

Burnout Syndrome in Primary Health Care Nurses

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Abstract: Burnout syndrome consists of a set of physical and/or emotional symptoms, which are related to the way each person deals with stressors in the work environment. **Objective:** to identify the presence of Burnout syndrome in nurses from Family Health Units in a city in the interior of Minas Gerais. **Methodology:** This is a cross-sectional, descriptive, exploratory field study with a quantitative approach. All nurses who work in the 18 Family Health Units of a municipality in the interior of Minas Gerais participated in the research. For data collection, two instruments were used: the Maslach Burnout Inventory (MBI) questionnaire and a specific questionnaire for the nurses surveyed, prepared for the study. The collected data were organized in a Microsoft Excel spreadsheet and submitted to simple descriptive statistical analysis. **Results and discussion:** Of the 18 nurses participating in the study, all were female, 18 (100%), single, eight (44%), aged between 31 and 40 years, 11 (61%), 14 (78%) had children. working time seven (39%) worked in health between one and 10 years, and seven (39%) between 11 and 20 years, professional training 15 (83%) were postgraduates in a specialization level, reported having been on leave for sick leave seven (39%) responded negatively about knowing the meaning of Burnout Syndrome 58 (65%). As for the MBI responses, nine (50%) identified with a high level of Emotional Exhaustion (EE), 12 (67%) with a high level of Depersonalization (DE) and one (06%) with a medium level of Low Professional Achievement (RRP)). **Conclusion:** It is therefore necessary to invest in health education for professionals to learn to deal with conflicts in the work environment, investing in strategies to alleviate suffering and thus promote quality of life for workers and greater effectiveness of the work. APS.

Keywords: Burnout Syndrome, Nursing, Primary Health Care

1. Introduction

Different demands have been placed on the postmodern man who, faced with multiple functions, feels pressured, often with situations that go beyond the organic rhythm, with information and accelerated tasks, for which he has to develop his adaptive potential.

These transitions undermine the worker's good physical and mental disposition, reflecting on the entire scope of his existence. What has disfigured the work sphere for the individual in a circle of bitterness, thus causing a decline in the well-being of their experience (MUROFUSE, et al.2015).

As the worker accumulates an unrealizable expectation, and does not get an answer, he feels frustrated, worn out and disconnected from work (FRANCO, et al.2010).

Occupational stress is pointed out as a possible cause of professional burnout, as it is defined as the result of worker exposure to prolonged stressors of emotional cause, and interpersonal relationships (LINHARES, et al.2014; GUIDO, et al.2012).

The professional does not find reason in his experience in the work environment, so he becomes disinterested, and feels everything has failed Burnout syndrome (BS) is defined as a response to prolonged exposure to chronic emotional and interpersonal stressors, linked to work activity, with the possibility of causing negative

consequences at an individual, professional, family and social level (BRASIL, 2012).

Burnout syndrome is called professional burnout syndrome, it is a public health problem and is related to emotional and interpersonal relationship stressors in the work environment. Employees who were emotionally committed to their clients and to work become consumed, find no meaning in their relationship with work, and any effort seems wasted (CARRERA, 2017; NETO, et al.2017).

Thus, the syndrome uninterruptedly affects the view that the worker has of himself, and of the work environment, bringing with it the feeling of disappointment (CASTRO, 2013).

Mischaracterization represents a defensive individuality, shows feelings of apathy and affective isolation, causing considerable changes in their behavior. The small feeling of idealization as a professional is defined by the bitter consternation with his performance at work, and perspective of himself, decreasing his self-confidence, thus preventing him from carrying out his work activities (BENEVIDES, 2016).

In this regard, in the field of health, authors emphasize that the development of technology and the demand for good care in care, related to increased production, and precarious working conditions, are causes that have considerably influenced worker morbidity (LIX, 2017).

The nurse, as a health professional, is the one who is most prone to the evolution of Burnout syndrome, due to the time

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he remains close to the client and his family and, on the other hand, finds inappropriate circumstances in the work environment. (CASTRO, 2013).

