

BURNOUT SYNDROME: OCCUPATIONAL HEALTH TEAM'S KNOWLEDGE

Síndrome de *Burnout*: conhecimento da equipe saúde do trabalhador

Síndrome de Burnout: conocimiento del equipo de la salud de el trabajador

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ABSTRACT

Objective: to evaluate the knowledge of an occupational health team about Burnout Syndrome of a university hospital. **Method:** exploratory research, qualitative, performed with nine workers. A questionnaire and a semistructured interview script were used for data collection, analyzed through the technique of Content Analysis. **Results:** empirical material from the interviews emerged as follows: Knowledge about Burnout Syndrome; Signs and symptoms of burnout; Occupational vulnerability for the development of Burnout; Consequences of burnout for occupational health. **Conclusion:** it is imperative to disseminate knowledge about burnout among workers in order to propose effective strategies for prevention and health promotion in a university hospital.

DESCRIPTORS: Burnout professional; Occupational health; Mental health; Qualitative research; Employment

RESUMO

Objetivo: investigar o conhecimento da equipe de Saúde do Trabalhador, sobre a Síndrome de *Burnout*. **Métodos:** pesquisa exploratória, qualitativa, realizada com nove trabalhadores de um hospital universitário. Aplicaram-se para a coleta de dados, um questionário e um roteiro de entrevista semiestruturado, analisados por meio da técnica de Análise de conteúdo. **Resultados:** emergiram-se, pelo material empírico oriundo das entrevistas, as seguintes categorias: Conhecimento sobre a Síndrome de *Burnout*; Sinais e sintomas do *burnout*; Vulnerabilidade ocupacional para o desenvolvimento de *Burnout*; Consequências do *burnout* para a saúde do trabalhador. **Conclusão:** é imprescindível disseminar o conhecimento sobre o *burnout* entre os trabalhadores, para se propor estratégias eficazes de prevenção e promoção de saúde em um hospital universitário.

DESCRIPTORES: Esgotamento profissional; Saúde do trabalhador; Saúde mental; Pesquisa qualitativa; Ocupação laboral.

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RESUMEN

Objetivo: evaluar el conocimiento del equipo de enfermería obstétrica acerca del Síndrome de Burnout. **Método:** Investigación exploratoria, cualitativa, realizada con nueve trabajadores de un hospital universitario. Se aplicaron para la recolección de datos, un cuestionario y un guión de entrevista semiestructurado, analizados por medio de la técnica de Análisis de contenido. **Resultados:** se surgieron, por el material empírico oriundo de las entrevistas, las siguientes categorías: Conocimiento sobre el síndrome de Burnout; Signos y síntomas del burnout; Vulnerabilidad ocupacional para el desarrollo de Burnout; Consecuencias del burnout para la salud del trabajador. **Conclusión:** es imprescindible diseminar el conocimiento sobre el burnout entre los trabajadores, para proponer estrategias eficaces de prevención y promoción de salud en un hospital universitario.

DESCRIPTORES: Agotamiento profesional; Salud laboral; Salud mental; Investigación cualitativa; Empleo.

INTRODUCTION

Burnout has been a phenomenon much discussed in the literature, as society has become more complex and labor demands increased.¹ It is a major psychosocial problem reflecting unbridled capitalism and modern man who devotes his time to strenuous work and has less time each day to engage in leisure activities.²

It is a word of English origin, derived from 'burn' and 'out, 'outside', and represents a state similar to a fire that suffocates, flame that goes out, battery that stops working, therefore, the individual affected by this disorder feels physically and emotionally depleted.³

Burnout syndrome is characterized by emotional exhaustion, depersonalization and low personal fulfillment at work. Emotional exhaustion involves feeling of loss of energy, so the worker feels that he/she is no longer able to perform a certain activity. Depersonalization involves insensitive attitudes toward coworkers, cynicism, harshness, and insensitivity to others' problems. In turn, low professional achievement refers to dissatisfaction with oneself and the work performed, which leads to feelings of incompetence and low self-esteem.⁴

Burnout Syndrome can cause harm to the workers, their profession and the institution where they work.⁴ In the hospital, as it is a care environment for people who use health care services, the affected action will include care provided by such workers.⁵

Research indicates the lack of knowledge and misconceptions about the problem among health and education workers.⁶⁻⁷ In this sense, further research is necessary to expand and deepen the knowledge about this disorder and, consequently, alert professionals, in particular occupational health team, about the disorder that compromises the worker in their work environment and that can be avoided by actions that make the work routine more pleasurable.

Given the above, the study aims to study the knowledge of professionals working in the area of Occupational Health, about Burnout Syndrome.

METHOD

This is an exploratory qualitative study, conducted in a public hospital located in the city of João Pessoa, Paraíba, Brazil, with professionals working in the area of Occupational Health.

