

ORIGINAL ARTICLE

BURNOUT SYNDROME IN NURSING PROFESSIONALS*
SÍNDROME DE BURNOUT EM PROFISSIONAIS DE ENFERMAGEM
SÍNDROME DE BURNOUT EN PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: to identify the prevalence of Burnout Syndrome in nursing professionals of an emergency hospital. **Method:** this is a quantitative, descriptive, cross-sectional study, based on the Neuman Systems Theory, with 106 nursing professionals. The data collection instruments used were a sociodemographic questionnaire and the Maslach Burnout Inventory. For information storage, the Excel® spreadsheet was used and, for descriptive analysis, the Bioestatistic program. Statistical significance level <0.05 was adopted and linear correlation test was performed. **Results:** the prevalence of average score in the three dimensions of Burnout Syndrome was revealed; Emotional Exhaustion; Depersonalization and Professional Achievement. **Conclusion:** it is concluded that there was a predominance of moderate level in the three dimensions of Burnout, a result that is worrying, since, as defended by Betty Neuman in his theory, the stability of the system and the need for it to be kept in balance are essential to avoid mental illness, including in the workplace. **Descriptors:** Burnout; Nursing Professionals; Occupational Stress; Worker's Health; Nursing; Emergency Hospitals.

RESUMO

Objetivo: identificar a prevalência da Síndrome de Burnout em profissionais de Enfermagem de um hospital de emergência. **Método:** trata-se de um estudo quantitativo, descritivo, transversal, fundamentado pela Teoria dos Sistemas de Neuman, com 106 profissionais de enfermagem. Utilizaram-se como instrumentos de coleta de dados um questionário sociodemográfico e o Maslach Burnout Inventory. Utilizaram-se, para armazenamento das informações, a planilha Excel® e, para análise descritiva, o programa Bioestatistic. Adotou-se nível de significância estatística <0,05 e realizou-se teste de correlação linear. **Resultados:** revelou-se a prevalência de pontuação média nas três dimensões da Síndrome de Burnout; Exaustão Emocional; Despersonalização e Realização Profissional. **Conclusão:** conclui-se que houve predominância do nível moderado nas três dimensões do Burnout, resultado que se mostra preocupante, uma vez que, como defendido por Betty Neuman em sua teoria, a estabilidade do sistema e a necessidade deste ser mantido em equilíbrio são essenciais para evitar o adoecimento psíquico, inclusive, no ambiente laboral. **Descritores:** Esgotamento Profissional; Profissionais de Enfermagem; Estresse Ocupacional; Saúde do Trabalhador; Enfermagem; Hospitais de Emergência.

RESUMEN

Objetivo: identificar la prevalencia del Síndrome de Burnout en profesionales de Enfermería de un hospital de urgencias. **Método:** este es un estudio cuantitativo, descriptivo, transversal, basado en la teoría de Sistemas de Neuman, con 106 profesionales de enfermería. Los instrumentos de recolección de datos utilizados fueron un cuestionario sociodemográfico y el Maslach Burnout Inventory. Para el almacenamiento de informaciones, se utilizó la hoja de cálculo Excel® y, para el análisis descriptivo, el programa Bioestatistic. Se adoptó un nivel de significación estadística <0,05 y se realizó una prueba de correlación lineal. **Resultados:** se reveló la prevalencia del puntaje promedio en las tres dimensiones del Síndrome de Burnout; Agotamiento Emocional; Despersonalización y Logro Profesional. **Conclusión:** se concluye que hubo un predominio de nivel moderado en las tres dimensiones de Burnout, un resultado que es preocupante, ya que, como defiende Betty Neuman en su teoría, la estabilidad del sistema y la necesidad de mantenerlo en equilibrio son esenciales para evitar enfermedades mentales, incluso en el lugar de trabajo. **Descriptor:** Agotamiento Profesional; Profesionales de Enfermería; Estrés Ocupacional; Salud Ocupacional; Enfermería; Hospitales de Emergencia.

