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RESEARCH

Síndrome de *Burnout* em técnicos de enfermagem de unidades básicas de saúde

Burnout syndrome in nursing technicians of basic health units

Síndrome de Burnout en técnicos de enfermería de las unidades básicas de salud

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ABSTRACT

Objective: identifying the syndrome in nursing technicians of Basic Health Units across the Maslach Burnout Inventory. **Method:** the study is of exploratory origin and quantitative approach. The data analysis was performed by descriptive statistics. **Results:** most health professionals operates for over 10 years and consider their work stressful (nine - 82%); complains of muscle pain and headaches (eight - 73%), stomachaches (4-36%), irritability, difficulty concentrating and fatigue easily (three - 27%). The risk for burnout syndrome was identified in two (18%). **Conclusion:** there is the need for development of public health policies, especially in the area of geared to the real needs of mental health workers, producing positive feelings about their activities, reducing the generating pressures of chronic stress and emotional upsets coming from him, attitudes which disadvantage the development of burnout. **Descriptors:** Nursing, Occupational Diseases, Burnout, Mental Health.

RESUMO

Objetivo: identificar a síndrome em técnicos de enfermagem de Unidades Básicas de Saúde através do Inventário de *Burnout* Maslach. **Método:** o estudo tem natureza exploratória e abordagem quantitativa. A análise dos dados deu-se por estatística descritiva. **Resultados:** a maioria dos profissionais atua na saúde há mais de 10 anos e consideram seu trabalho estressante (nove - 82%); queixa-se de dores musculares e de cabeça (oito - 73%); dores de estômago (4 - 36%); irritabilidade, dificuldade de concentração e fadiga fácil (três - 27%). O risco para a síndrome de *burnout* foi identificado em dois (18%). **Conclusão:** há necessidade do desenvolvimento de políticas públicas de saúde, sobretudo no campo da saúde mental voltadas para as reais necessidades dos trabalhadores, produzindo sentimentos positivos com relação as suas atividades, reduzindo as pressões geradoras de estresse crônico e os transtornos emocionais dele advindos, atitudes que desfavorecem o desenvolvimento da síndrome de *burnout*. **Descritores:** Enfermagem, Doenças Profissionais, Esgotamento profissional, Saúde Mental.

RESUMEN

Objetivo: identificar el síndrome en el personal de enfermería de las Unidades Básicas de Salud en todo el Inventario de Burnout Maslach. **Método:** el estudio es de naturaleza exploratoria y enfoque cuantitativo. El análisis de datos se realizó mediante estadística descriptiva. **Resultados:** la mayoría de los profesionales de la salud opera en más de 10 años y consideran su trabajo estresante (nueve - 82%); se queja de dolor muscular y dolores de cabeza (ocho - 73%), dolor de estómago (4-36%), irritabilidad, dificultad para concentrarse y fatiga con facilidad (tres - 27%). El riesgo para el síndrome de burnout fue identificada en dos (18%). **Conclusión:** es necesario para el desarrollo de políticas de salud pública, especialmente en el área orientada a las necesidades reales de los trabajadores de la salud mental, que producen sentimientos positivos acerca de sus actividades, lo que reduce las presiones generadoras de estrés crónico y los trastornos emocionales venidos de ellos, actitudes que desventaja el desarrollo de burnout. **Descriptor:** Enfermería, Enfermedades profesionales, Burnout, Salud mental.

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INTRODUCTION

Currently, it has been found difficulties in generating new knowledge that will enable the understanding of numerous health problems, particularly those plaguing the most industrialized regions, ie, the workers involved in the competitive and demanding modern market. There is an intrinsic relationship of diseases, particularly those arising from stress as a human phenomenon, with the life history of each worker process, the social context in which they live, like this face every difficulty, problem, new and challenging situation.¹

In the globalized world, it has increased the psychical distress of workers, possibly due to an excessive load of work, employment instability and excessive competition in the workplace. This may cause increased stress at work, leading him to present some disorders such as phobias, panic attacks, depression and burnout (ROCHA, 2005; MOREIRA, et al, 2009.).

