Burnout syndrome: a reflective analysis.



# BURNOUT SYNDROME: A REFLECTIVE ANALYSIS

SÍNDROME DE BURNOUT: UMA ANÁLISE REFLEXIVA SÍNDROME DE BURNOUT: UN ANÁLISIS REFLEXIVA

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#### **ABSTRACT**

Objective: to raise reflection on the Burnout syndrome. Method: qualitative, descriptive study, a narrative reflexive analysis type based on scientific articles and books. The articles were selected on the Pubmed/Medline, Lilacs e SciElo. Results: Burnout syndrome manifests from four classes: physical, psychic, behavioral and defensive, each with its own characteristics. The most triggering factors have four dimensions: organization, individual, work, and social factors. There are three related but independent components: Emotional Exhaustion, De-personalization, and Reduction of Personal Achievement. Conclusion: there is a high association between Burnout and healthcare work by professionals with high complexity/responsibility roles dealing with patients with a wide range of health problems, both in the emergency area and in high-risk areas of infectious diseases, or even in the ICU. The present study also considers the combination of stressful night shifts, daily contact with patients, suffering and possibility of death, which makes professionals prone to developing the BS. Descriptors: Occupational Burnout; Disability Assessment; Psychological Adaptation; Mental Health; Occupational Health; Psychiatric Nursing.

### RESUMO

Objetivo: refletir sobre a Síndrome de Burnout. Método: estudo qualitativo, descritivo, tipo análise reflexiva narrativa com base em artigos científicos e livros. Os artigos foram selecionados na Pubmed/Medline, Lilacs e SciElo. Resultados: a Síndrome de Burnout se manifesta a partir de quatro classes: física, psíquica, comportamental e defensiva, cada uma com suas próprias características. Os fatores mais desencadeantes têm quatro dimensões: organização, indivíduo, trabalho e fatores sociais. Há três componentes relacionados, porém independentes: Exaustão Emocional, Despersonalização e Redução da Realização Pessoal. Conclusão: verifica-se alta associação entre Burnout e trabalho assistencial na saúde por profissionais que exercem papéis de alta complexidade/responsabilidade lidando com pacientes dos mais variados problemas de saúde, tanto no âmbito da emergência quanto de setores de alto risco de doenças infecto-contagiosas ou até mesmo em UTI. Refletiu-se também quanto à somatória de plantões noturnos estressantes, contato diário com enfermos, sofrimento, possibilidade da morte que os deixa em condição propícia para o desenvolvimento da SB. Descritores: Esgotamento Profissional; Avaliação da Deficiência; Adaptação Psicológica; Saúde Mental; Saúde do Trabalhador; Enfermagem Psiquiátrica

### **RESUMEN**

Objetivo: reflexionar sobre el Síndrome de Burnout. Método: estudio cualitativo, descriptivo, tipo análisis reflexivo narrativo com base en artículos científicos y libros. Los artículos fueron seleccionados en la Pubmed/Medline, Lilacs y SciElo. Resultados: el Síndrome de Burnout se manifiesta a partir de cuatro clases: física, psíquica, comportamental y defensiva, cada una con sus propias características. Los factores más desencadenantes tienen cuatro dimensiones: organización, individuo, trabajo y factores sociales. Hay tres componentes relacionados, sin embargo independientes: Extracción Emocional, Despersonalización y Reducción de la Realización Personal. Conclusión: se verifica alta asociación entre Burnout y trabajo asistencial en la salud por profesionales que ejercen papeles de alta complejidad/responsabilidad lidiando con pacientes de los más variados problemas de salud, tanto en el ámbito de la emergencia cuanto de sectores de alto riesgo de enfermedades infecto-contagiosas o hasta en UTI. Se reflexionó también sobre la sumatoria de guardias nocturnas estresantes, contacto diario con enfermos, sufrimiento, posibilidad de la muerte que los deja en condición propicia para el desarrollo del SB. Descriptores: Agotamiento Profesional; Evaluación de la Discapacidad; Adaptación Psicológica; Salud Mental; Salud Laboral; Enfermería Psiquiátrica.