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INTRODUCTION

It is known that Nursing is a science focused on the care of human beings whose field of knowledge, foundations and practices range from health status to disease states.¹

It is warned that frequent contact with diseases and suffering situations, the complexity of the procedures, the degree of responsibility in decision making and the risk of work accidents place nursing among the most exhausting professions. The way nursing professionals deal with such stressful situations has been the subject of concerns and investigations, as it can have negative consequences for the worker himself and also compromise the quality of care.²⁻³

Burnout, often confused with stress, is explained as a syndrome resulting from burnout, which affects worker performance, interpersonal relationships, productivity, as well as the quality of life of the individual and the organization. Thus, stress refers to a temporary adaptation process, while Burnout is linked to a break in adaptation accompanied by chronic malfunction.⁴

Thinking about the stressors present in the workplace, he reported to the Neuman Systems Theory to understand the issues that underlie the stress process related to work activities, as it is a framework that offers a designative conceptual framework capable of giving meaning to the phenomena observed.

It is necessary, considering that the hospital is configured as an unhealthy, arduous and high occupational risk environment for those who work there, answer the following question: "What is the prevalence of Burnout Syndrome among Nursing professionals of a hospital of emergency?"

In answering this question, it is intended to contribute with information about work-related psychic illness, as there may be significant impairment of the personal and working life of professionals.

It is noteworthy that Betty Neuman has made great contributions to workers' health, as she understands the individual as a system open to interactions with the environment in which she seeks physical and mental stability.⁵

It is noteworthy that, in the systems model proposed by Betty Neuman, there is a central nucleus, which is an energy resource whose commitment by stressors puts the individual at risk of illness. This core is protected by lines that react to stressors to prevent them from reaching the central power source and causing instability. In addition, these lines, or concentric circles, are three: normal line of defense; flexible line of defense, which protects the former as a buffer, and resistance line, which protects the core and activates when the normal line of defense

undergoes the action of environmental stressors, ensuring system reconstitution.⁵⁻⁶

It is stated that for Neuman this relationship between the individual and the stressors can be negative or positive and result in an adjustment of the environment to the person or the person to the environment. It is noteworthy that the main objective is the stability of the system, being necessary to identify the stressors and outline the primary, secondary and tertiary prevention.⁶⁻⁷

OBJECTIVE

- To identify the prevalence of burnout syndrome in nursing professionals of an emergency hospital.

METHOD

This is a quantitative, descriptive, cross-sectional study based on the Neuman Systems Theory.

The study population considered all nursing professionals, according to a list granted by the hospital's human resources sector, which consisted of 174 professionals, including 44 nurses and 130 nursing technicians/assistants.

Inclusion criteria were to work in the institution for at least six months and voluntarily agree to participate in the study by signing the Free and Informed Consent Term (FICT). The study excluded those professionals who worked in the institution without employment, those who were on vacation or leave during the data collection period and those who submitted the unfilled or incomplete questionnaires.

For the sample calculation, alpha of 0.01 and standard deviation of 0.05 were used, reaching a total of 125 participants; of these, 35 are nurses and 90 nursing technicians/assistants. Professionals were selected by simple draw within each category, without replacement.

A sample of 106 professionals was obtained, being 35 nurses and 71 nursing technicians/assistants, because of a total of 125 subjects, four refused to participate in the study; eight delivered incomplete questionnaires and seven returned blank questionnaires.

As collection instruments, a sociodemographic questionnaire and the Maslach Burnout Inventory (MBI) were applied.

It is explained that the MBI is an instrument answered by a frequency scale ranging from one to five, with the alternatives: (1) never; (2) a few times a year; (3) a few times a month; (4) a few times a week and (5) daily. The MBI was composed of 22 items that evaluate the three dimensions of Burnout Syndrome: Emotional Exhaustion (nine items); Depersonalization (five items) and Professional Achievement (eight items). The score in each subscale was obtained by summing the

respective values. Cutoff scores are shown in figure 1.

