

ORIGINAL

Burnout syndrome in a group of health professionals

Síndrome de Burnout en un grupo de profesionales de la salud

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ABSTRACT

Introduction: burnout Syndrome designates the wear and tear that occurs in a person due to their professional performance, resulting in performance below expectations. It currently constitutes a problem due to its high prevalence, mainly in health professionals.

Methods: it is a cross-sectional descriptive study, with a sample of 15 workers, where the methods used were the interview and the Maslach Burnout Questionnaire.

Results: among the main results, Burnout syndrome was found in a high range, mainly for the dimension of “emotional fatigue”. In the case of “depersonalization”, the results were average and for the “personal fulfillment” dimension the indices were low, which implies a health problem for the study subjects.

Conclusions: characterizing the syndrome in health professionals is vital to understand, prevent and treat it. Due to its consequences on the environment and the performance of organizations, the prevention and treatment of the syndrome transcends the individual and allows significant benefits to be obtained (greater economic income, better customer treatment, less absenteeism, among others) for the workplace. of affected or at-risk individuals.

Keywords: Work Stress; Health Professionals; Burnout.

RESUMEN

Introducción: el Síndrome de Burnout designa el desgaste que se produce en una persona a causa de su desempeño profesional, dando lugar a un rendimiento por debajo de lo esperado. Actualmente constituye un problema por su elevada prevalencia, fundamentalmente en profesionales de la salud.

Métodos: es un estudio descriptivo transversal, con una muestra de 15 trabajadores, donde los métodos utilizados fueron la entrevista y el Cuestionario Maslach Burnout.

Resultados: entre los principales resultados se comprobó el síndrome de Burnout en un rango elevado, fundamentalmente para la dimensión de “cansancio emocional”. En el caso de la “despersonalización”, los resultados fueron medios y para la dimensión “realización personal” los índices fueron bajos, lo que implica un problema de salud para los sujetos de estudio.

Conclusiones: caracterizar el síndrome en profesionales de la salud es vital para entenderlo, prevenirlo y tratarlo. Debido a sus consecuencias en el ambiente y en el rendimiento de las organizaciones, la prevención y tratamiento del síndrome trascienden lo individual y permiten obtener beneficios significativos (mayores ingresos económicos, mejor trato al cliente, menor ausentismo, entre otros) para el centro de trabajo de los individuos afectados o en riesgo.

Palabras Clave: Estrés Laboral; Profesionales de la Salud; Burnout.

INTRODUCTION

Burnout syndrome, also known as professional burnout syndrome, emotional overload syndrome, burnout syndrome or fatigue syndrome at work, was declared in 2000 by the World Health Organization (WHO) as an occupational risk factor due to its ability to affect the quality of life, mental health and even to put the life of the individual who suffers it at risk.⁽¹⁾

Going back in history, the first reported case of burnout syndrome in the literature was made by Graham Greens in 1961 in his article "A Burnout Case".⁽²⁾

Later, around 1974, the psychiatrist Herbert Freudenberger identified that around him, employees faced with excessive working hours, a low salary and a demanding social context felt disinterest, symptoms of anxiety, demotivation at work, manifestations of exhaustion and depression called Freudenberger as Burnout.^(3,4)

Although Freudenberger referred to Burnout for the first time in 1976, the term is conclusively situated in the academic environment from the work of the psychologist Cristina Maslach, presented publicly at the Annual Congress of the Psychological Association (APA). Maslach considered that the syndrome was fundamentally one of emotional overload and that this situation could occur more and more frequently among human service workers, who, after a long period of consecration, ended up "burning out".⁽⁵⁾

Burnout is structured by three components or dimensions:⁽⁶⁾ emotional exhaustion (defined as Burnout, loss of energy, exhaustion and fatigue and can manifest itself physically and psychically, or as a combination of both forms); depersonalization (it shows a change of attitudes in the response towards other people, which makes personal communication difficult, specifically towards the beneficiaries of one's own work, accompanied by an increase in the affective distance with others or a hardening of relationships - emotional coldness - with subordinates at work and indifference to their results), and self-realization (it groups together a series of negative responses and evaluations towards oneself - self-esteem - and towards one's own work or activity, typical of depression, low morale, frustration at work, rejection and avoidance of contact and interpersonal relationships in the work activity, including the handling of problems with collaborators and other people involved in the process, also encompassing the work climate that the individual can contribute to create in his or her group, more or less favorable and stimulating -motivation for results- and its results in productivity, capacity to face pressures and withstand them successfully). Each of these components describes the work stress syndrome. However, more is needed to clarify a concept such as Burnout; it is also necessary to go deeper into the concept of stress itself, mainly because the development of Burnout depends on its chronicity.

