BURNOUT SYNDROME AND STRESS FACTORS IN NEPHROLOGIST NURSES
SÍNDROME DE BURNOUT E FATORES DE ESTRESSE EM ENFERMEIROS NEFROLOGISTAS
SÍNDROME DE BURNOUT Y FACTORES DE ESTRÉS EN ENFERMEROS NEFROLOGISTAS

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ABSTRACT

Objective: to identify the risks of Burnout Syndrome and stress factors in nephrologist nurses. **Method:** qualitative, descriptive study, performed at nephrology clinics in Fortaleza-Ceará. A semi-structured interview with the nephrologist nurses was applied. **Results:** After data collection, organization and analysis, five categories were elaborated to describe and understand the results. 1) Physical and emotional exhaustion; 2) frustration; 3) tension; 4) work overload triggering conflicts of functions and 5) daily coexistence with critical situations. **Conclusion:** There are signs and symptoms of Burnout Syndrome and stress factors in the nephrologist nurses interviewed, mainly presenting stressors such as tension, fear and fatigue. It was observed that these factors are due to the work overload and the daily coexistence with conflicting situations. **Descriptors:** Mental Health; Burnout; Professional; Nephrology; Nephrology Nursing; Nursing care; Nurse.

RESUMO

Objetivo: identificar os riscos da Síndrome de Burnout e fatores de estresse em enfermeiros nefrologistas. **Método:** estudo qualitativo, descritivo, realizado em clínicas de nefrologia em Fortaleza-Ceará. Foi aplicada uma entrevista semiestruturada com os enfermeiros nefrologistas. **Resultados:** após a coleta de dados, organização e análise, foram elaboradas cinco categorias para a descrição e a compreensão dos resultados. 1) Esgotamento físico e emocional; 2) frustração; 3) tensão; 4) sobrecarga de trabalho desencadeando conflitos de funções e 5) convivência diária com situações críticas. **Conclusão:** há existência de sinais e sintomas da Síndrome de Burnout e fatores de estresse nas enfermeiras nefrologistas entrevistadas apresentando, principalmente, fatores estressores como tensão, medo e cansaço. Observou-se que esses fatores são decorrentes da sobrecarga de trabalho e da convivência diária com situações conflituosas. **Descritores:** Saúde Mental; Esgotamento Profissional; Nefrologia; Enfermagem em Nefrologia; Cuidados de Enfermagem; Enfermeiras e Enfermeiros.

RESUMEN

Objetivo: identificar los riesgos del Síndrome de Burnout y factores de estrés en enfermeros nefrologistas. **Método:** estudio cualitativo, descriptivo, realizado en clínicas de nefrología en Fortaleza-Ceará. Se aplicó una entrevista semiestructurada con los enfermeros nefrologistas. **Resultados:** después de la recolección de datos, organización y análisis, se elaboraron cinco categorías para la descripción y comprensión de los resultados. 1) Agotamiento físico y emocional; 2) la frustración; 3) tensión; 4) sobrecarga de trabajo desencadenando conflictos de funciones; y 5) convivencia diaria con situaciones críticas. **Conclusión:** existen señales y síntomas del Síndrome de Burnout y factores de estrés en las enfermeras nefrologistas entrevistadas, presentando, principalmente, factores estresores, como: tensión, miedo y cansancio. Se observó que estos factores se debían a la sobrecarga de trabajo y la convivencia diaria con situaciones conflictivas. **Descriptores:** Salud Mental; Agotamiento Profesional; Nefrología; Enfermería en Nefrología; Atención de Enfermería; Enfermeros.

