

BURNOUT SYNDROME IN A HOSPITAL UNIT: PERCEPTIONS OF THE NURSING TEAM

Síndrome de Burnout em uma unidade hospitalar: percepções da equipe de enfermagem

Síndrome de Burnout en una unidad hospitalaria: percepciones del equipo de enfermería

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ABSTRACT

Objective: To know the nursing team's perception about Burnout Syndrome. **Method:** Descriptive and exploratory study with a qualitative approach, carried out with 24 nursing professionals in a hospital unit, in the *Centro Sul* region, State of *Ceará*, Brazil. Data were collected from September to October 2017, through semi-structured interviews, and organized into thematic categories. The study was approved by the Ethics Committee in Research CAAE nº 69921117.3.0000.5055. **Results:** Two categories emerged: Conception of professionals about their nursing work and Perception of the nursing team about Burnout syndrome. **Conclusion:** The nursing team comprehends, in a fragile way, Burnout syndrome, requiring health education for professionals, aiming at identification and treatment, culminating in the improvement of quality of life at work.

Descriptors: Burnout; Nursing; Health Care.

RESUMO

Objetivo: Conhecer a percepção da equipe de enfermagem acerca da Síndrome de Burnout. **Método:** Estudo descritivo e exploratório com abordagem qualitativa, realizado com 24 profissionais de Enfermagem em uma unidade hospitalar, da região Centro Sul, Estado do Ceará-Brasil. Os dados foram coletados nos meses de setembro a outubro de 2017, por meio de entrevista semiestruturada e organizados em categorias temáticas. O estudo foi aprovado pelo Comitê de Ética em Pesquisa CAAE nº 69921117.3.0000.5055. **Resultados:** Emergiram duas categorias: Concepção dos profissionais acerca de seu trabalho de enfermagem e Percepção da equipe de enfermagem acerca da síndrome de Burnout. **Conclusão:** A equipe de enfermagem compreende, de forma frágil, a síndrome de Burnout, sendo necessário educação em saúde para os profissionais, visando identificação dessa síndrome para melhoria da qualidade de vida no trabalho.

Descritores: Burnout; Enfermagem; Assistência à saúde.

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RESUMEN

Objetivo: Conocer la percepción del equipo de enfermería acerca del Síndrome de Burnout. **Método:** Estudio descriptivo y exploratorio con abordaje cualitativo, realizado con 24 profesionales de Enfermería en una unidad hospitalaria, de la región Centro Sur, Estado de Ceará-Brasil. Los datos fueron recolectados en los meses de septiembre a octubre de 2017, por medio de entrevista semiestructurada, y organizados en categorías temáticas. El estudio fue aprobado por el Comité de Ética en Investigación CAAE nº 69921117.3.0000.5055. **Resultados:** Emergieron dos categorías: Concepción de los profesionales acerca de su trabajo de enfermería y Percepción del equipo de enfermería acerca del síndrome de Burnout. **Conclusión:** El equipo de enfermería comprende, de forma frágil, el síndrome de Burnout, siendo necesaria educación en salud para los profesionales, buscando identificación y tratamiento, culminando en la mejora de la calidad de vida en el trabajo.

Descriptor: Burnout; Enfermería; Asistencia sanitaria.

INTRODUCTION

Burnout is a psychological syndrome characterized by the highest degree of stress that develops in people exposed to stressors present in the work environment.^{1,2} This syndrome especially compromises professionals who deal directly with other people, performing tasks that require intense and prolonged attention, culminating in negative results at the professional, social and family level.³

The most addressed definition of Burnout Syndrome (BS) is based on the point of view of Maslach and Jackson who say that chronic emotional stress is formed by three dimensions: emotional exhaustion, depersonalization, and low professional achievement.⁴ Furthermore, the BS can present symptoms such as: fatigue, sleep disturbance, lack of appetite, lack of attention, the deficit of concentration, anxiety, irritation, and isolation; leading to a decrease in quality at work.⁵

BS arises from disproportion in the somatic, intellectual and emotional spheres and presents itself slowly and progressively.⁶ The international literature shows that health professionals, due to the high demand for work and patients, especially in a small work team, predispose professionals to routinely work in an exacerbated manner, which contributes to a level of continuous stress, then making them susceptible of developing BS.⁷