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#### INTRODUCTION

The *Burnout* Syndrome (SB) was firstly mentioned by Herbert Freudenberg, in 1974, in the United States of America on studies of loss of motivation and impairment, having as other psychic and physical symptoms loss of energy when manifested by volunteers undergoing treatment at an institution for drug addicts. At the same time, Christina Maslach mentioned in her studies the expression *Burnout* as being the emotional load of work on the behavior of health professionals. <sup>2</sup>

The BS occurs when the individual does not make use of effective strategies to cope with the stressor and this remains, which may lead the subject to stress chronification and, consequently, *Burnout*.<sup>3</sup>

Early detection of expressive symptomatic levels of the syndrome can be an indicator of probable difficulties in both school and professional success, allowing for interventions.4 preventive prevention is important from its beginning, since health care professionals, by providing care and always being in touch with sick people, are constantly subject to enormous varieties of stressors. Thus, this is an group individual affected bν occupational symptom and consequently by Burnout.<sup>5</sup>

The BS has been considered a social problem of extreme relevance, being studied in several countries, and even in Brazil, its studies are very recent. The syndrome appears as a response to interpersonal stressors that occur in the work situation.<sup>6</sup>

The BS manifests itself from four classes, namely

- a) Physics: when the worker has constant fatigue, insomnia and lack of appetite;
- b) Psychic: lack of attention, memory changes, anxiety and frustration;
  - c) Behavioral: the individual is negligent at work, has occasional or instant irritation, lack of concentration, increased conflicts in peer relationships;
  - d) Defensive: tendency of isolation, feeling of impotence, impoverishment of work quality and clinical attitude.<sup>7</sup>

Burnout is a psychological syndrome that strikes individuals exposed to chronic stresses at work and affects those who are intensely related to others. There are three related but independent components:

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**Emotional** Exhaustion (EE), Depersonalization (DP) and Reduction Personal Achievement (RPA). EE is the one that fundamentally defines the syndrome. It is the first reaction caused in response to work overload, social conflict and stress of constant demands. leading to strategy and emotional and distancing of the professional in relation to work. DP occurs as an attempt to protect EE by distancing oneself from work and from people. The RPA entails in the individual the development of an inadequate personal and professional feeling at work, confidence in oneself and of the ability to stand out.8

Considering that EE is the first dimension to emerge in the BS, it reaches higher scores in relation to others. A study that investigated this syndrome among psychology students at the beginning and end of the course was concluded that EE was significantly higher in the group of students at the end of the course and this result may suggest potential risk of BS, which might have been, at that time, restrained by the high level of professional effectiveness and credibility in the obtained learning.9

In Brazil, the study of the Burnout theme is recent. Authors refer to evidence that suggests favorable environments for nursing practice, which leads to lower levels of EE, higher RPA and lower intention to leave employment by the workers. 10 A crosssectional study developed at three intensive care units (ICUs) of a university hospital in the city of Campinas (SP) evaluated the nursing team's perception of the critical care environment and its relation with safety attitude, perception of quality of care at Burnout level and it was revealed that there are no studies evaluating the impact of the practice environment on the of this syndrome, professional satisfaction and safety attitude of the nursing team in critical care units. 11

The Brazilian educational scenario has a very problematic picture regarding issues related to the health and working conditions of health professionals. <sup>12</sup> Caring is, in fact, a stressful activity, with evident repercussions on the physical, mental health and performance of these professionals. <sup>13</sup>

When dealing with stress, workers experience, in addition to work overload, reduced time for qualification, which

compromises their professional development and satisfaction. Faced with these issues, it is evident that in the nature of work there are several stressors that, when persistent, can lead to BS. In this way, work, together with illness and suffering, are frequent causes of physical and psychological stress, leading the professional to occupational stress.<sup>14</sup>