Nine subjects participated in the research that met the following inclusion criteria: being active during the data collection period; and be available to participate in it. It is noteworthy that the sample was convenient and there was no refusal by the study subjects to take part in it.

The collection of empirical material was conducted from May to June 2016 through semi-structured interviews, applied by postgraduate researchers, enrolled in Mental Occupational Health discipline, in a Graduate Nursing programme at the Federal University of Paraíba, who received previous training to perform data collection. The collection instrument consisted of sample characterization data, composed of sociodemographic data (age, sex, marital status), academic and professional information (education, title, sources of knowledge on the subject) and an interview semi-structured script with subjective questions aiming to understand participants' knowledge of Burnout Syndrome.

Before collection, a visit was made to the research location to introduce the researchers involved and present the study and its objectives, to get to know the organizational profile of the institution and its members. Then, the Free and Informed Consent Form (ICF) was presented, and upon signing the interview began.

The material was recorded by an MP3 player by the researchers, in a private environment, involving only one researcher and one participant, lasting approximately twenty minutes. Empirical data were later transcribed by the study team. To guarantee the anonymity of the participants, the interviewees were identified by letter E, followed by the number corresponding to the sequence of the interviews.

Data analysis was performed using content analysis technique, which includes the pre-analysis, material exploration, inference and data interpretation phases.⁸

It should be noted that, for the improvement and scientific rigor of the research, we used the Consolidated criteria for reporting qualitative studies (COREQ), a 32-item checklist, which supports the process of qualitative studies and helps the researcher to present important aspects of the research, research methods, study context, findings, analysis and interpretation of data.⁹

The study meets the ethical principles, according to Resolution No. 466/2012. Data collection of the empirical material began only after approval of the Ethics Committee, under CAAE 06240312900005188, in August 2012.

RESULTS

Next, the descriptive data on the participants will be presented and the categories defined based on the analysis of the empirical material will be detailed.

Characterization of study participants

Nine professionals working in the Occupational Health area, aged between 25 and 60 years of age, participated in the study, with five of them (56.6%) female and five (56.6%) married. As for academic education, four (44.4%) were technicians in occupational safety, two (22.2%) were nurses and two (22.2%) doctors. In addition, another interviewee reported being a journalist and environmental engineer. Of all the participants, only three (33.3%) had taken a *lato sensu* postgraduate course, which focused on workers' health.

When asked about the Burnout Syndrome in some discipline of the courses they took, four (44.4%) said they had seen this content during the technical or undergraduate course. Three out of the nine respondents (33.3%) had complete ignorance about the theme, a factor that made it impossible to include these statements during the research.

Category I - Knowledge on Burnout Syndrome

Category I presents the participants' statements regarding the understanding of Burnout Syndrome. For the interviewees, the syndrome refers to a disorder that involves mental overload and physical exhaustion, being triggered by the conditions and the work environment, as shown in the excerpts below.

Burnout syndrome is related to work environment. It is mentally provoked by working conditions. (E1)

It is an overload for the professional that begins to accumulate over the course of his professional life, and that goes on ahead causing mental problems, psychological. (E2)

It is a syndrome that affects people when they are tired, with physical exhaustion from work, mental exhaustion. (E3)

It is a syndrome that is characterized by worker exhaustion and can be symptoms, external causes, work related causes, but the fact is that it is exhaustion. (E7)

Regarding the ignorance of burnout, one of the participants reports knowing of its existence, but does not recognize its definition.

So we know that there is the existence of this disorder, but the goal, the goal, not the description, not its definition. I recently did one, a survey for us to attach ICDs in

occupational diseases and I remember fitting this ICD with the respective ICD for occupational diseases. (E9)

Category II - Signs and Symptoms of Burnout Syndrome

In this category, the interviewees pointed out signs and symptoms of burnout, which include physical, behavioral, psychic and emotional aspects.

Most statements refer to symptoms of mental and emotional exhaustion, such as fatigue and depression, and behavioral and psychic symptoms.

You don't like the work you do. (E1)

It is that he loses the desire to come to work. He begins to have several medical leaves, absences, is ..., has no mood to want to come to work. It is like having a disgust for work and starts to get sick psychologically in relation to your work. (E2)

Emptying is cynicism, depression, and how to say it, a great deal of depression. Really depressed state, and person who gets different to work, environment, people. (E7)

I think stress is well connected. (E3)

Interviewee 1 reported the relationship between anxiety and the development of the condition. For him, people who develop the syndrome have a certain predisposition to anxiety.

So I think that for this to happen, the employee has to have a certain predisposition to anxiety, to problems like, from relationships, even to the family itself. (E1)

In the 4th interviewee's statement, we observe that the subject points to a physical symptom linked to cardiovascular alteration, the hypertensive peak.

