BURNOUT SYNDROME IN NURSES BELONGING TO THE FAMILY HEALTH STRATEGY

SÍNDROME DE BURNOUT EM ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

ABSTRACT

Objectives: identifying the signs and symptoms of Burnout syndrome among nurses working in the Family Health Strategy; identifying predicting factors for the development of Burnout syndrome and investigating the impact of Burnout in nurses' health. Method: an exploratory, descriptive, of a quantitative approach, study, consisting of 45 nurses working in the Family Health Strategy. The data were collected through questionnaires and then analyzed using descriptive statistics in SPSS 20. The research project was approved by the Research Ethics Committee, CAAE n° 15506913.1.0000.5188. Results: The nurses showed signs of Burnout syndrome and identified predicting factors and somatic symptoms, which could be harmful to health. Conclusion: nurses showed signs and symptoms that correspond with the Burnout Syndrome, beyond predicting factors present in the work environment, which impact negatively on the health of these professionals. Descriptors: Burnout; Occupational Health; Nurse, Primary Care.

RESUMO

Objetivos: identificar sinais e sintomas da Síndrome de Burnout entre enfermeiros atuantes da Estratégia Saúde da Família; identificar os fatores preditores para o desenvolvimento da Síndrome de Burnout e averiguar a repercussão da síndrome de Burnout na saúde dos enfermeiros. Método: estudo exploratório, descritivo, de abordagem quantitativa, constituída por 45 enfermeiros atuantes da Estratégia Saúde da Família. Os dados foram coletados por meio de questionários e em seguida analisados utilizando a estatística descritiva do SPSS 20. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n° 15506913.1.0000.5188. Resultados: os enfermeiros apresentaram sinais da Síndrome de Burnout e apontaram os fatores preditores e sintomas somáticos, os quais podem trazer danos à saúde. Conclusão: os enfermeiros apresentaram sinais e sintomas que correspondem com os da Síndrome de Burnout, além de fatores preditores presentes no ambiente de trabalho, que repercutem de forma negativa na saúde destes profissionais. Descriptores: Burnout; Saúde do Trabalhador; Enfermeiro; Atenção Básica.

RESUMEN

Objetivos: identificar los signos y síntomas del síndrome de Burnout entre enfermeras trabajando en la Estrategia de Salud de la Familia; identificar predictores para el desarrollo del síndrome de Burnout e investigar el impacto del Burnout en la salud de los enfermeros. Método: estudio exploratorio, descriptivo, de enfoque cuantitativo, que consiste en 45 enfermeras que trabajan en la Estrategia de Salud de la Familia. Los datos fueron recogidos a través de cuestionarios y se analizaron mediante estadística descriptiva en SPSS 20. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, CAAE n° 15506913.1.0000.5188. Resultados: los enfermeros mostraban signos del síndrome de Burnout y se identificaron los predictores y los síntomas somáticos que pueden ser perjudiciales para la salud. Conclusión: los enfermeros mostraron signos y síntomas que se corresponden con el Síndrome de Burnout, y predictores presentes en el ambiente de trabajo, que repercuten negativamente en la salud de estos profesionales. Descriptores: Burnout; Salud Ocupacional; Enfermero; Atención Primaria.
INTRODUCTION

The health and well-being of workers are linked to different factors and occupational stressors and work is one of the activities that can occupy a large portion of the time of each individual and his life in society. Workers may become ill or die from work-related causes as a result of their profession or by the different conditions under which the work is performed.1

This fact generates a relative specificity with professionals in the area of services, educators, and the sectors of health care, especially the public order because workers handle the pain with the physical, emotional and social suffering of personal, and often do not have adequate resources, which requires an additional charge of professional skills to handle such situations. It is due to the constant and persistent presence of numerous occupational stressors that these professionals are at constant risk for developing burnout syndrome (BS).2,3

The BS or professional exhaustion syndrome has been considered an important public health problem, appearing as an epidemic among these professionals. This syndrome is configured as one of the most important occupational risks of psychosocial character in today's society. Burnout is a serious process of deterioration in the quality of life of workers, taking into account their serious implications for physical and mental health.4

