



Burnout Syndrome in nursing professionals at a hospital in Piauí

Síndrome de Burnout em profissionais de enfermagem de um hospital no Piauí

Tânia da Rocha Santana¹, Ana Livia Castelo Branco de Oliveira², Girlene Ribeiro da Costa³, Mychelangelo Assis Brito⁴, Lílian Machado Vilarinho⁵, Giovanna de Oliveira Libório Dourado⁶, Márcia Astrês Fernandes⁷

¹ Bachelor of Nursing from the Federal University of Piauí (UFPI), Floriano (PI), Brazil; ² PhD in Nursing from the Postgraduate Program in Nursing (PPGEnf) at the Federal University of Piauí, Teresina (PI), Brazil; ³ Doctoral student in Nursing by the Postgraduate Program in Nursing (PPGEnf) at the Federal University of Piauí, Teresina (PI), Brazil; ⁴ Doctoral student in Nursing by the Postgraduate Program in Nursing (PPGEnf) at the Federal University of Piauí (UFPI), Teresina (PI), Brazil. Permanent professor of the Nursing course at the Federal University of Piauí, Floriano (PI), Brazil; ⁵ PhD in Public Health from the Federal University of Maranhão, São Luís (MA), Brazil. Permanent professor of the Nursing course at the Federal University of Piauí, Floriano (PI), Brazil; ⁶ PhD in Nursing from the Postgraduate Program in Nursing (PPGEnf) at the Federal University of Piauí (UFPI), Teresina (PI), Brazil. Permanent professor of the Nursing course at the Federal University of Piauí, Floriano (PI), Brazil; ⁷ PhD in Fundamental Nursing from the University of São Paulo (USP), Ribeirão Preto, (SP), Brazil. Permanent professor of the Nursing course at the Federal University of Piauí, Floriano (PI), Brazil.

*Corresponding author: Ana Livia Castelo Branco de Oliveira - E-mail: analiviabranco@hotmail.com

ABSTRACT

To evaluate Burnout Syndrome in nursing workers at a Regional Hospital in Piauí. Transversal, descriptive, exploratory, with a quantitative approach. 67 nursing professionals participated: 17 nurses, 40 technicians and 11 assistants. The questionnaires applied were: a sociodemographic and job characteristics and the Maslach Burnout Inventory. The data were analyzed using the Statistical Package for the Social Science 23.0 program and discussed in the light of the theoretical framework on the theme. The sample consisted mostly of women, with a technical nursing course, more than one job, and extensive working hours. As for the dimensions of the Burnout Syndrome, these were low for: emotional exhaustion, depersonalization and professional achievement. Burnout was perceived in this sample of professionals through the expression of low personal fulfillment related to work, which points to dissatisfaction and illness at work.

Keywords: Burnout professional. Nursing. Occupational Health.

RESUMO

Este trabalho tem por objetivo avaliar a Síndrome de *Burnout* em trabalhadores de enfermagem de um Hospital Regional do Piauí. Trata-se de um estudo transversal, descritivo, exploratório, com abordagem quantitativa. Participaram 67 profissionais de enfermagem: 17 enfermeiros, 40 técnicos e 11 auxiliares. Os questionários aplicados foram: um sociodemográfico e sobre características do trabalho e o *Maslach Burnout Inventory*. Os dados foram analisados pelo programa *Statistical Package for the Social Science 23.0* e discutidos à luz do referencial teórico sobre a temática. A amostra foi constituída em sua maioria por mulheres, com curso técnico de enfermagem, mais de um vínculo empregatício, e jornada de trabalho extensa. Quanto às dimensões da Síndrome de *Burnout*, estas foram baixas para: exaustão emocional, despersonalização e realização profissional. Sendo assim, o *Burnout* foi percebido nesta amostra de profissionais através da expressão da baixa realização pessoal relacionada ao trabalho, o que aponta para a insatisfação e adoecimento no trabalho.

Palavras-chave: Enfermagem. Esgotamento profissional. Saúde do Trabalhador.

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INTRODUCTION

The work activity involves demands that interfere with the quality of life of men, reflecting on positive and negative aspects regarding their health. In this context, the illness of the worker acquires worldwide expression, and can be commonly represented by the Burnout Syndrome. The disease has three dimensions: professional exhaustion, with wear and loss of energy for work activities; depersonalization, when there is a loss of relational capacity and difficulty in meeting goals; and decreased professional achievement, there is a decline in self-esteem and self-confidence of the worker.¹

Burnout syndrome is registered in the International Classification of Diseases (ICD-10), it is a reality in the context of Brazilian workers. According to the International Stress Management Association in Brazil (ISMA-BR), in 2016 the country ranked second in the world ranking. Health professionals ranked third among the most affected.²

Burnout is insidious and has multiple symptoms, which makes it difficult for the sick person to perceive it. Emotional tiredness is its main characteristic.³ Without realizing it, the professionals themselves create defensive strategies in an attempt to modify, transform or minimize their suffering.

