

INCIDENCE OF BURNOUT SYNDROME IN NURSING PROFESSIONALS IN INTENSIVE THERAPY UNIT

Incidência da síndrome de burnout em profissionais de enfermagem atuantes em unidade de terapia intensiva

Incidencia del síndrome de burnout en profesionales de enfermería actuales en unidad de terapia intensiva

Ana Paula Farias da Silva¹, Lucilla Vieira Carneiro², Juliana Paiva Góes Ramalho³

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ABSTRACT

Objective: This study aimed at assessing the incidence of Burnout Syndrome among nursing professionals working in the intensive care unit of a public hospital in João Pessoa city, Paraíba State, Brazil, and analyzing the main factors causing this syndrome. **Methods:** This research with a quantitative approach was performed with both nurses and nurse technicians working in an intensive care unit. Twenty-five professionals with an average age of 37 years old participated in the study, most of them being females working in the area for 18 years on average. **Results:** Professionals working in hospitals are exposed to different occupational stressors that directly affect their well-being, such as long working hours and constant contact with pain, suffering, and death. **Conclusion:** From the study results, it was possible to verify the importance of workers' mental health to obtain good professional performance and provide patients with quality care.

Descriptors: Burnout syndrome; Nursing; Intensive care unit; Worker's health; Mental health

RESUMO

Objetivo: Esta pesquisa teve como objetivos avaliar a incidência da síndrome de *Burnout* em profissionais de enfermagem que atuam em unidade de terapia intensiva de um hospital público de João Pessoa, e analisar os principais fatores que ocasionam esta síndrome. **Métodos:** Trata-se de uma pesquisa de campo com abordagem quantitativa, feita com enfermeiros e técnicos em enfermagem que atuam em terapia intensiva. Participaram 25 profissionais com idade média de 37 anos, predominância do sexo feminino, e com tempo médio de atuação na área de 18 anos. **Resultados:** O profissional que atua em instituições hospitalares está exposto a diferentes estressores ocupacionais que afetam diretamente o seu bem-estar, como longas jornadas de trabalho, o contato constante com dor, sofrimento e morte. **Conclusão:** A partir desse estudo foi possível verificar a importância da saúde mental dos trabalhadores para se obter um bom desempenho profissional e proporcionar aos pacientes uma assistência de qualidade.

Descritores: Síndrome de *Burnout*; Enfermagem; Unidade de Terapia Intensiva; Saúde do trabalhador; Saúde mental.

- 1 Nursing Graduate by the FPB, Specialist's Degree in Pediatric Nursing and Neonatal Intensive Care by the *Centro de Formação e Aperfeiçoamento Profissional (CEFAPP)*, Brazil.
- 2 Nursing Graduate by the UFPB, MSc in Nursing by the UFPB, Strategic Coordinator of the Training Center at Health Department of the Paraíba State, Brazil.
- 3 Nursing Graduate by the UFPB, MSc by the UFPB, Professor at *Faculdade Internacional da Paraíba (FPB)*, Brazil.

RESUMÉN

Objetivo: Esta investigación tuvo como objetivos evaluar la incidencia del síndrome de Burnout en profesionales de enfermería que actúan en unidad de terapia intensiva de un hospital público de João Pessoa y analizar los principales factores que ocasionan este síndrome.

Métodos: Se trata de una investigación de campo con abordaje cuantitativo, hecha con enfermeros y técnicos en enfermería que actúan en terapia intensiva. Participaron 25 profesionales con edad media de 37 años, predominancia del sexo femenino, y con tiempo promedio de actuación en el área de 18 años. **Resultados:** El profesional que actúa en instituciones hospitalarias está expuesto a diferentes estresores ocupacionales que afectan directamente su bienestar, como largas jornadas de trabajo, el contacto constante con dolor, sufrimiento y muerte. **Conclusión:** A partir de este estudio fue posible verificar la importancia de la salud mental de los trabajadores para obtener un buen desempeño profesional y proporcionar a los pacientes una asistencia de calidad.

Palabras clave: Síndrome de Burnout; enfermería; Unidad de terapia intensiva; Salud del trabajador; Salud mental.

