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Burnout syndrome among Mexican hospital nursery staff

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Palabras clave

- ✓ Síndrome de Burnout
- ✓ personal de enfermería

Key words

- ✓ Burnout syndrome
- ✓ Nursery staff

RESUMEN

Objetivo: identificar frecuencia y factores asociados al síndrome de burnout en personal de enfermería de un hospital de especialidades de Guanajuato, México.

Material y métodos: estudio transversal analítico y prolectivo. En 236 enfermeras seleccionadas aleatoriamente se aplicó de forma cegada, un cuestionario de 35 ítems propuesto por Cyberia Shink. Las variables por investigar fueron antigüedad en el puesto, puesto de trabajo, turno y tipo de servicio, categoría laboral y edad.

Resultados: edad media 33 ± 11.93 años y 13 ± 7.2 años de antigüedad en el puesto; 95 (40 %) mostraron agotamiento emocional, 78 (32 %) sienten deshumanización, 148 (63 %) han perdido interés en su trabajo y 120 (50 %) mencionaron agotamiento general. De las enfermeras estudiadas, 92 (39 %) mostraron datos compatibles con síndrome de burnout. Se encontraron diferencias estadísticas con enfermeras que no presentan síndrome de burnout en cuanto a edad ($p = 0.001$), puesto de trabajo ($p = 0.05$) y antigüedad en el puesto ($p = 0.05$), pero no con el tipo de servicio ($p = 0.36$), turno ($p = 0.86$) ni categoría laboral ($p = 0.96$). La validez del cuestionario se llevó a cabo mediante alfa de Cronbach: 0.7496. Correlación entre agotamiento profesional y ambiente laboral: $r = 0.7383$.

Conclusiones: la confiabilidad del instrumento usado puede considerarse aceptable. La edad y el puesto de trabajo son factores relacionados en el personal de enfermería. Los empleadores, administradores y supervisores de los servicios de salud tienen que promover acciones preventivas, a fin de armonizar en enfermeras sus condiciones laborales actuales con sus características biológicas.

SUMMARY

Objective: To identify frequency and related factors to burnout syndrome in the nursing staff at a specialty hospital in the Mexican state of Guanajuato.

Materials and Methods: A prolective, analytical cross-sectional study was carried out. In 236 randomly selected nurses, a 35-item questionnaire proposed by Cyberia Shink was applied in a blind survey. Seniority, workplace, shift and kind of service, work category, age and marital status were investigated for a link with burnout syndrome.

Results: Mean age of nursing personnel was 33 ± 11.93 years with 13 ± 7.2 years of seniority; 95 (40%) workers showed emotional exhaustion, 78 (32%) felt dehumanized, 148 (63%) had lost interest in their work, and 120 (50%) reported general exhaustion. From the studied nursing personnel, 92 (39%) showed burnout syndrome-compatible data. There were statistical differences with nurses without burnout syndrome age >33 years ($p = 0.001$), seniority ($p = 0.05$), and workplace ($p = 0.05$), but not with kind of medical service ($p = 0.36$), shift ($p = 0.86$), and work category ($p = 0.96$). Questionnaire validity in agreement with alpha Cronbach test was 0.7496. Relation between professional attrition and work environment was $r = 0.738$.

Conclusions: The instrument can be relied upon to identify burnout syndrome and is considered as acceptable. Age, seniority, and workplace are factors linked to nursing staff with burnout syndrome-compatible data. Employers, managers, and supervisors of health care services must promote preventive actions for burnout syndrome to synchronize present work conditions in nursing staff with their biologic characteristics.

Introduction

Frudenberger coined the term “burnout” in 1974, which linked signs and symptoms characterized by loss of energy and feelings of life being broken into pieces that remain after fire wreckage. In 1982, Maslach pointed out that this syndrome is a response to chronic emotional exhaustion by extensive contact with other human beings, in particular when they are worried or have emotional or difficult health problems. This type of stress arises from social interactions between the receptor—the person who received the support—and those who conferred it.¹⁻³ Burnout syndrome is a physiological, psychological, and behavioral condition that presents in a professional whose job is aimed toward direct service to other people.

