

## SYNDROME OF SUSCEPTIBILITY ASSESSMENT IN BURNOUT NURSES ACTING IN ONCOHEMATOLOGIA

Avaliação da susceptibilidade da síndrome de burnout em enfermeiros oncohematológicos

Evaluación de la vulnerabilidad del síndrome de burnout en enfermeros oncohematológicos

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### How to quote this article:

Barros AMM, Santos GR, Oliveira NVS, et al. SYNDROME OF SUSCEPTIBILITY ASSESSMENT IN BURNOUT NURSES ACTING IN ONCOHEMATOLOGIA. Rev Fun Care Online.2021. Jan./Dec.; 13:796-801. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.9156>

### ABSTRACT

**Objective:** To investigate the occurrence of Burnout Syndrome in nurses of the oncohematology unit in the referral service of Sergipe Emergency Hospital. **Method:** this is a quantitative descriptive study performed with 16 volunteer nurses. A validated, structured and self-administered questionnaire was used, plus the Maslach Burnout Inventory. Data analysis was performed using the Epiinfo tool 7.2. **Results:** according to the score obtained after data analysis, it was evidenced that 43.75% of the nurses are in the initial phase of Burnout Syndrome. Another 37.5% have the possibility of developing it, and that 18.75% of the participating nurses show signs of suffering characterized by such an injury. **Conclusion:** the academy represents a mobilizing part of society. It is important that researches discuss and present results that sensitize the urgent need to deal with this issue, based on joint actions that may intervene towards the health of these workers.

**Descriptors:** Nursing, Health personnel, Occupational health, Workers, Burnout professional.

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## RESUMO

**Objetivo:** Investigar a ocorrência da Síndrome de Burnout em enfermeiros da unidade de oncohematologia no serviço de referência do Hospital de Urgência de Sergipe. **Método:** trata-se de um estudo descritivo quantitativo, realizado com 16 enfermeiros voluntários. Utilizou-se um questionário validado, estruturado e autoaplicável, acrescido do instrumento *MaslachBurnoutInventory*. A análise dos dados foi feita por meio da ferramenta Epiinfo 7.2. **Resultados:** evidenciou-se que 43,75% dos enfermeiros encontram-se na fase inicial da Síndrome de Burnout. Outros 37,5% encontram-se com a possibilidade de desenvolver a mesma, e que 18,75% dos enfermeiros participantes apresentam sinais do sofrimento caracterizado por tal agravo. **Conclusão:** a academia representa uma parcela mobilizadora da sociedade. Faz-se importante, que pesquisas venham discutir e apresentar resultados que sensibilizem a necessidade urgente de tratativa dessa temática, a partir de ações conjuntas que possam intervir no sentido da saúde desses trabalhadores.

**Descritores:** Enfermagem, Profissionais da saúde, Saúde do trabalhador, Esgotamento profissional, Trabalhadores.

## RESUMEN

**Objetivo:** Investigar la aparición del síndrome de Burnout en enfermeros de la unidad de oncohematología en el servicio del Hospital de Emergencias de Sergipe. **Método:** este es un estudio cuantitativo descriptivo realizado con 16 enfermeros voluntarios. Se utilizó un cuestionario validado, estructurado y autoadministrado, más el Inventario de agotamiento de *Maslach*. El análisis de los datos se realizó utilizando la herramienta Epiinfo 7.2. **Resultados:** se evidenció que el 43.75% de los enfermeros se encuentran en la fase inicial del síndrome de Burnout. Otros 37.5% tienen la posibilidad de desarrollarlo, 18.75% de los enfermeros participantes muestran señales de sufrimiento caracterizado por una lesión de este tipo. **Conclusión:** la academia representa una parte movilizadora de la sociedad. Es importante que las investigaciones discutan y presenten resultados que sensibilicen la necesidad urgente de abordar este problema, sobre la base de acciones conjuntas que pueden intervenir en la salud de estos trabajadores.

