Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

PREDICTORS FACTORS OF BURNOUT SYNDROME IN NURSING IN INTENSIVE CARE UNIT

FATORES PREDITORES DA SÍNDROME DE BURNOUT EM ENFERMAGEM NA UNIDADE DE TERAPIA INTENSIVA

FACTORES DEL SÍNDROME DE BURNOUT EN EMFERMERÍA EN LA UNIDAD DE TERAPIA INTENSIVA

Larissa Santi Fernandes[1], Maria José Trevizani Nitsche[2], Ilda de Godoy[3]

ABSTRACT

Objective: to evaluate the predictors of burnout syndrome in nursing professionals. ***Method***: cross-sectional and analytical quantitative approach with the participation of 47 professionals working in the Nursing Intensive Care Unit (ICU) of a teaching hospital in the interior of São Paulo/SP. A questionnaire for data collection and analysis was used, the data were tabulated in spreadsheets Microsoft Excel® 2010 program, statistically analyzed: percentage, average and standard deviation. The research project was approved by the Research Ethics Committee, protocol 4129-2012. ***Results***: 53.2% of professionals say they are able to deal with the activities they are designated, 51.0% state that has the opportunity to perform procedures they deem important. ***Conclusion***: the fact of working in a closed environment and alienated in a parallel world, where there is no contact with the outside, influences in the development of predictors Syndrome. Most professionals reported that they do not feel threatened and judge to practice their activities according to the expectations of the institution. ***Descriptors:*** Burnout; Syndrome; Nursing; Intensive Care; Health Promotion.

RESUMO

***Objetivo*:** avaliar os fatores preditores da Síndrome de *Burnout* nos profissionais da área de enfermagem. ***Método*:** estudo transversal e analítico, de abordagem quantitativa, com a participação de 47 profissionais de enfermagem que atuam na Unidade de Terapia Intensiva (UTI) de um hospital ensino do interior de São Paulo/SP. Utilizou-se um questionário para a coleta de dados, e, para a análise, os dados foram tabulados em planilhas do programa *Microsoft Excel*® 2010, submetidos à análise estatística: porcentagem, média e desvio-padrão. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo 4129-2012. ***Resultados*:** 53,2% dos profissionais dizem que estão aptos a lidar com as atividades para as quais são designados, 51,0% referem que têm oportunidade de realizar procedimentos que julgam importantes. ***Conclusão*:** o fato de trabalhar em um ambiente fechado e alienado em um mundo paralelo, em que não se tem contato com o exterior, influencia no desenvolvimento de fatores preditores da Síndrome. A maioria dos profissionais relatou que não se sente ameaçada e julga realizar suas atividades de acordo com as expectativas da instituição. ***Descritores*:** Burnout; Síndrome; Enfermagem; Terapia intensiva; Promoção da Saúde.

RESUMEN

***Objetivo*:** evaluar los factores predictores del Síndrome de Burnout en los profesionales del área de enfermería. ***Método*:** transversal y analítico de enfoque cuantitativa con la participación de 47 profesionales de Enfermería que actúan en la Unidad de Terapia Intensiva (UTI) de un hospital de enseñanza del interior de São Paulo/SP. Se utilizó un cuestionario para la recolección de datos y para el análisis, los datos fueron tabulados en planillas del programa *Microsoft Excel*® 2010, sometidos a análisis estadística: porcentaje, media y desvío-padrón. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo 4129-2012. ***Resultados*:** 53,2% de los profesionales dicen que están aptos a lidiar con las actividades para las cuales son designados, 51,0%, refieren que tienen oportunidad de realizar procedimientos que juzgan importantes. ***Conclusión*:** el hecho de trabajar en un ambiente cerrado y alienado en un mundo paralelo, en que no se tiene contacto con el exterior influye en el desarrollo de factores predictores del Síndrome. La mayoría de los profesionales relataron que no se sienten amenazados y juzgan realizar sus actividades de acuerdo con las expectativas de la institución. ***Descriptors*:** Burnout; Síndrome; Enfermería; Terapia intensiva; Promoción de Salud.

[1]Nurse, Master degree student, Collective Health Program, Medical School of Botucatu/UNESP. Botucatu (SP), Brazil. E-mail: lalasfer@ig.com.br; [2]Nurse, Ph.D. Professor, Medical School of Botucatu/UNESP. Botucatu (SP), Brazil. E-mail: zecatre@fmb.unesp.br; [3]Nurse, Ph.D. Professor, Medical School of Botucatu/UNESP. Botucatu (SP), Brazil. E-mail: degodoy@fmb.unesp.br

INTRODUCTION

The Burnout Syndrome (SB) or Job Burnout Syndrome is the main consequence of professional stress, characterized by the response to chronic emotional and interpersonal sources of stress at work, achieving a higher incidence of health professionals, since they are directly linked to human relationships requiring from the employee affection.[1-4]

