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RESEARCH

Síndrome de burnout em enfermeiros na atenção básica: repercussão na qualidade de vida

Burnout syndrome in nurses acting in primary care: an impact on quality of life

Síndrome de burnout en las enfermeras de la atención primaria: impacto en la calidad de vida

Ericka Silva Holmes¹, Sérgio Ribeiro dos Santos², Jamilton Alves Farias³, Maria Bernadete de Sousa Costa⁴

ABSTRACT

Objective: investigating the effect of the burnout syndrome (SB) on the quality of life of nurses working in primary care in the city of João Pessoa. **Method:** an exploratory study of quantitative approach conducted with 45 nurses of primary health care. Data were collected in May and June 2013, using questionnaires, after approval by the Ethics Research Committee, CAAE No. 15506913.1.0000.5188. The data were calculated and analyzed with descriptive statistics. **Results:** the results showed that 5 (11.1%) nurses have symptoms of burnout, while 7 (15.5%) are at high risk for developing the syndrome. **Conclusion:** in this study it can be concluded that the symptoms of SB are present in the nurses of primary care; being emotional exhaustion the landmark to its development. **Descriptors:** Nursing, Quality of life, Burnout, Worker's health.

RESUMO

Objetivo: investigar a repercussão da Síndrome de *Burnout* (SB) na qualidade de vida dos enfermeiros que atuam na atenção básica do município de João Pessoa-PB. **Método:** estudo exploratório, de abordagem quantitativa, realizado com 45 enfermeiros dos serviços de atenção básica de saúde. Os dados foram coletados nos meses de maio e junho de 2013, através de questionários, após aprovação pelo Comitê de Ética em Pesquisa, CAAE n° 15506913.1.0000.5188. Os dados foram apurados e analisados com base na estatística descritiva. **Resultados:** os resultados mostraram que 5 (11,1%) enfermeiras possuem sintomas do *Burnout*, enquanto que 7 (15,5%) têm alto risco para desenvolver a síndrome. **Conclusão:** com esse estudo pode-se concluir que os sintomas da SB estão presentes nos enfermeiros da Atenção Básica, sendo a exaustão emocional o marco precursor para o seu desenvolvimento. **Descritores:** Enfermagem, Qualidade de vida, *Burnout*, Saúde do trabalhador.

RESUMEN

Objetivo: investigar el efecto del síndrome de burnout (SB) en la calidad de vida de las enfermeras que trabajan en la atención primaria en la ciudad de João Pessoa. **Método:** un estudio exploratorio de abordaje cuantitativo conducido con 45 enfermeras en la atención primaria de salud. Los datos fueron recolectados en mayo y junio de 2013, por medio de cuestionarios, tras su aprobación por el Comité de Ética en Investigación, CAAE No. 15506913.1.0000.5188. Los datos se calcularon y analizaron con estadística descriptiva. **Resultados:** los resultados mostraron que 5 (11,1%) enfermeras tienen síntomas de burnout, mientras que 7 (15,5%) están en alto riesgo de desarrollar el síndrome. **Conclusión:** en este estudio se puede concluir que los síntomas de SB están presentes en las enfermeras de la atención primaria; y que el agotamiento emocional es el marco precursor de su desarrollo. **Descriptor:** Enfermería, Calidad de vida, Burnout, La salud del trabajador.

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INTRODUCTION

The Burnout Syndrome (SB) has been considered an important public health issue that creates risk to the worker, related to factors present in day to day work as a lack of adequate management tools, centralization of decision-making with little margin for local administration and political influence in personnel management coupled with precarious working conditions.¹⁻²

Recognized as "work exhaustion syndrome" by the Ministry of Health, it can be understood as a prolonged response to chronic emotional and interpersonal stressors present at work.³⁻⁴ It is linked to chronic job stress, in which the worker is wearing and gives up work, losing a sense of his relationship and satisfaction with it and ends up giving up.⁵

Because it is a syndrome resulting from chronic stress, typical of daily work, especially when there are conflicts, pressure and few emotional rewards and recognition, fall into certain risk factors: the services of health care professionals who deal specifically with pain, suffering and organic, emotional and social discomfort of the people; limiting the number of professionals; conflicts among team members; high number of welfare shifts; extremely stressful work environment, among many other.^{4,6-7}