Studies indicate that the professionals with the greatest predisposition for the development of BS are registered nurses and nurse technicians, as these professionals dedicate themselves more time to patients and their families, experiencing their pain and suffering.⁸ In Brazil, BS is considered a public health issue, since the long working hours of nursing are capable of causing stress and exhaustion, hindering the activities of these professionals, providing negative results for the individuals involved in the care, as well as for the institution health.^{1,9} Additionally, the lack of time for leisure, resulting from the long workday, can cause a vicious circle of a bad mood in the nursing team, compromising teamwork, as well as the care quality.⁷

There is a high prevalence of this syndrome among nursing professionals, especially in hospital care, when compared to primary care professionals, with emotional exhaustion

and reduced professional fulfillment in this area. Despite the differences between the activities of these two environments, hospital care professionals are more vulnerable to BS.⁸ The organization and nature of work influence these indices, as well as psychosocial factors, exposure to stressors, and may also predispose them to mental disorders.¹⁰

A very worrying factor about BS is the lack of knowledge by the nursing team. The installation phases of this syndrome, go unnoticed most of the time, being confused with stress due to personal problems, making diagnosis and treatment impossible.¹¹ Given this framework, it is necessary to investigate BS to assist in clarifying and reflecting on the quality of life and professional practice of nursing professionals.¹² Thus, it is considered important to fill this gap by getting to know and discuss the perceptions of nursing professionals vis-à-vis BS, therefore, it is evidenced both potential and weaknesses concerning the subject.

Bearing the aforesaid in mind, the following guiding questions were considered: How do the nursing staff (registered nurses, nurse technicians, and nursing assistants) perceive their work and the Burnout Syndrome? What is the influence of the professionals' knowledge about the Burnout syndrome towards the care provision and its work processes? Hence, this study meant to know the nursing team's standpoints on Burnout Syndrome.

METHODS

It is a descriptive-exploratory study with a qualitative approach,¹³ which was performed at a public hospital from the Central-South region of the Ceará State, Brazil. Such public hospital is associated to the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System]. The study participants were 3 (three) registered nurses and 21 nurse technicians who worked in this service, totaling 24 nursing professionals. All were selected in a simple random manner, after attention to the inclusion criteria they understood: to work as registered nurses, nurse technicians or nursing assistants who had worked at the institution for at least one year, a period in which the professional's interest in the continuity of employment can be considered employment. Professionals who were on vacation or leave during data collection were excluded from the survey.

The data collection technique was a semi-structured interview script, with questions regarding the characterization of the participants, what they know about BS and how they perceive the performance of their nursing work. Data collection took place between September and October 2017, individually and in an appropriate environment provided by the institution, which was the study scenario. Data collection was interrupted when repetition saturation was observed. Participants were identified according to their professional class and sequential alphanumeric code, such as registered nurses (RN1, RN2, RN3) and nurse technicians (NT1, NT2... NT 21); for the anonymity of the informants. The interviews were recorded on magnetic tape after authorization from those involved and later transcribed in full; the Informed Consent Form (ICF) was signed by all participants.

After data collection, the data were processed through content analysis, which according to Minayo¹³ consists of three stages, as follows: pre-analysis, material exploration, and processing of the results obtained, or even interpretation of it. Pre-analysis consists of choosing the documents to be analyzed, with the formulation of hypotheses and objectives. The material exploration essentially consists of the coding operation, works with the clipping of the text in record units and later chooses the counting rules, as this builds indexes that allow quantification. The results processing occurs when the results are submitted to either a simple or complex operation that allows analyzing the information obtained, where the material will be interpreted after reading.

Ethical precepts were guaranteed according to the Resolution No. 466/201214 from the National Health Council, and to protect the rights of participants, they were guaranteed anonymity. This research was approved by the Research Ethics Committee from the *Universidade Regional do Cariri (URCA)* under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 69921117.3.0000.5055.