The concept of burnout was developed in the 1970s, with the pioneering Christina Maslach, a social psychologist, and Herbert J. Freudenberger, a psychoanalyst. For them, burnout is the price that the trader pays for their dedication caring for others or fighting in search of a great accomplishment. The first works of these authors have mainly focused on emotional exhaustion, fatigue and professional frustration, arising or from wear resulting from contact with people or unmet expectations and designs of the individual in relation to the profession.²

Burnout is a psychological syndrome resulting from chronic interpersonal stressors associated demands and labor requirements, whose development is insidious and often unrecognized by the person. The characteristics of this syndrome are: Emotional Exhaustion (EE), depersonalization (DE) and Reduced Personal Accomplishment (RRP) at work. EE is considered the initial mapping; the manifestation may be physical, psychological or a combination of both. It is described as the core of the syndrome and its most obvious manifestation. DE is characterized by professional emotional numbing, with a prevalence of clinical behaviors and affective dissimulation, is an immediate reaction after the installation of EE. The RRP mentions a negative self-evaluation associated with dissatisfaction and dismay with the work, with feelings that this is not worth it.³⁻⁵

The burnout syndrome is also known as "the feeling of being finished or burnout syndrome". Some categories of workers are prone to this syndrome: teachers, doctors, nurses and nursing technicians. With regard to health professionals, it can be stated that both nurses and nursing technicians are a great group with a predisposition to develop the syndrome due to be the category of professionals whose core work caring, having contact with patients and their families within the work environment. Moreover, these professionals have other occupational stressors, such as the struggle for social recognition, work

overload, reduction of wages, multiple employments, inadequate resources, direct contact with the pain and suffering.^{3,4,5}

The nursing technicians, because they are directly involved in the action of care, and assistance focused on the well-being of others, whether by distress often do not achieve that goal. And all that inner restlessness makes professional feel helpless in the face of facts, a sense of chronic devaluation of misuse of powers and abilities, the need to have multiple jobs due to sharp gap between low wages and aspirations for better standard of living. This compromises the physical and emotional health of these professionals, as well as the quality of care.^{5,6}

Studies show a significant worldwide distribution of burnout among health professionals in primary care, there is a high frequency of stress and lower job satisfaction among these professionals, especially the difficulty in setting limits on emotional involvement, changes in the process and content of the work at unpredictable dread the day-to-day job performance.^{5,7}

The implications for the field of health effects of these factors are relevant, since the high frequency of absenteeism, inquiries, job abandonment and reduced quality of care in services has a negative impact on the effectiveness and comprehensiveness of care offered to patients. So, it begins to dawn among nursing professionals the understanding that reflects on their practices and do self-evaluation, job evaluation; and its results are deeply related to the construction of pleasure and well-being in the employment context, making it essential to create conditions that resonate positively about situations of stress and disadvantageous feelings of burnout and constituent practices.⁸

Importantly, most research addresses changes in mental health, with an emphasis on burnout in nursing professionals working in highly complex services, such as intensive care unit, coronary care unit, oncology unit, operating room, or the hospital network.^{4,5,9} However, research on the psychological distress in nurses and nursing units of primary care are scarce.

Being practical nurses fundamental actors in the initial approach and often, the last contact of the individual with the basic units, soon recognizes the relevance of such research, seeking effective alternatives to promote improved quality of life for workers in health and consequently better care.

Facing this context, the present study was to identify the scope Burnout in nursing technicians who conduct their work activities in basic health units.

METHOD

This is a quantitative study, of exploratory type. Exploratory research is aimed to provide overview of approximate sort of that issue. This type of research is done about a problem or phenomenon that usually has little or no previous study about her.¹⁰

The study was developed in the Basic Health Units (BHUs) in the urban area of Cajazeiras-Paraíba. The decision to conduct this research in this scenario is given by the

concern to qualify this type of assistance, for being the gateway to the Unified Health System (SUS) and reference to other centers, setting up the primary cell network attention to community health. Moreover, these units were training camps of researchers, which probably facilitated access to such services and to research participants.