Taking into consideration the risk factors and those when present can interfere on the quality of life of workers, having that the quality of work life covers physical, technological, psychological and social dimensions related to employee satisfaction in an environment of insurance work, respect, opportunity to perform their functions.⁸

The SB consists of three dimensions: 1st emotional exhaustion, which is characterized by severe fatigue, lack of strength to face the day's work and sense of being required in addition to their emotional limits; 2nd depersonalization distinguished by emotional detachment and indifference to the work or to the users of the health service; 3rd to reduced personal accomplishment, which is expressed as a lack of prospects for the future, frustration and feelings of incompetence and failure.⁹ In addition to these are common symptoms like: exhaustion, insomnia, headaches, chronic fatigue, muscle tension, cardiovascular problems, depression, anxiety, increased consumption of tranquilizers and antidepressants, feelings of worthlessness workers, absenteeism, staff turnover, negative organizational outcomes and low levels of work commitment.² Still adds that people with SB may be less productive and tend to have lower quality in patient care.¹⁰

Studies show that healthcare workers those work in hospitals are often exposed to occupational stressors, came to represent the group of workers most affected, showing burnout rates ranging between 30 and 47%.¹¹⁻² Nursing is the fourth most stressful profession, because nurses find it difficult to delineate the different roles of the profession, as well as other factors such as lack of clear recognition among the public and low wages.¹³

Taking into consideration that nurses, technicians and nursing assistants are a great group with a predisposition to develop the SB, because they are health professionals who spend more time in contact with the patient and their families within the work environment and emotional situations of constant change. The SB is an emotional response to situations of chronic stress as a function of these intense relationships in the workplace.^{6,14}

In addition, to implement nursing activities in primary health care, the nurse faces an additional challenge, that depending on the complexity of the dynamics of life in the communities where nurses become involved with the patients' problems, since it is a health service inserted within the community.⁹ It can be seen that various situations of stress and dissatisfaction to work, point to the little attention to the specific conditions of the worker, as the profile and demand of the users with different problems orders and difficult to resolve, lack of materials, physical and human resources and clutter in the work process.⁸

Thus, the SB being a process that develops over the years, it is barely noticeable in its early stages because its development comes to be slow and rarely acute. Its beginning is marked by a physical or mental feeling of indefinite malaise and the presence of an excessive and prolonged stress level, which can be confused with stress.¹⁵⁻⁶

The Burnout Syndrome can be avoided since the organization has the implementation of preventive activities of chronic stress, from the performance in multidisciplinary teams with a view to rescuing the affective features contained in the daily lives of those who care, thereby enhancing the professional work.⁶ Therefore, justified the need to investigate the burnout syndrome in nurses working in primary health care in an attempt to find grants to assist in the prevention and treatment of this health issue, with the prospect that they acquire a better quality of life, besides making the nursing care one way street in the professional / client relationship / health organization.

Considering the risk factors discussed above, those are present in the work environment of health professionals, two issues raised us to this research: What is the impact of the symptoms of burnout in nurses' quality of life? What are the symptoms of SB in nurses working in primary health care?

Thus, this study aimed to: investigating the impact of burnout syndrome on quality of life of nurses working in primary care in the city of João Pessoa, Paraíba, Brazil, of the Sanitary District III, João Pessoa - Paraíba; identifying the existence of symptoms of burnout syndrome among nurses.

METHOD

This is an exploratory and descriptive study with a quantitative approach, conducted in facilities of public health care in the municipality of João Pessoa, Paraíba, Brazil, whose population involved nurses of the Family Health Strategy (FHS) Health District III (DS III).

The network of health care in the city of João Pessoa is structured as follows: primary care network, network of specialized care and hospital care network. The network of primary care consists of 180 Family Health Teams, with a coverage of 82%, which is

tracking 568.082 people, with the DS III consisted of 53 units of the Family Health Strategy (FHS), with a total of 60 nurses.¹⁷

The sample was drawn randomly and by accessibility, this type of sample is based on random selection of respondents, where each member of the population have the same probability of being chosen.¹⁸ For the sample selection the following inclusion criteria were adopted: be operating at the time of data collection; have at least one year of professional experience and willingness to participate. Based on these criteria the sample consisted of 45 nurses.