Based on these considerations, the present study aims to identify the presence of Burnout syndrome in nurses from the Family Health Units of a municipality in the interior of Minas Gerais; Investigate the sociodemographic profile of nurses; Check if nurses know the definition of the term Burnout Syndrome and Identify the levels of Burnout Syndrome from the Maslach Burnout Inventory (MBI).

2. Method

This is a cross-sectional, descriptive, exploratory field study with a quantitative approach. The field study is applied with the aim of reaching references or reports and regarding problems, where a dissolution or an estimate is investigated, which needs to evidence or reveal events or the connections between them (FIGUEREIDO, 2007).

Cross-sectional or prevalence studies focus on well-defined populations. A basic characteristic of cross-sectional studies is that everything that is observed is measured at once. They are also known as Surveys when they cover the general population and use primary data (MARCONI e LAKATOS, 2003).

Descriptive research observes, records, analyzes and correlates facts or phenomena (variables) without manipulating them. Descriptive research is developed mainly in the human and social sciences, addressing those data and problems that deserve to be studied and whose record is not documented (FIGUEREIDO, 2007).

The exploratory study, as the verification of an experienced study, in order to build inquiries, through the purpose of putting a conjecture, adding the explorer's friendship with the environment, event or event, to materialize a future reasoned argument, or change and fine-tune an ideal (MARCONI e LAKATOS, 2003; FIGUEREIDO, 2007).

Quantitative research is a method of social research that uses statistical techniques. Quantitative surveys are more suitable for ascertaining the respondents' explicit and conscious opinions and attitudes, as they use standardized instruments. The research was carried out in the Family Health Units of a municipality in the interior of Minas Gerais.

All nurses working in the 18 teams of the Family Health Strategy were invited to participate in the research, with the only selection criterion being their agreement to participate in the research. Thus, the sample consisted of 18 nurses who agreed to participate in the research, by signing the Free and Informed Consent Term (FICT).

The present study was submitted and approved by the Research Ethics Committee of the Universidade do Estado de Minas Gerais – Passos unit, opinion nº 3, 621, 703 in accordance with resolution 466/2012 that regulates research with human beings.

For data collection, we used two instruments, the Maslach Burnout Inventory (MBI) questionnaire, translated and adapted to Portuguese by Tamayo (1997) and also a specific questionnaire for the surveyed nurses prepared for the study.

The questionnaire is defined as the investigation technique composed of a more or less high number of questions presented in writing to people, with the objective of knowing opinions, feelings, interests, expectations, situations experienced (FIGUEREIDO, 2007).

The questionnaire is a data collection instrument consisting of an ordered series of questions, which must be answered in writing (MARCONI e LAKATOS, 2003; FIGUEREIDO, 2007).

The syndrome can be measured using the Maslach Burnout Inventory (M. B. I.) questionnaire – developed in 1981 by Maslach and Jackson, it is one of the most used self-assessment instruments worldwide, which assesses professional burnout (TAMOI, 2012).

The current version consists of 22 items in the form of a Likert scale. The MBI is composed of 3 subscales: “emotional exhaustion”, “depersonalization” and “personal fulfillment”. These subscales assess probable manifestations of Burnout and although they concern different extensions, they are related to Burnout, where “personal fulfillment” is oppositely correlated with the Syndrome:

“Emotional exhaustion” is composed of 9 questions (1, 2, 3, 6, 8, 13, 14, 16, and 20), which reflect feelings of being emotionally exhausted and exhausted by work;

1-I feel emotionally exhausted by my work.

2-I feel exhausted at the end of a workday.

3-I feel tired when I get up in the morning and have to face another day at work.

6-Working all day is really a big effort for me.

8-I feel exhausted with my work.

13-I feel frustrated with my job.

14-I feel like I'm working too hard at my job.

16-Working directly with people makes me very stressed.

20-At my job, I feel like I'm at my limit.

The “depersonalization”, formed by 5 items (5, 10, 11, 15 and 22) that describe impersonal responses;

5-I feel that I treat some of my patients as if they were objects.

10-I feel that I have become more insensitive to people since I started this job.

