

ORIGINAL ARTICLE

BURNOUT SYNDROME IN EMERGENCY ROOM NURSING PROFESSIONALS*

SÍNDROME DE *BURNOUT* EM PROFISSIONAIS DE ENFERMAGEM DE PRONTO-SOCORRO

SÍNDROME DE *BURNOUT* EN PROFESIONALES DE ENFERMERÍA DE PUESTO DE PRIMEROS AUXILIOS

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ABSTRACT

Objective: to check the score for the classification of Burnout Syndrome. **Method:** this is a quantitative, descriptive, cross-sectional study with 36 nurses and nursing technicians in the emergency department of a public teaching hospital. Data was performed using the Maslach Burnout Inventory instrument, which was tabulated, and simple statistical analysis was performed using the IBM SPSS Statistic® software. **Results:** it is reported that 72.2% were nursing technicians; 69.4%, female, with a mean age of 37 SD ± 8.76. It is noted that, in the classification for the Burnout Syndrome domains, 55.6% had moderate to high emotional exhaustion; 66.7%, moderate to high depersonalization and 63.9%, low emotional fulfillment. It is noteworthy that 13.9% had Burnout Syndrome. It is reported that, of the total number of nurses, 90% had moderate to high emotional exhaustion scores, while nursing technicians were 42.3%. **Conclusion:** it is concluded that there was no significant association between sociodemographic variables and Burnout Syndrome. An individualized worker health prevention plan is suggested. **Descriptors:** Burnout, Professional; Emergency Nursing; Stress, Psychological; Working Conditions; Nursing; Syndrome.

RESUMO

Objetivo: verificar o escore para a classificação da Síndrome de *Burnout*. **Método:** trata-se de um estudo quantitativo, descritivo, transversal, com 36 enfermeiros e técnicos de enfermagem do pronto-socorro de um hospital público de ensino. Coletaram-se os dados por meio do instrumento *Maslach Burnout Inventory*, que foram tabulados, e se realizou a análise estatística simples pelo *software IBM SPSS Statistic®*. **Resultados:** informa-se que 72,2% eram técnicos de enfermagem; 69,4%, do sexo feminino, com idade média 37 DP ± 8,76. Nota-se que, na classificação para os domínios de Síndrome de *Burnout*, 55,6% apresentaram moderada a alta exaustão emocional; 66,7%, moderada a alta despersonalização e 63,9%, baixa realização emocional. Ressalta-se que 13,9% apresentaram Síndrome de *Burnout*. Relata-se que, do total de enfermeiros, 90% apresentaram escores de exaustão emocional moderada a alta, enquanto os técnicos de enfermagem foram 42,3%. **Conclusão:** conclui-se que não houve associação significativa entre as variáveis sociodemográficas com a Síndrome de *Burnout*. Sugere-se um plano de prevenção à saúde do trabalhador individualizado. **Descritores:** Esgotamento Profissional; Enfermagem em Emergência; Estresse Psicológico; Condições de Trabalho; Enfermagem; Síndrome.

RESUMEN

Objetivo: verificar la puntuación para la clasificación del Síndrome de *Burnout*. **Método:** este es un estudio cuantitativo, descriptivo, transversal con 36 enfermeros y técnicos de enfermería en el departamento de primeros auxilios de un hospital público de enseñanza. Los datos se recopilaron utilizando el instrumento *Maslach Burnout Inventory*, que se tabularon, y se realizó un análisis estadístico simple utilizando el *software IBM SPSS Statistic®*. **Resultados:** se informa que el 72.2% eran técnicos de enfermería; 69,4%, mujeres, con una edad media de 37 DE ± 8,76. Se observa que, en la clasificación para los dominios del Síndrome de *Burnout*, el 55.6% tenía un agotamiento emocional de moderado a alto; 66.7%, despersonalización moderada a alta y 63.9%, baja satisfacción emocional. Es de destacar que el 13,9% tenía Síndrome de *Burnout*. Se informa que, del número total de enfermeros, el 90% tenía puntajes de agotamiento emocional de moderados a altos, mientras que los técnicos de enfermería fueron del 42,3%. **Conclusión:** se concluye que no hubo asociación significativa entre las variables sociodemográficas y el Síndrome de *Burnout*. Se sugiere un plan individualizado de prevención de la salud de los trabajadores. **Descriptor:** Agotamiento Profesional; Enfermería de Urgencia; Estrés Psicológico; Condiciones de Trabajo; Enfermería; Síndrome.