Having regard to Resolution No. 466/2012 of the Ministry of Health, which regulates the conduct of research involving humans, the research design of this study was submitted to Brazil Platform and forwarded to the Ethics Research Committee of the Center for Health Sciences - UFPB; having been approved and received CAAE No 15506913.1.0000.5188. Participants, after being instructed about the objectives of the research, signed the consent form.

For data collection the following instruments were applied: a) a questionnaire consisting of socio-demographic issues involving the characterization of data according to the population under study; b) Maslach Burnout Inventory questionnaire (MBI), consisting of 22 questions, which identify the sinthomatologic dimensions of SB and the issues of 1 to 9 identify the level of emotional exhaustion, 10 to 17 issues are related to the professional fulfilment and the issues of 18 to 22 to depersonalization.

To answer to the MBI one Likert scale ranging from zero to six, where it was used: (0) never, (1) once a year or less, (2) once a month or less, (3) sometimes during the month (4) once a week, (5) a few times per week (6) every day¹³.

Data were analyzed using SPSS Program (Statistical Package for Social Sciences) version 20. Initially, a descriptive analysis to characterize the study population was performed. There was the association of the variables through earlier studies and important points raised during the research, which was using the Chi-square test at 5% level of significance and confidence interval of 95% achieved.

The data relating to MBI instrument were added according to each dimension and the results obtained were compared to the reference values of the Center for Advanced Studies on Burnout Syndrome - NEPASB (Table 1).¹⁹ It was considered as indicative of burnout syndrome, ie, people those have the syndrome when at least two of the three dimensions are altered negatively (EE or DE high, low RP); and as an indication of trend to burnout when a dimension is changed negatively and the other two are average.⁹

Table 1 - MBI scale values developed by the Center for Advanced Studies on Burnout Syndrome, 2001.

Dimensions	Cohort Points		
	Low	Middle	High
Emotional exhaustion	0 - 15	16 - 25	26 - 54
Depersonalization	0 - 02	03 - 08	09 - 30
Professional achievement	0 - 33	34 - 42	43 - 48

Source: Jodas e Haddad, 2009.

RESULTS AND DISCUSSION

SOCIO-DEMOGRAPHIC CHARACTERIZATION

The socio-demographic data revealed that the sample was predominantly female 45 (100%), of whom 20 (44,4%) are aged 41 to 50 years old, 29 (64,4%) are married and 35 (77,8%) have children.

Regarding professional data, it was observed that there was a predominance with respect to schooling, in which 40 (88,9%) of the sample had expertise; 22 (48,9%) worked between 6-10 years at the Family Health Strategy, with 32 (71,1%) with a predominance of working week at 40 hours per week, and only 13 (28,9%) had more than 40 hours / week workload, having employment at another institution; still can be observed that 30 (66,6%) of nurses had taken a vacation in the last twelve months.

IDENTIFICATION OF *BURNOUT* SINDROME SYMPTOMS

To characterizing the study participants in relation to the appearance of symptoms of burnout syndrome, as shown in Table 1, it was highlighted that 24 (53,3%) of the professionals had high level of emotional exhaustion, 27 (60%) had levels of low depersonalization, while 22 (48,9%) demonstrated an average level of professional achievement.

Table 1 - dimensions of Burnout Syndrome in Nurses of basic attention of Health District III - João Pessoa, 2013. (n = 45)

Dimensions	Results		
	Baixo	Médio	Alto
Emotional exhaustion	12(26,7%)	9(20,0%)	24(53,3%)
Depersonalization	27(60,0%)	13(28,9%)	5(11,1%)
Emotional exhaustion	5(11,1%)	22(48,9%)	18(40,0%)

Source: Direct Research, 2013.

Importantly that people have the SB, when two of the three dimensions are at least negatively altered, so these data establish a diagnosis for the manifestation of burnout. Considering these statements we note that 5 (11,1%) nurses have the symptoms of burnout, while 22 (48,8%) are at risk to develop the SB, taking into account a high level of emotional exhaustion and these 7 (15,5%) have a high risk of developing the syndrome, since just one dimension being adversely changed and the other two on the average.^{9,13}

Moreover, it was observed among these dimensions symptoms related to emotional exhaustion, which highlight the values of 21 (46,7%) to feel exhausted at the end of a work day a few times a week; 13 (28,9%) I feel emotionally drained from my work a few times a month; 12 (26,7%) I feel as if I had at my limit a few times a week; 10 (22,2%) feel I'm

working too hard at this job a few times a week; followed by 10 (22,2%) feel exhausted with my work and work directly with people makes me very stressed for a few times a month; 10 (22,2%) I feel tired when I get up in the morning to face another work day to once a month or less; 6 (13,3%) feel frustrated with my work a few times a week and 9 (20,0%) people working with me all day requires a great effort.

