22 - PREVALENCE OF BURNOUT SYNDROME IN NURSE

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1. INTRODUCTION

The health sector faces numerous daily delicate and exhaustive situations in the work environment, increasing the stress of workers, which can lead them to serious problems such as the burnout syndrome (BS) (CAMPOS, 2012). Coon (2006) and Lima (2005) reported that the BS stems from a gradual process of exhaustion, causing burnout, a situation in which workers feel physically, mentally and emotionally exhausted.

In work organizations, ergonomics should be present in all sectors, especially when the presence of women is predominant, since women are the most affected due to physiological differences (REIS, et al., 2012ª; REIS and MORO, 2012). Thus, all active workers can have a healthy aging, without work sequelae (REIS, et al., 2012B).

Professional exhaustion can be recognized through features such as emotional exhaustion, causing affected individuals to suffer from fatigue, stress, apathy and physical disorders; cynicism or indifference, demonstrated through their attitudes, most of the times treating users coldly, as well as feelings of reduced personal accomplishment, making workers feel worthless, unmotivated, angry and hopeless (COON, 2006; FRANCO, et al., 2011).

According to Sobrinho et al (2010) and Batista et al., (2010), the term burnout has emerged to explain the suffering association between man and work and its relationship to loss of motivation and high level of dissatisfaction. This author warns that nurses suffer from emotional overload, which may be generated by their coexistence with suffering and death.

During investigative research in literature, six areas of organizational risk for BS were detected, namely: work overload, lack of control, feeling of insufficient reward, lack of community, lack of justice and conflict of values (LORENZ; BENATTI; SABINO, 2010).

Smeltzer (2009) and Carlotto (2002) define stress as a situation produced by some change in the work environment that is perceived as threatening or harmful to someone's balance, who feels unable to meet the needs of this new situation. The main causes of stress are work overload and conflict with people in the workplace, i.e., when there is no harmony between interpersonal relationships. This ends up by influencing depersonalization and personal accomplishment, since it directly influences the emotional state of the individual.

The response to a lasting state of stress is given the name of Burnout, which according to Pereira (2002), occurs due to a chronicity process, when the means of coping failed or were insufficient. For years this syndrome has been studied by psychiatrists as a way to provide resources that would help in identifying symptoms before the disease worsens (MUROFUSE; ABRANCHES and NAPOLEÃO, 2005).

One of the important methods to identify the symptoms of this syndrome is the observation of the professional, followed by work with the team to contribute for the minimization of risks. With the observation process, it is possible to recognize the behavior of nurses who work in Intensive Care Units in order to provide an effective sociological service support (COON, 2006; JODAS and HADDAD, 2009; SILVA and CARLOTTO, 2009 and TAMOYO, 2008).

The aim of this study was to evaluate the risk of BS in a nursing staff at an Adult General ICU. The work is justified by the high level of development of BS among professionals working in closed sectors, since this type of work environment contributes to the increased level of stress related to the care of critically ill patients who require more care in the procedures performed, making work exhausting to the whole team. Intensive Care Units (ICUs) are considered of high complexity and aimed to provide care to high-risk critically ill patients, which may recover, but on the other hand, are at risk of imminent death, thus requiring uninterrupted medical and nursing care and the use of specialized equipment and resources. Thus, Sobrinho (2010) reported that stress is mainly derived from the closed environment, with strenuous work conditions and rhythm, standards and ethical issues that require frequent and complicated decisions, besides the coexistence with suffering and death, unexpected outcomes and excessive workload.

According to Moreira, Magnano et al. (2009), further studies should continue revealing the relationship between service and workers' health. For Fascia, Guimaraes, et al. (2007), the work ends up by playing a central role in people's lives, being therefore a relevant factor in the construction of identity and social integration.

Some authors and many studies on literature report that the BS can cause emotional exhaustion, stress, impaired interpersonal relationships, depersonalization and dissatisfaction in nursing professionals working in closed environments such as Adult ICUs, for example (DENISE, et al., 2009).