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INTRODUCTION

Burnout Syndrome is characterized by chronic emotional stress linked to occupational activities that have a direct and constant contact with human beings. The syndrome of the Professional Exhaustion begins in a slow and, most of the time, unnoticed by the individual, with diverse symptoms, predominating the emotional fatigue.¹

This syndrome occurs in three dimensions in succession: emotional exhaustion, depersonalization and low professional achievement. They are related but are independent. Within this context, emotional exhaustion is considered the most obvious symptomatology, in which workers perceive their own energy and emotional resources exhausted due to daily contact with problems and feeling that they can not give more of themselves on an affective level. Depersonalization can be understood by cynicism with the people who receive the work, users and clients, causing affective hardening. On the other hand, the low professional achievement leads to the development of negative feelings and attitudes in the performance of their evaluation of their competence and professional success.²

From the 1970s, in Brazil, through a governmental action, nurses became active in hospitals, assisting the patient in dialysis treatments, transplantation, and operating artificial kidney machines. The technical regulation of the dialysis clinics considers that the presence of the nephrologist nurse is obligatory for the functioning of the same.³

In the context of Burnout Syndrome, the Nursing professional is exposed to several stressors for the development of the syndrome, since they are in direct contact with the patients and their relatives, directly deal with situations of distress and impotence in Chronic Kidney Disease (CKD). It is believed that the increasing number of people with CKD in recent years, and the multiple actions and behaviors directed to these patients, increase the responsibility of the nurses acting in excess, increasing the workload of nurses.⁴

The interest in the subject is remarkable because it understands the importance and the fundamental role of the nurse in the society, where his work must be developed with safety to the patient, and the same can realize it in a more effective way when free of a physical exhaustion or mental.

The study becomes relevant due to the need to look holistically at the professional,

being able to identify the typical aspects of the characterized syndrome or the risks for its development, contributing to the development of self-reflections by health professionals, with the aim of improving the work process and their quality of life as well as being able to avoid cases of withdrawals at work and to prevent mental problems.

OBJECTIVE

- To identify the risks of Burnout Syndrome and stress factors in nephrologist nurses.

METHOD

Qualitative, descriptive study. Qualitative research does not seek to enumerate the events studied nor does it employ statistical instruments in data analysis. It arises from questions that are defined, as the study develops, allowing to understand the message referred by the individual through the observation of the meaning of the expression referred by the direct contact of the researcher with the situation studied.⁵

The research was carried out in six clinics for chronic renal patients in the city of Fortaleza-Ceará, from March to April 2015. The clinics of assistance to chronic renal patients have nephrologist nurses in the peritoneal dialysis and hemodialysis sectors. The study population corresponded to 19 nurses and the sample consisted of 13 nephrologist nurses.

The inclusion criteria were: to be a nephrologist nurse; to act in the area during the collection period; availability to participate in the survey. The exclusion criteria used were: the lack of availability and being in the vacation period at the time of data collection.

The data collection was done from a semistructured interview specially designed for the study addressing the sociodemographic aspects and 15 questions that characterize Burnout Syndrome and stress factors. The data collection was interrupted when the testimonies started to repeat themselves.

The interviews were conducted individually in the existing nursing room in the clinics. In these places, it was possible to work with the freedom and privacy of the interviewee facilitating the approach of the subject. After the clarification and agreement of the research participants, the interviews were recorded and then the speeches were transcribed by the researchers.

The information acquired through the interviews was submitted to the Content Analysis technique. The proposed data

analysis followed the following steps: pre-analysis, coding and categorization of the material for the generation of a profile. Within this context, the exploration of content is contained through analysis, treatment and understanding of the results obtained.⁶

The study was submitted to the Brazil Platform and approved by the Ethics and Research Committee, CAAE 10650113.7.0000.5040, in compliance with the ethical and legal precepts recommended in resolution No. 466/12 on research involving human beings of the National Health Council.⁷ It was elaborated the Free and Informed Consent Form. The participants of the research, after agreeing to participate in the research, signed it. To maintain the

anonymity of the study participants, codes such as: E1, E2, E3 and, in turn, were assigned successively.