It is a psychological syndrome that results from chronic interpersonal stressors associated with labor demands and requirements related to the world of work, which have an insidious, slow development, negative in character, and that most often is not recognized by the person.5 Unlike Burnout, stress occurs from the reactions of the organism to various attacks capable of disrupting the internal balance of human origins, and may have both positive and negative character.6

This syndrome can be characterized by three components: 1st- emotional exhaustion (EE), 2nd- reduced personal accomplishment (RP) and 3rd- depersonalization (DE). The former refers to the feelings of fatigue and decreased emotional resources required to deal with the stressful situation. The second is expressed as a lack of prospects for the future, frustration and feelings of inadequacy and failure. The third component refers to the attitude of skepticism and insensitivity to other people.7 8

Some factors that are present in the work environment can be considered at risk for developing this syndrome. In general, are related to aspects of the organization, administration, system of work and the quality of human relationships. Even routine problems, failures in coordinating the working group, lack of resources to aid the professional, lack of social support, discrepancy between pay and employee effort, lack of opportunity for personal development.9 10

Studies addressing worker health have shown that health professionals, especially nurses, are a group of significant risk for acquiring this syndrome.4 8 This fact stems from the realization that these guys have as the essence of caring work, having close contact with patients and families within the work environment, work overload, reduction of wages, multiple employments, inadequate resources, direct contact with the pain and suffering.5 Thus, we find that the syndrome Burnout has aroused interest in studies on this subject, since this phenomenon brings a complex of psychological characteristics that reflect the reality of a given society.11

Whereas the BS is an important health issue and the factors carried by the nursing profession, three issues in this investigation have to be awakened: the nurses working in FHS present signs and symptoms of BS? What factors predictors for the development of BS in nurses of the FHS? What is the impact of burnout on the health of nurses working in the FHS?

Thus, this study aims to:

- Identifying the signs and symptoms of Burnout syndrome among nurses working in the Family Health Strategy;
- Identifying the predictive factors for the development of Burnout syndrome;
- Investigating the impact of Burnout in nurses’ health.

METHOD

This is an exploratory and descriptive study, with a quantitative approach, performed in units of family health from the public network of the city of João Pessoa, Paraiba, Brazil. This network of primary care consists of 180 Family Health Teams, with coverage of 82%, corresponding to 568.082 people tracking.12

The study population involved nurses of the Family Health Strategy (FHS) Health District III (DSIII), composed of 53 units of the Family Health Strategy, with a total of 60 nurses.12

The sample was obtained randomly and accessibility manner, based on random selection of respondents, where each member
of the population has the same probability of being chosen some.\textsuperscript{13} Inclusion criteria for sample selection were used: have at least one year professional practice in the FHS and be acting professionally at the time of data collection. Based on these criteria, the sample consisted of 45 nurses.

With regard to data collection the following instruments were applied: a) socio-demographic questionnaire, consisting of questions involving the characterization data of the study population, b) questionnaire Factors Predictors and Symptoms of Burnout Syndrome in Nursing Workers, composed in Part 1-6 questions related to predictors and second part 1-21 related to somatic symptoms\textsuperscript{14}; questionnaire Maslach Burnout Inventory (MBI), composed by 22 questions that address the three dimensions of the syndrome, distributed as follows: 1-9 EE question; 10-17 RP question; 18-22 issue DE.\textsuperscript{14} The data were collected in the months of May and June 2013.

To answer the questionnaires Predictors Factors and Symptoms of Burnout Syndrome in Workers Nursing and MBI we used a Likert scale with a range of zero to six points, where: (0) never, (1) once a year or less (2) once a month or less, (3) a few times a month (4) once per week, (5) a few times per week (6) every day.\textsuperscript{14}

In the data analysis it was used SPSS (Statistical Package for Social Sciences) version 20. A descriptive analysis was initially performed to characterize the study population, followed by the association of the variables using the Chi-square test at the 5% level of significance and confidence interval of 95%.