2. METHOD

This is a quantitative, qualitative and exploratory field study conducted with 28 nurses working at an Adult Intensive Care Unit of a hospital located in western state of Paraná, in the city of Foz do Iguaçu (311,000 inhabitants) in different work shifts and the data collection occurred from December 2012 to February 2013. The team consisted of 04 nurses divided into 1 nurse per work shift and 24 nursing technicians distributed at morning, afternoon, night "A" and night "B" shifts. The Hospital surveyed has 200 beds, 60 % of them are intended for users of the Public Health System (SUS) and 40 % to private services and healthcare insurance, being also considered reference for cardiology, oncology, nephrology, obstetrics, Neonatal ICU and Cardiac ICU services.

BS was diagnosed using the Maslach Burnout Inventory (MBI). The MBI is a self-assessment tool built by Maslach and Jackson (1981), in which the current version consists of 22 Likert-type questions, with seven levels ranging from 0 (never) to 6 (every day), highlighting the following factors: emotional exhaustion, depersonalization and personal accomplishment, applied at the end of each work shift. After collection, data were submitted to descriptive analysis using the SPSS – 14 software.

The study was approved by the research ethics committee of the “Oeste do Paraná” State University (UNIOESTE) through process 271 /2012 - CEP and number 08083712.7.0000.0107.

3. RESULTS AND DISCUSSION

The research analysis used a questionnaire containing 22 questions, divided into three stages, being represented as follows: Emotional Exhaustion (EE), Depersonalization (DE), and Professional Achievement (PA). Figure 01 presents the questions related to Emotional Exhaustion (EE) of the Maslach Burnout Inventory (MBI):

Figure 01 - Analysis of Emotional Exhaustion
Emotional Exhaustion (EE)
1 – I feel emotionally exhausted due to work
2 – I feel exhausted at the end of a work shift
3 – I feel tired when I wake up in the morning and have to cope with another working day
4 – Working with people all day long is really a burden for me
5 - I feel exhausted due to my work
6 – I feel frustrated with my work
7 – I feel I work too hard at my job
8 – Working directly with people stresses me much
9 – In my work I feel I cannot take it any longer

According to Table 01, it is worth noting that 67 % of workers are emotionally exhausted at work, 52 % are exhausted at the end of a working day and 59 % have a high level of emotional distress, which is in agreement with Smeltzer (2009), who warns for a possible change in the environment, being perceived as a threat, leaving them unable for a positive reaction. In this same reasoning, it is emphasized that the lack of adequate relationship between employees, excess workload and mental fatigue contribute to emotional exhaustion (MAZON; CARLOTTO; CAMARA, 2008). Viera (2010) states that assessing BS contributes to epidemiological data, and exhaustion is more due to work, but depersonalization is due to subjectivity issues, which are very present. In this sense, the author reports the importance of this method for further contribution of work humanization.

Importantly, organizational factors contribute to the occurrence of BS, since the low participation in decision-making linked to internal conflicts and work organization that offers no reward and compatible recognition contribute to the low professional esteem, favoring the emergence of occupational diseases (TAMAYO, 2008).

Table 01: Percentage analysis of Emotional Exhaustion (EE) questions

EE	01	02	03	04	05	06	07	08	09
Low	0	30	48	11	37	11	41	37	7
Intermediate	33	18	22	59	37	59	0	37	93
High	**67**	**52**	**30**	**30**	**26**	**30**	**59**	**26**	**0**

With respect to frustration, it was found that 59 % had intermediate level and 30 % had high level. This is concerning since the service begins to be hampered due to the lack of quality, since frustration leads to lack of work motivation. Of the participants, 59 % feel that they are working too hard at their jobs, which generates physical and mental tiredness and therefore lack of commitment towards their duties. Less than 30% of those who answered the questionnaire consider that working with people all day leaves them stressed, followed by 37 % who are classified as low to intermediate.

In analyzing question 9, which considers that the worker feels he / she cannot take it any longer, 93 % are concentrated in the intermediate level. This must be taken into consideration, since this index can increase to a higher level, leading to excessive stress. In this sense, nursing professionals are involved all the time with stressful situations, since the life of human beings is under their responsibility, always demanding a positive assistance result, which psychological pressure is generated by the professional and when there is a greater demand by the management, the pressure tends to increase, causing signs of nervousness, irritability and consequently stress (SOBRINHO et al.,2010; LORENZ, BENATTI, SABINO, 2010).

