (E1)
- I have depression, insomnia, difficulty in concentrating. (E2)
- I have headache, stomach pain, depression, insomnia, fatigue, breathing problems. (E3)
- I have stress, discouragement, irritability, lack of sexual appetite, drowsiness, fatigue, among others. (E4)
- I have negative attitudes, aggressiveness, isolation, headaches, insomnia, and gastrointestinal disorders. (E5)
- I have stress, arterial hypertension, and depressed mood. (E6)
- I have physical fatigue, high blood pressure, insomnia. (TE1)
- I have irritability, difficulty in concentrating and anxiety. (TE2)
- I have Isolation, aggressiveness, headaches. (TE3)
- I have physical fatigue, mental fatigue, high stress and headaches. (TE4)
- I have negative attitudes, aggressiveness, isolation, headaches, insomnia, and gastrointestinal disorders. Generally, they vary according to each person. (TE5)
- I have physical wear, emotional wear, irritability, lability, aggressiveness, anxiety and even depression. (TE6)

Based on what has been reported and studies that specifically address the symptomatology, the Burnout Syndrome is considered an experience of subjective nature, which can trigger a set of signs and symptoms, whether physical or psychological, arising from the poor adaptation to work and an intense emotional load, and may be associated with frustration in relation to itself and to the work.20

The psychological signs and symptoms identified by the study participants are described as negative feelings and attitudes of the nursing worker, such as: dissatisfaction, irritability and aggressiveness. These symptoms interfere with their professional performance and bring consequences that involve the deterioration of interpersonal relationships and work performance.

It should be highlighted that this syndrome presents different degrees of manifestation, frequency and intensity, since it has a process of gradual and cumulative nature. Regarding the frequency, the lowest degree is present when the casual appearance of symptoms occurs, and the higher degree is detected when the presence is permanent. Regarding the intensity, the low level is characterized by low incidence of feelings like annoyance, exhaustion, restlessness and frustration, and the high level is associated with the presence of diseases and the somatization process.18

Workers with the Burnout Syndrome, who are affected by diseases of emotional origin, such as depression and anxiety, and by opportunistic physical diseases, require medical and psychological treatment, which often lead them to the deterioration of physical and emotional welfare. It is no coincidence that the professional affected by this sickness feels exhaustion and often gets sick, suffers from insomnia, ulcers, headaches, problems related to blood pressure, muscle tension, chronic fatigue, among other symptoms.22

In the case of nursing workers, this range of symptomatic and social consequences tends to expand itself, and the Burnout Syndrome, indirectly, can reach patients, their families and the general organization of work, which makes the professional even more vulnerable. It is important to emphasize that this kind of result happens when the methods of coping with stressful factors fail or are not enough.16

Often, this syndrome brings negative implications for the worker and they are associated with disability, absenteeism, decreased productivity, dismissals, and misuse of tranquilizers, alcohol and other drugs.23

In this sense, it is important that workers and managers identify the described symptomatologies and seek help from specific
professionals, before the affected workers suffer the implications that, in general, this syndrome may bring to their work, family and social life.

- **Category III - The syndrome and its implications on the work environment, in family and social contexts.**

  In the presented responses, the Burnout Syndrome appears as a triggering factor, both for physical and psychological problems, which change the interaction of the nursing professional in the social and work environments. It was also observed that many of them referred to the lack of motivation for the work, which, consequently, leads to the deficit in its quality. The interpersonal problems with colleagues, bosses and family, as implications of Burnout, were also referenced by the participants. It can be observed by means of the following speeches:

  - It causes little autonomy in professional development; relationship problem whether with the headship, work colleagues or, even, among family members. (E1)
  - There is a deficit in exerting their function at work. (E2)
  - There are changes in the performance of their work functions, changes in the family life and social isolation. (E3)
  - Absence from work due to illness aid.(E5)
  - Work leave. (TE1)
  - Detachment from work, decreased quality of provided services, transfers, it also affects the profitability. (TE2)
  - Social exclusion, long periods of treatment.(TE3)
  - There is a lack of motivation to perform the work activities. There is a lack of attention during their activities. Disease arising from emotional nature such as lupus and others.(TE4)
  - Absence from work, generated by illness aid, long period of psychological treatment, social exclusion.(TE5)
  - It makes the worker vulnerable to other opportunist diseases, even with the lower interpersonal relationship with colleagues and customers. It affects the emotions and affections of the worker. (TE6)