For other authors stress consists of an adaptive response that arises as a consequence of exposure to a demanding external event, both psychologically and physically, perceived negatively by the individual.⁽⁷⁾

It is clear that not constantly when we talk about stress, we are referring to a disease; sometimes, it can even be a joyous process for the person at a given time and help the individual to achieve personal growth and development and a high degree of psychological well-being and self-satisfaction, (in such a situation the term eustress is used to define the result of the interrelation between the individual and the environment). However, as mentioned above, it is not this stress that we are referring to but the one that arises as a result of a negative process (distress) where the individual-medium relationship triggers in the person various symptoms that damage their health, a situation that can worsen if it is maintained over time.

Therefore, it is necessary to stop stress through the implementation of appropriate strategies, as this is the starting point of a continuous process that leads to the "burnout" syndrome.

Nowadays, the study of this problem is widespread, although more is needed, especially in populations that work in close contact with other human beings. This relationship demands a continuous emotional response. Health professionals are an example of this. For them, the long working hours, the frequent contact with suffering, the lack of resources that lead to the change of treatments of choice, the demotivation due to the little retribution and stimuli at a material and social level, as well as the aftermath of a Pandemic from which a total recovery has not been achieved, make the syndrome latent. Therefore, it is necessary to evaluate it in order to subsequently seek solutions that generate well-being in the population being addressed.

It is for this reason that it was decided to conduct a cross-sectional descriptive study in the period January-June 2023, with the aim of characterizing the Burnout syndrome in a group of health professionals in the state of Guerrero in Mexico.

Burnout symptoms are not only emotional but also behavioural and psychosomatic. Therefore, if the worker has a biopsychosocial well-being, this will have an effective influence on the population he/she attends as well as on the company of which he/she is a part. Low-stress levels make it easier and easier to meet the increasingly stringent requirements of social, educational and health services. In this way, we not only intervene effectively in the professional and labor area but also in the social and community.

METHODS

A cross-sectional descriptive study was carried out on a group of health professionals belonging to the state of Guerrero in Mexico in the period January to June 2023. The universe was composed of 15 workers,

coinciding in this case, universe and sample, since all those who were summoned accepted by informed consent to participate in the study as a way of contributing to scientific development. Of the total number of subjects presented, 7 were male, and 8 were female. All with work experience between 10 and 15 years. In all this time they have not been disengaged at any time to work, including the time of the COVID-19 pandemic.

The empirical method used was the interview to obtain personal data of interest, as well as the Maslach Burnout questionnaire, which explores the three dimensions of Burnout syndrome: Emotional Fatigue (EQ), Depersonalization (PD), and Personal Accomplishment, used in several countries of the American continent and also in Cuba. The analysis of the results was carried out using descriptive statistics through absolute and percentage frequency.

RESULTS

In the research, the presence of Burnout Syndrome was found in 90 % of the sample, with a predominance of a high level in 60 %, followed by a medium level in 30 %, and 10 % showing a low level.

Figure 1 shows the behaviour of the dimensions of Burnout Syndrome in the subjects of the study.

