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ORIGINAL ARTICLE

BURNOUT SYNDROME IN RESIDENTS OF FAMILY HEALTH

SÍNDROME DE BURNOUT EM RESIDENTES EM SAÚDE DA FAMÍLIA

SÍNDROME DE BURNOUT EN RESIDENTES EN SALUD DE LA FAMILIA

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ABSTRACT

Objective: to investigate the incidence of Burnout Syndrome in residents in the Family Health Program enrolled in the biennium program 2008/2010 of the State University of Montes Claros. ***Method:*** a descriptive and cross-sectional study with a quantitative approach. For data collection was used a questionnaire and Malash Burnout Inventory (MBI) version HSS (Human Services Survey. The data analysis was done with the Statistical Package for Social Sciences (SPSS) version 16.0 and Microsoft Excel. The study was conducted after approval by the Ethics Committee in Research. ***Results:*** 11 % had Burnout Syndrome and 16% are at risk for developing the same. Regarding the dimensions of the syndrome, 30% of residents showed emotional exhaustion and depersonalization, and 27% had a low personal accomplishment on work. ***Conclusion:*** there is a need to analyze the purpose of the residence as well as the situation of the working professionals, since they were determinants of the founded results. ***Descriptors:*** Burnout Syndrome; Residents; Family Health.

RESUMO

Objetivo*:** verificar a ocorrência da síndrome de Burnout em residentes em Saúde da Família cadastrados no programa biênio 2008/2010 da Universidade Estadual de Montes Claros. ***Método*:** estudo descritivo, transversal e abordagem quantitativa. Para a coleta de dados foi usado um questionário e o Malash Burnout Inventory (MBI) versão HSS (*Human Services* Survey). A análise dos dados foi pelo software Statistical Package for the Social Sciences (SPSS) versão 16.0 e Microsoft Excel. O estudo foi realizado após a aprovação do Comitê de Ética em Pesquisa. ***Resultados*:** 11% apresentaram a Síndrome de Burnout e 16% estão em risco para o desenvolvimento da mesma. Em relação às dimensões da síndrome, 30% dos residentes apresentaram a exaustão emocional e despersonalização e 27% apresentaram uma baixa realização pessoal no trabalho. ***Conclusão*:** há necessidade de analisar os propósitos da residência como também a situação de trabalho dos profissionais visto que foram determinantes dos resultados encontrados**.** ***Descritores: Síndrome de Burnout; Residentes; Saúde da Família.

RESUMEN

Objetivo: investigar la incidencia del Síndrome de *Burnout* en los residentes en el Programa de Salud Familiar inscritos en el programa bienio 2008/2010, de la Universidad Estatal de Montes Claros. ***Método:*** estudio descriptivo y transversal, con enfoque cuantitativo. Para la recolección de los datos se utilizó un cuestionario y el Malash Burnout Inventory (MBI) versión HSS (*Human Services Survey*). El análisis de los datos se ha hecho con el software Statistical Package for the Social Sciences (SPSS), versión 16.0. y el Microsoft Excel. El estudio fue llevado a cabo después de la aprobación por el Comité de Ética en Investigación. ***Resultados:*** 11% tenían Síndrome de Burnout y 16% están en situación de riesgo para el desarrollo de la misma. En respecto a las dimensiones del síndrome, 30% de los residentes mostraron agotamiento emocional y despersonalización, y 27% tenía una baja realización personal en el trabajo. ***Conclusión:*** es necesario analizar los propósitos de la residencia, así como la situación de trabajo de los profesionales, ha visto que fueron determinantes de los resultados encontrados. ***Descriptores:*** Síndrome de Burnout; Los Residentes; Salud de la Familia.

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INTRODUCTION

Changes in the structure of the production system have become more complex organizations and reflected in labor relations, implying more instability in jobs and renewing old anxieties of those who work. These organizational settings have demanded, in different degrees and between the various productive sectors, new quality requirements in performing the tasks, the more skills and new skills of the worker. Such demands focus particularly in the service sector, due to its peculiarities, such as the character of the worker's direct relationship with the customer or user and diversity of information.[1]

The knowledge of the theoretical and practical aspects of Family Health Units has led us to reflect on possible situations faced by teams and by population, with this new form of assistance.[2] We note that in some situations worker-patient relationship require energy expenditure and adaptation, as direct contact with reality and/or suffering of others, factors peculiar to the type of work, as a certain identification and affective bonds that often, established between professionals and users. These circumstances, together with the individual characteristics of each worker can trigger the stress process.