It took part in this study, 11 nursing technicians of the total of 12 employees of the municipality of the BHU investigated. It was intended to reach all the participants, however, taking into account that participation in research is voluntary respected to an unwillingness of professionals to return the completed instruments to collect data.

The instruments used for collecting data was a questionnaire consisting of objective questions of socio-demographic identification, and the Maslach Burnout Inventory - MBI (Maslach Burnout Inventory), Brazilian version, being directly provided to participants by the researchers at the beginning of his expedients, and collected at the end of it.

The MBI consists of a frequency scale of seven points ranging from zero (never) to six (every day), featuring three subscales: emotional exhaustion (nine items evaluated: 01, 02, 03, 06, 08, 13, 14, 16 and 20), depersonalization (five items: 05, 10, 11, 15 and 22) and low personal accomplishment at work (eight items: 04, 07, 09, 12, 17, 18, 19 and 21).

The levels of the syndrome are evaluated by summing the scores on the factors, then to distribute, in percentages, their identification levels (low/moderate and high). Regarding the EE, the scores equal to or higher than 27 indicate high level 19-26 average level, less than 19, low level. For DE, a score equal to or greater than 10 indicates a high level, 06-09 an average level, less than 06 low level. Unlike the other subscales, the RRP is considered a high level when the score is less than or equal to 33, the average level is 34 to 39 greater than or equal to 40, the level is low. Thus, the MBI enables determining the possible impact of the syndrome, with high scores on EE and DE, associated with low scores on RRP (this scale is reversed) indicate that the individual fits the carrier of burnout profile.⁸

To conduct this study, the assumptions of Resolution 196/96 of the National Health Council (CNS)/Ministry of Health (MOH) which provides for human research were found, and approved by the Ethics Committee of State University of Paraíba, under protocol. 0184.0.133.000-11.¹¹

The participants were informed about the guarantee waiver participate in the study at any stage of their development, without this resulting in injury or embarrassment. The identity of the participants was kept anonymous and after explaining the objectives of the work, all signed the consent form.

The obtained data were analyzed using descriptive statistics.

RESULTS AND DISCUSSION

All the participants were females, because of nursing maintain this intrinsic relationship with females since its inception, liaise with public and domestic worlds, as the act of caring, of hygiene, the control environment and activities related.¹²

Regarding marital status, six (55%) are married professionals. Ten (91%) are aged over 31 years and have an effective employment relationship, realizing maturities ranging from one to four minimum wages. In this sense, the sharp gap between low wages and aspirations for a better standard of life impair physical and emotional health of health professionals as well as the quality of care provided to the patient.⁵

Seven (64%) professionals have workdays per week of 31 to 40 hours, with nine (82%) working for over 10 years. The time is taken as an important mediator of responses to suffering and losses resulting from organizational limitations and perceptions of social devaluation of work.⁸

Most of the nursing technicians of the BHUs surveyed, nine (82%) said performing stressful activities in daily work, presenting signs and symptoms resulting from these daily confrontations, such as muscle pain and headaches, stomachaches, fatigue easily; difficulty concentrating, irritability, depression, among other symptoms that can have serious consequences to the health worker if your stressors are and remain strong long into interference in the workplace.

Regarding signs and symptoms presented by the nursing staff, 73% reported muscle and headaches, stomachaches 36%, 27% irritability, difficulty concentrating and fatigue easily, among others.

It is worth noting that these signs and symptoms are not universal, because it depends on the characteristics of the person and the circumstances in which it is, the extent and manifestations are different.¹³

However, despite these findings, nine (55%) consider their rewarding professional work activities, supporting the idea that work can provide conditions for self-realization, occupying an important place in building the mental health of the individual. When inquired about the burnout, seven (64%) say they do not have professional knowledge about this condition.

It is noticed that, although there is ignorance among professionals about what is the burnout syndrome, this research also shows a percentage of nursing technicians who have some knowledge about the topic, similar to another study branch outcome.³ This indicates the need to broaden the knowledge of these workers in relation to occupational health problems, especially the burnout syndrome in order to alert them to the danger and thus act preventively through information and health education, forming critical awareness making them able to intervene in their reality, to change work situations.