It should be noted that moral distress and possible Burnout stemming from therapeutic obstinacy, futile care by nursing workers may be associated with difficulties in sharing opinions about clinical decisions. In multiprofessional teams, other members, such as physicians, often represent and exercise greater power, and the nursing team, most of the time, has their knowledge undervalued, participating only in decisions at the patient's bedside, due to the formal and rigid structure of decisionmaking in the institutions. In this context, nursing workers in clinical decision-making organizational and issues experience feelings of non-appreciation and undervaluation of their work, maximized by the lack of autonomy and inability to provide quality care based on the difficulty of speaking, knowledge and roles of lawyers of the patient, which are recognized and accepted.15

In a way, it seems that nursing workers have difficulties to resist in their work environments, especially in the situations that generate wear and suffering. When analyzing the issues that comprised the dimension of therapeutic obstinacy, it was possible to perceive that moral suffering occurs when nursing workers perform procedures that they believe to be unnecessary, thus acting against their own values and knowledge, which may also be associated to the development *Burnout* Syndrome.

In the work of the health professional and education, potentially stressful aspects, such as low wages, scarce material and didactic resources, overcrowded classes, tension in the relationship with students, inexpressive excessive workload, participation in policies and institutional planning have been increasingly present. For this reason, we sought to study the biopsychosocial characteristics of these individuals through a reflexive analysis. The present study intends to provoke reflection on the characterization

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workers that play a healthcare role, as well as on possible strategies that contribute to the applicability of their assistance, thus contributing to the dissemination of this theme between the scientific community and the healthcare professional in order to attend the population.

### **OBJECTIVE**

• To raise reflection on the *Burnout* Syndrome.

### **METHOD**

This is a descriptive study, of narrative reflexive analysis type, based on scientific articles and literary books. The data collection was developed from January to June of 2017 based on the following descriptors: Occupational Burnout; Disability Assessment; Psychological Adaptation; Mental Health; Occupational Health; and Psychiatric Nursing, researched in the Descriptors in Health Sciences (DeCS). The articles were selected on the Pubmed homepage, SciElo, Lilacs and Medline virtual library. Only articles available in the Portuguese, English and Spanish languages, dissertations and theses in the Portal of Dissertations and theses found in Brazilian databases with recent design and relevance for the subject in a temporal cut from 2000 to 2017 were included. The remaining articles that did not meet the selection criteria were excluded, except for older texts important for the definition and understanding of the BS. This study was divided into four stages for elaboration and understanding.

- a) In the first stage, we discussed on General Aspects of *Burnout* Syndrome;
- b) The second stage included a statement of the *Maslach Burnout Inventory* (MBI);
- c) In the third stage, *Burnout* Syndrome and Professional Work were listed;
  - d) The fourth and final stage addressed the Burnout Syndrome in Healtcare Work.

Based on these considerations, it was verified the importance of a reflexive study associating healthcare work and education to verify the prevalence of risk factors for BS, since the types of work reported (mainly associated) generate a high psychological overload between these professionals.

### **DISCUSSION**

# ♦ General Aspects of the *Burnout* Syndrome

In a globalized and highly technologyoriented society, the well-being of the citizens becomes worrying. Considering that all groups of workers, those in the area of health and education have been facing the consequences of this globalization more either by the increase of intensely, responsibilities at work, of the technological resources with which they have to live and follow the development, improvement of the knowledge and necessity to supply conditions in family and personal life. This concern for the worker's well-being has begun to emerge from the increase in the incidence of professionals with symptoms of great stress, which has raised reflection on how to deal with this "new problem", that of

For this reason, it is worth mentioning that BS goes beyond the concept of stress, since it was defined as the general wear and tear of the body. 16 Technically, stress is the name given to the set of reactions experienced by a person when something happens that frightens, irritates, excites or makes them extremely happy. 17

In order to enumerate the factors that trigger the BS, four dimensions are taken into account, namely: organization, individual, occupational and social factors. 18

# ♦ As for the *organization*, we can mention:

- a) Bureaucracy of services that prevents autonomy, participation, decision making and that makes activities, most of the time, be developed slowly, thus requiring time, energy expenditure by part and/or individual in their maintenance;
- b) Organizational changes, such as frequent changes in rules, which provoke insecurity and predispose employee to errors;
- c) Lack of trust, respect and consideration among team members, thus causing a harmful social environment;
- d) Impossibility to advance the career path, improve their remuneration, appreciation at work, and other factors, such as physical environment and risks, including heat, cold, excessive noise, insufficient lighting, poor hygiene, which

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can cause great discouragement in the worker.