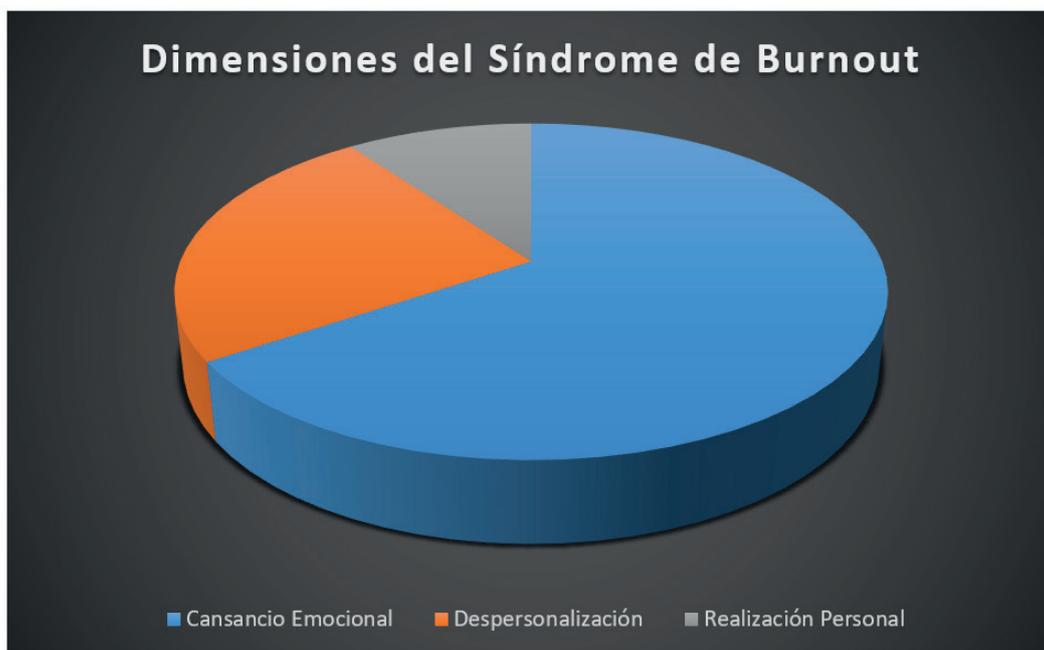


Figure 1. Dimensiones del Síndrome de Burnout

Evidently, emotional exhaustion was the most prominent dimension, which translates into wear and tear, loss of energy, exhaustion, and fatigue in 65,4 % of the subjects studied. For depersonalization, the results were average, represented by 24,3 %. In the case of self-fulfillment the indexes were low with only 10 %. This means that the study subjects lacked negative responses and evaluations of themselves or their work in 90 % of the cases.

These results are influenced by the link between aspects such as sex, since for the high indexes of emotional fatigue, the female sex stood out significantly with 75 % of the total responses. The interview refers to the corroboration of these results, where the women state that besides being working women, they are also housewives, so the double function influences and determines the levels of exhaustion.

In the case of age and years of work experience as variables in relation to Burnout levels, it could be observed that as age increased and, therefore, work experience, stress levels became higher. The accumulated wear and tear due to years of dedication to the same activity evidently determines results like this. The study sample expresses that it is not the same when one begins to work when one has the desire to eat the world, then now that so many years have passed and one has lived so many experiences, many of them unpleasant and sad, that deteriorates. It can be interpreted in a response like this that the demotivation is latent, as well as the exhaustion and loss of energy.

With the marital status and the number of children, a similar phenomenon arises as with the sex variable, since again, women coincide with the highest percentages in each case. Therefore, the study sample is a highly vulnerable group.

In conclusion, it can be interpreted that variables such as sex, age, marital status and number of children influence work stress levels, where the relationship has been identified as directly proportional, that is, for

those subjects with more age and work experience, married and with children, stress levels were higher, especially in women with these elements, being considered the most affected in the study.

Finally, although it has not been a particular interest of the research, we cannot fail to mention the COVID-19 Pandemic period. The study sample, as health professionals, were working uninterruptedly for more than two years, and therefore exposed to all that the Pandemic implied. Fear, insecurity, desolation, emotional losses, uncertainty, and illness (since all the subjects in the study were positive for COVID-19 at some point) led to concern and fear of contagion of loved ones, coworkers and other people close to them. The research subjects remember this period with heartbreak and anguish because they were days and days of agony; many comment that if this study had been done at that time, perhaps the results and the levels of work stress would have been different because of what that moment in the life of each one demanded.

Perhaps the Pandemic, as they say, has marked people's lives so much that today's results are related in several aspects to it; the way of assuming life and the conception of the world after the covid make that few things are more or less relevant, but there are many perhaps, that could constitute the hypotheses of other investigations and therefore have more scientific rigour and less margin of supposition.

DISCUSSION

There are many similarities between this and other studies that deal with the problem in question in a similar way. For Maslach and Jackson, emotional fatigue constitutes a fundamental pillar in work stress, appearing as morning fatigue before the work day begins.⁽⁸⁾ It is also present in those who work with a high level of emotional fatigue.