RESULTS AND DISCUSSION

Participants' characterization

Considering the nurses participating in the study, two were female and one male; within the age group from 35 to 39 years old. With regard to the nurse technicians, 19 were female, and two were male; 52.4% of them are 28-37 years old, 47.6% are 38-57 years old. In this nursing team, there were no nursing assistants. It is possible to observe the majority appearance of the female sex, which coincides with the literature,⁵ where there was a predominance of females (92.8%). Regarding the age group, it was observed that the age variable is close to the study of some authors¹⁵ that addresses the age range of these professionals between 28-56 years old.

Concerning the length of experience in this unit, nurse technicians had from 1 to 27 years of profession; nurses, on the other hand, presented variables from 12 to 15 years of professional experience. The literature⁵ shows a minimum of 4.5 years of professional experience. Regarding the existence of another job, five (26.31%) of nurse technicians said they had another job, while 14 (73.68%) said they only worked in that job. In contrast, all nurses stated that they had more than one job. The performance in more than one employment relationship is also addressed in the national literature.¹⁶

After such characterization, the following categories have arisen:

The conception of professionals about their nursing work

Here, the goal was to underline the understanding of nursing professionals about their profession. An ambiguous result was found, sometimes characterized by reports of stressful and demanding work, sometimes by satisfaction and professional fulfillment.

My job is great, but the daily routine makes me a little stressed [...] I feel professionally fulfilled because I feel the need to help others, you know. (NT3)

Well... it is a profession that has to be very responsible, very careful, it is not easy at all [...] I see it is a very risky profession. (NT4)

It is a job that is very risky, for me as a professional and for the people I'm dealing with. (NT6)

My God, I never stopped to think about how I perceive my work [...] I feel underestimated as a person and as a professional, but I like what I do. (NT8)

It is a very pleasant job because we work to help others [...] although it is not always recognized. (NT16)

I feel fulfilled, for sure! I do a lot here! I owe many of my achievements to my work, including the personal side of it. (RN3)

Considering such statements, it was observed that the nursing team recognizes satisfaction in their performed work. There are challenges and problems concerning the working conditions of the nursing team, a fact that can be collaborative for the effective performance of the professionals' actions. Therefore, it reflects on the dialogical relationship of caring and being taken care. On the one hand, there is the patient who requires comprehensive treatment in the biopsychosocial aspects; on the other hand, there are nursing professionals who deserve comprehensive care, aiming at work and personal needs.¹⁷

Given this standpoint, national and international literature disagree with the results of this research and bring dissatisfaction among nursing professionals as a lack of human resources and multidisciplinary work. These are problems that lead to work overload, the performance of others' functions, emotional and physical overload. The lack of leisure and quality of life at work, interpersonal conflicts, and lack of institutional support corroborate making work a stressful and dissatisfied environment. In this regard, studies address that the nursing team is co-responsible in mitigating emotional and physical overloads, as they develop interaction and good communication, they can improve the work process.^{18,21}

The literature addresses aspects linked to dissatisfaction in the work of nursing professionals, highlighting the wage, absence of benefits, and an appropriate place for rest, as well as lack of material and human resources. In this perspective, it is worth mentioning the interference that dissatisfaction makes in care, due to the emotional burden attributed to nursing

professionals.¹⁷ It is worth mentioning that the quality of life at work is preserved as the psychological aspects of workers are maintained at an acceptable level. Thus, it is important to guarantee job satisfaction, intending to provide quality of life at work, as well as ensuring quality care.¹⁶ For people, work plays a central role in human and social relations. Therefore, it is important to balance work and personal relationships, as they can affect the quality of life of the worker and the provided care.

The weakened perception about the work performed is demonstrated by professionals who work in demanding activities, sleep less than seven hours a day, often think about changing jobs, assist critical patients and receive low social support from colleagues and the boss. The high demand for work, justified by the adherence to multiple jobs and the disproportion between patients and nursing professionals, negatively interfere in autonomy even for nurses whose profession is to be a leader capable of managing conduct and making important decisions.¹⁶

The nursing professional considers his profession as important for society, since it is related to the maintenance of life, demanding great responsibility. Nonetheless, society's vision is focused on demanding competent service and refraining from the financial valuation and professional recognition for nursing. Thus, this profession resists the necessary recognition.^{20,9} The professional's health balance, which includes his personal and professional valorization, can reduce absenteeism rates, unstable interpersonal relationships, professional transfers, and/or the need for new hires as well as failures.