RESULTS

Thirteen nephrologist nurses who worked in renal replacement clinics in Fortaleza-Ceará participated in the study. Among the 13 nurses interviewed, there was a predominance of women, totaling 100% of the interviewees; seven had an age range between 26-35 years, corresponding to 53.8% of the interviewees; eight had two to nine years of vocational training, corresponding to 61.5% and seven were single, corresponding to 53.8%. The sociodemographic profile is presented in table 1.

Table 1. Sociodemographic profile of nephrologist nurses in surrogate renal therapy clinics. Fortaleza (CE), Brazil (2015).

Characteristics	n	%
Age group (year)		
20 - 25	2	15.4
26 - 35	7	53.8
36 - 45	1	7.7
46 - 55	3	23.1
Sex		
Male	0	0
Female	13	100
Marital status		
Married	6	46.2
Single	7	53.8
Time since graduation		
0 - 1	2	15.4
2 - 9	8	61.5
10 - 19	2	15.4
Time working		
0 - 1	3	23.1
2 - 9	9	69.2
10 - 19	0	0
20 - 25	1	7.7

After pre-analysis and coding, the data were organized into categories for a better understanding. These are: Overloading of work triggering conflicts of functions; Daily cohabitation with critical situations; Physical and emotional exhaustion in nephrologist nurses; Frustration between professionals and the profession; The tension during the workday.

◆ **Work overload triggering function conflicts**

It was observed that time is a scarce tool for nephrologist nurses, who have a small period to carry out several activities, thus triggering the overload, mainly because this professional is not limited to Nursing care when have often reported activities that are not in their professional context. Below, the speeches of the participants characterizing the category.

I've been doing a lot myself. I know they need a lot of psychological and social support, but this time I do not have to sit and talk to the patient at the bedside. Not really give, because it is well run and we have several activities during the shift. You have a whole follow up to do chores. So I do not have the time to talk. So whatever you need we'll be offering. Because it's too much to handle. (E10)

The reports continued on the diversities of functions under the responsibility of the nurse, which sometimes are not tasks of Nursing, during the interview, during the interview, the discomfort is perceptible, since they understand that if there are not some who perform certain functions, they end up performing overloading the shift and care, which, consequently, triggers the conflict of functions. By means of the speeches, one notices at the moment the discouragement,

the exhaustion and the little vitality at the end of the working day.

Some functions I believe should not go through me, I feel a little warehouse, reception and a little technical and electrician and I'm a nurse. (E4).

I feel that performance, as a nurse, all functions. But during the day I perform functions that are not mine, so it ends up overwhelming me. If I were to do solely and exclusively what the clinic paid me and what they wanted from me, I would be, would not have any work, would be quiet and would not have any kind of stress. But you end up doing something that is not your bone. Solving problem with patient, things that are extra-room, about material, relationship problem, and are things that wear you out during the day getting tired. It is not complaining, because this path of work does not only have here. It is a factor that gives a worn out. (E11).

◆ Daily cohabitation with critical situations

It was verified that the critical situations are revealed by presenting moments of difficult situations to be controlled or solved. Regarding the emotional aspects during the work routine, the majority reported that in Hemodialysis and Peritoneal Dialysis many events could occur, from the lack of material to the intercurrent with the patient. Then, depending on the day, the professionals could present a better feeling about the daily work process. Follow, below, the perception of the subjects about the daily coexistence with the critical situations.

I always say that hemodialysis is a two-gum knife, because it's a day every day. It is a technical work that we know that the patient will arrive and will do, but always happen the intercurrents, because our patients are mostly elderly, patients that already comes from long duration of internments that usually already brings others with you other comorbidities. (E8)

Depending on the day, if everything goes well, if I do not have any stress, do not miss any material, do not miss employees, I'll feel good; I think so I usually say that, of the five days of the week, only two days I go well, because there is always a problem. Officials are lacking, there are intercurrents with patients, sometimes you are stressed by lack of material. So that always creates some problem, because we who are nurses, any problem left for us. (E8)