INTRODUCTION

The word "burnout" derives from "burn" and "out", which suggests emotional and physical exhaustion caused by people's difficulty or impossibility to readapt themselves to the work environment. Burnout Syndrome (BS) is characterized by three main components, as follows: emotional exhaustion, depersonalization, and lack of professional success.¹

Many studies have been carried out in intensive care units (ICUs), burn units, surgical centers, postoperative care units, and emergency care units because they have high demand and increased responsibility since nursing professionals provide direct and indirect care and also perform managerial activities.²

Concerning the nursing care in ICUs, stress and professional dissatisfaction are present in the daily life of nursing professionals. This is due to several factors related to the environment, work time, the complexity of human relations, professional autonomy, high demand for remarkable skills, high responsibility, and adequate planning of human and material resources. This highlights the great importance of conducting studies with these professionals.³

It is understood that studying the manifestation of occupational stress among nurses allows us to understand and elucidate some problems, such as professional dissatisfaction, work productivity, absenteeism, occupational accidents, and some occupational diseases. Also, it allows the proposition of interventions and search for solutions.⁴⁻⁵

Given the aforesaid, the following research question was developed: "Does BS caused by psychological stress at work influence the performance of critical care nurses?" It is believed that this disorder can bring several life changes for these professionals and directly interfere, in fact, with the care provided.

Hence, the development of this work is justified by the importance of investigating how BS affects nursing professionals working in intensive care units and how this may hinder the care provided to the patient.

The present study was designed to assess the BS incidence among nursing professionals working in the intensive care unit of a public hospital in *João Pessoa* city, *Paraíba* State, Brazil, as well as analyze the main factors that cause this syndrome.

METHODS

This research with a quantitative approach was carried out with nursing professionals (nurses and nurse technicians) working in the intensive care unit area of a public hospital in the municipality of *João Pessoa*, *Paraíba* State, Brazil. The institution had 19 nurses and 53 nurse technicians, totaling 72 critical care nursing professionals. However, the sample consisted of 25 of these professionals who voluntarily agreed to participate in the study after informing them about the objective, risks, and benefits, dispelling all doubts and signing the informed consent document.

Data collection took place by using a semi-structured questionnaire with objective and subjective questions concerning the socio-demographic characterization of the sample and objective questions related to the study objectives. The Maslach Burnout Inventory (MBI), adapted to Portuguese and validated, was used as well.

The survey was conducted from April 1st to May 1st, 2017, in which questionnaires were applied from Monday to Friday according to the professionals' availability.

The study was sent to the Ethics Committee through the Plataforma Brasil [Brazil Platform] in accordance with the Resolution 466/12 from the National System of Ethics in Research, which regulates research involving human participants. It was analyzed and approved on July 5th, 2016, under Legal Opinion No. 1.515.240.

RESULTS

Regarding the intensive care units of the institution in which the study was conducted, of the 25 participants, 23 (92%) are female. The age ranged from 21 to 58 years old with an average age of 37 years old.

Through the analysis of the sociodemographic profile, it was possible to evaluate the participants' education level. Thus, we verified that of the 25 professionals, ten (40%) were certified technicians and 15 (60%) were graduates.

Data analysis was carried out using the MBI as the main tool for the diagnosis of BS. The individual's experience of burnout can be assessed according to three dimensions. A high level of emotional exhaustion and depersonalization and low level of professional achievement indicates the

manifestation of the BS. Based on this information, we obtained the results shown in Table 1.

Table 1. Incidence of BS among the study participants.

MANIFESTATION OF THE BS	PERCENTAGE
HIGH LEVEL	20%
OTHER LEVELS	80%

Source: research data

BS is classified into three levels: low, medium and high. Knowing this, we analyzed the distribution of these levels among the interviewees, and the results are shown in Table 2.

Table 2. BS levels among nursing professionals.

BS LEVEL	PERCENTAGE
HIGH LEVEL	60%
MEDIUM LEVEL	20%
LOW LEVEL	20%

Source: research data

The literature points out several causes for the development of BS. This research sought to know the reason for the discontent and frustration experienced by the nursing professionals who participated in this study. After analyzing the answers, we obtained the result presented in Table 3.

Table 3. Main causes of stress among nursing professionals.

CAUSES OF BS	PERCENTAGE
LACK OF MATERIAL	28%
NIGHT SHIFTS	28%
UNHEALTHY ENVIRONMENT	24%
LACK OF HUMAN RESOURCES	52%
LACK OF ACKNOWLEDGEMENT	96%
FALTA DE RECONHECIMENTO	86%
EXCESSO DE TRABALHO	36%

Source: research data

DISCUSSION

BS has been considered a public health problem due to its implications for the workers' physical and mental health. BS may cause extreme impairment of quality of life for them, especially at work.⁵

Considering this framework, it is known that nursing is a profession that accumulates numerous and complex responsibilities, duties, workload, and tasks that require physical and psychological effort, often exceeding these professionals' limits. These factors help to explain the high incidence of pathologies related to work stress in this group.⁶