Dimensions	Reference values		
	Low	Moderate	High
Emotional exhaustion	≤15	16-25	≥26
Depersonalization	≤2	3-8	≥9
Professional achievement	≤33	34-42	≥43

Figure 1. MBI reference values. Source:⁸

The score of each dimension is considered separately, and these dimensions are not combined into a total score.⁹ It is suggested, by obtaining a high score in Emotional Exhaustion and Depersonalization and a low score in Professional Achievement, the presence of Burnout.¹⁰

For information storage, the Excel® spreadsheet was used and, for descriptive analysis, the Bioestatistic program. Statistical significance level <0.05 was adopted and linear correlation test was performed.

It is noteworthy that the study was authorized by the direction and the Permanent Education Center (PEC) of the hospital through the signing of the authorization form and approved by the Ethics and Research Committee of the Federal University of Alagoas (CEP-UFAL) according to the Resolutions 466/2012 and 510/2016, of the National Health Council, under protocol number 45175815.3.0000.5013.

RESULTS

The sample consisted of 106 nursing professionals, 87 (82.1%) women and 19 (17.9%) men (Table 2).

It is noted that the age group between 30-39 years predominated, corresponding to 32.1% of professionals (n = 34), followed by the age group 40-49 years, which includes 31.1% of professionals (n = 33).

In relation to marital status and the presence of children, 54.7% (n = 58) are married; 24.5% (n = 26) are single; 17.9% (n = 19) are divorced and 2.9% (n = 3) are widowers; 70.7% of the participants (n = 75) said they had children and 29.3% (n = 31) denied and, in relation to the workday, 78.3% (n = 83) of the professionals reported that they work 30 hours weekly, on duty.

When asked about other labor links, 54 participants (51%) state that they have links at other institutions, and 52 participants (49%) denied having other labor links. Work was reported at the Mobile Emergency Service - SAMU, the Family Health Strategy and other hospital institutions.

Table 2. General data on Nursing professionals at the Emergency Hospital. Maceio (AL), Brazil. 2018.

General data		N=106	%
Sex			
	Male	87	82.1
	Female	19	17.9
Age groupa			
	20-29	11	10.4
	30-39	34	32.1
	40-49	33	31.1
	50-59	17	16.0
	>59	1	0.90
	Did not reply	10	9.50
Marital status			
	Single	26	24.5
	Married	58	54.7
	Divorced	19	17.9
	Widow	3	2.9
Children			
	Yes	75	70.7
	No	31	29.3
Workday			
	30h	83	78.3
	40h	23	21.7
Other work bonds			
	Yes	54	51
	No	52	49

Source: Research Data (2018).

According to the data obtained through the MBI, in the Professional Achievement dimension (Figure 2) 23% (n = 24), the subjects surveyed presented low level, 77% (n = 82) presented moderate level and no subject presented high level; In the Depersonalization dimension (Figure

3), no professional presented low level, 79% (n = 84) presented moderate level and 21% (n = 22) presented high level; In the Emotional Exhaustion dimension (Figure 4), 31% (n = 33) presented low level, 57% (n = 60) presented moderate level and 12% (n = 13) presented high level.

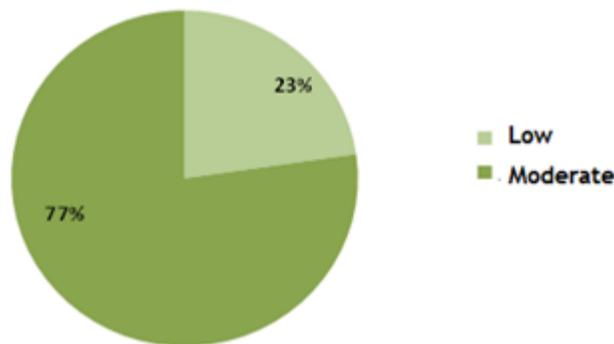


Figure 2. Dimensions of Burnout Syndrome in the studied sample. Professional achievement. Maceio (AL), Brazil. 2018.