  As can be realized in the statements above, this syndrome brings implications for occupational and/or personal life of the nursing worker. Since it is a process of response to the chronic occupational stress, has impact on the psychological aspect of the worker, with negative consequences at the individual, professional, family and social levels.24

  The sequence of negative events of the Burnout Syndrome begins with fatigue, physical and mental wears, which lead the professional to emotional exhaustion, and evolve in a progressive way, with a cumulative nature. In these circumstances, exhaustion refers, mainly, to disruption of the reciprocity among professionals and the organization to which they are linked, which creates the feeling of injustice that increasingly undermines the worker's health, and psychological disorders and / or even physical.24 This situation brings harmful consequences for the daily life of the worker, who begins to deteriorate its relations within the work environment, often missing it, including by reason of illness, and to walk away from friendships.

  This imbalance in the worker's health may cause increased rates of absenteeism, which generates medical leaves and the need, on the part of the work organization, to promote the replacement of employees, transfers, new hires, new trainings, among other expenses. With this, the quality of the provided services and the level of production will inevitably be affected, as well as the profits generated by the company.25 Accordingly, the worker, besides being sick, by needing treatment, is at the risk of being dismissed from the institution, since, in general, companies are concerned about the job performance and tend to exclude from its workforce those who are not suitable for the requirements of the job...

  The reports point out to the helplessness that is imposed to the worker, when he/she is affected by the syndrome in question and how the personal life, in general, is reached. It is no coincidence that some investigations express the intense preoccupation with the physical, emotional and social consequences arising from the onset of the Burnout Syndrome, since people become more distant and indifferent toward work, colleagues and family members, once they feel it is safer to keep themselves unresponsive.26

  Thus, influenced by biological and psychological manifestations caused by the ongoing stress, that worker tends to change its social and family life and, thus, become a person with relationship problems and predisposed to social isolation, as reported by some research participants. Therefore, the affected worker needs monitoring by healthcare professionals and support and understanding from its family, which should welcome him/her and help him/her to get out of this tough phase of life.

**CONCLUSION**

From this study, it is concluded that nurses participating in the research understand the
Burnout Syndrome as a pathology that brings psychological, physical and social hazards to the worker’s health. Nonetheless, the study has revealed a considerable number of professionals who have not responded to the form, by claiming ignoring the disease. It can be seen that there is a deficit in relation to the real understanding of the Burnout Syndrome among nursing professionals. This is a worrying fact, since its incidence, in this labor category, is among the highest ones.

In this perspective, this study suggests that public managers should intervene in the sense that this job pathology becomes known, and for that this issue is more valued in health training, particularly in Nursing Courses, whether in the High School or Higher Education, and disseminated in health institutions. Moreover, it is equally important to alert the public health service to the need for conducting the confrontation and the interference of the Burnout Syndrome, by highlighting that preventive actions should be prepared. For this purpose, it should be adopted organizational and individual strategies, in order to combat the syndrome and / or minimize its effects on the worker and provide an improvement in his/her life quality.

With nurses, several studies have been conducted regarding the Burnout Syndrome and its implications in the daily work of these individuals. Today, it should be discussed why it is relevant to study the Burnout Syndrome. The fact is that the individuals originating from helping professions are especially susceptible to high rates. Therefore, organizations are beginning to worry about the life quality, welfare and physical and mental health of its employees. Furthermore, there is fact that the Burnout Syndrome produces serious impacts, both in the professional and personal scopes. After all, the occupational health of healthcare professionals may influence the quality of care to be provided, in their relationship with family members and in the social context. This is why we suggest that further studies are carried out, in order to complement the information pointed out in this paper.

REFERENCES


Burnout Syndrome: understanding of nursing...

Submission: 2012/10/31
Accepted: 2013/01/07
Publishing: 2013/02/01

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