

Burnout Syndrome among Mexican Primary Care Physicians

Características del Síndrome de Burnout en médicos mexicanos de atención primaria

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ABSTRACT

Background: Burnout's syndrome (BS) refers to a type of occupational and institutional stress occurred in professionals who keep direct and constant relationship with other persons, particularly who practice as Health Care Providers (physicians, nurses, professors) and have set excessive expectancies and dedication to their work. Since the epidemiologic point of view the aspects described in Med literature about sociodemographic and occupational characteristics related with the appearance of BS present contradictory results. Gender, marital status and health care level have been appointed as factors that would affect the course of the BS in doctors and nurses although in Med literature it isn't clearly set yet. **Objective:** The aim of this study was to determine frequency and distribution of the BS in physicians of Primary Care and its relation with the gender. **Methods:** This cross-sectional study was carried out in Primary Health Care from two Health Institutes of Social Security by randomization, therefore 18 medical centers and 431 physicians were involved. **Results:** It was identified a frequency in BS (12.8%) without important relation with sex in the global and stratified analyses. It was found that to work in one of both Institutes increased the probability to develop the syndrome with RM=2.1 with IC 95% 1.17-3.76 p=0.008. From the dimensions of the syndrome components, the most affected about sex were the emotional exhaustion in women and personality disorders in men. To have to reduce work hours for looking after the family was also identified as risk factor and the dimensions more afflicted were personal achievements RM (4.4) and emotional exhaustion (2.34). To live married was identified as a protective factor RM=0.42 IC 95% 0.25-0.72 p=0.0006, however in the case to don't get along with the couple or spouse it changes or converts to a risk factor with RM=4.27 and IC 95% 1.76-10.46 p=0.0001 **Conclusions:** Burnout's frequency didn't present significant differences among men and women, but there is an important relation with the characteristics of gender because of cultural identity reason have been assigned to woman. The most contributor dimension to the syndrome in women was the emotional exhaustion and for men the most significant altered dimension was the personality disorders.

Key Words: Burnout professional, Medical practice, Family Physician.

RESUMEN

Antecedentes: El síndrome de Burnout (SB) hace referencia a un tipo de estrés laboral e institucional generado en profesionales que mantienen una relación constante y directa con otras personas, particularmente quienes ejercen profesiones de ayuda (médicos, enfermeras, profesores) y que han puesto expectativas y dedicación excesiva a su trabajo. Desde el punto de vista epidemiológico los aspectos que se describen en la literatura con respecto a características sociodemográficas y laborales que se han relacionado con la aparición del SB presentan resultados contradictorios; tanto el género como el estado civil y el nivel asistencial han sido invocados como factores que afectarían al desarrollo del SB en médicos y enfermeras, pero aún no queda claro su papel. **Objetivo:** determinar la frecuencia y distribución del SB en médicos de primer nivel de atención y su asociación con el rol de género. **Material y Métodos:** Se realizó un estudio descriptivo observacional, de corte transversal en el primer nivel de atención en dos instituciones de-

seguridad social; a través de un muestreo probabilístico fueron seleccionadas 18 unidades médicas y 431 médicos. **Resultados:** Se identificó una frecuencia de SB del 12.8% sin relación significativa con el sexo en el análisis global y en el estratificado. Se identificó que el trabajar en una de las dos instituciones, incrementaba la probabilidad de desarrollar el SB, con una RM= 2.1 con IC al 95% 1.17 – 3.76 p= 0.008. De las dimensiones que componen el síndrome las más afectadas en cuanto a sexo, fueron el cansancio emocional en mujeres y la despersonalización en hombres. El tener que reducir los horarios de trabajo por atender a la familia también se identificó como factor de riesgo, y las dimensiones que más se afectaron fueron: logros personales y cansancio emocional con RM de 4.41 y 2.34 respectivamente. Vivir en pareja se identificó como un factor de protección RM= 0.42 IC95% 0.25-0.72 p= 0.0006, sin embargo el tener una mala relación con la pareja se convierte en un factor de riesgo con RM= 4.27 e IC 95% 1.76 – 10.46 p= 0.0001. **Conclusiones:** La frecuencia de SB no presentó diferencias significativas entre hombres y mujeres, pero si hay una relación significativa con las características de rol de género que culturalmente se le ha asignado a la mujer. La dimensión que más contribuyó al SB en las mujeres fue el cansancio emocional, en los hombres la dimensión más alterada fue la de despersonalización.

