ORIGINAL ARTICLE

BURNOUT SYNDROME: OBSTETRIC NURSING TEAM’S KNOWLEDGE

SÍNDROME DE BURNOUT: CONHECIMENTO DA EQUIPE DE ENFERMAGEM OBSTÉTRICA

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ABSTRACT

Objective: to evaluate the knowledge of the obstetric nursing team about Burnout Syndrome. Method: this is a qualitative, field, exploratory study with 23 nursing professionals who work in the obstetric unit of a public maternity unit. A questionnaire and a semistructured interview script were used for data collection, analyzed through the technique of Content Analysis in the category Analysis category. Results: empirical material from the interviews emerged as follows: Work-related stress; Physical and mental exhaustion due to SB; Depression: a serious manifestation after SB involvement; SB and depersonalization as a factor of occupational instability. Conclusion: it is necessary to disseminate the knowledge in the obstetrical environments about Burnout Syndrome, since this aggravation, every day, affects health professionals, including nursing professionals.Descriptors: Occupational Health; Burnout; Professional; Nursing Team; Obstetric Nursing; Hospitals; Maternity; Knowledge.

RESUMO

Objetivo: avaliar o conhecimento da equipe de enfermagem obstétrica acerca da Síndrome de Burnout. Método: trata-se de um estudo qualitativo, de campo, exploratório, com 23 profissionais de enfermagem que atuam na unidade de obstetricia de uma maternidade pública. Aplicaram-se para a coleta de dados, um questionário e um roteiro de entrevista semiestruturado, analisados por meio da técnica de Análise de conteúdo na modalidade Análise categoria. Resultados: emergiram-se, pelo material empírico oriundo das entrevistas, as seguintes categorias: Estresse relacionado ao trabalho; Esgotamento físico e mental decorrente da SB; Depressão: uma grave manifestação após o acometimento pela SB; SB e a despersonalização como fator de instabilidade ocupacional. Conclusão: faz-se necessário disseminar o conhecimento nos ambientes obstétricos acerca da Síndrome de Burnout, uma vez que este agravão, a cada dia, acomete os profissionais de saúde, incluindo os de enfermagem. Descritores: Saúde do Trabalhador; Esgotamento profissional; Equipe de Enfermagem; Enfermagem Obstétrica; Maternidades; Conhecimento.

RESUMEN

Objetivo: evaluar el conocimiento del equipo de enfermería obstétrica acerca del Síndrome de Burnout. Método: se trata de un estudio cualitativo, de campo, exploratorio, con 23 profesionales de enfermería que actúan en la unidad de obstetricia de una maternidad pública. Se aplicaron para la recolección de datos, un cuestionario y un guión de entrevista semiestructurado, analizados por medio de la técnica de Análise de contenido en la modalidad Análise categoria. Resultados: surgieron, por el material empírico oriundo de las entrevistas, las siguientes categorías: Estrés relacionado al trabajo; Esgotamiento físico y mental de la SB; Depresión: una grave manifestación después del acometimiento por la SB; SB y la despersonalización como factor de inestabilidad ocupacional. Conclusion: se hace necesario diseminar el conocimiento en los ambientes obstétricos acerca del Síndrome de Burnout, una vez que este agravio, cada día, acomete a los profesionales de salud, incluyendo los de enfermería. Descriptores: Salud Laboral; Agotamiento Profesional; Equipo de Enfermería; Enfermagem Obstétrica; Maternidades; Conocimiento.
INTRODUCTION

It is understood that work is a human need whose dynamics can denote stressors. Most of the time,¹ is considered a tiring activity, because it requires the employee to interact with different areas, people, sectors and places, which allows for different experiences, besides requiring care with the other and self-care. In this sense, if the work does not occur in a pleasant environment, it can lead to the mental illness of the worker and provide the appearance of Burnout Syndrome (BS).

The object of this study is the BS, an occupational disease that affects workers who have direct contact with clients, as a result of the chronic emotional tensions experienced in the work environment, threatening their well-being and causing damages to the company and to the quality of services provided.²

It is explained that, in 1953, the word Burnout was used for the first time containing descriptions of a psychiatric nurse considered exhausted due to their work. According to the English language, burn means burning and out, means outside. This indicates that the individual is physically and emotionally consumed. It can be represented as a state similar to a choking fire, a loss of energy, a flame that is extinguished or a battery that runs out.³

It should be noted, according to this context, that BS covers two areas: clinical and psychosocial. Maslach and Jackson emphasize this syndrome as something three-dimensional including emotional exhaustion, depersonalization, and low personal fulfillment at work.⁴ However, according to the authors, ⁵ BS involves four dimensions: work illusion, psychic attrition, fault.