For analysis of MBI, the responses were summed according to each dimension and then were compared to the reference values of the Center for Advanced Studies on Burnout Syndrome - NEPASB (Table 1). They were then coded into low, medium or high and entered in SPSS 20.\textsuperscript{14}

![Figure 1. Values of MBI scale developed by the Center for Advanced Studies on Burnout Syndrome 2001.\textsuperscript{14}](image)

According to Resolution n° 466/2012 of the Ministry of Health which regulates the conduct of research involving humans, this study is part of the Labor Completion of Course titled "Burnout Syndrome in Primary Care Nurses: impact on quality of life." The same was submitted to Brazil Platform and directed to the Research Ethics Committee of the Center for Health Sciences (CCS)/UFPB being approved with CAEE n° 15506913.1.0000.5188. Participants were told about the study objectives and signed a consent form.

**RESULTS**

To characterize the sample obtained from the socio-demographic questionnaire, which 45 (100%) of the participants were female, 29 (64,4%) are aged 41 to 50 years, 29 (64,4%) are married and 35 (77,8%) have children, 40 (88,9%) have expertise, 22 (48,9%) worked on average 6-10 years at FHS, 32 (71,1%) have Journey weekly Work (JST) 40 hours, 13 (28,9%) have another job and so have more than 40-hour JST.

Regarding the symptoms resulting from the labor process can be noted in Table 1, the highest prevalence was feeling a little time for yourself 29 (64,4%), followed by pain in the shoulders or neck in 24 (53,4%), difficulties with sleep and feeling of mental fatigue, both with 24 (53,3%), generalized fatigue 22 (48,9%), difficulty with memory and concentration and easy irritability, both with 15 (33,3 %), and headache with 14 (31%).

![Table 1. Frequency of Somatic Symptoms and Signs presented by the Primary Care Nurses of the Health District III - João Pessoa - PB, 2013. (n = 45)](image)

Legend: (0) never, (1) Once a year, (2) Once a month, (3) A few times a month, (4) Once a week, (5) A few times a week, (6) Every day.
Regarding the predictors for the development of BS factors, according to Table 2, it was observed that the statement "activities that require more time than the worker can do in a day’s work", demonstrated the highest frequency with 10 (22.2%) nurses a few times a week, followed by "the institution where I work recognizes and rewards accurate diagnoses, treatments and procedures performed by its officials" with 13 (28.9%) forever, and also realize that "the institution which it operates is sensitive to employees, ie values and recognizes the work as well as invests and encourages the professional development of its employees," accounted for 12 (26.7%) to once a year.

Table 2. Frequency of Predictors Factors presented by Nurses of Basic Health Attention to the Health District III – João Pessoa - PB, 2013. (n=45)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance activities require more time than I can do on labor day.</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>I feel like I can control the procedures and services to which I am assigned in the institution.</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>The institution where I work recognizes and rewards accurate diagnoses, attentances and procedures performed by their employees.</td>
<td>13</td>
<td>11</td>
<td>5</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>I realize that the institution where I work is sensitive to employees, i.e. appreciates and acknowledges the work done, as well as invests and encourages the professional development of its employees.</td>
<td>11</td>
<td>12</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Understand clearly that there is compliance with the institution’s internal relations (in teamwork and coordination among its employees).</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>At the institution where I work I have the opportunity to perform a job that I consider important.</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

Legend: (0) never, (1) Once a year, (2) Once a month, (3) A few times a month, (4) Once a week, (5) A few times a week, (6) every day.

The variables were associated and found that nurses with low job satisfaction were in the age group 41-50 years old, 3(7%), only 5(11.1%) feel they can control the procedures and consultations for which is the designated institution that works, 4(9%) feel pain in the shoulders or neck and 5(11.1%) have difficulties with sleep, and do not feel like getting something. Nurses with high level of depersonalization are aged above 41 years and report feeling developed minor infections and gastrointestinal problems 4(9%).