In the context of nursing work, scholars perceive defenses that are not always effective, with wear on interprofessional relationships resulting in suffering, defense and alienation. These maneuvers work as a way of survival in the face of unfavorable situations, and it is important to identify stressors and responses to stress.⁴

The stressors mentioned are, in general, from the work environment, recognized as causing occupational illness due to Burnout. Health professionals have been facing conditions of work overload, enhanced by covid-19. It deals with a new profile of the patient attended, with multiple needs, which reverberates in intense wear and tear for the team, with conditions that are not conducive to patient safety, in addition to the increase in hospitalization costs.⁵ Thus, the Burnout reverberates globally, being relevant as a target for studies and public policies.

Other stressors are present in the routine of nursing professionals, such as: the need for immediate and frequent decision-making, high degree of difficulty and responsibility, few human and material resources, lack of recognition, restriction of professional autonomy, among others.⁶

In this sense, the Public Ministry, by means of Federal Law 8.080/1990, determines the attention to occupational illness of health workers. Among its specificities is the attention to Occupational Health and its competencies, involving activities of epidemiological and sanitary surveillance, health promotion, in addition to the recovery and rehabilitation of individuals exposed to occupational injuries.⁷ However, despite the established right, the formulation of actions promoting and preventing occupational stress is still incipient and deserves greater investments.

In addition, Burnout is considered a serious public health problem, as it affects professionals and organizations, generating costs with absenteeism and presenteeism.⁸ In view of this concern, it is considered the importance of valuing the work developed by the nursing professional, as well as well as improving the quality of life and safety in nursing work, and in health services.⁹

With respect to the presented problem, the objective of this study was to evaluate Burnout Syndrome in nursing workers at a Regional Hospital in the state of Piauí.

METHODOLOGY

This was a cross-sectional, descriptive, exploratory, quantitative study carried out at a Regional Hospital in the municipality of São Raimundo Nonato, state of Piauí, an institution of medium complexity, referring to the population of the Serra da Capivara Territory. It is a hospital that serves a large part of the population in the south of Piauí, and through the provision of services.¹⁰ It relies on the assiduous work of nursing professionals, who are constantly exposed to risk factors for illness.

The research took place by intentional non-probabilistic sampling, with a population of 68

nursing professionals, a data referred by the hospital management when asked about the current number of active workers. Only one of these professionals was invited, but refused to participate in the study.

The research sample comprised 67 statutory nursing professionals, providers, contractors or who were part of the active staff at the institution during the data collection period, with more than 6 months of experience. Professionals on leave, vacation or sick leave during the collection period were excluded.

Data collection took place between August and November 2018. It was carried out by a nursing undergraduate student, born in the city where the field of study is located, supervised by a professor who was the supervisor of the project. Meetings for data collection were previously scheduled with the participant by telephone contact. Interviews took place in a private place, usually an empty classroom at the hospital.

Instruments delivered to the participants were: a self-administered questionnaire containing socio-demographic and work history data, authored by the researchers. This demanded a pilot test with one participant, being included in the final sample. The second questionnaire to assess Burnout Syndrome was the Maslach Burnout Inventory (MBI), developed by Maslach and Jackson (1986), translated and adapted by Benevides and Pereira¹¹, widely used in Brazil, under the public domain¹². Priority was given to the collection of sociodemographic variables of interest, those related to work and even those that referred to the domains of the MBI instrument.

MBI has 22 questions, distributed among the dimensions: 1) Emotional Exhaustion; 2) Depersonalization; 3) Professional Achievement, whose inverted score reveals reduced Professional Achievement. All items surveyed adopt a Likert scale that ranges from zero to six, being: (0) never, (1) once a year or less, (2) once a month or less, (3) a few times a month, (4) once a week, (5) a few times a week, (6) every day.¹²

A high degree of Burnout is reflected in high scores in the Emotional Exhaustion (EE) and Depersonalization (DE) dimensions and low scores in the Professional Achievement (PA) scale. An average de-

gree of Burnout is reflected in an average score in the three dimensions. A low degree of Burnout is reflected in low scores in the Emotional Exhaustion and Depersonalization dimensions and high scores in the Professional Achievement dimension.¹³ For Emotional Exhaustion, a score ≥ 27 indicates a high level; 17 to 26, moderate level; and < 16 , low level. For depersonalization, scores ≥ 13 indicate a high level, from 7 to 12, moderate; and < 6 , low level. The score related to Professional Achievement goes in the opposite direction to the others, since scores from 0 to 31 indicate high level, from 32 to 38, moderate level, and ≥ 39 low.