It should be noted that Burnout can affect teachers, police officers, firefighters and health professionals, among them, physicians and nursing professionals.⁶ Researchers reported that Nursing is the group with the greatest predisposition for the development of the disease and demonstrated a high prevalence of the syndrome in a study carried out with nursing professionals.⁷

It was verified, in an investigation with primary care nurses, that many participants have a weekly workload (WWL) of more than 40 hours and report pain in the shoulders or neck, difficulties with sleep and feeling of mental fatigue followed by generalized fatigue, difficulty of memory and concentration, easy irritability and headache. Faced with this, it is believed that the presence of these signs and symptoms makes the workers more exposed to the development of BS.⁸

It is emphasized that there is a growing number of studies about this topic, however, in the area of Nursing, the need for new research is essential for the planning and implementation of interventions capable of preventing this problem in this group of workers.⁹

In view of this approach, it is important to investigate the health problems faced by the worker and it is necessary to develop a study about the knowledge of Nursing professionals working in maternity hospitals, especially with regard to BS.

OBJECTIVE

- To investigate the knowledge of the Obstetric Nursing team about Burnout Syndrome.

METHOD

This is a qualitative, field-based, exploratory study with nursing professionals from a public maternity unit located in the city of João Pessoa (PB), Brazil.

As a study population, 146 participants were enrolled and the sample was determined for convenience, resulting in 23 members of the Nursing team represented by nurses and nursing technicians.

As inclusion criteria, the time of professional performance of more than six months and the work activity at the time the research was being performed were considered as inclusion criteria. Nursing workers who were separated from the service and absent during the research period were excluded.

Data were collected in December 2016 and a questionnaire was used with sociodemographic, academic, professional and personal data, as well as a semi-structured interview script in order to reach the proposed research objectives.

Data from the questionnaire were analyzed by frequency and percentage. The data of the interview script was evaluated through the Content Analysis technique, in the Categorical Analysis modality, from the fulfillment of the steps of pre-analysis, coding, inference and interpretation of the data.¹⁰

Empirical material emerged from the interviews, the following categories: Work-related stress; Physical and mental exhaustion due to BS; Depression: a serious manifestation after BS involvement; BS and depersonalization as an occupational instability factor.
It is emphasized that the speeches of the participants, initially, were recorded in an MP4 type device and later transcribed by the researchers.

They complied with the requirements of Resolution 466, of 2012, of the National Health Council (NHC), which deals with research involving human beings. The confidentiality and well-being of all the interviewees involved in the research were guaranteed and the autonomy respected through the free and informed pronouncement to participate in the study.

It should be noted that the study was duly approved by the Collegiate Committee of Ethics in Research of the University Center of João Pessoa, having as number of CAAE: 59246916.2.0000.5176.

RESULTS

A total of 23 participants were present, of whom 35% (8) were nurses and 65% (15), nursing techniques. Among those interviewed, 70% (16) stated that they did not know or had never heard of BS.

It is pointed out, with regard to marital status, that 57% (13) were married; 35% (8), single; 4% (1), separated and 4% (1) were in stable union. With regard to the children, 74% (17) had children. The majority were between 30 and 39 years of age (52%).

In relation to the personal income of these professionals, it is noted that only 35% (8) answered the data in question. Of this percentage, 22% (5) receive from one to two minimum wages; 4% (1), two to three and 9% (2), above three minimum wages.

It is demonstrated, in general terms, through data on academic training, that 35% (8) of the sample have the title of specialist and 4% (1) the title of master. No participant declared to have a doctorate. In addition, 17% (4) reported having training in the area of obstetrics. In the course of this research, there was an underreporting of data entry by the deponents, which may influence the quantitative variables of the academic formation.

As for labor data, the majority of participants stated that they had a weekly workload of more than 36 hours (35%), followed by 24 to 36 hours (30%), 12 to 24 hours (13%) and even 12 hours (22%). The working time in the work sector was one to ten years (52%) and over ten years (26%); the others (22%) did not respond. The performance sectors were represented by the obstetric center, with 74% (17), and pre-partum, with 25% (6) of the sample.