11-I feel that this job is hardening me emotionally.

15-I don't really care what happens to some of my patients.

22-I feel that patients blame me for some of their problems.

And finally, “personal fulfillment”, which consists of 8 questions (4, 7, 9, 12, 17, 18, 19 and 21), which describe feelings in terms of capacity and successes achieved in working with people, the latter it is inversely

3. Results

Characterization of nurses participating in the study according to sociodemographic variables

Of the 18 nurses participating in the study, all were female, 18 (100%), single, eight (44%), aged between 31 and 40 years, 11 (61%), 14 (78%) had children. (39%) worked in healthcare for between one and 10 years, and seven (39%) between 11 and 20 years, professional training 15 (83%) were postgraduates in a specialization level, reported having taken sick leave seven (39%), answered negatively about the knowledge of the meaning of Burnout Syndrome seven (39%).

The sociodemographic data of the study are described in Table 1 below:

Table 1: Distribution of nurses from the Family Health Units participating in the study according to sociodemographic variables

Variables		N	%
Age	20 a 30 years	02	11
	31 a 40 years	11	61
	41 a 50 yeras	05	28
Sex	Sexmale	0	0
	Female	18	100
Marital status	Married	06	33
	Separated	01	06
	Single	08	44
	Loved	03	17
Sons	Yes	14	78
	No	04	22
Working time in the area	01 a 10 years	07	39
	11 a 20 years	07	39
	21 a 24 years	04	22
Professional qualification	Graduation	03	17
	Specialization	15	83
Training time	04 a 10 years	09	50
	11 a 16 years	09	50
Have another job	Yes	02	11
	No	16	89
Sick leave	Yes	07	39
	No	11	61
Reason for removal	Surgey	03	43
	Accident	01	14
	Depression	03	43
Do you know what burnout syndrome is?	Yes	11	61
	No	07	39

Characterization of the nurses participating in the study according to the application of the Maslach Burnout Inventory (MBI) questionnaire

Of the 18 nurses participating in the study regarding the MBI responses, nine (50%) identified with a high level of Emotional Exhaustion (EE), 12 (67%) with a high level of Depersonalization (DE) and one (06%) with a medium level of Reduced Professional Achievement (RRP). The data are presented in Table 2 below:

Table 2: Distribution of nurses participating in the study according to the results of the application of the Maslach Burnout Inventory (MBI) questionnaire, for the investigation of Burnout Syndrome

Dimension	Level	N	%
Emotional Exhaustion	Elevated	09	50
	Medium	07	39
	Short	02	11
Depersonalization	Elevated	12	67
	Medium	05	28
	Short	01	05
Low Professional achievement	Elevated	17	94
	Medium	01	06
	Short	00	00

For the first two subscales (EE and DE), according to Malash (2019) 1986 “high scores define a high degree of predisposition to burnout, while for the last one (PR), low scores mean a high degree of predisposition to BS – this independent of the others”.

Thus, from the results, it is observed that although nurses feel exhausted and with little sensitivity in dealing with the clientele, 17 (94%) still feel fulfilled with the profession, since professional fulfillment was evaluated with levels tall.

4. Discussion

There is a propensity for the development of the syndrome among nursing professionals, since they are the health professionals who have the most direct contact with the patient and their families and, therefore, are at greater risk of illness (CARVALHO e MAGALHAES, 2017).

It also contributes to the greater vulnerability of nurses to develop the BS, the responsibility of the profession, and the demand for “knowledge and skills that go beyond the limits of professional capacity” 19. Of the 18 nurses participating in the study, all were female, 18 (100%), single, eight (44%), aged between 31 and 40 years, 11 (61%), had children, 14 (78%), between 11 and 20 years, vocational training 15 (83%) were postgraduates at a specialization level.

Personal characteristics such as age, marital status, children, gender, educational level, motivation and idealism, according to studies, do not appear as triggers of Burnout, but as inhibitors or facilitators of stressors. A higher incidence of Burnout has been observed in young individuals under the age of 30 years, perhaps related to professional inexperience, insecurity or clash between illusions and reality (TELLES, 2018).