It is as if it were a physiological symptom, as well as hypertensive peak. (E4)

Category III - Occupational Vulnerability for Burnout Development

Category III addresses the professions vulnerable to the development of Burnout Syndrome, especially nursing.

The employees who are subjected to more stress, right? This, both, can be nursing, that is, who works in the reception

of the hospital, also administrative sectors, all this can cause the syndrome. (E1)

People who work in the financial area, which is always a lot of stress, a lot of collection. Call center, who works with goals. (E3)

The nursing technicians. I see that they are more prone to this. You are dealing with other's pain and you cannot feel pain. (E4)

From the studies I've seen, the nursing part, they are ..., are more likely because they have a lot of professionals who have a lot of jobs, so comes work overload, as it turns out, they do not have leisure, good quality of life part, then begin to get sick and really begin to develop this syndrome. Part of nursing, nursing technician, because of job overload. They are not all, but most have two, three jobs, then get sick. (E2)

One of the professionals reported not identifying in themselves the predisposition to the development of professional exhaustion by having only one job.

Not me, because I only have one job. Lol. I'm very pleased here thank God. Thus, we can have a good quality of life. (E2)

Interviewee 7 states that burnout affects professionals who deal directly with the public, suffer a lot of pressure to achieve business goals and suffer harassment in the workplace.

Workers who work with the public directly, those who work under pressure, those who have a lot of production goals, and performance, plus those who are harassed as well. (E7)

However, follow-up by a qualified professional seems to be the most viable alternative for avoiding the syndrome, as stated by the interviewee 4.

If I'm not careful about this, if I don't have a follow up. Nowadays I don't do it, but I know I'll need it because the profession demands, demands it, and beware of the mental health issue, because you deal directly with the stresses of others would surely be vulnerable. (E4)

Category IV - Consequences of Burnout Syndrome for worker health

Category IV highlights the consequences of Burnout Syndrome for workers' health, among which the loss of desire

to work, with consequent decrease in productivity and in deterioration of relationships with other workers and the psychological and physical illness stood out.

In everything, right? Because as the worker begins to lose his, let's say, his desire for work, in relation to work. He starts to get sick psychologically and will also affect other organs and ends up getting really sick, to the point of having a depression and causing something more serious. (E2)

An adult person with Burnout Syndrome would stop being an ... active, right? An active professional. (E4)

It completely interferes with performance, willingness to work, production, performance and the working environment, right? (E7)

Work leave and organizational problems are identified in the interviewee's speech 4.

The company no longer has an employee, it will have to replace. The employer will have to pay 2 professionals, one who will ... be a patient, right? And another to, say, cover the times that this process is going on. (E4)

Burnout syndrome can also have implications for a worker's personal life.

Stress, isolation, productivity at work, even at home. Whether we like it or not, we know that everything is interconnected, that if we are not well at work, we are not well in life. (E3)

The employee begins to care no more about his work, his colleagues, his life, or his income. (E7)

I think it touches not only work, but also to people. (E9)

DISCUSSION

Burnout syndrome is a disorder that has several implications for workers' health, interfering with the desire to work and leading to professional exhaustion. The worker becomes less active and productive and may have other health problems.

The results found in this study are important, since they indicate that participants lack knowledge of research on burnout syndrome, while in fact working in the occupational health area and consequently treating patients with various pathologies, among them occupational exhaustion. Therefore,

they need knowledge about syndrome so they could identify the condition and link it to work activity as well as provide guidance to the worker on the promotion of individual and collective health and the prevention of this and other occupational disorders.

Authors state that knowledge about the syndrome may help in the elaboration of strategies that help workers in the workplace and reduce the risk of burnout.¹⁰

Burnout Syndrome was understood by the interviewees as a disease that affects workers and is caused by working conditions that do not favor health and quality of life in the workplace, which can lead to mental and physical exhaustion.

Burnout is a disorder that can be linked to working conditions, long working hours, reduced staff numbers and lack of effective management that contributes to the loss of quality of life of workers, their families and social relationships, bringing internal and external damage to the organizations.¹⁰

Recognizing the signs and symptoms of Burnout Syndrome is essential for effective institutional and / or individual response against this occupational pathology. The symptoms of burnout may be physical, psychic, behavioral and defensive.¹¹

Physical manifestations include constant and progressive fatigue, sleep, muscle or musculoskeletal disorders, gastrointestinal, cardiovascular, respiratory, headache, migraine, sexual and menstrual dysfunctions.