**Descriptorios:** Enfermería, Personal de salud, Salud laboral, Agotamiento profesional, Trabajadores.

## INTRODUCTION

Currently, despite the major technological developments applied to health services, the workload of most nurses remains intense and exhausting. The demands exerted by the function increase the physical and emotional exhaustion, and can have a strong impact on the lives of these workers.<sup>1</sup>

Physical and emotional exhaustion, low wages, concerns about the decay of nursing care also directly affect professionals, consuming physical and mental energy, undermining their commitments, their dedication and making them skeptical about their achievements and the success of work.<sup>2</sup>

In this context, the hospital environment is recognized as unhealthy, painful and dangerous. It is a job that requires a lot of concentration, dynamism, emotional and physical involvement. Being considered with a high stress content can result in demotivation, dissatisfaction, increased absenteeism rate and even, abandonment of the profession.<sup>3</sup>

Caring requires constant emotional tension, perennial

attention; great responsibilities lurk the professional with every gesture at work. The worker becomes emotionally involved with his clients, wears out and, at one extreme, gives up as he can't take it anymore, entering *Burnout Syndrome*.<sup>4</sup>

Burnout Syndrome (B.S.) is defined as a response to chronic work stress, compromising task performance, interpersonal socialization, production and quality of life due to direct contact with the patient and a long working day in unfavorable conditions. In this same understanding, the International Labor Organization (ILO) recognizes that stress and BS are not isolated phenomena, but a considerable occupational risk.<sup>5,6</sup>

Thus, BS consists of the "withdrawal syndrome", as the individual, in this situation, stops investing in his work and in the affective relationships that result from it and apparently becomes unable to become emotionally involved with it, so they enter Burnout when they feel unable to invest emotionally in their work.<sup>7</sup>

In 2001, the Ministry of Health (MH) presented the first Brazilian data on the Professional Burnout Syndrome. Supported through Ordinance No. 1339 of November 18, 1999, when it became part of the list of diseases originating from the work process, included in Group V of ICD-10 that deals with Mental Disorders of Work-Related Behavior.<sup>8</sup>

Work is an activity that can occupy a large part of the time of each individual and their social life. Authors state that when not done and inappropriately, it can cause problems from dissatisfaction to exhaustion.<sup>9</sup>

In oncology, care goes beyond clinical treatment, resulting in superhuman commitment on the part of the caregiver, who works with his emotional limits on a daily basis. Several factors lead to the development of stress in the sector, such as emotional exhaustion due to the suffering contracted through omnipotence in the face of death. The feeling of regret of family members and patients and the stigma of cancer induce nurses to not only trigger occupational stress, but also other pathologies that employ risk to physical and mental health.

In this perspective, the following problems were raised: It is possible to identify B.S. among professionals working in the oncohematological sector? From the answers, reflect on the working conditions that contribute to the illness, attributed to the possible emotional and physical wears inherent.

Thus, this research aimed to investigate and classify the main stressors mentioned in the health work environment, which make the occurrence of *Burnout Syndrome* possible in nurses from the oncohematology unit at the reference service of the Hospital de Urgência de Sergipe, as well as verify if nurses have moments that promote interpersonal relationships outside the work environment.

## METHODS

This is an investigative study with a quantitative approach and descriptive analysis, carried out in a public hospital, a reference for Oncology care in the State of Sergipe in the therapeutic modalities of: surgery, chemotherapy, immunotherapy, hormone therapy and radiotherapy. The Oncology Center Dr. Oswaldo Leite (COOL) has 49 beds for hospitalization and provides clinical and outpatient care, adults and pediatrics.

The study population consisted of 21 nurses who work at the Dr. Oswaldo Leite Oncology Center of the Hospital de Urgência de Sergipe (HUSE) from October to November 2016, allocated in the three work shifts, however the sample was composed by 16 nurses, since 01 nurse was on vacation and 04 were absent on the days of data collection. Before answering the questionnaire, they signed the Free and Informed Consent Form.