The work stress is characterized as an adaptive response of the body in new situations, especially those perceived as threatening. This process is individual, with variations on the perception of tension and various psychopathological manifestation that can generate variety of physical, psychological and cognitive symptoms, requiring prolonged adaptive responses as well as overcome, tolerate or adapt to stressors, which can compromise the individual and organizations and trigger the Burnout Syndrome.[5,6]

The triggering process of the syndrome begins with the development of reduced feelings of personal achievement, together with the emotional exhaustion, and in response to these feelings, and as coping or defensive strategy, it settles depersonalization. The final phase is the reaction to prolonged occupational stress, involving negative attitudes and behaviors to patients, to work and organization.[7,8]

The Burnout Syndrome presents a multidimensional concept, characterized by emotional exhaustion, reduced personal accomplishment and depersonalization of the other. Emotional exhaustion refers to the lack of energy and enthusiasm, fatigue, feeling exhausted by the emotional resources and the feeling of frustration and tension among workers, needed to deal with the stressful situation. The reduction of personal accomplishment refers to the perceived deterioration aptitude and dissatisfaction with the achievements and successes of themselves at work, becoming unhappy and dissatisfied with their professional development, with consequent dicrease in their sense of competence and success as well as their ability to interact with others. The depersonalization refers to negative attitudes, insensitivity and carelessness about other people, leading professionals to treat patients, colleagues and organization in a dehumanized way.[2,7-10]

The Burnout Syndrome is most evident in professional nursing working indoors because of suffering with demand at work, double shifts, occupational risks, precarious material resources, lack of qualified staff, work overload and interpersonal conflict. The progressive exposure to these factors considered stressors leads to physical and emotional exhaustion, interfering with quality of life and damaging interaction with their functions and the work environment.[11-13]

OBJECTIVE

- To evaluate the predictors factors of Burnout Syndrome in nursing professionals.

METHOD

Transversal and analytical study of a quantitative approach, accomplished with 47 nursing professionals working in the ICU of a teaching hospital in the interior of São Paulo, in the period of April to October 2012.

For data collection a questionnaire structured, self-administered was used according to the model used by Jodas and Haddad[14]. Socio-economic, professional data, leisure information, predictors and somatic symptoms related to Burnout Syndrome were collected.[11,15] For the score the Linkert scale was adopted, ranging from zero to six (0-6), as follows: zero – never, one - once a year or less, two - once a month or less, three - few times a month, four - once a week, five – some times a week, 6 - everyday.[15-6] Questionnaires answers were tabulated in Microsoft Excel® 2010 program spreadsheets by the author of the research, and subjected to statistical analysis percentage, average and standard deviation.

Nursing professionals who were on sick leave and/or distant for long time and holidays during the data collection period, were automatically excluded from the study.

The study was approved by the Ethics Committee in Research (CEP) of the Medical School of Botucatu FMB - UNESP in March 2012, under Protocol CEP 4129-2012, and it is in accordance with Resolution CNS - 196/96.

RESULTS

There were 11 (23.4%) nurses interviewed, 29 (61.7%) technicians and seven Nursing Assistants (14.9%), totaling 47 employees. The average age of respondents was 32.9 years old ±7.4 and the average time of professional practice was eight ± 6.2 year.

The average score in emotional exhaustion was 31.1± 9.2 points, job satisfaction was 21.1±7.7 points and depersonalization was 15.4±4.5 points.

Table 1 shows the distribution of workers by gender, marital status, children, employment status, working hours, working

time, degree, college or course and physical activity, according to professional category.

Table 1. Distribution of nurses by gender, marital status, number of children, employment status, working hours, degree, college or course and physical activity, according to professional category. Botucatu, SP, Brazil, 2012

Epidemiological data	Nurse		Nursing technician		Nursing assistant		Total	
	n	%	n	%	n	%	n	%
Gender								
Female	10	21,2	22	46,9	7	14,9	39	83,0
Marital status								
Married	3	6,4	17	36,2	3	6,4	23	49,0
Single	8	17,0	10	21,3	2	4,3	20	42,6
Separated	0	0	2	4,3	2	4,3	4	8,6
Chindren								
Yes	3	6,4	16	34,0	7	14,9	26	55,3
Employment status								
Statutory	2	4,4	6	12,8	7	14,9	15	32,1
CLT	9	19,1	21	44,7	0	0	30	63,8
Temporary	0	0	2	4,3	0	0	2	4,3
Working hours								
Six hours	2	4,2	1	2,1	1	2,1	4	8,4
Twelve hours	8	17,1	24	51,0	4	8,5	36	76,6
Any shift	1	2,1	4	8,5	2	4,3	7	14,9
Degree								
High school	0	0	25	53,2	7	14,9	32	68,1
Graduation	3	6,4	4	8,5	0	0	7	14,9
Especialization	8	17,0	0	0	0	0	8	17,0
College or course								
Yes	4	8,7	8	17,4	2	4,3	14	30,4
No	6	13,0	21	45,6	5	10,9	32	69,5
Physical activity								
Yes	3	6,4	13	27,7	2	4,3	18	38,4
No	8	17,0	16	34,0	5	10,6	29	61,6

Regarding questions about predictors factors, the average answer “Activities that I performance require more time than I can do in a day´s work”, was 3.1 ± 1.9 points.