Palabras clave: Síndrome de Burnout, Práctica Médica, Médico familiar.

Introduction

The Burnout's syndrome (BS) refers to a type of occupational and institutional stress occurred in professionals who keep direct and constant relationship with other persons, particularly who practice as Health Care Providers (physicians, nurses, teachers)¹ and have set excessive expectancies and dedication to their work. The term Burnout was described originally in 1974 by Fredeunberger² although it's mainly made by Maslach and Jackson³ studies, here it's when the study of this syndrome acquires a real importance. These authors define three characteristic dimensions: Emotional Exhaustion (EE) as progressive loss of energy and emotional resources to face up to work, Depersonalization (DP), development of negative attitudes and answers to others with irritability and loss of motivation to work; the decrease of personal fulfilment, negative answer to himself and low auto professional evaluation⁴.

In the consequences of the Orlowk⁵ syndrome, describes behavioral psychosomatic and social changes with loss of effective work and small alteration in family life. Florez⁶ describes that besides a high absenteeism in professionals who suffer it by physical and psychological disorders with the appearance of depressive situations self – medication, consumption of drug and the increase of toxic, alcohol and other drug use⁶⁻¹³. Since the epidemiological point of view the phases described in Med literature are associated to sociodemographic and occupational characteristics which have been related with the syndrome (age, professional and occupational antiquity time to have been in touch with people and the over loaded attendance work) present contradictory results.^{1,6-8} Gender, marital status and attendance level have been also been involved as factors that would affect the development of Burnout in physician and nurses, but it is not clear in Med literature^{7,11-13}. The main objective of this study is to determine frequency and development of Burnout's syndrome in primary care physicians and it's relation with the gender role and other sociodemographic and occupational variants.

Materials and methods

This cross-sectional study was in physicians of Primary Health Care from two Health Institutes of social security by a randomized survey applied in 18 primary medical centers selected randomly from April 2003 to July 2003. The frame of references was the listed of Institutional Primary Health Care centers in Mexico City.

Once the centers were selected, all the medical staff were requested to fill an auto-administered questionnaire consisted of the following chapters: Identification card and sociodemographic characteristics, 14 reactivities; --
76

Academic and occupational data, 10 reactivos; Gender characteristics 15 reactivos Likert type; and the Maslach Burnout Inventory, Spanish version to detect the syndrome¹⁴. Data were collected in a data base program DBASE VI and were analyzed by using EPIINFO 6. The frequencies were calculated for the qualitative variables by using χ^2 as hypothesis test and for the identification of association was used Rate of Momios with IC 95%.

Results

431 physicians of 18 Primary Care Health Centers were interview from 2 Institutes of social security. The average age of the population polled was 40 years old with DE of 11 years, concerning to male sex 51%, female sex 48.3%. About the marital status: 72% married; 5% free married life, 22.6% lived lonely (single and divorcees). About their academic education 52.8% specialized physicians, 44% general physicians, only 3% had master degree, medical doctor PhD 0.2%. From the specialized physicians 62.2% were related to Family Medicine, and the rest to other specialties as Public health, pediatrics, gynecobstetrics, surgery, anesthesiology, internal medicine, etc. The enquirer had an average of 17 years to practice the profession 1 to 50 rank and to have 14 years of antique in the Institution, 1 to 43 rank. Most of them (88%) had other works mainly in assistance and a small part of them in teaching (5.2%). It was reported a frequency of Burnout (12.8%) without significative relation with sex in the global and stratified analyses.