Nursing is classified as the fourth most stressful occupation in the public sector. This is a visible and worrying reality in João Pessoa city because it was observed that of

the 25 professionals interviewed, 5 have characteristics of the highest level of BS as shown in Table 1.⁷

The work in this sector requires emotional, mental and physical effort from workers and these factors have an impact on the quality of life, health and provided care. From exposure to stress, which comes from numerous sources, occupational pathologies such as BS develop. The deterioration of quality among health care institutions and the high rates of the nursing professionals' absenteeism are some of the consequences of this situation.^{5,8}

The occupational stress resulting from a work process involving precarious conditions and increased working hours has important repercussions on the professional and personal daily lives of nurses. It can be seen that the working conditions to which the workers are exposed to favor occupational stress. This is a result of the characteristics inherent to the professional occupation, which constitutes an important cause of BS.⁹⁻¹⁰

The professional working in hospitals are exposed to different occupational stressors that directly affect his/her well-being. Among them, we can mention long working hours, low human resources, lack of professional training, and the constant experience of suffering, pain and often death.¹¹

Studies mention other aspects associated with stress and BS among nursing professionals. The most prominent ones are the constant pressure at work, lack of participation in decision-making and lack of autonomy.¹²

A study on this subject highlighted the stress closely related to the physical and human conditions of the work environment. Its authors reflected on the conditions in which the work is carried out in health care institutions, which could contribute to stress and consequent worsening.³

Another competing factor for stress in health care services is the lack of human and material resources. Some work environments seem to have a low number of nursing professionals meeting the demand due to the growing number of hospital beds or appointments over time. Also, we can still mention the inadequate structural conditions for the development of quality activities.¹³

Therefore, it is noted that the demand for care can act as a contributing factor for the development of stress since each client will have greater or lesser demand for care.¹⁴

Long and exhausting workdays, having more than one job, and the structures with fewer hierarchical levels consequently generating more responsibilities are sources of demands. This contributes to constant physical exhaustion, which is important in the genesis of work stress.¹⁵

Low professional achievement is characterized by a tendency of the worker to evaluate himself negatively, feeling dissatisfied with his professional development, experiencing a decline in his sense of competence and his ability to interact with people, be they clients or co-workers.⁸

It is also characterized by the feeling of lacking personal and occupational skills. The individual starts to show negative responses at work, such as depression, low productivity, low self-esteem and decreased number of interpersonal relationships.¹⁶

Here, the individual exhibits a defensive behavior against the feelings experienced and tends to evaluate himself/herself negatively in relation to his/her performance.¹¹

The latter is considered to be of great importance for personal achievement, one of the dimensions of BS. Even if the professional complies with the norms in force at work, there are specific situations in which the risk of death for clients, as well as the key roles taken by nurses in improving the patients' lives or saving them, are present. This fact is seen by other countries as commonplace and necessary; however, in Brazil, it is banned or imposed upon medical professionals.¹⁷

Since the emergence of the occupation, nurses have sought self-definition and have committed themselves to build a professional identity and obtain recognition. In this trajectory, they have faced difficulties that compromise work performance inflicting damage to their personal life.³

Depersonalization and anxiety usually occur together, increased irritability and loss of motivation. The individual finds himself/herself surrounded by negative feelings towards himself/herself and others. There is a reduction in work goals, responsibility for results, alienation and selfish conduct. The individual then begins to isolate himself/herself from others as a form of protection, maintaining a cold attitude towards people, no longer being able to deal with his/her emotions and those of others, and beginning to treat them in a dehumanized way.^{11,14}

The worker affected by BS behaves coldly in front of his clients and avoid getting involved with emotional problems and difficulties as much as possible. Interpersonal relationships are broken as a result of considering people just objects, that is, the relationship becomes devoid of human warmth. In addition to this, the professional's intense strain leads to countless consequences in his/her daily life and personal life dynamics.¹⁸

The decreased quality of care and the unsympathetic relationships between the professional and the job activities lead to greater expenses and organizational problems, besides contributing to a higher nursing turnover. In short, the decrease in quality of work due to poor quality of care, mistaken procedures, negligence, and imprudence may affect the worker's well-being, the client's health and the population's view of the health institution.¹⁷

All these problems harm the patient-professional-organization triad. Therefore, clients receiving poor care suffer emotional, physical and financial losses that can affect their relatives and even their work environment.¹⁸