Regarding the classification of levels of burnout dimensions, one (9%) showed high-level professional for emotional exhaustion, two (18%) and depersonalization (9%) for reduction of occupational achievement.

In relation to emotional exhaustion, data indicated that three participants (27%) had low-level, seven (64%) and medium level (9%) showed a high level. In this respect, it appears that eight (73%) nursing staff are in medium/high risk for chronicity of the EE process, deserving special attention by employers, whereas in EE there is great emotional distress, one feeling of not having more energy reserves, has been exhausted², which can compromise the quality of life and job-related affect interpersonal relations professional - professional and professional - clientele.

Importantly, emotional exhaustion, considered a typical variable of individual stress, is the central aspect of the burnout syndrome¹⁴, making it likely the realization that higher scores on this variable are shown to the acceptance of stress and burnout in nursing, so understand that this is consistent with the social identity of the profession, dedicated to caring for people in a condition of suffering and pain, reaffirming the missionary aspect it proposes.¹⁵

About depersonalization, it was found that eight (73%) respondents had low level, two (18%) high level, and one (9%) showed medium level. It is observed that three workers (27%) are included in the potential group of medium-high risk for the onset of DE, verifying a tendency to negative thoughts, feelings and attitudes toward others, cynicism and indifference to the coworkers, as well as contact with patients become unpleasant, and attitude will be of intolerance, irritability, anxiety, numbness, stiffness in the responses, with exacerbation of omnipotent aspects of personality.²

The third dimension to the assessment of burnout, personal fulfillment at work, has shown that 10 (91%) subjects reported low level, ie, there was identification with the labor of these workers exercised. This demonstrates that even the most recognizing their work as stressful and much to be of emotional exhaustion and depersonalization process, these professionals still feel gratified and fulfilled with the activities, whereas only one (9%) showed high to RRP.

It is understood that increased exhaustion occurs dehumanization because the case does not have or will not get the resources (both personal and institutional) required to reverse such situations, the worker ends up losing the personal involvement in their occupation (RRP).¹³

Professionals with RRP cannot perform its functions more naturally, ending in feelings of powerlessness, affecting their abilities, giving the feeling of failure and anxiety have become another kind of person, much colder and careless², leading to a loss quality of care to clients and the relationship with other professionals in the workplace.

Analyzing the three dimensions associated, it was found that two (18%) subjects reported potential for the development of burnout, since two of the three criteria of size Emotional Exhaustion (EE), Depersonalization (DE) and Reduced Personal Fulfillment (RRP) were filled between these participants, noting that if there is a risk of this syndrome in professionals working in BHUs, and not only in hospitals, as evidenced in other similar studies carried out in care environments of high complexity.^{4,16,17}

CONCLUSION

It is noted the importance of industrial activities in the life of the individual. The work brings man satisfaction and well-being, sense of usefulness to the world through actions and services. However, if the employee is subjected to conflicting situations and constant

extreme, work can become a source of disease, leading to decreased quality of work due to physical and mental exhaustion.

Based on these, there is need for development of public health policies, particularly in the mental field of health, focused on the real needs of workers. This possibly will enable them with a workplace open to discussion about the organizational system of a democratic space, providing autonomy, participation in decisions of the institution producing these positive feelings about their activities, reducing the generating pressures and chronic stress disorders, arising emotional attitudes that disadvantage the development of burnout.

Regarding the limitations of this study, it is worth noting their restricted power of generalization, since the research was conducted with a sample of nursing staff, which all belong to the same city, thus subject to the same employment context, the results may mean a peculiar aspect of the group studied.

However, it is important that these results be considered in a broader approach, using observations from this theme in taking preventative measures and intervention to prevent the development of this syndrome. It is suggested that health care institutions, especially primary care, plan work demands without compromising health professionals and adopt strategies that can reduce the effects caused by these demands.

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