The multidisciplinary residency in Family Health, according to their political pedagogical project, aims at training professionals able to work in a team knowing the reality of their enrolled population, paying attention to quality and resolute. It presents duration of 02 years, with 60 hours /week for a total load end of 5760 hours. Residents, in addition to performing care activities in their territory, have other activities such as specialized clinics, topics/modules top, shifts in maternity and emergency room for nurses and doctors, dental shifts, teaching, personal development plan, peer review and activities in rooming.

Because of the complexity and workload intensive multidisciplinary residence, felt the need to investigate whether the Burnout Syndrome is present among residents in Family Health as it is present in other residences identified in several international researches.

METHOD

To conduct the research, we opted for the method descriptive, cross-sectional quantitative approach. The sample consisted of residents in the Family Health Program registered in the biennium 2008/2010, a total of 39, thus constituted: 10 resident physicians, 14 resident dentists and 15 nurses resident in the first 20 months of their residences.

To conduct the survey of the socio-demographic data and issues related to residence a questionnaire was prepared consisting of 18 closed questions was sent to the research subjects through the pouch Municipal Health According to Marconi and Lakatos, the questionnaire is an instrument of data collection, consisting of an ordered series of questions that must be answered in writing and without the presence of the interviewer. [3]

Regarding Burnout Syndrome used the Malash Burnout Inventory (MBI) version HSS (Human Services Survey) which was prepared by Christina Maslach and Susan Jackson in 1978 and validated in Portuguese by Lautert in 1995 [4]. It is a questionnaire to measure the degree of exhaustion that is professional. It consists of 22 items, divided into three dimensions: emotional wear, Depersonalization and Personal Accomplishment in work. It is a self-administered questionnaire, and for each item there was asked how often the research participant perceives or experiences certain feeling or attitude. Responses are spaced as never (0), a few times per year (1), once a month (2) a few times a month (3), once per week (4), few times a week (5) and daily (6).

To check the level in which residents had the burnout syndrome were analyzed to recommended by Trindade [5]. According to the same calculate the 75th percentile to the dimensions emotional exhaustion and depersonalization and personal accomplishment at work by the 25th percentile, as it features a reverse score. To find the scores, the score was first identified specific sample. Then, through this score, found the percentile levels of burnout dimensions and delimiting the cut point of the sample under study.

The collected data were analyzed using the Statistical Package for Social Sciences (SPSS) version 16.0 for managing databases and perform statistical calculations and also by Microsoft Excel.

Resolution 196/96 of the National Health Council provides guidelines and rules for research involving humans. As a result, this project was approved by the Ethics and Research of the State University of Montes Claros - CEP/Unimontes established by Ordinance nº 038 - Rector/99 of 30/06/99.

RESULTS

Of the 39 questionnaires sent to 37 residents were received, 40,5% (15) were completed by nurses, 24,3% (09) by physicians and 35,2% (13) by dentists. There was a higher frequency of females (78%) in the sample. Data on the age variable show the average age of 29 years with the predominant age 24-29 years.

Some authors consider that the filing of only one criterion cannot be considered risk, nor the absence of Burnout, and considered the risk for burnout one in which two criteria had been fullfiled.[6]

Assessing the dimensions of burnout syndrome, the table below shows the results found by the study.

Table 1. Distribution of dimensions of burnout syndrome among Residents in Family Health, Biennium 2008/2010, State University of Montes Claros / Minas Gerais.

Dimensions	Residents	Occurrences (N)	%
Emotional exhaustion	Surgeon Dentists	02	18,1
	Nurses	04	36,3
	Physicians	05	45,6
Depersonalization	Surgeon Dentists	02	18,1
	Nurses	04	36,3
	Physicians	05	45,6
Low self-steem on work	Surgeon Dentists	05	45,6
	Nurses	02	18,1
	Physicians	04	36,3

Source: Research conducted directly with Residents in Family Health, Biennium 2008/2010, State University of Montes Claros/MG, October and November, 2009.

About the dimension of emotional exhaustion, it was found that 30% of those residents presented it, being 18,1% surgeon dentists, nurses 36,3%, and 45,6% were doctors.

DISCUSSION

In a study, emotional exhaustion dimension is easily accepted by professional and express aspects consistent Burnout.[6] professionals, to feel exhausted, report a feeling of physical and emotional burden accompanied by difficulty to relax, referring to a state of daily fatigue. Another study demonstrated that the intermediate value for the emotional exhaustion dimension referenced in the literature is 25% and 53,3%, so the value found in this study is within the expected standard.[7]

Regarding the dimension depersonalization, also found that 30% of residents have this dimension of the syndrome, four nurses, five doctors and two dentists.