Psychic disorders include attention deficit and / or concentration, memory problems, thought delay, alienation, isolation, sadness, impatience, low self-esteem, emotional disorder, dysphoria, depression, distrust and paranoia.¹¹

Behavioral disorders include carelessness, irritability, aggressiveness, difficulty in relaxing and accepting changes, loss of proactivity, increased substance use, risky behaviors and suicidal thoughts. Among the defensive symptoms are cynicism, irony, absenteeism, loss of interest in leisure and work, feeling of omnipotence and isolation are present.¹¹

In addition to emotional exhaustion, the reports indicate attitudes of emotional detachment, indifference to the needs of others, and low professional achievement.

Depression and stress are commonly associated with burnout.⁶ However, it is necessary to be aware that considering deterioration as a type of stress or depression is a knowledge gap, and that late or unambiguous identification of these symptoms can lead to further aggravation of Burnout Syndrome and limit the impact of coping strategies.⁶

Quotes indicate that people who are subjected to more intense stress, who deal with the pain of others, who have goals and are demanded to deliver in the workplace have a greater predisposition to the development of burnout.

In this sense, nursing professionals, administrative, financial or call center workers were considered the most vulnerable professionals to the development of the disorder. It is clear that all these professions have

in common direct contact with clients and the fact that work occurs under stress.

It should be noted that the development of burnout affects not only health and education workers, but also other professionals who experience episodes of intense stress and tension, such as police officers, coaches and bankers.^{12,13,14}

Scientific studies have found that health care workers are often developing stress and burnout, especially in hospital settings.⁵⁻¹⁵ Long working hours, low pay and work overload are factors that lead to the development of the disorder by the nursing staff and were mentioned by the interviewees.

Nursing ends up being one of the professions most exposed to Burnout Syndrome due to the multiple responsibilities attributed to these professionals, high work demands, excessive workload, and stress developed due to direct contact with patients, caregivers and family members.¹⁶

Thus, the working conditions of nursing professionals favor occupational stress, due to the characteristics of the profession and the nature of work, which can result in Burnout Syndrome.

The testimonies of the participants of this study indicate a possible relationship between burnout and the number of jobs and hours worked. Regarding these considerations, it is worth mentioning an international research¹⁷ that recorded the prevalence of burnout among nurses working in urgent care and critical care units, and associated work overload with high degree of emotional exhaustion and depersonalization (dimensions of the syndrome).

Burnout can be considered as one of the consequences of harassment and was identified in the interviewees' statements. Harassment in the occupational context can trigger various disorders in the worker. Practices performed by superiors and co-workers, with destructive purposes, humiliation, persecution, debauchery, at a given time may affect the health of the worker and contribute to the emergence of occupational disorders, such as burnout and their absence from work.¹⁸

In addition to the repercussions for health and daily life of the worker, burnout can also have implications for the company, since the worker may have low income at work, bad relationships with other workers, abandon their obligations and miss some working days or refrain from activities. Therefore, we confirmed that this disorder is directly related to organizational, personal, individual and professional factors, bringing repercussions in the physical, psychological, emotional, family and work institutions, including absenteeism and removal from work activities.¹⁹

Providing pleasant and rewarding environments can be valuable for improving worker's quality of life in their work environment. The creation of psychological counseling programs for personal, interpersonal and career development, and for permanent support for the worker could help professionals to reduce the occurrence of the disorder in question.²⁰

Psychological follow-up plus discussions about working conditions, hours worked, wages, changes in the policy, creating conditions for promoting well-being at work and including the assessment of the mental state of the worker may help to minimize the damage.²

In addition, occupational health team can assist in the identification and prevention of this phenomenon, given that broadening sources of knowledge about burnout, and contributing to the improvement of workers' quality of life, are all actions inherent to the activities of this team.⁴

CONCLUSION

It was evidenced that the workers interviewed who work in the occupational health area showed limited knowledge regarding burnout and some of them totally unaware of the phenomenon. This reality reinforces the need to expand studies and actions that enable the dissemination of knowledge about the syndrome, enabling planning and implementation of preventive measures.

The dynamics of work in the health area perpetuates factors that contribute to the development of Burnout Syndrome. Therefore, it is essential that organizations promote actions that prevent the damage, which may be applied especially by occupational health professionals. These professionals should have adequate knowledge of the signs and symptoms of burnout in order to act correctly.

Interviewing was one of the limitations of the study. Participants could feel more comfortable filling out an instrument rather than talking face to face with the interviewer and having their testimonials recorded. The limitation also includes the lack of knowledge on burnout syndrome among health professionals.

It should be mentioned that the professionals interviewed deal directly with workers affected by burnout, which encourages the search for knowledge and strategies to deal with this situation. Thus, the study may indicate the need for further reflections on the subject. Although there is an advance in scientific publishing on the topic, the phenomenon seems to be rare in clinical practice, due to the under-valuation of its diagnosis or difficulty of its management.

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