Nurses and nurse technicians are part of an occupation characterized by the delivery of care in its essence. These professionals have direct contact with patients and relatives, in other words, they constantly deal with people with the most diverse conceptions and culture. This type of relationship strongly contributes to the genesis of work stress. The syndrome affects nursing professionals all over the world in different work contexts, leading them to develop

feelings of frustration, coldness, and indifference concerning the patients' needs and suffering.¹²

BS is one of the major psychosocial problems of today's world population and reflects the capitalist way of life experienced in recent years. It is a characteristic problem of modern people, who have increasingly less time to perform pleasant activities such as leisure and being in the company of their relatives. This is due to a work rhythm that does not consider their real limits. As a result, stress emerges and people reach the critical level of exhaustion.¹⁴

Strategies for preventing and treating BS can be grouped into three categories: individual, group and organizational strategies. The individual strategies are related to recognition. The group strategies consist of greater team unity. Conclusively, the organizational strategies, very important because the problem occurs at work, consist of developing preventive measures to improve the organizational environment, such as occupational therapy and workplace gymnastics, consequently increasing the number of employees and improving the working conditions.⁷

Although studies on the syndrome are increasing, combating it can be considered a worrying factor, because people with BS have been diagnosed with stress, depression or another disease. This is something that deserves special attention since it can lead to many consequences for the individual and the organization.¹⁰

Understanding the difficulties faced by team members in their daily lives is a difficult task, since all jobs, such as those related teaching, research, management or even assistance, have very peculiar characteristics that make it difficult to take general measures that could cover all workers.¹²

Occupational stress can be seen as a type of function that acts under constant pressure and diverse demands. Currently, identifying occupational stress and reflecting on the coping strategies to be applied corresponds to one of the great agents of change. The view of BS as having a multicausal nature brings reflection on the magnitude of stress and the impact on the worker's physical and/or mental health.¹

Possible strategies to minimize BS at work would be a discussion on the professional's workload; work hours; wage conditions, including political changes; psychological follow-up of workers dealing with pain, suffering, and death; creation of conditions to promote emotional support among co-workers, as well as including mental health analysis related to occupational stress in periodic exams.⁶

We should focus not only on the disease (in light of occupational pathology) but also on the promotion of quality of life at work. Work should produce pleasure and personal satisfaction so that many professionals could receive social and emotional support in a diversified way, avoiding the development of the syndrome.¹⁴

CONCLUSIONS

The social changes in the last decades have brought about numerous improvements, but they have also triggered changes in labor relations, the performance of professionals and the quality of the services provided. In recent years, the level of physical and emotional exhaustion among workers has reached high proportions. This study made it possible to evaluate the number of nursing professionals who are discouraged from exercising such a beautiful and rewarding profession despite all the difficulty and lack of recognition.

The presence of strong BS characteristics among the participants can be identified. Besides, it was found that a high level of stress can lead to a drastic drop in the quality and humanism of the care provided to patients. Furthermore, BS poses serious consequences not only in the work environment but beyond the walls of a hospital. It is something that affects society very directly and should not be ignored.

This study showed that there is a need for more research involving the characteristics of nursing work, occupational stress and its relationship with BS in Brazil and the world. The reason is that the transformations of the modern world of work are fast and dynamic, which is a fact that is little noticed in relation to the emergence of new occupational pathologies.

This study also highlights the need for urgent intervention in and prevention of not only BS but also the countless occupational pathologies. These pathologies need to be viewed as a major problem by managers so that those who care so keenly for the patients could receive deserving care.

The nurse is today one of the main protagonists of the health care system as he/she is responsible for caring for patients, monitoring progress and desired results, developing the interdisciplinary care plan, improving quality and safety, and educating patients and other members of the multidisciplinary health care team.

These responsibilities are not restricted to acute cases, but also cover primary care, long hospital stay, home care, and palliative care. Nursing activities also involve teaching, research, participation in the process of developing health policies, and health care management.

The concern with the quality of life at work, particularly involving critical care nurses, became evident since studies show that they are more prone to stress, while other studies point out that work overload and interpersonal relationship problems appear as more evident stressors among critical care nurses.

This research contributes to a better understanding and knowledge of the BS and is of fundamental importance for nursing since well-being and quality of life at work are factors that influence the final quality of nursing care. It is also believed that investigations on this subject should include all members of the nursing team in a way that reveals the reality involving them within their work environment.

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Corresponding author

Ana Paula Farias da Silva

Address: Rua José Menezes Cavalcante, s/n, Portal do Sol

João Pessoa/PB, Brazil

Zip code: 58.046-511

Email address: anapaulafarias@hotmail.com

Telephone number: +55 (83) 99926-3614

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