With respect to depersonalization, a study showed that it was around 36,7% in their sample, checking that was above that observed in other studies in which varied from 15% to 22,1%.[7] This study came to the same conclusion.

The extent related to low personal accomplishment, it is concluded that 27% of residents had this dimension, and the sample of 02 nurses, 04 doctors and 05 dentists.

As work, other studies indicate rates of 34% and 48,4% related to low personal accomplishment.[7] In this study we found a lower percentage. These findings indicate a low tendency to dissatisfaction with negative self-assessment and professional development. The effects of the high level of emotional pressure that health professionals experience should not be underestimated, because in addition to imply the possibility of development of Burnout may even lead to the abandonment of the profession.[8]

It was verified the presence of Burnout syndrome in 04 residents in family health (11%) of the 37 residents participating in the survey, two doctors and two dentists with predominance of males (03). Another situation was perceived that 16% of the residents are at risk for developing this syndrome, specifically three nurses, 02 doctors and 01 dentist and in this situation, there is a female predominance. Of these, four are married and two unmarried. The subjects mentioned above show the average of 28 years old, with a predominant age range between 24 and 29 years. Regarding physical activity, residents who have the syndrome perform some physical activity five residents who are at risk do not perform any activity and only 02 practice some physical activity. This finding is consistent with the study by Walls of the presence of burnout syndrome in 12,6 % of the residents who were attending the specialty medical-surgical.[9]

A study conducted at the University of La Plata on the existence of the syndrome in residents who were attending a residency in internal medicine was 12% lying in the literature ranging between 9% and 24%.[10]

Regarding the professional category, it was found that doctors and dentists were the most affected by the syndrome and nurses at risk for the same. A Mexican study showed a

prevalence of approximately 47,16% of the syndrome in primary care professionals.[11]

Work carried out in Finland suggested that the syndrome could affect more than 40% of doctors at a level sufficient to compromise the well-being or job performance of these.[12] This study showed that physicians municipal health centers had the highest levels of burnout compared to other specialties.

A study conducted in Rio Grande do Sul has detected that there is a high rate of global burnout syndrome in their sample of surgeon dentists.[13] In this study, male residents were more affected by the syndrome going against some studies have reported that women are more predispose to burnout.[14-5] We have residents who are at risk for the syndrome, there was a predominance in females.

With regard to age, most of the analyzed group had a mean age of 28 years old, relatively young individuals, which is reported in some studies on burnout syndrome as a predisposing factor to the syndrome, since most people young people have high expectation towards the work.[16]

The data obtained with respect to age are consistent with several studies that have pointed to a higher incidence of burnout in younger professionals, being more frequent in that have not yet reached age 30. A little work experience (and perhaps life) is considered as a possible cause for insecurity or shock at the reality of work.[4]

Authors confirm the report that the burnout syndrome has been observed in young individuals aged less than 30 years, and might relate to professional inexperience, insecurity or clash between illusions and reality. [4,17] According to the literature, young professionals are those who have a larger workload, ie, reconcile your journey with other work.[15]

Burnout comes in nurses from all over the world in different work contexts, leading them to develop feelings of frustration, coldness and indifference to the needs and suffering of patients.[18]

CONCLUSION

Given the above results, it was found that the Burnout Syndrome or Syndrome Burnout is present among the residents, especially among physicians and dentists as well as some residents are at risk for the same, with a predominance of nurses. The study showed that the syndrome was related to some socio-demographic variables such as age, a result that was to meet with some research on the topic. Also showed significant relationship with some issues related to residency in Family Health, such as workload, availability of tutors, degree of contribution of the activities of the residence and the relationship between residents and their guardians. In this sense, the study presented meets other research and reviews suggest that the syndrome develops more as a result of a sum of factors that depending on the type of work performed.

In this context, the presence of burnout among residents as well as the risk for the development of it can influence the course of the residence and harm the professional development, as stressed workers tend to perform activities with inefficiency, communication becomes compromised and unorganized labor. With this, there is massive job dissatisfaction which may impair interpersonal relationships and quality of care provided to the community.

It was concluded the need to examine the purposes of the residence as well as the situation of the working professionals as they were determinants of results. It is believed that the prevention of this syndrome is critical to maintaining the quality of vocational training and therefore of care provided to patients. With this, it is suggested that further studies related to the burnout syndrome and residents in Family Health, has found that few studies on the subject.

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