Regarding the level of emotional exhaustion was found that among the 24 participants (53.3%) stated that the activities performed require more time than they can do on the job, complain of feeling of mental fatigue and memory difficulties and concentration, 23(51.1%) report feeling easy irritability and have little time for yourself; 22(48,9%) feel that they can control the procedures and calls for which they are designated in the institutions that work as well as generalized fatigue; 20(44,4%) have difficulties with sleep, gastrointestinal problems and feel in a state of continuous acceleration, 19(42,2%) reported having minor infections and 16(35,6%) loss or excessive appetite.

Table 3. Association of variables with the dimensions of Burnout syndrome in nurses of the Basic Assistance of the Health District III - João Pessoa -. PB 2013 (n = 45)

<table>
<thead>
<tr>
<th>Factors</th>
<th>High EE</th>
<th>QQ</th>
<th>High DE</th>
<th>QQ</th>
<th>Low RP</th>
<th>QQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 41 to 50 years old</td>
<td>28.9%</td>
<td>0.353</td>
<td>4.4%</td>
<td>0.040</td>
<td>4.4%</td>
<td>0.014</td>
</tr>
<tr>
<td>Performance activities require more time than I can do on labor day</td>
<td>53.3%</td>
<td>0.004</td>
<td>11.1%</td>
<td>0.355</td>
<td>11.1%</td>
<td>0.770</td>
</tr>
<tr>
<td>I feel like I can control the procedures and services to which I am assigned</td>
<td>48.9%</td>
<td>0.021</td>
<td>11.1%</td>
<td>0.115</td>
<td>11.1%</td>
<td>0.018</td>
</tr>
<tr>
<td>Easy Irritability</td>
<td>51.1%</td>
<td>0.000</td>
<td>11.1%</td>
<td>0.131</td>
<td>11.1%</td>
<td>0.057</td>
</tr>
<tr>
<td>Loss or excessive appetite</td>
<td>35.6%</td>
<td>0.030</td>
<td>11.1%</td>
<td>0.092</td>
<td>8.9%</td>
<td>0.082</td>
</tr>
<tr>
<td>Pain in the shoulders or neck</td>
<td>48.9%</td>
<td>0.090</td>
<td>8.9%</td>
<td>0.829</td>
<td>9%</td>
<td>0.040</td>
</tr>
<tr>
<td>Difficulties with sleeping</td>
<td>44.4%</td>
<td>0.003</td>
<td>11.1%</td>
<td>0.125</td>
<td>11.1%</td>
<td>0.022</td>
</tr>
<tr>
<td>Feeling of mental fatigue</td>
<td>53.3%</td>
<td>0.002</td>
<td>11.1%</td>
<td>0.875</td>
<td>11.1%</td>
<td>0.120</td>
</tr>
<tr>
<td>Little time for yourself</td>
<td>51.1%</td>
<td>0.042</td>
<td>11.1%</td>
<td>0.693</td>
<td>11.1%</td>
<td>0.218</td>
</tr>
<tr>
<td>Generalized fatigue</td>
<td>48.9%</td>
<td>0.012</td>
<td>8.9%</td>
<td>0.207</td>
<td>11.1%</td>
<td>0.078</td>
</tr>
<tr>
<td>Small infections</td>
<td>42.2%</td>
<td>0.023</td>
<td>9.0%</td>
<td>0.034</td>
<td>6.7%</td>
<td>0.512</td>
</tr>
<tr>
<td>Memory and concentration difficulties</td>
<td>53.3%</td>
<td>0.001</td>
<td>8.9%</td>
<td>0.345</td>
<td>11.1%</td>
<td>0.066</td>
</tr>
<tr>
<td>Gastrointestinal problems</td>
<td>44.4%</td>
<td>0.025</td>
<td>9.0%</td>
<td>0.045</td>
<td>6.7%</td>
<td>0.171</td>
</tr>
<tr>
<td>State of continuous acceleration</td>
<td>44.4%</td>
<td>0.010</td>
<td>8.9%</td>
<td>0.362</td>
<td>6.7%</td>
<td>0.275</td>
</tr>
<tr>
<td>Feel no urge to start anything</td>
<td>44.4%</td>
<td>0.117</td>
<td>6.7%</td>
<td>0.276</td>
<td>11.1%</td>
<td>0.020</td>
</tr>
</tbody>
</table>

Caption: High EE - emotional exhaustion, High DE - Depersonalization; Low RP - Professional Achievement; QQ - Chi-square.