Characteristics of burnout syndrome are excessive emotional exhaustion, refusal or isolation toward others, and poor work performance that derive from a long, excessive, and tedious process with complaints concerning others, concerning work, or both. In these terms, health care staff, especially physicians, nurses, and paramedics, are at risk for this syndrome. These subjects are at risk to experience burnout syndrome because their jobs are substantially based on providing help and support to sick people in a difficult, tense, and conflictive work environment. In fact, burnout syndrome can be defined as prolonged work stress.¹⁻³ Improved understanding of burnout syndrome concerns the appearance of interpersonal pressures at work. With this condition, we can discuss work conflicts, incompatibility with job role, low supervisor support, routine job, non-challenging work, etc.; however, elements that can be identified in burnout syndrome vary in each individual and in each work environment. Thus, causes are classified as staff factors, institutional factors, and patient characteristics. Subjects most prone to develop burnout syndrome are idealistic, sensitive, excessively dedicated, responsible, perfectionists, and empathetic but at the same time are obsessive, susceptible to over-identification with patients, impatient, intolerant, and often forgetful of their own care. Moreover, their authoritarian personality must be under control and they maintain that no one can do the job better than they can. Additionally, these individuals strive to be recognized and accepted by other persons. For these reasons,

a burnout case involves a very dependent person who works too hard to please and satisfy all involved and works more time than required, often with minimal reward, and/or uses work as a replacement for family and/or a substitute for social life.¹⁻³

Concerning institutional factors, Chemiss (1980) pointed out that individuals who work in extremely conflictive, frustrating, and boring jobs tend to change more negatively than the remainder of subjects whose jobs are interesting, supportive, and stimulating.^{4,5} Different authors agree that institutional work environment conducive to burnout syndrome has work overload as a common denominator. The list of characteristics that can be identified in burnout are as follows: spending too much time at work, lack of autonomy, insufficient resources, excessive claims of work productivity, improper professional training, ambiguity and role conflict, low remuneration, gender discrimination, improper institutional support, lack of personnel, absence of supervision, shortage of feedback from supervisors and co-workers, excessive bureaucracy, having problems and job conflicts with co-workers, lack of communication, and a very formal work environment. Furthermore, there are some work elements that influence burnout syndrome, such as too many responsibilities at work, lack of organization, deficient collaboration, frequent frustrations, hurrying to fulfill work schedules and duties, high competence, sedentary work, unreliable mechanisms for work promotion within the institution, and low incomes.⁵⁻⁹

As we can show, throughout this syndrome work pressure is identified as a very important and substantial contribution. In fact, we can define burnout syndrome as prolonged work stress, and this perspective in function of time implies burnout. A critical point is that burnout syndrome is not only an individual health problem, but an organizational problem as well. If the human dimension at the worksite, such as a health care unit, is not taken into account, the organization increases the risk of its workers developing burnout syndrome.¹⁰⁻¹⁵ In terms of background, nursing staff is composed mainly of female workers, considered to be approximately 40 to 60% of the total work force in health care in public institutions. In general, these nurses spend more time with patients than physicians do and provide answers for

difficult questions from relatives and patients regarding diagnosis. In addition, nurses must fulfill a heavy work schedule, be very attentive to illness changes or signals, and view the entire patient progress with objectivity.⁵ Nevertheless, by mechanisms not well known, a nurse may be involved with a patient with compassion or understanding, thus feeling patient suffering. Very often the outcome is that the nurse loses her own sense and ability to support that lead to develop positive feelings with respect to herself and her work.^{6,16-19}

Materials and Methods

A prolective, analytical cross-sectional study was conducted in the *Hospital de Especialidades* (Specialty Hospital) of the National Medical Center in Leon, Guanajuato, Mexico, where 236 nurses were randomly selected. The Cyberia Shink questionnaire was applied to all 236 nurses. This survey identifies emotional exhaustion, loss of interest in work, the depersonalization process, and general exhaustion. The instrument, which included 35 questions with three optional answers that explored actual work conditions of the nurses and allowed burnout syndrome to be classified into low, medium, and high categories, was applied in a blind survey and required approximately 15–20 minutes to answer in each case. Variables studied in both burnout syndrome cases were age, gender, seniority, workplace, shifts and type of service. Descriptive statistics were used to ascertain general characteristics of subjects under study. Variance analysis, F test, and *p* values were used to compare and determine statistical differences among the burnout categories according to type of service. Pearson correlation test was applied to identify whether there was a link between professional attrition and the work environment.