A few authors suggest that the recognition of the nursing profession will only occur when professionals are organized and constituted, understanding their role and importance in the health team.²²

The relational aspects among nursing professionals have a significant influence on their satisfaction at work. The development of a bond coupled with good communication should be part of the daily practice of nursing, by promoting the strengthening and expansion of healthy work activities, providing comprehensive, resolute care, with effective health actions for the team and the patient.¹⁸

The job satisfaction relationship refers to a set of factors that can lead to this positive perception. Although satisfaction is a subjective aspect of each professional, the remuneration and incentive by the institution, the workload, teamwork, recognition for the work done, autonomy and resolvability to provide assistance, patient care and the work in a public institution; are aspects related to the satisfaction of the nursing professional.²³

The concept of satisfaction describes a pleasant feeling or emotionally positive state of the worker, resulting in perception in the work environment. When job satisfaction is related, it is referring to an emotional state, arising from the relationships between professionals, seeking their values and expectations in the work environment.²⁴

Nevertheless, the nursing worker has a high level of exhaustion and less satisfaction with work.²⁵ The stress that results from exhaustion compromises care, since it is

characterized as a set of responses of human adaptation and interferes with personal and professional life.² In this sense, the international literature points to the relevance of assessing the level of satisfaction of these professionals in their various sectors of work, in order to develop actions that promote the satisfaction of workers, guaranteeing the continuity and quality of care for patients and their families.²⁶

It is possible to observe that nursing work has a high degree of stressors in their daily lives. These stressors are related to physical aspects, such as work and emotional overload, devaluation of the profession; and interfere with the quality of professional and personal life, as well as reducing the care quality. Although the statements about job dissatisfaction were fragile in this research, it was noticed that such speeches were linked to professional valorization. On the other hand, it is noted that there was a predominance of professional satisfaction, related to gratification in taking care of others and to achievements generated by work. It should be noted that although the level of satisfaction is peculiar and subjective to each professional, there are certain aspects that can improve job satisfaction; and these should be enhanced, with the purpose of guaranteeing well-being and quality of professional life, as well as providing quality nursing care.

The nursing professionals' perceptions on Burnout Syndrome

This category stood out for the fact that only five nursing professionals (22.72%) affirm that they know the BS and of these, 4 (18.18%) were nurse technicians and 1 (4.5%) was a nurse.

It is a pathology that affects the health professional, reaching the psychological side... yes... there is the professional motivation, leading to a possible depression. (RN1)

BS is related to stress, work stress [...] it is related to the stress of the profession, it has to do with work. (NT1)

I only heard that it affects only education professionals, but I don't know how it happens. It can be developed as a result of our profession due to stress. (NT8)

Look, I know little about this issue, but what I heard, in fact, is that it is a syndrome that has been affecting mainly professionals from the nursing area [...] and can be affected by an excessive workload, among other factors. (NT10)

I understand that it is a syndrome related to stress. (NT17)

The perception about BS for the professionals interviewed who said they have certain knowledge about this syndrome, relate or even confuse the syndrome with stress, and it becomes a very significant concern, since many professionals are not even aware of it.

Based on what is known about the symptoms, BS is seen as an experience of a subjective character, which can develop a set of signs and symptoms both physical and psychic as a result of poor adaptation to work. The psychological signs and symptoms identified by the study participants are reported as negative feelings and attitudes of the nursing worker.²⁷ It is important that professionals who are part of the nursing team know how to recognize BS in order to avoid consequences at personal, institutional, and social levels. Since on a personal level, the nursing professional might present physical and psychological symptoms; at the institutional level, conflicts, and inefficient communication; and at the social level, instability in their relationships.