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INTRODUCTION

It is known that the nursing team maintains direct contact most of the time with patients and family members in the emergency department, compared to other members of the health team, getting involved not only with care practices, but also with emotional aspects, stress and other feelings presented by patients and their families.¹

The nursing team experiences work overload, low pay, double hours, occupational risks, precarious material resources, lack of qualified personnel and conflicting interpersonal relationships, requiring greater control of their emotions.²

The urgency and emergency sectors consist of a space with high patient turnover, requiring agility and efficiency in carrying out life maintenance procedures. Qualified professionals who are able to deal with the population in a calm and safe way are needed, due to the state of extreme vulnerability in which the patient and his family are, therefore, these professionals need to keep their stress levels under control.³

The urgency and emergency department is characterized by a high demand for patients at high risk of death, unpredictable occurrences and demands for speedy procedures for safe care. It is inferred that, when occupational stress goes beyond adaptive levels and moves to a more advanced state, it then begins, a set of psychic, physical and behavioral symptoms appear that directly interfere in the work capacity called Burnout Syndrome.⁴

It is explained that Burnout is an English word translated to Portuguese as “*queima após desgaste*”. It refers to a process that develops in the interaction of characteristics of the work environment and personal characteristics. The term Burnout was initially used in 1969, but it became known in 1974, by Freudenberger, who described it as a feeling of exhaustion and failure caused by excess energy and resources observed with suffering among professionals who care for people.⁵⁻⁶

Burnout is characterized as a set of physical and psychological symptoms consisting of three related and independent dimensions: emotional exhaustion, feeling of physical and mental exhaustion and feeling of lack of energy and enthusiasm. Refers to depersonalization to changes in the attitude of the worker, who begins to have a cold and impersonal contact with their clients or users of their service, and the decrease in professional achievement associated with the feeling of dissatisfaction with the professional activities performed, with a feeling of low self-esteem, professional failure and lack of motivation with work.⁷⁻⁸

Burnout Syndrome presents characteristics such as the state of emotional tension and chronic stress caused by exhausting physical, emotional and psychological work conditions, manifesting especially in people whose profession requires direct and intense interpersonal involvement with other people.⁹

Nursing can be considered a profession that suffers the total, immediate and concentrated impact on the development of this Syndrome due to the constant care with sick people, unpredictable situations, execution of tasks, sometimes distressing, which is common in emergency units.¹⁰

OBJECTIVES

- To check the score for the classification of Burnout Syndrome.
- To determine the prevalence of Burnout Syndrome in nurses and nursing technicians, in the emergency department of a public teaching hospital.

METHOD

This is a quantitative, cross-sectional study in the adult emergency room at Clinical Hospital of the Federal University of Triângulo Mineiro (HC-UFTM).

The study population consisted of nurses and nursing technicians working in this sector in the morning and afternoon shifts. As inclusion criteria, professionals based in the investigated sector and directly linked to assistance were listed. It is noted that the night shift was not included due to the composition of the team, as most workers were not employed in the sector investigated, not meeting the inclusion criteria.

There were a total of 42 professionals in the two periods, six on leave / certificate, totaling 36 participants, being 26 nursing technicians and ten nurses.

Data was collected in May 2018. The subjects who agreed to participate in the research were given a structured and self-administered sociodemographic questionnaire, in addition to the Maslach Burnout Inventory (MBI), created by Maslach & Jackson (1981), which was translated and adapted to Brazilian Portuguese by Lautert (1995).

The data was classified, for the assessment by the MBI instrument, in the dimensions emotional exhaustion, depersonalization and professional achievement, classifying them in low, medium and high level of commitment. The Burnout Syndrome is verified by the combination of high emotional exhaustion, high depersonalization and low performance.

Data was tabulated in an Excel® spreadsheet and simple statistical analysis was performed using

IBM SPSS Statistic® for Windows software, version 19.

the subjects who agreed to participate in the study.

The study was approved by the Research Ethics Committee of the Federal University of Triângulo Mineiro under registration number with the Ethics and Research Committee 1870175 CAAE: 53403115930015145 and, after clarifying the research objectives, the FICT was handed out to

RESULTS

It is reported that the participants totaled 36 nursing assistants, and the detailed data are shown in table 1.