◆ Physical and emotional exhaustion in nephrologist nurses

Although most of the professionals showed physical and emotional exhaustion, verbalizing more in relation to the other issues inserted in

the diverse categories, many reported the professional satisfaction and feelings of accomplishment before the execution of work in the area of nephrology observed in the diverse speeches:

Tired and exhausted physically, but with a sense of accomplishment. (E6)

Emotionally I feel exhausted. More than physically. The emotional ... the companion and the patient demand a lot from you on a daily basis. (E9)

Throughout these years, I have been feeling very tired because the hemodialysis service is well done. You have to handle a whole shift with 31, 32 patients in all, attending to all the intercurrents. It is quite rewarding, but it is a lot of physical and mental effort as well. (E10)

Through the reports, it is understood that Nursing is a profession that requires mental and physical health, on the part of nurses, to carry out their functions in the face of patients' needs. Some nurses reported that, in fact, fatigue, great physical and mental efforts, and stress are like villains, which can bring harm to the professional mentally and also interfere in a better relationship between patient vs. nurse and relation nurse vs. nurse, facts confirmed below.

There are days that I am very stressed and it ends up that I am going from one side to another and I reach people without wanting. (E5)

Nursing is a profession that requires psychological and physical effort. It requires extra attention, because of that, at the end of the day, I feel very tired. (E2)

It's not stress. It's tired. It does not let me perform the functions perfectly, making it not treat people properly, but not stress. (E1)

◆ Frustration between professionals and the profession

A considerable aspect was the intense report of the profession's dissatisfaction with the lack of recognition and scarce remunerations, culminating in a devaluation of the category of Nursing professionals. Being in an unrecognized profession or where expectations have not been surpassed as expected over the years, highlight feelings of frustration and discouragement. Below, the reports that reveal the above.

We always go through this crisis, there is no denying, because of the salary. I feel motivated because I like the profession. I have the vocation to be a nurse, but the salary paid to the nurse discourages the professional class. It's too little. At this point you do not feel valued professionally. (E10)

I would like the nursing to be more valued in all aspects professional and salary. Our profession needs more space and I believe it may be possible. (E13)

Unfortunately the group belongs to foreigners who do not value the employee and only focus attention on the financial gain. This hinders the care of the patient as a whole. (E12)

◆ The tension during the workday

Regarding this category, feelings of concern, insecurity and fear were reported by professionals as constant and present in the work process. It has been observed that these emotions, when present on a daily basis, can trigger the stress that, in a prolonged period, can trigger a pathological state in the mental health of the professional. The responsibilities that the nurses have with the patient have often revealed insecurity and fear. Most of the professionals interviewed were in this way, as highlighted in the nurses' statements E1 and E11.

Most of the time I worry about the next day. (E1)

I always try to remain calm so that there is no insecurity or fear during the situations that occur during treatment. (E11)

DISCUSSION

When analyzing the results of the nurses interviewed, presented through the transcribed lines, it can be verified that the signs and symptoms of Burnout Syndrome, which appear with greater prevalence, are the emotional and physical exhaustion classifying as one of the preponderant signs for the Burnout Syndrome. Over the years, nurses have achieved high levels of physical and emotional exhaustion. Employers, on several occasions, ignore the suffering of their employees and keep them short of reality.⁸

In the study, most of the nurses reported that they were tired, fatigued and without energy to perform their activities and offer effective care. It can be said that psychophysiological changes happen when the individual, necessarily, goes through situations, unrelated or not to his will, that irritate, threaten, frighten, excite or even leave him extremely unhappy. Faced with these situations, the body's first response is an adrenaline discharge and the systems most affected are the circulatory and respiratory systems.⁹

There is a focus on health professionals and a concern, in particular, with nurses, which is considered the fourth most stressful profession in the public sector by the Health Education Authority. Physical and psychic

illnesses can arise due to emotional stress. When faced with a stressor, the body reacts in a sequence of three phases: alarm, resistance or adaptation and exhaustion. In the third, it is exactly the apex, it is the phase that occurs if the stressor remains present, it is the phase of exhaustion, where there are the advent of stress-related diseases.⁸⁻¹⁰