The complementary personal data was questioned: "When you are not working, what do you do?". Domestic activity was the main answer, with 87% (20), followed by reading, with 48% (11); watch television, with 57% (13); going to the movies, beach and others, with 52% (12); study and physical activity, with 35% (8) each. Regarding the hours of sleep, 70% (16) of the professionals slept from six to eight hours a day; 22% (5), four to six hours per day and 4% (1) more than eight hours per day.

It was possible, through the empirical material from the interview, to construct the following thematic categories: Work-related stress; Physical and mental exhaustion due to BS; Depression: a serious manifestation after BS involvement; BS and depersonalization as an occupational instability factor.

Category I - Work-Related Stress

In this first category, the participants said that BS is related to occupational stress. The following statements illustrate this reality.

Stress syndrome, of the professional exhaustion related to the intense work day. (P2)

It is a syndrome that the professional develops due to the high level of stress in the work environment. (P3)

It is verified, before the testimonies, that the BS refers to the stress in the work environment. This aggravation affects unsatisfied people with the work exerted, low salaries, intense and exhausting journeys. Overload and exhaustion at work are described by one of the interviewees.

Those with work overloads, as well as those with exhaustive routines. (P20)

Category II - Physical and mental exhaustion due to BS

It is known that BS is a mental illness that causes physical and mental exhaustion in the worker. This is what appears in the responses cited by the workers.

Stress, physical and mental exhaustion, depression. (P2)

[...] Illness that affects the worker's psychological health. (P16)

Deterioration of the physical and mental, making it impossible to work. (P20)

It is demonstrated, based on the testimonies, that BS is an occupational disease that has serious consequences for the health of the worker, with emphasis on physical and psychological illness, hindering work performance and even making it impossible to carry out occupational activities, the increase of absenteeism, thus, harming the quality of life of the worker in his work environment.

Category III - Depression: a serious manifestation after the involvement by BS.
Severe depression was reported after professional exhaustion and this disorder was most reported by the research participants. Depression, fear, anxiety. (P16) Depression, anxiety, aggression. (P19) Stress, depression, panic etc. (P3)

In view of the above, depression was seen as the main negative effect due to BS, although anxiety, aggression, stress and panic were also pointed out by the deponents. Category IV - BS and depersonalization as an occupational instability factor

It is understood that wear and tear in the workplace can interfere with the mind-body-spirit of the worker. Faced with this, the professional will have a reduction in their performance at work and also present situations of lesser relevance to the family. The subject can be seen in the following responses.

[...] absence of work due to the syndrome, family problems and coexistence resulting from the condition. (P2)

Often, withdrawal from work, suicide, etc. (P23)

It is understood that depersonalization, one of the characteristics of Burnout, is imbricated in the interviewees' speech in order to reveal the worker's distance from his work environment, work colleagues and his own family. In more extreme cases, it leads to death by suicide.

DISCUSSION

It is inferred that most maternity professionals are specifically women. Nursing has, in its history, the cultural tradition that implies the feminization of health, although there is a new trend of increasing the participation of men in the composition of the workers of this category.12

It is represented the Nursing team that works in the maternity, in its majority, by techniques of Nursing. It is known that, in the Brazilian scenario, this group of workers has 77% of representatives of the technical / auxiliary level.12

It was pointed out that the age group of the maternity nursing team showed that a little over half (52%) are between 30 and 39 years old, that is, it is classified in the youth scale. This data corroborates a national survey that found a predominantly young profile, with 1/4 of the contingent included in the age group of up to 30 years.12 It should be emphasized that the young age group, excessive hours, dissatisfaction with work and not having a partner were factors associated with BS in research with primary care professionals.2

It was found, as to marital status, that the vast majority of respondents were married. Research on Burnout, conducted with teachers, has shown that people with fixed relationships have greater work accomplishment and, consequently, less predisposition to the disease.13 Another study demonstrated a significant association between marital status and emotional exhaustion, which comprises one of the dimensions of syndrome. In addition, it was described that the quality of the relationship and the presence of children also influence the presence or not of the offense.14

It turns out that only 9% of respondents had income above three minimum wages. The variable personal income and family income can be a major impact factor for worker health and the development of physical, psychological and social disorders, since, with the lowest salary, the employee can look for another job, something common among nursing professionals, which leads to a longer working day and, consequently, to greater exposure to labor stressors and to the appearance of BS.