With the combination of these variables is observed that factors present in the workplace when combined can be considered as risks in daily caregiver for the development of burnout syndrome. These interfere in personal life and health of nurses in a negative way and may be harmful to health, since they complain of difficulties with sleep state of continuous acceleration, minor infections, feeling of mental fatigue, shoulder pain or neck, headache among many other symptoms.
DISCUSSION

Regarding the professional practice of nurses in primary health care, studies are beginning to show significant distribution of Burnout Syndrome among active teams in this context, noting the existence of a high frequency of emotional exhaustion and lower achievement with the work, mainly due to the difficulty in establishing limits on emotional involvement, changes in the labor process and also by everyday unforeseen facing.3,4

With this study we found that nurses working in the FHS have some signs and symptoms consistent with the onset of burnout, among them we can highlight: pain in the shoulders or neck, difficulty with sleep, memory difficulties and concentration; easy irritability, generalized fatigue, feeling of mental fatigue, state of continuous acceleration, generalized fatigue. Furthermore, it is noticeable the appointment to predictors of the syndrome present in the workplace when they claim that the activities they do require more time than they can do on the job, not beyond recognition and encouragement from the institution where they work, causing a feeling of devaluation to his professional practice, they are not recognized for what they do.

Symptoms and factors mentioned even negatively impair the worker's health, bringing harm to the health of it that may be irreparable or not, since it was possible to identify the repetition of the factors as well as the signs and symptoms of the BS answers participants. Importantly, our results show that professionals have a high level of EE are those that showed more somatic symptoms and related predictors present in the working environment, as shown in Table 3. This fact has been affirmed that EE is through this disease begins to develop, thus being a reference point for the prevention and treatment thereof.

It is important that nurses can identify existing problems in day to day work, recognizing stressors own profession adds.9 to be essential that the SUS managers recognize that the health of nurses FHS needs attention special and, in addition, also recognize that factors such as high demand for care, technical limitations, low pay, among others, impacting negatively on workers’ health, and consequently the quality of care provided to the community, since the work part of the lives of these professionals.16

It is interesting to conduct more studies on this subject in the instance of Primary Health Care, in view of the importance of maintaining the health of the worker/caregiver, and also emphasizing prevention in health promotion activities with the mental health of nurses. Therefore, it is necessary speaking about public policy for the achievement, social protection and also rehabilitation of mental health worker, including inside the FHS.4,16

It was also noted the need for the development of public health policies, particularly with regard to mental health worker in an attempt to provide a safe working environment, open to discussion, as well as participation in the decisions of the institution, providing positive feelings of involvement, useful to work with, and professional recognition, in an attempt to reduce the risks of developing this syndrome and help in improving the health of this class.

CONCLUSION

The Burnout Syndrome assumes that the existence of predictive factors present in the workplace, labor associated with risk factors can lead to its development. The nurses working FHS fall into a higher risk for development since it constantly deal with different demands and problems difficult to solve, as well as accumulate works of his competence. Accordingly, with this study it was possible to identify signs and symptoms of Burnout Syndrome and also show the predictors in the routine of this class of workers that impact negatively on the health of these.

In view of the above it is important to alert the basic health care institutions, in particular the managers of the FHS, on the illness of nurses, so that in this way allows the adoption of strategies for the prevention and control of this type of disease from work, with the prospect of obtaining improvement in environmental conditions of work and the working environment, ensuring the maintenance of the health of nurses working in the FHS.

REFERENCES


Burnout syndrome in nurses belonging to...