Table 2 - Symptoms of emotional exhaustion in Nurses of basic attention of Health District III - João Pessoa, 2013. (n = 45)

Symptoms	0	1	2	3	4	5	6
I feel exhausted at the end of my work day	2,2	2,2	11,1	15,6	4,4	46,7	17,8
I feel on my limit	8,9	15,6	2,2	17,8	13,3	26,7	15,6
I feel totally stressed with my work	24,4	6,7	8,9	28,9	2,2	13,3	15,6
I feel frustrated with my work	46,7	11,1	11,1	13,3	2,2	13,3	2,2
I feel exhausted with my work	31,1	6,7	8,9	22,2	2,2	17,8	11,1
I feel I'm doing too much at my work	17,8	15,6	11,1	15,6	2,2	22,2	15,6
Working with people makes me stressed	31,1	13,3	13,3	22,2	2,2	17,8	0,0
Working every day asks me for much effort	31,1	4,4	20,0	15,6	8,9	6,7	13,3
I feel tired when I get up in the morning to face another day at work	20,0	2,2	22,2	20,0	6,7	13,3	15,6

Legend: (0) Never; (1) Once a year; (2) Once a month; (3) Sometimes per month; (4) Once a week; (5) Sometimes per week; (6) Every day. Source: Direct Research, 2013.

REPERCUSSION OF SYMPTOMS OF DE *BURNOUT* SINDROME ON HEALTH QUALIT

The variables were associated and it was found that the age group of 41 to 50 years old are 8 (17,7%) exhausted with the work we perform every few months, 5 (11,1%) reported that work directly with people makes them very stressed for a frequency of once a month or less, 5 (11,1%) feel tired when you have to get up in the morning to face another day of work for a few times a week, and 6 (13,3%) have achieved many accomplishments in his profession for a frequency of every day.

With regard to schooling, it was observed that nurses with specialist title, 20 (44,4%) reported feeling exhausted at the end of a work day a few times a week, 12 (26,6%) feel like they're at their limit a few times a week, and 23 (51,1%) stated that every day positively influence the lives of others through work.

With regard to association with the Workday Weekly of 40 hours, it was observed that eight (17,7%) felt that too much work in this job at a frequency of several times a week and 15 (33,3%) who may feel create a peaceful environment for patients every day.

Table 3 - Association of socio-demographic variables and the MBI in Nurses of basic attention of Health District III - João Pessoa, 2013. (n = 45)

Association of the variables	0	1	2	3	4	5	6	QQ
I feel exhausted with my job	2	3	1	8	0	3	2	0,04 3
Work directly with people makes me stressed	7	1	5	3	0	3	0	0,00 1
Age: 41 a 50 years old								
I feel tired after working with people all day long	3	0	5	5	3	2	1	0,03 9
I have gained a lot of professional realization	0	0	1	6	0	6	6	0,02 5
School level:								
I feel exhausted at the end of a day's work	0	1	4	7	2	20	7	0,47
I feel like I'm at my limit	2	7	0	8	6	12	6	0,00 1
Specialization								
I feel I do influence positively the lives of others	0	0	0	2	2	14	23	0,01 6
40 hours weekly								
I feel that I work too hard at this job	8	5	3	5	0	8	3	0,02 1
I feel like I can create a peaceful environment for patients	0	0	0	6	2	9	15	0,02 6

Legend: (0) Never; (1) Once a year; (2) Once a month; (3) Sometimes per month; (4) Once a week; (5) Sometimes per week; (6) Every day. Source: Direct Research, 2013. (QQ) Chi-square. Source: Direct Research, 2013.

With the combination of these variables, it can be observed that factors present in the workplace affect quality of life of nurses, since the statements related above clearly show this fact when they say they feel exhausted with work, or feel exhausted by end of a working day, and feel like they're at their limit and also feel that they are working too hard at this job when they have a 40 hours weekly job.