The marital status, still according to the same authors mentioned above, while some researchers attribute the trigger to the lack of a steady partner, others claim the opposite, raises the need to pay attention to the quality of the relationship and not only to the existence or not of a partner. In relation to children, the existence of paternity balances the professional, for others the existence of children living with their parents is a source of stress.

The authors also state that regarding the educational level, they found in their studies that groups with a higher educational level are more likely to develop Burnout than groups with a lower level of education, due to the personality factor, which they consider a factor of strong influence. in triggering Burnout, as it interacts in a complex way with stressors, both increasing and inhibiting them (STACCIARINI e TROCCOLI, 2015).

Women in general have presented higher scores in situations of emotional exhaustion. This is related to the double working day (work and home), in men depersonalization is more present, perhaps because of the difficulty in expressing feelings such as anger, hostility and indignation (BAPTISTA, et al.2014).

Based on the results of the present study, it can be seen that the variable gender had a predominance of female participants (100%). These data corroborate a study in which the authors emphasize that the propensity of the nursing activity to be identified as a female activity, combined with the form of commitment and affectivity, and also the double working day consisting of activities with the family and housing combined with professional activities can influence the emergence of BS. Thus, they recognize that the amount of work is one of the main factors for EE, when considering the majority of the investigated nurses to be female, they emphasize that the double daily shift makes the work exhausting and exhausting, which is reflected in the high results in the levels of EE for 50% of the participating nurses (TELLES e PIMENTA, 2019).

Emotional exhaustion is the first element of the Syndrome, as a defense, the pain of wanting and not being able to invest more energy, the worker develops a psychic and emotional distance from the people he serves and from their relationships, and can even affect their social relationships, developing the depersonalization process. Therefore, with the passage of time and the probable exhaustion of the forms of management, the situation can worsen, compromising the performance and health of the worker. "Psychological exhaustion is defined as feelings of exhaustion and tiredness present in the individual as a result of his work" (FRANÇA, et al.2017).

Thus, emotional exhaustion presents itself in the form of symptoms of tiredness, irritability, propensity to accidents, signs of depression, signs of anxiety, use of alcohol, cigarettes or other drugs, emergence of diseases, especially those called adaptation or psychosomatic (LIX, 2017).

EE was found in 50% of the participants and 43% of these nurses in the study had taken time off work due to depression.

Regarding depersonalization (DE) it was found that 67% of the nurses had a high level, which shows an interference in care since this dimension of burnout affects the professional's interpersonal relationship with the user, characterized by a cold and distant relationship (FARIA, et al.2016).

Depersonalization does not mean that the individual no longer has his personality, but that it has suffered or is

undergoing changes. It corresponds to the development, on the part of the professional, of negative and insensitive attitudes towards the people with whom they work, treating them as objects (LIX, 2017; MASLACH, 2019)

Emotional exhaustion and depersonalization are gradual and tend to increase over time due to issues related to.

5. Conclusion

The present study could not comprehensively investigate all aspects involved in the Syndrome, therefore, we chose only to investigate the identification of its occurrence or not, in a professional category, which so well fits the description.

Based on the present study, it was possible to verify an important commitment of nurses who work in Primary Health Care in relation to BS due to the high levels of EE (50%) and DE (67%) which are characterized as an average level of burnout.

This result shows a compromise in the professional's quality of life as well as in the care provided to patients, family and community, proving the interference of the syndrome related to personal and organizational aspects.

For 39% of the nurses participating in the study, BS was unknown, this fact deserves attention, because in order to face the problem there is a need to learn to identify it. Although 61% of the participants answered positively about the definition of the syndrome, they were not asked about the coping strategies, so, with this study, we cannot say that they would really know how to deal with the problem.

In this context, the health institution, based on the managers, must program educational and preventive actions to face and resolve conflicts in the work environment, thus avoiding the aggravation of burnout cases, since the Syndrome causes damage to health. of workers and also with regard to the care provided by these professionals in the daily care of users, family and community.

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