By analyzing the answers “I feel I can control the procedures and calls for which I am the designated institution work”, the average was 5.0 ± 1.4 points.

As for the answers “The institution where I work acknowledge and reward the accurate diagnoses, treatments and procedures performed by its employees”, has an average of 2.4 ± 2 points. The responses “I realize that the institution where I work is sensitive to employees, that is, values and recognizes the work done, as well as invests and encourages the professional development of its employees”, averaged 2.4 ± 2 points.

Regarding “I realize that there is respect in the internal relations of the institution, the work team and coordination among its employees”, averaged 3.7 ± 2 points.

On “In the institution where I work I have the opportunity do a job that I consider important” showed 4.5 ± 2.1 points.

The results for each answer are shown in Figure 1.

Answer Question	Zero	One	Two	Three	Four	Five	Six
One	9 19,1%	1 2,1%	2 4,3%	18 38,3%	2 4,3%	11 23,4%	4 8,5%
Two	1 2,1%	1 2,1%	1 2,13%	3 6,4%	3 6,4%	13 27,7%	25 53,2%
Three	12 25,5%	8 17,0%	4 8,5%	12 25,5%	1 2,1%	5 10,6%	5 10,6%
Four	11 23,4%	9 19,1%	6 12,8%	10 21,3%	0 0%	4 8,5%	7 14,9%
Five	5 10,6	4 8,5%	6 12,8%	6 12,8%	3 6,4%	10 21,3%	13 27,7%
Six	4 8,5%	4 8,5%	1 2,1%	3 6,4%	2 4,3%	9 19,1%	24 51,0%

Figure 1. Predictors factors by number of professionals that answered each question.

DISCUSSION

According to the literature[10], young professionals, age and working time have an unreal understanding of what can and cannot do, needing to understand how to deal with the demands of work and feelings, leading to greater dissatisfaction rates. The results of our study is in agreement with this data only with age, diverging in relation to working time, as the professionals have been working in the Adult ICU for 32.9 years and 8 years respectively.

The activities performed during labor is an

important factor of stress due to exhaustive monthly working hours, insufficient numbers of professionals, damaging the patient´s assistance[1]; similar to our findings, in which most professionals (38.3%) report that the activities they perform while working, often exceeds the monthly schedule established by the institution.

The lack of control of the procedures the patient is due to professionals do not follow the care process as a whole and not having a view of the end result, because of shifts and days off. All professionals seek opportunities to use the skills of thinking and be able to exercise their knowledge of the work process of integral care[10]. In this study, 53.2% of the respondents reported they perceive this lack of control daily.

According to studies[16,17], recognition of the worker by the institution is related to low payment, characterized as material reward of the developed work, not simply translated into lack of financial return, but also in the difficult recognition for what is developed; beyond all its organizational structure aimed effectiveness of patient care and little appreciation of workers´ health conditions, requiring high emotional demand. Another study reports that the most recognized and accomplished professionally, the lower mental stressors at work[10]. These findings are in agreement with our study, 25.5% of the professionals reported that the institution never recognize the procedures performed, but the same percentage of employees (25.5%) reported recognition by the institution.

In professional encouragement, nursing professionals belong to a fragmented category, without institutional support, leading to deterioration of personal relationships and teamwork, triggering conflicts between strategies to achieve group objectives, impacting the development of the work and its productivity[16]. Thus, 23.4% of employees of our study report that the hospital organization does not recognize nor encourages professional development.

In the current labor crisis, organizations have difficulty maintaining confident agreements, openness, transparency and respect, values being considered by the worker. These values influence the professional relationship with their work and in this study, 51.0% of the sample surveyed realize that have the opportunity to carry out important work daily[16]. Among respondents in our study, 27.7% reported that there is respect in the internal relations of the hospital organization, resulting in a better professional practice.

FINAL CONSIDERATIONS

The fact of working in a closed environment and alienated in a parallel world, where there is no contact with the outside, influences in the development of Syndrome predictors.

It is necessary to provide stretching activities during working hours, as well as a suitable place for rest of employees, and in the ICU, being a place of physical and sustained mental effort, some measures, however simple they may be, are paramount to improve the onset of care activities and the mood of professionals.

The number of articles that report and discuss the predictive factors related to the syndrome are still incipient, being of paramount importance that the institution invests resources in an effective continuing education, so its employees will be able to perform tasks of moderate to high difficulty with more preparation and feeling recognized during their workday.

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Submission: 2014/04/20
Accepted: 2015/05/20
Publishing: 2015/06/15

Corresponding Address

Larissa Santi Fernandes
Travessa Lourenço Vernini, 55
Bairro Jardim Paraíso
CEP 18610-266 – Botucatu (SP), Brazil