For data collection, a structured, self-administered questionnaire was used that recorded socio-demographic and professional data. There were also added 20 questions from the *MaslachBurnoutInventory* (MBI) instrument, which indicates the extent of symptoms of *Burnout* syndrome. MBI was created by Christine *Maslach*, a psychologist and university professor in California-USA, and validated in Brazil in 2001.<sup>10</sup>

Only nurses who work in the oncohematology unit were included in the study, and those who were on vacation, on sick leave and those who missed the days of the questionnaire collection were excluded. Anyone who did not meet the above requirements was automatically excluded.

The form of scoring of all items surveyed adopts the *Likert* scale that varies from one to five, being: (1) never, (2) annually, (3) monthly, (4) weekly, (5) daily. Data analysis was performed based on the answers contained in the questionnaire where the sum of the numbers marked in the questions belonging to each dimension was carried out, and consequently the value found was multiplied by the numbers on the *Likert* scale. Through the questionnaire on the MBI scale, it could be known through questions, factors that are directly related to the emergence of *Burnout* syndrome in professionals. The dimensions are classified into: Emotional Exhaustion, Depersonalization and Professional Achievement. Being evaluated through cut points that are divided into Low, Medium and High.

Regarding the dimensions evaluated, Emotional Exhaustion: Low: 0-15, Medium: 16-25, High: 26-54. Depersonalization: Low: 0-02, Medium: 03-08, High: 09-30 and Professional Achievement: Low: 0-33, Medium: 34-42, High: 43-48.

The risks and discomforts of this research are related to the exposure of the volunteers' responses, however to minimize such discomfort, the researchers ensured the confidentiality of all the information collected. Reiterating all respect for non-exposures such as leakage of confidential

information, all ethical principles will be ethically protected.

The research project was approved by the Research Ethics Committee Involving Human Beings at *Universidade Tiradentes de Aracaju-SE*, registered in Opinion No. 1,724,146. All rights and identity of the participants were safeguarded in order to comply with the provisions of resolution 466/2012 of the National Council for Ethics in Research - CONEP.

## RESULTS AND DISCUSSION

The research sample consisted of 16 nurses from the HUSE oncohematology unit. The collection was carried out in all shifts, in the form of an active search for each participant.

When analyzing the data, the prevalence of females (94%) was observed, with an average age of 28 to 50 years old, 33.6 years old (table 1). The time of profession had extremes that ranged from seven to 25 years, with an average of eight integers and forty-three hundredths of years (8.43).

**Table 1** - Age. Prepared by the researchers, 2016

Age	Frequency	%	Cumulative %
28 years	1	(6,67%)	(6,67%)
29 years	2	(13,33%)	(20,00%)
30 years	3	(20,00%)	(40,00%)
31 years	1	(6,67%)	(46,67%)
32 years	2	(13,33%)	(60,00%)
33 years	1	(6,67%)	(66,67%)
36 years	3	(20,00%)	(86,67%)
43 years	1	(6,67%)	(93,33%)
50 years	1	(6,67%)	(100,00%)
TOTAL	15	(100,00%)	(100,00%)

It was also observed that (81.25%) were married and (18.75%) single, with the sample having some kind of nursing specialty, (31.25%) having none and six whole and twenty-five hundredths (6.25%) chose not to answer this item in the questionnaire. There is also the absence from work for more than eight days, it was observed that (50%) have already left, and (12.5%) due to depression, (12.5%) due to pain, (25%) due to other causes and (50%) by surgical procedure.

Regarding the time of profession, it was observed that four (27%) of the professionals had worked for eight years, four (27%) seven years, three (20%) six years, one, seven percent (7%) five years, one, seven percent (7%) eighteen years, one, seven percent (7%) twenty-five years, one, seven percent (7%) six months.