The next item, depersonalization (DE), was assessed through 5 questions, as follows:

Figure 02 - Analysis of Depersonalization
Depersonalization (DE)
10 – I feel that I treat some people as object.
11 – I feel that I am positively influencing the life of people from the day I started with this job
12 – I feel that this job is emotionally hardening me
13 – I don't really care of what happens to some people that need care
14 – I feel that some people that need care blame me for some of their problems

Table 02 shows concerning and interesting data for future interventions in the workplace, since 85 % of respondents treat patients as object, 52 % believe that they do not positively influence patients and 30 % are not worried about the situation, but do not feel that people blame them for some wrongdoing. Viera (2010) warns for the importance of these data, as they reflect the subjective perception of workers, important behavior for effective prevention of both worker's health and the emergence of occupational accidents.

Table 02: Percentage analysis of Depersonalization (DE) questions

DE	10	11	12	13	14
Low	15	52	30	22	7
Intermediate	0	0	40	60	93
High	**85**	**48**	**30**	**18**	**0**

Thus, it is clear that the BS is present in more prosperous activities, among professionals who dream of achieving a balanced economic status and a privileged position in society, making professionals to feel disappointed and frustrated. The feeling of becoming another kind of person can lead to low self-esteem and consequently depression (FRANÇA and RODRIGUES, 2009).

Finalizing the questionnaire, Professional Achievement (PA) was assessed through the following questions:

Figure 03 - Professional Achievement Analysis
Professional Achievement (PA)
15 – I can easily understand what people feel about things that happen in work
16 – I treat adequately the problems of people that need care
17 - I feel that I am positively influencing the life of people from the day I started with this job
18 – I feel full of energy
19 – I can easily create a calm environment with people that need care
20 – I feel stimulated after have working with these people
21 – I have achieved many important things in this job
22 – In my job, I deal with emotional problems adequately

BS profoundly affects the health of workers, especially professionals in the nursing field, who perform numerous activities in hospitals, working directly with the patient. So, it is important to highlight that this syndrome is now considered a public health problem (SILVA; LOUREIRO; PERES, 2008).

The Professional Achievement phase was composed of eight questions presented in Figure 03 and the results are shown in Table 03.

Table 03: Percentage analysis of Professional Achievement (PA) questions

RP	15	16	17	18	19	20	21	22
Low	4	4	0	0	11	7	11	4
Intermediate	0	0	0	48	0	0	0	18
High	**96**	**96**	**100**	**52**	**89**	**93**	**89**	**78**

This stage is very important, since each field of activity requires different qualifications; some must be innate, while others can be acquired (GOBE et al., 2008).

The professional achievement covers aspects such as easily understanding what people that need care feel about things that happen at work, of which 96 % say they are at a high level, followed by only 4% at the low level. Properly handling the problems of people who need care is another determinant of PA, demonstrated by question 16, which had result identical to question 15. In short, 100 % of professionals say they positively influence people's lives, since they started this work. With respect to energy for work, little more than 50 % are at high level and 48 % at intermediate level. Low level was not scored.

Creating a calm work environment with people who need care is no easy task, so feeling stimulated after working side by side with these people is unlikely. These two questions are classified as high-level, representing 89 % and 93 %, respectively. For 89% of participants, performing many important things at work is part of the high level, contrasted with only 11 % who are at low level. Dealing with emotional problems adequately was represented by 78 % in the high level compared with 18 % in the intermediate level and 4 % at the low level.

According to Amorim and Pires (1997), work ends up by being a source of negative feelings, impacting personal fulfillment, satisfaction level and influencing psychological balance. They stress that the institution or the work environment can be considered a triggering agent of suffering and disease.

4. CONCLUDING REMARKS

It was found that the level of Emotional Exhaustion of the nursing team is between intermediate and high. As for the dimension related to depersonalization, a higher rate at the intermediate level was found. In professional achievement, it was evident that people feel unmotivated or dissatisfied with their activities, generating feelings of professional failure and lack of motivation. The BS is present in the context studied, which increases dissatisfaction, lack of motivation and physical, mental and emotional exhaustion.

A way to avoid and / or reduce the negative results presented by professionals would be to work their motivation, providing a pleasant and healthy work environment from the standpoint of work versus interpersonal relationship.