### ♦ In relation to the *individual*:

- a) Competitive, hard-working, impatient individuals with excessive need to control situations and difficulty to tolerate frustrations;
- b) Empathic, sensitive, human subjects with professional dedication, altruistic, obsessive, enthusiastic, able to identify with others;
- c) Pessimistic individuals who usually highlight the negative aspects and predict failure and suffer by anticipation;
- d) Perfectionist individuals, very demanding with themselves and with others, who do not tolerate errors and are hardly satisfied with the results of their own tasks;
- e) Gender: women have higher scores in EE, and men in DP;
- f) Individuals who are single, widowed or divorced and who have a higher educational level.

#### ♦ Concerning the *occupational* factors:

- a) Work overload exceeds performance due to technical insufficiency, time or organizational infrastructure;
- b) Low level of control of activities or events in the work itself, low participation in the decisions about organizational changes, provoking little or no satisfaction in the worker;
- c) Shift or night shift work that affects about 20% of workers, resulting in physical and psychological disorders;
- d) Precarious organizational support and conflicting relationships among coworkers, provoking thoughts of not being able to count on anyone, feelings of helpless, lack of guidance and disrespect;
- e) Type of occupation; it is usually higher among caregivers, who usually have a very close and intense relationship with the persons he/she care for, that is, responsibility for the other's life.

## ♦ Social factors:

- a) Lack of social and family support that prevents the individual from counting on colleagues, trusted friends and family members:
- b) Maintenance of the social prestige as opposed to the low salary that involves a specific profession. The individual seeks

several jobs, which leads to work overload and, consequently, little time for rest and leisure, leading to dissatisfaction and insecurity in the activities performed.

Although there are different conceptions about the BS, the literature points out that there are five elements in common:

- a) Predominance of symptoms related to emotional exhaustion, mental fatigue and depression;
- b) Symptoms are related to work;
- c) There is an emphasis on behavioral and mental symptoms, not on physical ones;
  - d) They are manifested in 'normal' people, that is, that until then they had not suffered psychological disorders;
  - e) Negative attitudes and behaviors lead to decreased affectivity and performance at work.<sup>19</sup>

## ♦ Maslasch Burnout Inventory

Currently, there are several instruments to evaluate and diagnose the BS, but the most widely used in the international scientific community, regardless of the occupational characteristics of the sample and its origin, is the Maslach Burnout Inventory (MBI), developed by Christina Maslach and Susan Jackson.<sup>19</sup>

It is a self-administered questionnaire consisting of 22 items in the form of statements about the feelings and attitudes of the professional at work. Initially, the inventory consisted of 47 items that were administered in a sample of 605 subjects of various occupations. Ten factors emerged and, through a careful evaluation, six of them were eliminated along with 24 items that did not have a factorial weight greater than 0.40. After applying a new sample of 420 subjects with a profile equal to the previous one, the same four factors emerged, with only three of them having empirical significance.<sup>20</sup>

Today there are three versions of the MBI: one for health professionals, called the Human Services Survey (MBI-HSS) and consisting of 22 items; one for education professionals, the Educators Survey (MBI-ES); and the General Survey (MBI-GS), which is more generic, containing only 16 items.<sup>5</sup>

The MBI, in its first version, evaluated intensity and frequency of responses with a Likert scale ranging from 0 to 6.<sup>21</sup> The second version, developed in 1986, started to use only the frequency evaluation, since

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it was detected a high association between the two scales. Several studies indicated a correlation higher than 0.80.<sup>19</sup> This instrument was used to obtain data from different samples of workers, being identified three main factors of analysis: EE; DP; and RPA.<sup>22</sup>