The welfare of health workers is directly related to the different occupational stressors that are related to factors ranging from the organization of labor, division of labor, to the fact develop a work devoid of meaning and without social support.²⁰

In general, the Burnout Syndrome is defined as a chronic disorder associated and adaptive demands and job demands, resulting from the constant and repetitive emotional pressure, with multiple symptoms and prevalence of emotional exhaustion.²¹⁻² In nursing workers, it reaches patients, the organization and the work itself when coping methods fail or are insufficient.²³⁻⁴

It is important to noting that the word "stress" cannot be confused with Burnout. Stress occurs from the body's reactions to attacks from diverse backgrounds, capable of disrupting the internal balance of the human being, unlike Burnout where there is chronic job stress response that involves negative attitudes and behavioral changes related to the

work itself.⁶ The result of this study confirms the historical context of gender being a female profession associated with charitable religious activity.²¹ Moreover, in view of the predominant age group was 41-50 years old, who had a low level to perform professional, this suggests that despite having mature professional nurses are relatively recalcitrant to the conditions in which they are at work.

With regard to the criteria previously established for the symptoms of burnout, it was found in study participants that 5 nurses have the symptoms of burnout and 7 nurses are at high risk to develop it. Furthermore, it was confirmed that most of the participants showed a high level of emotional exhaustion, about 24 (53,3%) nurses, followed by depersonalization and low professional satisfaction, both with 5 (11,1%). This is alarming, since the theoretical model used in this study Maslach Burnout syndrome describes as a process in which emotional exhaustion dimension is the precursor of the syndrome, followed by depersonalization and, as a result, the sense of low achievement professional.

It is known that these facts affect the quality of life of these people, given that they are exposed to daily stressors. Soon, overwork can gradually produce the emotional, creative and physical exhaustion, reducing their energy with respect to efficiency, health and well-being.¹³

Another present factor in the workplace also contributes to the emergence and development of SB factor is the workload observed in most of the sample with Day Weekly Working of 40 hours weekly. Furthermore, it is important to emphasize that affirmative: I feel tired after working all day with people and work directly with people demonstrates that the role of nurses in primary health care actually faces the additional challenge of dealing with different problems, different orders, and difficult to resolve.

These findings allow us to infer that the population studied manifested symptoms of burnout, caused by factors in their work environment, ie, dissatisfaction with working conditions, with the function performed, work overload, among many others, which mainly cause emotional damage, thereby interfering in the quality of life of the worker. And when compared to other studies it was realized how emotional exhaustion is a precursor point to the development of this syndrome.

Still collecting data held within the workplace itself may have caused some limitation to the responses of some participants even being targeted as the anonymity. It's worth noting that the research done on Burnout Syndrome and primary care professionals are scarce, it is important to conduct more studies on the subject.

However, we note that the causes of SB are numerous and that they do not happen by themselves, but together and that are strictly related to the environment and role they play at work. Furthermore, it is noteworthy that these signs and symptoms bring to the individual consequences for their health, they reflect on their professional, social and economic performance.²⁵

CONCLUSION

As with many diseases, the SB emerges and develops through stages, which go unnoticed most of the time and ends up being confused with the accused as stress and consequences of personal problems, often masked by factors present in the lives of people who have them and therefore are not diagnosed nor treated.

Above all, the association of the variables that had significant p-value has shown that such events impacting negatively on quality of life of this population, as it brings consequences for personal life due to factors related to the work environment, while the feel exhausted at the end of a working day, without forces for their personal activities.

With this study, we can conclude that the symptoms of SB are present in the primary care nurses, and emotional exhaustion milestone precursor to its development. Therefore, there needs to be prevention and treatment of the symptoms of burnout, since these affect the quality of life of nurses taking into account the symptoms, making it necessary that they be addressed collectively by the organization and is not seen as an individual and personal issue.

For it, we suggest some actions to be undertaken with the primary care nurses, beginning with the recognition and incentive to work by the institution responsible; involvement of health managers with the reality of the population and better working conditions; conducting educational activities geared to professionals; joint strategies for investing in interpersonal relationships; better division of tasks with bureaucratic accountability of all staff to the process and purpose of work; the mental and physical health of workers through visits and actions in the workplace, made with the involvement of multidisciplinary teams; encourage their participation in all activities through awards for professional growth, training, workshops, skills.

And for nurses: engage in activities, valuing their own care, changing habits, physical exercise and relaxation, care with their own pace of work for no overhead.

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