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PREVALENCE OF BURNOUT SYNDROME IN NURSES

ABSTRACT

The Burnout Syndrome (BS) is a result of a gradual process of exhaustion, generating burnout, affecting health professionals in particular the nursing staff. An evaluation scale of BS was applied to the adult ICU nursing staff at a hospital of Foz do Iguaçu, Brazil, in the three work shifts in order to identify emotional changes of respondents. The sample consisted of 04 nurses and 24 assistant nurses distributed into morning, afternoon and evening shifts. The Maslach Burnout Inventory was applied. After collection, data were submitted to descriptive analysis using the SPSS-14 software. The results showed that 67% of workers are emotionally exhausted and 85% of them treat patients as object. It was concluded that the health professionals surveyed have BS, requiring an improvement in the work organization in order to make the work environment more comfortable, safer, and healthier.

KEYWORDS: Safety and health at work, Burnout syndrome, accident prevention

PRÉVALENCE DU SYNDROME DE L'ÉPUISEMENT PROFESSIONNEL CHEZ LES INFIRMIÈRES

RÉSUMÉ

Le syndrome Burnout (SB) est due à un processus graduel d' usure , ce qui provoque l'épuisement , affectant professionnels de la santé , en particulier le personnel infirmier. Appliqué une gamme de évaluative personnel infirmier SB de soins intensifs adultes d'un hôpital à Foz do Iguaçu, à trois quarts de travail , d'identifier les changements émotionnels des répondants . Le spectacle était de 04 infirmiers et 24 techniciens de soins infirmiers répartis au matin, midi , soir. Nous avons utilisé le Maslach Burnout Inventory . Après la collecte des données, il y avait la même analyse descriptive utilisant SPSS -14. Les résultats ont montré que 67 % des travailleurs sont émotionnellement épuisé au travail et 85 % des individus traiter les patients comme des objets. Il est conclu que les infirmières interrogées ont une SB , ce qui nécessite une amélioration de l'organisation du travail , ce qui rend l'environnement plus sécuritaire, confortable et sain.

MOTS-CLÉS: santé et sécurité au travail, le syndrome Burnout, la prévention des accidents

PREVALENCIA DEL SÍNDROME DE BURNOUT EN ENFERMERAS

RESUMEN

El Síndrome de Burnout (SB) se debe a un proceso gradual de desgaste , causando el agotamiento, que afecta a los profesionales de la salud , en particular el personal de enfermería . Aplica una gama de evaluación del personal de enfermería de adultos SB UCI de un hospital de Foz do Iguaçu , en tres turnos , para identificar los cambios emocionales de los encuestados. El espectáculo fue por 04 enfermeras y 24 técnicos de enfermería distribuidos en la mañana , tarde, noche . Se utilizó el Maslach Burnout Inventory . Después de la recogida de datos , se produjo el mismo análisis descriptivo con el programa SPSS - 14 . Los resultados mostraron que el 67 % de los trabajadores están emocionalmente agotado en el trabajo y el 85 % de los individuos tratar a los pacientes como objetos . Se concluye que las enfermeras encuestadas tienen un SB , que requiere una mejora de la organización del trabajo, con lo que el entorno más seguro, cómodo y saludable.

PALABRAS CLAVE: Salud y Seguridad en el Trabajo, el síndrome de Burnout, la prevención de accidentes

PREVALÊNCIA DA SÍNDROME DE BURNAUT EM ENFERMEIROS

RESUMO

A Síndrome de Burnout (SB) decorre de um processo gradual de desgaste, gerando esgotamento profissional, afetando os profissionais da saúde em especial a equipe de enfermagem. Aplicou-se uma escala avaliativa da SB na equipe de enfermagem da UTI adulto de um Hospital de Foz do Iguaçu, nos três turnos de trabalho, visando identificar as alterações emocionais dos pesquisados. A mostra foi de por 04 enfermeiros e 24 técnicos de enfermagem distribuídos nos turnos da manhã, tarde, noite. Foi aplicado o Questionário Maslach Burnout Inventory. Após a coleta de dados, realizou-se a análise descritiva dos mesmos utilizando-se o programa estatístico SPSS-14. Os resultados apresentaram que 67% dos trabalhadores estão emocionalmente exausto pelo trabalho e 85% dos sujeitos pesquisados tratam os pacientes como objeto. Conclui-se que os enfermeiros pesquisados apresentam a SB, sendo necessária uma melhoria na organização do trabalho, tornando assim, o ambiente mais seguro, confortável e saudável.

PALAVRAS-CHAVE: Segurança e Saúde no Trabalho, Síndrome de Burnout, prevenção de acidentes