- 1. EE refers to the feeling of being emotionally drained by contact with other people, represented by lack of energy, feeling of emotional exhaustion, tiredness, irritability, susceptibility to accidents, depression, anxiety, abusive consumption of alcohol, cigarettes or other drugs and emergence of diseases, especially those called adaptive or psychosomatic.
- 2. DP refers to the establishment, by the professional, of negative attitudes and interpersonal relationships in a cold manner, characterizing emotional insensitivity towards users and co-workers, treating them as objects.
- 3. RPA includes a declining feeling of being successful at work and with people, negative self-assessment, lack of motivation for work, feeling of personal discontent; labor loses meaning and becomes a burden; lack of pleasure of living, sadness that affects thoughts, feelings and social behavior.

MBI (Figure 1) identifies BS indices according to the scores of each dimension, high EE scores (above 26 points), DP (above 12 points) and RPA (below 38 points).<sup>19</sup>

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Scores	Low	Moderate	High
Emotional Exhaustion	0-16	17-26	27+
Depersonalization	0-6	7-12	13⁺
Personal Achievement	39 <sup>+</sup>	32-38	0-13

Figure 1. Range of scores indicating the level of *Burnout* by subscale Source: Illinois Periodicals Online, 2002

The hypothesis of the relationship between the three components is that EE is a response to stressors at work, and thus it is the first phase of *Burnout*. The individual may try to deal with these stressors by withdrawing from them and developing depersonalized responses to people. When DP occurs, this individual tends to evaluate him/herself less positively in terms of performing a good job. Thus, EE may be a precursor of DP and DP is a precursor of the level of personal fulfillment.<sup>21</sup>

The importance of evaluating MBI as a three-dimensional construct should be evaluated and considered in order to maintain its hypothesis of the BS.<sup>23</sup>

# ♦ Burnout Syndrome and Professional Work

Recognizing the central place professionals occupy in society, since they are responsible for preparing citizens for life, the International Labor Organization (ILO, 1984) defined their working conditions in order to achieve the goal of an efficient education. Until the 1960s, educational workers enjoyed some material security, stable employment and social prestige. Since 1970, the expansion of demands in the population for social protection has provoked a growth of functionalism and free public services, also in the educational field.24

At present, the teacher is not only the one who transmits the knowledge; they support the student in the knowledge construction process. Far beyond than transmitting contents of the curricular disciplines organized for the intellectual development of humanity, they teach students to be citizens, presenting their duties and rights. Therefore, there has been evolution in the role of the teacher over time, which, in essence, has to do with the evolution of teaching models that generate greater pressure on the professional. Taking these aspects into consideration, teacher needs the competence to encourage students, mobilize them and provoke in them the desire to learn through class preparation, management, evaluation and use of didactic-pedagogical resources. The current structure in which schools and colleges are inserted in the market demands of these companies not only educational but also managerial characteristics with parameters of productivity.<sup>25</sup>

In addition to the teacher having the role of promoting students' knowledge, they have the responsibility and mission to ensure articulation between school and community. This extrapolates the mediation of the knowledge process, thus broadening the professional's mission to beyond the classroom. In this situation, the role of the teacher is not only limited to that of an educator, but also includes participation in school management and planning, which means greater dedication extended to the families and community, promoting the emergence of Burnout as a complex and multidimensional phenomenon.<sup>24</sup>

# ♦ Burnout syndrome and healthcare work

According to what has been said about Burnout (as opposed to other types of stress reactions), it is the interpersonal frame of the phenomenon, as well as it is agreed that professionals who work directly with others, assisting them, or as responsible for their development and well-being, are more susceptible to the development of Burnout.<sup>26</sup>

As they say, the behavior of workers, the efficiency of work, productivity and utility have inherent consequences. In this way, they consider that factors capable of inducing stress can include catastrophes, major changes in life and daily annoyances, among others.<sup>27</sup>

Because the BS is a well-known psychological reaction among health professionals, triggering factors are common, such as low sense of coherence, closure of patient relationships, workload, autonomy, professional development, feedback performance, work environment, and interaction between these and other

stresses of related characteristics. A study with nurses with long experience working with terminally ill patients significant and unexpected rapid development of Burnout, leading us to believe that reorganization is the only probable explanation for the development of the syndrome and that the low sense of coherence appeared to be a risk factor for Burnout.<sup>28</sup>