After collection, data were subjected to double entry in the Microsoft Office Excel® 2013, and then transported to the Statistical Package for the Social Science (SPSS) 23.0 software, where they were statistically treated with quantitative analysis. Variables were grouped separately by instrument, in order to facilitate the visualization of the extracted data and subsequent organization in tables. Values obtained in each answer of the questionnaire were organized in the form of tables and graphs. In the descriptive analysis of data, absolute values and percentages found through statistical treatment were compared, and then discussed in the light of the theoretical framework on the theme. To assess the factors of interest related to the three domains of the MBI, the calculations were made separately for each professional category.

The research was carried out after receiving institutional authorization and ethical consent from the research committee of the Federal University of Piauí, with opinion 2.763.945, subsidized by Resolution 466/2012 of the National Health Council, which deals with ethical procedures adopted in research with human beings.¹⁴ Participants were previously informed about the objectives, confidentiality and anonymity, and when they agreed, they were invited to sign the Informed Consent Form (ICF), proceeding with data collection.

RESULTS

Regarding the profile of the sample, female professionals (77.6%) predominated, aged 19 to 39 years (53.8%), married or in a stable relationship

(59.7%), with one or two children (59.7%), who declared themselves to be brown (64.2%), with an income between 1,000 to 2,999 reais (34.3%), and came from the municipality of São Raimundo Nonato (77.6%) (Table 1).

Table 1. Socioeconomic and demographic characterization of workers at the Regional Hospital of São Raimundo Nonato, state of Piauí, Brazil, 2018

Variable	Description	Absolute frequency	Relative frequency (%)
Sex	Female	52	77.6
	Male	15	22.3
Age (in years)	19 - 39	36	53.8
	40 - 59	27	40.3
	60 and over	03	4.5
	Not informed	01	1.5
Marital status	Single	18	26.9
	Married/stable union	40	59.7
	Divorced	08	11.9
		01	1.5
Education	Elementary	02	3.0
	High School	28	41.8
	Higher education	23	34.3
	Graduation	14	20.9
Race/Color	White	15	22.4
	Black	07	10.4
	Brown	43	64.2
	Yellow	02	3.0
Family income*	< 1,000 reais	06	9.0
	1,000 – 2,999 reais	23	34.3
	3,000 – 4,999 reais	21	31.4
	5,000 – 6,999 reais	09	13.5
	7,000 – 8,999 reais	03	4.5
	Not informed	05	7.5
Number of children	None	12	17.9
	1 - 2	40	59.7
	3 - 4	14	20.9
	Not informed	01	1.5
Origin	São Raimundo Nonato	52	77.6
	Teresina (PI)	1	1.5
	Other municipalities PI	10	14.9
	Other states	4	6.0
Total	-	67	100

* Family income: in reais (Minimum wage in 2018: R\$ 954.00).

Source: Research data (2018).

In relation to work characteristics, there was a greater number of nursing technicians (68.7%), with working time between 0 and 5 years (31.3%), a prevalent weekly shift between 37 and 60 hours (64.2 %),

presence of two employment relationships (68.7%), with the predominant connection of the hospital under study: statutory (59.7%) (Table 2).

Table 2. Labor characteristics of workers at the Regional Hospital of São Raimundo Nonato, state of Piauí, Brazil, 2018

Variable	Description	Absolute Frequency n	Relative Frequency (%)
Occupation/Function	Nursing assistant	04	6.0
	Nursing Technician	46	68.7
	Nurse	17	25.4
Working time (years)	0 - 5	21	31.3
	6 - 10	17	25.4
	11 - 15	11	16.4
	16 - 20	04	6.0
	21 and over	12	18.0
	Not informed	02	3.0
Number of employment contracts	1	17	25.4
	2	46	68.7
	3	02	3.0
	Not informed	02	3.0
Employment contract	Statutory	40	59.7
	Service provider	13	19.4
	Hired	13	19.4
	Not informed	01	1.5
Weekly workload (hours)	12 - 36	10	14.9
	37 - 60	44	64.2
	61 and over	12	17.9
	Not informed	02	3.0
Total	-	67	100

Source: Research data (2018).

Regarding the number of sleep hours of these professionals per day, it was found that more than half slept between 7 and 9 hours (53.7%), however the number of those who slept only 4 to 6 hours a day was highlighted (37.3%) (Table 3).

Although the majority of workers practice some physical exercise (53.7%), the percentage of sedentary people (43.3%) is noteworthy. On the other hand, more than half of the workers claimed to have a leisure activity (65.7%). There was a report of chronic disease (22.4%), such as arterial hypertension (9.0%) and diabetes mellitus (3.0%) (Table 3).