Table 1. Distribution of sociodemographic data of nursing professionals. Uberaba (MG), Brazil, 2018. (n=36)

Variables	n	%
Religion		
Catholic	16	44.4
Evangelical	06	16.7
Spiritist	09	25.0
None	01	02.8
Others	01	02.8
Work shift		
Morning	20	55.6
Afternoon	16	44.4
Time at the institution		
< 2 year	08	22.2
2,1 up to 7 years	19	52.8
3,1 up to 15 years	06	16.7
15,1 years	03	08.3
Another job		
No	30	83.3
Yes	06	16.7
Sleep average		
< 06 hours	09	26.0
6 to 8 hours	24	66.7
>8 hours	03	08.3

The other clinical data can be found in table 2.

Table 2. Distribution of clinical variables. Uberaba (MG), Brasil, 2018. (N=36)

Variables	n	%
Physical activity		
Yes	20	55.6
No	16	44.4
Health classification		
Very good	11	30.6
Good	22	61.1
Bad	03	08.3
Sleep quality		
Good	19	52.8
Moderate	10	27.7

In relation to the domains of Burnout Syndrome, they were shown in table 3.

Table 3. Distribution and classification of the Burnout Syndrome domains. Uberaba (MG), Brazil, 2018. (N=36)

Variables	n	%
Emotional exhaustion		
Low	16	44.4
Moderate/High	20	55.6
Depersonalization		
Low	12	33.3
Moderate/High	24	66.7
Personal Achievement		
Low	23	63.9
Moderate/High	13	36.1

It was found that 90% of nurses had moderate to high emotional exhaustion scores, while in nursing technicians, the percentage was 42.3%.

DISCUSSION

In this study, it was identified, through sociodemographic factors, that most professionals were formed by nursing technicians (72.2%) female

(69.4%), corroborating a study conducted with 20 nurses in the ICU of three private hospitals in Vitória da Conquista / BA, a factor that is related to the characteristics of this profession.¹¹

It was evidenced, in a study carried out at the Clinical Hospital of Botucatu, that the variable gender is not directly related to the acquisition of Burnout, considering that female gender can be an inhibiting agent of the action of the aggressors.²

It is described, on the profile of nursing professionals, that there is predominance in individuals with an average age of 37 years. Encontrou-se, na literatura, sobre a variável idade, resultado contraditório, pois a maioria dos estudos aponta que o *Burnout* tem maior prevalência nos enfermeiros mais jovens, uma vez que estes são considerados inexperientes e acabam ficando mais tensos diante situações de urgência e emergência que podem surgir.¹²⁻³

It is revealed, in relation to marital status, that the married ones prevailed (55.4%), contradicting a study carried out in a hospital in the city of Teresina (PI), where it became evident that the existence of a marriage relationship has a lower correlation to the triggering of Burnout Syndrome.¹⁴

It was found that about 86.1% of the participants had some religious belief, corroborating a study carried out in Londrina (PR) with 502 workers, and it is known that having a religious belief is a protective factor against high exhaustion, high depersonalization and low professional achievement due to the empowerment of people in coping with stress and adversity at work, often attenuating their negative impact on mental health.¹⁵

It is inferred that, of the study subjects, the majority received from five to ten minimum wages (36.1%), that is, they were considered well paid, taking into account the average nursing salary at national level, as well as the majority (83.3%) have a single job. It was stated in the literature that, the lower the salary and the greater the workload, the professional has a higher incidence of developing Burnout. Because of the low remuneration, the nursing professional seeks to seek other employment bonds to complete income, which generates stress due to the accumulation of functions, imposing physical and psychological overload resulting from work.^{3,16}

It is pointed out, in relation to the work shift, that 55.6% work in the morning, however, the prevalence of Burnout Syndrome is higher in nurses who work at night, which is the opposite result in relation to that found in this study, which shows an equal percentage between morning and night shifts.¹²

It is shown that about 52.8% of professionals had 2.1 to seven years of working time at the institution investigated. It is evident in the

literature that nurses with a longer time in the institution are more committed and have greater resilience in coping with unpredictable and stressful situations, manifesting lower levels of depersonalization.¹⁷

It was found that the situation of not having another job (83.3%) was predominant, being a positive characteristic for the non-development of the syndrome. It is understood that another satisfactory detail that positively influences the non-development of the syndrome, is that most professionals analyzed, classified health as good or very good, presenting good quality of sleep, with a predominance of two to eight hours of daily sleep (66.7%).