In the analysis to identify association with occupational characteristics it was identified that to work in one of both Institutions, this increased the probability to develop the syndrome with RM=2.1 IC 95%. 1.17-3.76 p=0.008. From the dimensions consisted of the syndrome the most affected is related to sex with a significant statistic were: emotional exhaustion in women and personality disorders in men.

None of the sociodemographic variables related significatively with the syndrome, nor their dimension in isolated form, however when the answers were analyzed to evaluate the gender role it was found relation with some of them without identificating differences in sex. To count on a confident and accept his suggestions and comments is a protective factor to develop the syndrome RM=0.45 IC 95% 0.24-0.87 p<0.008.

The feeling of overloaded work related to housework are risk factor for the syndrome with RM=6.16 IC 95% 3.06-12.44 p<0.0001. In this question were identified all the altered dimensions however which was the heaviest weigh on was the emotional exhaustion with RM 6.59 IC 95% 3.07-14.16 p=0.001.

Related to the question before mentioned, to do not share the housework with your partner it was found associated but with less strength RM=2.29 IC 95% 1.19-4.42 p=0.006 and in this question the dimension that affects more to which participates in the presentation of the syndrome is depersonalization RM=17.81 IC 95% 9.06-35.72

To have to decrease the time table work to look after the family was also identified as risk factor and the dimensions more affected were the personal achievements and emotional exhaustion with RM 4.41 and 2.34 respectively. To live in couple was identified as a protective factor RM=0.42 IC 95% 0.25-0.72 p=0.0006, however to don't get along with your couple it changes in a risk factor with RM=4.27 and IC 95% 1.76-10.46 p=0.0001.

Discussion

In our outcomes, it was identified a moderate rank of BS similarly with the Medical literature.⁷⁻¹¹ The differences found for sex, were obtained in the dimension of emotional exhaustion, it appears with more fre--

quency in women as it is reported by Atance, Maslash ^{2, 6} not like in the dimension of the personality disorder in this study, we found it with more frequency un men.

Table I

Risk factors for Burnout's syndrome in medical staff related with the gender role

Variable	RM	IC 95%	p
Female sex	0.58	0.90-3.19	0.07
Institution 1	2.10	1.13-3.91	0.01
Turn of >10 hours	1.16	0.32-2.36	0.7
Years work > 10 years	0.86	0.60-1.16	0.6
To live in couple	0.42	0.25-0.72	0.0006
To talk with a confident	0.46	0.24-0.87	0.008
To feel overloaded and lonely in housework	6.16	3.06-12.44	0.0001
Don't share labours with the spouse	2.29	1.19-4.42	0.005
To decrease time work hours to look after the family	2.14	1.16-3.93	0.007
To have an inconvenient relation with the couple	4.27	1.76-10.46	0.001

This vulnerability in men maybe is caused by professional expectatives that have been seen satisfactory as time goes by, and in the case of the woman for the double charge of work implied, the professional practice and the housework.

According to the age groups there were not found significative differences in any dimensions, coinciding with some authors ^{5,6,9-12}.

In accordance with some reports, we also identify a protective factor in the couple, when this is a stable couple, who supports, who is confident and gives opinions or suggestions, on the contrary, to have a couple to whom don't get along or have inconvenient relationship it converts more in a risk factor to develop the syndrome ¹⁵⁻¹⁷.

It is known the relation between Burnout and double charge of work, but it has not been described in Med literature the correlation of double charge of work with housework so in this study we found significative or important association in this aspect.

Conclusions

The frequency of BS didn't present significative differences between men and women, but there is an important characteristics in the gender role that culturally have been assigned to woman, as to take care of children and housework, this can be explained by the overload of work like double or triple full time work by one side and the stress of no personal fulfillment because to have to do other functions. When there is a good relation with the spouse, and these tasks are shared the frequency of BS decreased considerable.

The dimension that more contributed to the syndrome in women was the emotional exhaustion and in men the most altered dimension was depersonalization, could this be explained by the social-cultural characteristics of the gender role? This would be worth trying to identify for future researches, since Medicine day by day is becoming in a profession of women.

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