It is also present in those who feel they are on edge or at the extreme limit of their possibilities or capacities, strength, endurance, emotional or physical tension; what happens is related to the demands to which a health worker is exposed, who also suffer from deterioration and loss of emotional skills that could allow a satisfactory response to the emotional demands of this work environment. These aspects affect the psychosocial balance of the individual as well as his or her quality of life but also the quality of the service provided to the patient.⁽⁹⁾

What has been analyzed so far coincides with what has been proposed by Bianchini; for him, health workers are subjected to high levels of stress, and this occurs because there are long working hours, with a lot of responsibility and intensity, in addition to being ready "to the other" in terms of their demands, needs and requirements at all times.⁽¹⁰⁾

According to the criteria of Muela and Muñoz and Velásquez, with whom we also agree, performing work in units that have to deal with the health of individuals has a high emotional index, mainly because of the high demands, therefore, the greater the dedication and durability in these circumstances, the greater the emotional cost in each of the subjects involved, because there is a personal commitment and identity, in which, whether they want to or not, their own emotions and needs are affected.^(11,12)

Regarding the result related to women as the most vulnerable group, Teixeira et al. agree that it is a syndrome that occurs more frequently in this sex, which is attributed to the dual role they play as housewives, mothers and workers.⁽¹³⁾

Other variables, such as marital status, age, number of children, work experience and their association with the presence of the syndrome, in studies by Teixeira et al. and Albendín, find divergences in their criteria with respect to what was obtained in this research. They state that those who are married or live with stable partners experience lower levels of Burnout components, as the partner is an essential source of support.^(13,14)

For Maslach and Jackson, the presence of children constitutes a protective factor in the appearance of this syndrome; however, in this work, the presence of children reinforces the appearance of the syndrome since the subjects of the studies consider that the role of mother demands responsibilities and times are in dissonance with the responsibilities and times of the work they perform. In addition, there is a certain anxiety and fear that what they struggle with on a daily basis may happen to their children.⁽¹⁵⁾

For the work experience variable, points of difference were also identified with respect to what was obtained in this study and what was identified in other studies. Unda believes that as the years go by, the subjects gain security and experience in their work tasks and show less vulnerability to work stress. The opposite was observed here, since the more years of work, the greater the accumulation of fatigue and despondency and, therefore, the higher the levels of stress, which leads to demotivation, rejection and the search for and acquisition of new knowledge related to their specific functions.⁽¹⁶⁾

As for the results referred to the time of COVID-19, no other studies were identified with which we could compare what was obtained in this research. However, we acknowledge the existence of similarities or differences with authors who have been able to address this issue.

Points of convergence and divergence may or may not relate this research to others. However, in general, high Burnout rates have been identified in Mexico by other studies and with other populations; Medina et al. found that there is a deterioration even when the health professional begins his studies in the first year of his career. This element leaves much to be desired with respect to the phenomenon under study. This calls for

relevant attention.⁽¹⁷⁾

CONCLUSIONS

Already concluding with respect to the thematic approach, we can say that work stress is translated into Internal and external demands that have exceeded the resources of the individual, giving rise to stress, in this case, and in relation to the person with his work environment, leading to the syndrome. In other words, and perhaps more explicitly, Burnout is the consequence of a work situation in which the person has the feeling that he/she is beating his/her head against the wall day after day. Despite his/her interest and dedication to improving the lives of those with whom he/she relates, he/she often sees failure and misery in the daily training with suffering, poverty, cruelty, danger, pain, and death, as well as the concern about the increase of legal claims for malpractice. All of the above deeply hurts the sensibility, and many health professionals end up creating a barrier, a kind of anaesthesia against the pain of others. On the other hand, society sees health as a right of all, and to that extent, professionals must be available to meet all the needs that arise. Despite not being recognized so far as an entity in ICD-10 or DSM-V, Burnout Syndrome has a high incidence among health personnel. Its capacity to affect the quality of life of the individuals who suffer from it and to generate personal repercussions at the psychoemotional and behavioural levels is recognized.

Characterizing the syndrome in health professionals is vital to understand, prevent and treat it. Due to its consequences on the environment and the performance of organizations, the prevention and treatment of the syndrome transcend the individual and allow them to obtain significant benefits (higher economic income, better customer service, lower absenteeism, among others) for the workplace of the affected or at-risk individuals. Regardless of the fact that by identifying the phenomenon, we can subsequently provide management based on the preservation of quality health.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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