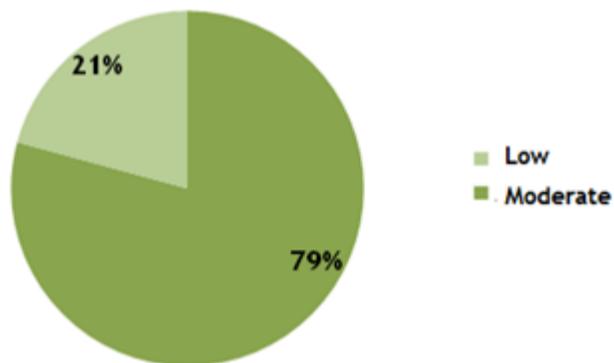


Figure 3. Dimensions of Burnout Syndrome in the studied sample. Depersonalization. Maceio (AL), Brazil. 2018.

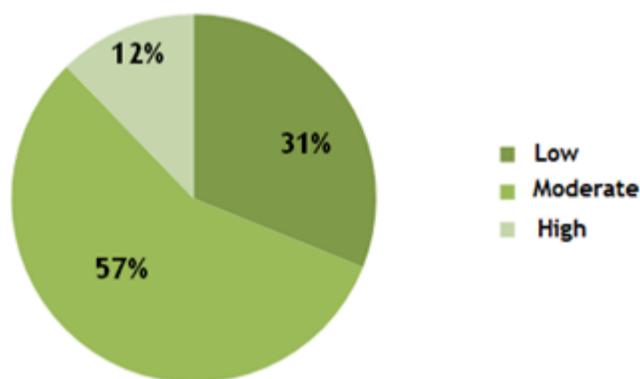


Figure 4. Dimensions of Burnout Syndrome in the studied sample. Emotional Exhaustion. Maceio (AL), Brazil. 2018.

DISCUSSION

It is stated that the predominance of women among nursing professionals is expected and observed in several studies that bring the profile of the nursing team.¹¹⁻³

Regarding the age group, most of the participants in this study were, respectively, in the phase of “vocational training” (30-39 years), which is marked by the search for professional identity and qualification for services through specialization, either postgraduate, for nurses, or postgraduate, for technicians, and, in the phase of “professional maturity” (40-49 years), which is

characterized by the full development of cognitive skills, nursing techniques and practices, being considered the phase of certainties, the affirmation of professional identity and the height of professional recognition.¹⁴

The association of the age variable with Burnout Syndrome is controversial in the literature. Some authors argue that the high average age is an important factor for the development of mental or occupational disorders due to the reduced ability to adapt to stressors at work,¹⁵⁻⁶ while others say younger workers with little work experience are more likely to develop occupational stress and burnout syndrome because

they feel unprepared and inexperienced for their job responsibilities.¹⁷

As well as the relationship with age, the relationship between the variables marital status and presence of children with Burnout Syndrome is divergent in the literature. It has been described by some authors that marriage makes it difficult for health professionals to find the syndrome and others consider that marriage is not a variable that significantly influences the dimensions of professional exhaustion, but that this influence is marked by the social support received from partner.¹¹ The presence of children can contribute to a greater emotional balance through the feeling of paternity/maternity or be considered a stress factor, and studies show minimal correlation between the variables marriage and children and Burnout Syndrome.¹⁴⁻⁵

Among the variables responsible for the manifestation of symptoms of Burnout Syndrome, we highlight the excess of working hours and having more than one employment relationship; Regarding working hours, the results of this study are in agreement with other authors, who point out working hours of 30 to 60 hours per week most common among nursing teams. Due to dissatisfaction with the salary, nursing professionals have more than one employment relationship, with a consequent increase in the workday, which can result, in addition to work accidents, in occupational stress.^{3,15,19-21}

Burnout Syndrome is considered a mixture involving an individual state characterized by Emotional Exhaustion (EE); a coping strategy, which is about Depersonalization (DE) and a consequence, which would be diminished Personal Realization (PR), so that these three dimensions can be studied through the Maslach Burnout Inventory (MBI).^{9,22}