**Table 2** – Sociodemographic data found in the questionnaire. Prepared by the researchers, 2016

Gender	Age	Profession Time	Specialty	Another Bond	Marital status	Children	Hours	Period	Was away from work for 8 days
Female	29	7 years	Yes	Yes	Solteiro	No	66h	M/N	No
Female	31	7 years	Yes	Yes	Married	No	36h	N	Yes
Female	36	6 years	No	Yes	Married	No	76h	M/T	No
Female	30	6 years	No	No	Married	No	40h	M/T	Yes
Female	29	8 years	Yes	Yes	Married	No	76h	M/T	Yes
Female	32	8 years	No	No	Married	No	36h	M	Yes
Female	36	6 months	Yes	No	Married	Yes	36h	T	No
Female	28	5 years	Yes	Yes	Single	No	36h	M	No
Female	30	8 years	No	No	Married	No	36h	M	Yes
Female	33	7 years	Yes	No	Married	Yes	36h	M/T	Yes
Male	36	8 years	Yes	Yes	Married	No	36h	N	Não
Female	32	6 years	Yes	No	Married	Yes	36h	N	Não
Female	.....	.....	.....	.....	.....	.....	20h	M	Não
Female	30	7 years	Yes	Yes	Married	Yes	60h	M/T/N	Não
Female	43	18 years	Yes	Yes	Single	No	16h	M/T	Yes
Female	50	25 years	No	No	Married	Yes	36h	M/T	Não

**Table 3**- Shift worked. Prepared by the researchers, 2016

Period	Frequency	%	%
M	4	(25,00%)	(25,00%)
M/N	1	(6,25%)	(31,25%)
M/T	6	(37,50%)	(68,75%)
M/T/N	1	(6,25%)	(75,00%)
N	3	(18,75%)	(93,75%)
T	1	(6,25%)	(100,00%)
TOTAL	16	(100,00%)	(100,00%)

The most prevalent work periods were morning and afternoon (37.50%), morning (25%), night (18.75%), morning afternoon and night, six whole and twenty-five hundredths (6.25%), in the afternoon, six integers and twenty-five hundredths (6.25%) and morning and night, six integers and twenty-five hundredths (6.25%) (table 3).

Of the workers surveyed, it was found that (31.25%) has a weekly workload above 40h, (12.5%) less than 20h and (56.25%) with a weekly workload of 36h. It can be observed in the research that a considerable number of nurses work with loads over 40 hours a week, reaching up to 76 hours a week.

According to the standards established by NEPASB, it was found that (50%) of the nurses had a high disposition for emotional exhaustion, (81.25%) a medium disposition for depersonalization and (100%) they had a low disposition for professional accomplishment, these characteristics constitute the diagnosis for Burnout Syndrome. (table 4)

**Table 4** - Research findings according to NEPASB, 2016. Prepared by the researchers, 2016.

Dimensions	Low	Medium	High
Emotional Exhaustion	0%	50%	50%
Depersonalization	18,75%	81,25%	0%
Professional achievement	100%	0%	0%

According to the result of the data, the score found shows that (43.75%) of nurses are in the initial phase of the

syndrome and (37.5%) have the possibility of developing the syndrome and in (18.75%) the BS begins to settle, making it necessary to work on disease prevention.

**Table 5** - Analysis of Questionnaires. Prepared by the researchers, 2016

Nurse	Score	No Clues	Possibility to Develop	Early stage	Start Installing	Considerable Phase
01	68				X	
02	39		X			
03	59			X		
04	75				X	
05	59			X		
06	34		X			
07	58			X		
08	78				X	
09	32		X			
10	35		X			
11	52			X		
12	41			X		
13	38		X			
14	51			X		
15	36		X			
16	58			X		

Emotional imbalances such as anxiety, depression, defensive behaviors such as irritability, turnover, cynicism, impulsivity, psychosomatics such as headache, insomnia, fatigue, hypertension and general pain signal the effects of BS. These can directly interfere in the work environment, such as dissatisfaction in the sector in which you work, reduced quality of care, absenteeism, abandonment of the profession and, also, projections for the personal and family area.<sup>11</sup>

Hospital unit nurses work on rotating hours. In Brazil, there is a three-shift system, morning, afternoon and night, which can be changed according to each institution. It is known that around (29%) of the active population works in shifts and such consequences of extremism at work are of fundamental importance with regard to occupational health.<sup>12</sup>