Burnout occurs primarily in professions such as physicians, nurses or educators. In the last 20 years, several studies have reported a high prevalence in the rate of this syndrome in these professionals; they have reported higher levels of severe BB, but cases were found in oncologists, anesthesiologists, physicians who cared for AIDS patients, and those working in emergency services.<sup>29</sup>

There is a consensus among authors when they describe the physical and psychological exhaustion to which the nursing professional is submitted a double or even inconstant working day that must be accessible to patients for 24 hours, which is only possible per shift. Thus, changes in these shifts puts them under stress by aggravating their health, well-being and lifestyle, modifying sleep pattern and natural human quality, causing more sleep problems among rotating shift nurses than non-rotating nurses. Clinical experience, however, has shown that Burnout manifests in different ways that can be classified according to the level of dedication with which individuals deal with work-related tasks and that can be understood as a marker of the health of the caregivers team. 29-30

It is believed that the well-being of professional caregivers is of fundamental importance SO that thev can offer excellence targeted in care, seek interventions and reduce risks of problems due to occupational health.31 A metaanalysis has shown that, among other benefits, occupational physical exercises can be efficient in reducing occupational stress.32 However, little is known about the impact of a program of physical activity at the workplace to improve occupational health in nursing professionals. disorders in nurses may be associated with work overload, limited technical skills, conflict management, lack of social support at work and cognitive inability to solve problems. In this sense, about one-third of Síndrome de Burnout: uma análise reflexiva.

the nursing team has symptoms of anxiety or depression related to the professional profile, type of management and interpersonal factors.<sup>33</sup>

The non-clinical diagnosis of *Burnout* is precarious due to the variety of instruments used currently with several adaptations and cut-off points. The identification of the BS not only implies a better prognosis and appropriate treatment for the individual, in view of a better quality of care offered by the institution, a phenomenon that affects not only the employee, but also the organization.<sup>34</sup>

In a study carried out in Brazil with intensivist physicians from Salvador/BA, it was concluded that they presented a prevalence of Burnout greater than that observed in other medical specialties and in physicians of other nationalities. The young and males have a high weekly workload and, for the most part, do not intend to work in the ICU for a long period. The results pointed out a high prevalence of BS among the study subjects, especially those who characterized work as of high psychological and low control demand, identified in this study as a situation of greater exposure, which is similar to results found in other studies.26

From the studies reported, there has been a high association between Burnout and healthcare work by professionals with high complexity/responsibility roles dealing with patients with a wide range of health problems, either in the emergency, high-risk infectious diseases or even in the ICU. What is observed is that the professional tries to solve situations in the most varied stress conditions (either it is psychological, family or organizational) in a short period of time, during which he/she is exercising professional whether activity, clinical/outpatient, on-duty or organizational.

### CONCLUSION

In view of the exposed on the historical evolution of the BS, it was evidenced the high association between *Burnout* and healthcare work by professionals who play high complexity/responsibility roles, dealing with patients with a wide range of health problems, sectors of high risk of infectious diseases or even in ICUs.

From these results, it becomes necessary in the practical and theoretical implications

of this syndrome to deepen research in a judicious way, and not only descriptive as its manifestations among health professionals and education, scarce in the literature, resulting in the understanding and elucidation of problems faced with this activity, such as professional dissatisfaction, low income at work, absenteeism, among others.

It was also concluded that the combination of stressful night shifts, daily contact with patients, suffering, possibility of death that leave them in prone conditions to the development of *Burnout* and that this syndrome occurs mainly in professions including physicians, nurses or educators.

It is relevant and contributes to the advancement of scientific knowledge in the development of interdisciplinary studies that clarify the psychosocial dimension of work, its relation with the health-mental-illness process, enabling new investigative and interventionist behaviors in higher institutions, as well as promoting sustainable spaces for health and education professionals.

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