The data is similar in relation to behavioral habits, where 11.1% were smokers and 41.7%, alcoholics, to those of a study carried out in a university hospital with 184 nursing professionals, and this behavior occurs due to a behavioral manifestation of escape or forgetting the job in search of the pleasure they do not get in the day-to-day work activities, due to the poor working conditions.²

It is indicated that the majority practiced physical activities and did not have chronic diseases. It was observed, in a study, that the high values of Burnout are associated with not performing physical activity, demonstrating that the practice of physical activity is a protective factor for the development of the syndrome.¹⁰

According to the results obtained, 13.9% of the nursing team with Burnout Syndrome was identified; however, there was no relevance between the variables studied and the occurrence of Burnout, except in relation to moderate-high emotional exhaustion in nurses (90%).

It is explained that the Burnout Syndrome can affect any professional, regardless of the area of occupation, however, professionals exposed to the suffering of others, as in urgency and emergency sectors, tend to have a higher risk of developing Burnout, which is evidenced by the combination of high emotional exhaustion, high depersonalization and low professional achievement.¹²

Emotional exhaustion, considered the core of Burnout, was the most frequent in relation to depersonalization, which is the second dimension of the instrument that assesses Burnout Syndrome, while professional achievement was low, data that corroborate the results found in a study conducted at a university hospital in the city of São Paulo.¹²

In Shanghai (China), a study carried out in a group of 527 nurses corroborates the data cited in this study, demonstrating high levels of emotional exhaustion and, consequently, high levels of burnout, that are strongly associated with work-related stress.¹⁸

For this study, 66.7% were considered to have moderate and high depersonalization. In a study conducted in two hospitals in Peru, it was found that depersonalization negatively affects personal fulfillment, causing negative attitudes towards their own professional role and generating cognitive deterioration, which consists of low professional performance, being able to reduce the quality of care and cause dissatisfaction in patients and health professionals, themselves.¹⁹

The results indicate that 63.9% of professionals have low personal fulfillment. It was emphasized, in a study carried out with 225 nurses, where the low personal achievement is directly linked to the financial situation and the excessive workload.²⁰ Low professional achievement is related to insecurity in the performance of their work, conflict situations and overloads. It is understood, moreover, that the expression that best portrays this condition is the question that the professional himself makes about the choice of his profession, putting in doubt his aptitude to exercise it.²⁰⁻¹

It is understood that high emotional exhaustion, high depersonalization and low professional achievement are consequences of inadequate working conditions, and the lack of professional recognition and low pay, associated with the constituent factors of the organizational structure itself, directly interfere in the health and well-being of the nursing professional, enhancing the possibilities of developing the Burnout Syndrome.²

It should be noted that, although the results of studies relate the occurrence of Burnout Syndrome to sociodemographic variables, personal characteristics act as facilitators or inhibitors of the action of stressors present in the workplace rather than agents that trigger the syndrome.⁹

Study limitations are considered a reduced number of participants, the performance in a single institution and the non-inclusion of the night shift, excluded due to the majority of workers on this shift, at the time of data collection, not being crowded in the investigated sector (on duty from other sectors).

CONCLUSION

It was concluded that the female sex prevailed, non-white skin color, married marital status, income of five to ten minimum wages, Catholic religion, most professionals worked in the morning shift, with working time in the institution of 2.1 to seven years, without employment, with six to eight hours of sleep and was an alcoholic and smoker. It should be added that moderate to high emotional exhaustion, moderate to high depersonalization and low emotional fulfillment predominated.

It is known that there are several studies on the nursing professional and Burnout Syndrome, however, it is necessary that other researches be

carried out with the categories of nursing professionals, of a transversal and longitudinal nature, with a large number of participants, so that issues involving Burnout Syndrome are better highlighted and allow statistical tests of correlation between other variables.

It is suggested to think and propose a plan to prevent workers' health, and it is necessary that it be individualized, verifying, through internal research, what the professional feels as exhausting and where to intervene.

CONTRIBUTIONS

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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