It was exposed, in a research conducted with teachers, that, the higher the workday, the emotional exhaustion feeling increases and the feeling of achievement with the work decreases13. In this study, it was verified that the workers, in general, have a load of less than 40 hours, which can lead to a minor affection for the disease. In addition, the time spent in the maternity unit selected for the research was ten years or less.

It is noted in this investigation that less than half of the people surveyed know the BS or have heard something. According to the research, many health professionals are not aware of or disregard the disease,15 which undermines the recognition and management of the syndrome.

It is emphasized that one of the great psychosocial problems of the modern capitalist world is BS due to the acceleration of production, consumption and time, which may limit leisure and family activities. From this, stress can be installed and the man reaches a critical degree of exhaustion.16

BS was characterized by deponents as an occupational stress. Although such a disorder occurs because of chronic stress in the workplace, it is necessary to differentiate both phenomena.

It is noteworthy that, while in the stress, negative and positive characteristics are identified, besides the predominance of exacerbated physical symptoms and emotions, in the Burnout only the negative aspects are
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present and there is the direct relation with the work.17

Burnout is the result of exhaustion, frustration and lack of interest in the execution of work activities, presenting symptoms that go beyond stress and physical and mental fatigue, 18 as mentioned by the deponents. The clinical manifestations of the disease can be represented by physical, psychic, behavioral and defensive problems.19

It is pointed out that the lack of physical infrastructure and equipment in the workplace, material decay, lack of communication among the multidisciplinary team, high work rate, poor compensation, lack of incentives and high patient demand, among others, generate consequences for the professional and can impair an improvement in the patient’s condition.20 In addition, they can be stressful factors for the development of the disease.

It is assumed that the great overload of functions and the requirements to be able to attend and provide a quality service to the population make the worker feel exhausted and affects his health with a great dissatisfaction thus wearing down his process and quality of work.21

In regard to the public health service, it is noticed that, in some organizational models, there is a small number of professionals, which implies problems related to employees’ health, among them, psychic disorders capable of affecting the quality of life of the workers.

Depression is recognized as one of the main manifestations of the disease. It should be noted that Burnout is very confused with a type of depression. Thus, many patients are misdiagnosed as depressive and end up ingesting medications that do not have the desired effect, given that it is not depression itself, but rather a work-related illness. 1

It is proved by scientific evidence that both constructs are distinct, though interrelated. While Burnout relates to work and is specific to this situation, depression occurs in other contexts.22

It is understood that the syndrome affects, more frequently, the caregivers who go through difficult emotional situations. In its multidimensional conception, it is characterized by exhaustion, low professional and personal fulfillment, and depersonalization.6

The participants’ speech was emphasized in relation to depersonalization, referring to a typical dimension of Burnout and that differs from stress syndrome. It is a mechanism of defense of the professional before the emotional load generated by the direct contact with the other. For this, the professional becomes insensitive, cynical and rigid, creating a barrier to not allow the influence of the problems and sufferings of others to affect his life.4 In this light, this investigation corroborates the point of view that treats depersonalization as occupational instability factor.

It was found, in a study about BS in health professionals, significant indices of high depersonalization in nurses and physicians as a strategy used by professionals, possibly to deal with patient suffering.23

Another research was developed in Primary Health Care, which showed 50% of the depersonalization, manifested by the following notes: feeling that patients blame it for some of their problems; treat them as if they were objects; become less sensitive to people since you do this work; not really worrying about what happens to some patients worrying about the possibility that this work is hardening emotionally.2

The development of BS is generally avoided or the impacts of this problem are minimized as well as reinforced and implemented strategic measures of prevention in the work environment. Therefore, in order for the activity carried out by the professional to be of a good quality, it is recommended the implementation of occupational health programs to favor the promotion of workers’ health and the monitoring of their health situation.

CONCLUSION

It was observed in this study that the vast majority of the interviewees do not have the knowledge of BS and there is a shortage, in regard to studies on BS in obstetrical centers, even though professionals with a strong tendency to acquire this syndrome.

It is also prudent, in addition, to analyze the profile of the workers in this study, since the results present some indicators that justify the need to broaden the approach on the occupational health / illness process. It is observed that the majority has a weekly workload of more than 36 hours, and the sample is composed of married women with children who perform domestic activities. In general, it is assumed that, in addition to work activities, when professionals accumulate other activities, it implies that there is a facility for the emergence of said syndrome.

It is concluded that the study shows the need for permanent education of health workers, especially those of nursing, who are
vulnerable to the development of occupational diseases, so that strategies can be implemented to address the issue in question.

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