During the interviews, other evidence classified as a factor for Burnout Syndrome was frustration, when the man seeks, by means of his work activity, to promote to himself and his relatives the dignified conditions of life, aiming at social recognition and esteem, being mainly in his work environment, where he spends most of his time dodging and / or needing to deal with conflicting interpersonal relationships.¹¹

In this context, the relation of the work environment, where the nurse feels dissatisfied and unmotivated, adding to the situations where work is not recognized and there is a divergence of the salary with the function, can influence the professional's income. Feeling of professional frustration can arise when overwork occurs by double shift and when professionals perform functions inferior to their professional qualification.¹¹

In addition, it is also a sign of the syndrome, expressed by the nurses, the tension in which, through the definition of the Aurélio dictionary, one can understand that "Tension" is the quality, condition or state of what is or is tense, accompanied by overload and worrying situations. From the stimulus generated by the environment, the human being can be influenced by physical and psychic reactions disturbing the homeostasis. The physiological response to a stressor is a way to compensate the body to keep it in balance.¹²

Regarding the sources related to stress factors, the most recurrent experience in the daily routine by nurses refers to the overload of work, triggering conflicts of functions. Labor for much of an individual's time is an activity performed as a "bargaining chip" for financial gain. Nursing, in its historical walk, over time, has been facing and adapting to the changes that have occurred in its work environment in which the overload can be classified as one of them.¹³

Among all the activities performed by nephrologist nurses, the involvement with the patient, the family and the team is also included, characterizing him as mediator in this nursing care and development process. Overloading at work affects the performance of professionals, influencing poor quality care and daily performance. This situation is due to

the elements triggering the stress, being this a vision of the professional about his position in his daily life.¹⁴

The nurses stress that sometimes they are forced to assume tasks and functions that are not their responsibility. The shortage of professionals, lack of resources, accumulation of tasks, extensive workload, low remuneration and the absence of a job and career plan are stress-enhancing factors that pose serious health risks.¹⁴

Already in the context of the daily coexistence with the critical situations, there were few expressions through the statements showing satisfactions. The professional environment is a tool that assists the nurse in her various demands and activities required during the shift. The daily coexistence is an intense causal factor for the production of stress, especially when reference is made to a sector with great demand of patients under the responsibility of a nurse, where the average is normally of a nurse for thirty five patients. The process of coping with stress involves adapting the individual to new situations and environments, and there must be a balance of physiological and psychological functions that will result in the capacity to make new demands.¹⁴

Critical situations are instances of danger. These are difficult situations that require intense attention and agility for their resolution. For professionals working in the field of nephrology, when these moments happen, intense emotions are triggered, such as tension and worry, which correspond, over time, to a high stress load. Nurses, faced with difficulties, suffer and are afraid of uncertainty in not being able to meet the needs required by the patient.¹²

CONCLUSION

It is concluded, through the results of this study, the existence of signs and symptoms of Burnout Syndrome and stress factors in the nephrologist nurses interviewed, mainly presenting stressors, such as: tension, fear and fatigue. It was observed that these factors are due to the work overload and the daily coexistence with conflicting situations.

It is understood that the presence of signs and symptoms for Burnout Syndrome and for stress factors is becoming more frequent among Nursing professionals, requiring greater attention and knowledge of all those involved. The acquired knowledge is important in the presence of early measures for the detection of signs and symptoms, as well as the stressors that trigger the syndrome.

Given the above, it is believed that institutional interventions and the support of managers are extremely important and necessary so that professionals can deal with the stressors related to care activities, thus preventing them from existing risks of Burnout Syndrome. It is noteworthy that these factors are results of the professional relationship x patient and professional x institution, noting that the health of the professional can considerably influence the quality of care offered to the patient and the family during treatment.

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