Results

Of the 236 nurses under study, 222 (94%) were female with a mean age of 33 ± 11.93 years and work seniority of 13 ± 7.2 years. A total of 42% ($n = 99$) of the nurses worked the morning shift; of these, 93% are specialists, i. e., general and auxil-

iary nurses from surgical areas and the remainder (7%) from the administrative nursing area.

In 121 cases (51%), nurses were married and 101 (43%) reported having no children; according to the Cyberia Shink questionnaire, 144 (61%) nurses are at low risk for burnout syndrome, 91 (38%) are at medium risk, and only one nurse was at high risk (figure 1).

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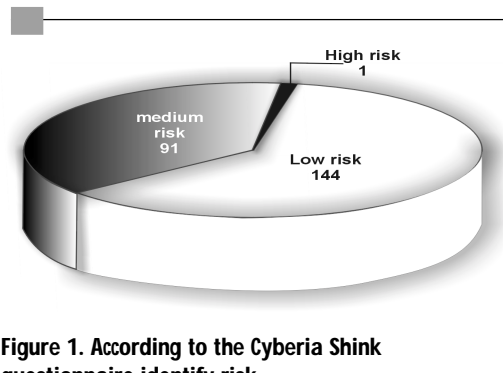


Figure 1. According to the Cyberia Shink questionnaire identify risk

A significant statistical difference existed in age >33 years ($p=0.001$), work seniority ($p=0.05$), and workplace ($p=0.05$), but not in type of service ($p=0.36$), gender ($p=0.92$), marital status ($p=0.46$), work shift ($p=0.86$), and work category ($p=0.96$). Instrument validity in accordance with Cronbach alpha test was 0.7496.

Correlation between professional attrition and work environment was $r=0.738$, but by type of service ($r=0.10$) and by work shift ($r=0.04$).

When the Cyberia Shink questionnaire was discriminated by area, findings showed that 95 (40%) nurses are emotionally exhausted, 78 (32%) undergo depersonalization, 148 (63%) have lost interest in work, and 120 (50%) have general exhaustion. Based on this test from the total of studied nurses, 92 (39%) present low and medium compatible data with burnout syndrome.

Discussion and Conclusions

Burnout syndrome is deemed as the most probable cause of lack of motivation in professional health workers at present and usually is conceptualized as a work-related syndrome stemming from

the individual's perception of a significant gap between expectations of successful professional performance and an observed farless-satisfying reality. The process of burnout creates serious consequences for both employees and their organizations. The employee with burnout can experience serious emotional and physical problems that can potentially lower productivity. Additionally, there is evidence that burnout may be a clinical entity with pathologic stress-reaction features related to the inability to find pleasure from work. Although the process of burnout has been examined, little has been done to determine the organizational, occupational and individual features that may distinguish a worker at risk of burnout syndrome.²¹⁻²³


From this point of view, nursing is extremely stressful and nurses are at risk for burnout syndrome from long-term exposure to overwhelming demands. Based on our results, Mexican hospital nursing staff who are being studied are at risk for burnout syndrome in regard to some occupational variables such as work seniority and workplace. These results are consistent with findings in other studies; however, there are studies indicating that these variables, and even the period of service or field of medicine, are not involved in developing burnout syndrome.²⁴⁻²⁷

Our findings suggest that the physical and occupational features of the nursing staff should be improved along with the social and public health support system. Stress management skills, in addition, should be offered to individuals in all nursing categories to improve their ability to cope with stress and improve quality of patient care. Subsequent studies in the appearance of burnout syndrome among Mexican nurses must delve deeply into other worker features and occupational variables such as job stress, job satisfaction, job motivation, organization, and the work structure.^{28,29}

Cooperative work relationships, training courses, and team supervision are also important in preventing burnout syndrome. Supportive relationships with peers may reduce the occurrence of high stress levels among nurses, leading us to conclude that social support and the psychosocial work climate should be improved in Mexican health care institutions.^{30,31}

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