In the general sample, the moderate level of professional achievement, emotional exhaustion and depersonalization prevailed, the latter considered by many authors to be the key element of Burnout Syndrome, as feelings of emotional distress and incompetence may be observed in other disorders, but depersonalization is unique to this syndrome.²³⁻⁴

Emotional exhaustion is defined as the feeling that one can no longer give oneself, as there is an exhaustion of one's own energy or emotional resources, which can arise when the individual has too much emotional involvement with work, is overwhelmed with tasks and feels pressured, a situation in which the feeling of being at the limit of one's possibilities appears.²⁴⁻⁵

Although most of them had a moderate level in this dimension, 12.3% had a high level of emotional exhaustion. They are warned that they are professionals who tend to become intolerant, irritable, insensitive, and rigid in behavior. It is

known that hospital nursing is a complex and demanding activity, in which there is both quantitative and qualitative overload, which may favor the development of this dimension.²³⁻⁴

Depersonalization is the development of negative attitudes and feelings, such as cynicism, towards the people who receive their work, appearing as a defense mechanism against situations that the professional cannot solve or even live with. It is emphasized that nursing professionals working in the hospital environment are in constant relationship with patients, a relationship that plays an important role in the processes of social interaction.²⁴⁻⁵

Most of them (79.2%) had a moderate level of depersonalization, a result similar to other studies,²⁶⁻⁷ However, professionals with a high level of depersonalization, which constituted 20.8% of the sample, cannot be left out. Negative feelings lead to an affective distancing from the professional in relation to the people he attends, and among the manifestations, impatience, the desire to leave work and irritability can be mentioned.²⁵

The decrease in professional achievement is defined as the tendency of professionals to evaluate themselves negatively, feeling inadequate to their job and dissatisfied with their work results.²⁴⁻⁵

Thus, as in the other two dimensions, the moderate level of professional achievement prevailed, as in other studies.^{20,27} It should be considered, however, that 22.7% of the professionals studied had low professional performance and, consequently, may be insecure in performing their work, may also deal negatively with conflict situations and may feel overwhelmed. It is understood that the expression that best portrays the commitment of professional achievement is the question that the professional himself makes about the choice of his profession, putting in doubt his aptitude to exercise it.^{24,28}

The data found in this study are justified by the adaptation to the performance of work activities by the professionals studied, because, according to the Neuman Systems Theory, the worker tends to act by reconstituting the environment to develop their comfort and mental health, otherwise, he will feel unmotivated to play his role, performing it superficially and discredited, which would indirectly have a low self-esteem. The feeling of pride in one's activity, of being helpful and of helping the sick person, can alleviate, even partially, the suffering, if any.^{5,19,38}

The intervention against psychic illness emphasizes the interaction between person and environment and their interference with health, as highlighted by Betty Neuman. It is important to act on stressors, modifying their nature in order to promote healthy interaction between the

individual. and the environment in which they live and work and prevent diseases and illnesses, ensuring quality of life for the worker.²⁵

CONCLUSION

It is concluded that there was a predominance of moderate level in the three dimensions of Burnout, a result that is worrying, since, as defended by Betty Neuman in his theory, the stability of the system and the need to be kept in balance are essential to avoid psychic illness, including in the workplace.

Some limitations of this study are considered, such as the temporality and the lack of consensus in the literature about the criteria of suspicion of Burnout Syndrome.

It is believed that, despite the limitations described, the data obtained coincide with literature data and add information about the quality of life at work of the Nursing team of an important state hospital institution, can serve as a tool for discussions about work organization, aiming at early detection of work-related mental disorders, such as anxiety and Burnout Syndrome.

Given this, the need for further research on the manifestation of anxiety and Burnout Syndrome is necessary so that the symptoms resulting from psychic illness are recognized, thus contributing to the improvement of the quality of life of nursing professionals and, consequently, enabling a qualified and effective nursing care.

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