The overload in the number of hours worked, the lack of autonomy in matters that are often simple to resolve, the lack of control in the work process, the lack of basic resources, the presence of significant risks, living with suffering, low pay, job insecurity, promotion prospects, disorder in the sense of home-work, are seen as stressors in health professionals.<sup>13</sup>

The nursing professional who works in the hospital area is susceptible to multiple occupational stressors that directly compromise their well-being. The daily management of critically ill patients; sharing feelings with the client and their families about anguish, pain, depression and fear of death, generates an intense emotional discomfort to the point that the professional also becomes ill.<sup>14,15</sup>

Thus, the number of hours worked, the shifts and the existence of more than one employment relationship are factors that contribute to wear and consequently to illness.<sup>16</sup>

Currently occupational stress has become an epidemic and BS affects more people across the world. In Brazil, the International Stress Management Association (ISMA), points out that of economically active Brazilians, (80%)

deal with professional overload and the excesses that surround them.<sup>17</sup>

Faced with any stress component, the organism is activated and three phases begin in response: Alarm reaction or alert that organizes the person to fight or escape. Resistance Stage: the organism remains activated and tends to mold itself to the stressing agent, reestablishing the homeostatic balance. Exhaustion or Exhaustion Stage: it takes place when the stressor is broken, indicating physical and psychological exhaustion, with the appearance of signs and symptoms and diseases.<sup>18</sup>

The probability that BS presents itself as a multidimensional action in which Emotional Exhaustion (EE) defines emotional and or physical exhaustion. EE is assessed as the primary aspect of BS occurring, above all, due to overload and conflict in interpersonal relationships, Depersonalization (DE) or cynicism refers to the way that the professional deals with people and organizations, most of the time without sensitivity as if they were objects.<sup>19,20,21,22</sup>

In view of its manifestation, the professionals assume a cold and impersonal stance, even with their co-workers and produces signs of disconnection, that is, insensitivity to what may happen to others, a great concern when dealing with professionals who care for the health of society.<sup>23</sup>

Decree No. 3,048, of May 6, 1999, which regulates article 20 of Law 8,213 / 91, which describes a holl of occupational diseases, being recognized by Brazilian legislation that work commitments can trigger mental imbalance.<sup>24</sup>

Research on risk factors and work-related injuries can be carried out on a collective and individual basis, studies on BS in Brazil are still small and many are unaware of this syndrome. In view of these exposures, it is fundamentally important to redouble the attention of health professionals regarding occupational aspects during anamnesis, not only diagnostic but also preventive.<sup>25</sup>

In the last decades, several actions have been promoted seeking to bring about improvements in public policies for attention to Workers' Health (ST) that include assistance, promotion, surveillance and prevention of injuries in relation to work. Nevertheless, there is a great difficulty related to the solidification of the programs that, as a consequence, would result in the progress of the national indicators.<sup>26</sup>

## CONCLUSIONS

Considering that the Burnout Syndrome originates from a response to chronic work stress, compromising the performance of tasks, interpersonal socialization, production and quality of life, which, in turn, consequently lead to inappropriate attitudes to cope with day-to-day situations, the results of this research should be analyzed

with caution and attention.

The objective proposed by the research was achieved, in which we sought to analyze the presence of BS in nurses from the oncology unit of HUSE. According to the result of the data, the score found shows that (43.75%) of nurses are in the initial phase of the syndrome and (37.5%) have the possibility of developing the syndrome and in (18.75%) the BS begins to settle, making it necessary to work on disease prevention.

It is necessary to emphasize that this study does not propose to point out deficiencies or to blame specific sectors of the institution, it is only an indicator of the need and collective responsibility of the representative sectors in what concerns the health of this category.

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Received on: 24/07/2019  
Required Reviews: 29/10/2019  
Approved on: 30/10/2018  
Published on: 27/04/2021

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The authors claim to have no conflict of interest.