Professional practice in the hospital environment is defined by many requirements, such as treating the pain of others, suffering, death, and loss, there are still unfavorable working conditions such as low pay, favoring the emergence of stress and burnout. In this respect, burnout is a form of response to chronic work stress, favoring the weariness of the worker, leading him to give up as he loses his satisfaction and his sense of work.²⁸

In Brazil, nursing professionals are recognized for their long working hours.⁸ Considering this framework, the literature²⁹ points out that nursing professionals are more affected due to components unfavorable to the occupational environment, such as, the reduced number of professionals, the excess of activities and lack of professional appreciation. Furthermore, there are low wages that oblige these professionals to have more than one job, resulting in long monthly working hours.

When asked what they perceived about BS, a few participants mentioned the lack of knowledge about it and the predominance of this conception was found, where most of the interviewees, a total of 19, tended to this logic and their speeches were permeated in the ignorance of these and unidirectional flow of information.

It can be seen that BS is still little known by nursing professionals, taking into account the consequences that it can bring to the lives of these professionals.

I never heard of it, in my time at college I didn't study about it, also in my years of experience, I never saw a case [...]. (RN2)

I do not know, not by that name, I might know it by another name. (NT6)

It is a syndrome that I have never heard, honestly, I do not know. (RN3)

I don't know, I never heard of this syndrome. I may have already read something about it, but I don't remember. (NT16)

I've never heard of it, oddly enough! I've heard about other syndromes, but not this one. (NT19)

A few authors³⁰ report that the BS is still unknown by health professionals, making further disclosures on the subject necessary, because if professionals are unaware of the manifestations of this syndrome and also cannot seek treatment or prevention of it. The authors also emphasize that the literature found in the database in Brazil is not broad in relation to burnout and its prevalence.

A study²⁷ addressing the understanding of nursing professionals in regard to BS revealed that, of the 60 interviewees, only 12 of the professionals were able to answer it, since the others said they did not have knowledge about the syndrome, portraying a worrying situation, due to the artful character of this evil. The lack of knowledge of nursing professionals about BS shows the fragility of the relevance given to the subject during university education in health.

BS is still unknown by most health professionals. In this context, further disclosures on the subject become necessary. However, in view of the increase in research on stress, it is possible to notice the relevant lack of knowledge of professionals in relation to burnout, and this may be related to the insufficient number of researches.³⁰

Corroborating this problem, the literature⁶ also shows that in a survey carried out with 32 nursing students about knowledge about BS, 2/3 of them answered incorrectly what it was about. This lack of knowledge is noticeable since graduation, showing the need to improve professional qualification.

Every health professional should arouse interest in learning about BS, given its big impact on workers working in nursing, and increasingly prevalent in society. It demonstrates the importance of high levels of stress and its physical and psychological consequences for the population, making it notorious and of great value, to debate and promote knowledge about this syndrome to society.³¹

The predominance of the professionals' lack of knowledge about BS stands out as a worrying factor, since the prevalence of this syndrome and exposure to stressors are common in the hospital environment. The qualification and knowledge about the pathologies to which the professionals are exposed are inherent to their work process, as well as the consequences of these, both for the health professional and for the environment in which they operate, bringing biopsychosocial damage to the affected. Thus, there is a deficit of actions aimed at these professionals, in order to promote knowledge and identification of negative aspects to which they are exposed, as well as the recognition of BS. This study presented as a limitation the fact that it was performed only at a public hospital, which suggests the need to investigate private institutions in order to promote comparative studies and, consequently, the generalization of these findings.

FINAL CONSIDERATIONS

Herein, it was found an exacerbated exposure of the nursing professionals to stressors, furthermore, such professionals have shown high levels of unfamiliarity with BS. Institutions and managers do not provide activities aimed at those professionals in order to minimize stress and face these situations, so, there are still challenges surrounding the nursing profession.

Hence, the importance of this research is underlined in contributing to nursing research in the institutional and academic spheres. Aiming the service organization, it is necessary to know the factors to which they are exposed and the importance of knowing the syndrome, which is present in the nursing daily work. The results highlight the importance of multidirectional care aimed not only at the assisted individual, but also at those who assist him. In the academic field, it is necessary to have a wide discussion of this and other pathologies that are related and prevail in nursing professionals, therefore, more studies focused on this subject are recommended. It is also suggested that educational actions, through cooperation between managers and workers, should be carried out to prevent and identify BS, to improve the quality of life of those who receive and provide nursing care.

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