Table 3. Life habits and health problems reported by nursing professionals at the Regional Hospital of São Raimundo Nonato, state of Piauí, Brazil, 2018

Variable	Description	Absolute Frequency	Relative Frequency (%)
		n	
Hours of Sleep	4 - 6	25	37.3
	7 - 9	36	53.7
	10 - 12	06	9.0
Physical Exercise Practice	Yes	36	53.7
	No	29	43.3
Leisure Activity	Yes	44	65.7
	No	22	32.9
	Not informed	01	1.5
Chronic disease	Yes	15	22.4
	No	52	77.6
Type of Disease	Diabetes Mellitus	02	3.0
	Dyslipidemia	01	1.5
	Arterial hypertension	06	9.0
	Glaucoma	01	1.5
	Respiratory	03	4.5
	Allergic rhinitis	01	1.5
	Others	01	1.5
Total	-	67	100

Source: Research data (2018).

The MBI questionnaire made it possible to identify Burnout symptoms among the participants. Most of the nursing professionals at that hospital had low emotional exhaustion (59.7%), low depersonalization (58.2%) and low professional achievement (64.2%). Therefore, the Burnout Syndrome is expressed by the dimension of professional achievement, which defines the presence of the syndrome in most of the studied sample (Table 4).

Nursing technicians, when observed in isolation, represented the group that was concerned about the expressiveness of the dimension high depersonalization (21.7%), high emotional exhaustion (17.4%), as well as low professional achievement (65, two%). On the other hand, among nurses, it was possible to observe important levels of emotional exhaustion (17.6%), and low professional achievement (58.8%) (Table 4).

Table 4. Distribution of the dimensions of the Maslach Burnout Inventory (MBI) by class of worker in the sample, state of Piauí, Brazil, 2018

Dimension (level)	Nursing assistant n (%)	Nursing technician n (%)	Nurses n (%)	Total n (%)
Exaustão emocional				
Low	2 (50.0)	28 (60.9)	10 (58.8)	40 (59.7)
Moderate	0 (0.0)	10 (21.7)	4 (23.5)	14 (20.9)
High	2 (50.0)	8 (17.4)	3 (17.6)	13 (19.4)
Depersonalization				
Low	2 (50.0)	24 (52.2)	13 (76.5)	39 (58.2)
Moderate	2 (50.0)	12 (26.1)	2 (11.7)	16 (23.9)
High	0 (0.0)	10 (21.7)	2 (11.7)	12 (17.9)
Professional achievement				
Low	3 (75.0)	30 (65.2)	10 (58.8)	43 (64.2)
Moderate	1 (25.0)	10 (21.7)	4 (23.5)	15 (22.4)
High	0 (0.0)	6 (13.0)	3 (17.6)	9 (13.4)
Total	4 (6.0)	46 (68.6)	17 (25.4)	67 (100.0)

Source: Research data (2018).

DISCUSSION

The sociodemographic and economic profile of nursing professionals participating in this study is similar to other groups working in Brazilian hospitals.^{15,16}

As for the predominance of females, it is related to the charitable historicity of the profession. It is worth mentioning that, combined with feminist struggles for rights, the nursing category has become a rich field for space for conquests and economic independence.¹⁷

In this dynamic, a study carried out with 260 health workers in southern Brazil, which assessed occupational stress using the Job Stress Scale, obtained as evidence a mostly female sample, with a higher level of education, high job demand, high control and low social support.¹⁸

In Piauí, in 2019, there was a population of approximately 37 thousand nursing professionals. Most of them consist of nursing technicians (54%), with complete secondary education and income below three minimum wages.¹⁹ This study corroborates this profile, since the highest percentage of the participating nursing staff belongs to the nursing technician category.

In this study, it is noteworthy that most of the participants had a double employment contracts, with

an extensive weekly workload. From the perspective of Occupational Health, this is a precursor to illness. Therefore, scholars of the theme refer to the adoption of more than one employment contract by the nursing professional as an attempt to increase family income, which generates physical and psychological overload, disfavoring family relationships, leisure, among other human needs.⁵ Physical and mental health of the professional progressively goes against the social and economic needs of this group and coincide with the imminence of diseases such as Burnout Syndrome, the target of study.

Regarding the workday, when in excess or for inadequate shifts, there is an increase in psychological and physiological loads in general and reduced productivity, favoring the occurrence of occupational accidents.²⁰ These data are important because they allow the understanding of Burnout as an emerging problem in the work environment.

An integrative review that analyzed scientific evidence about occupational stress in nursing professionals and coping strategies reported that the category carries out its activities in stressful contexts. Coping strategies indicated for effective care are minimal material, personal and structural conditions, in addition to valuation. The study also found that young age can interfere with stress, considering the possibility of

greater insecurity in work practice, which increases exposure to environmental stressors.²¹

The type of contract found prevailed as statutory, however the number of service providers and contractors was significant, demonstrating the existence of weaknesses in the employment relationship in the sample studied. This instability associated with the other study variables presented reinforces the probability that the professional will develop symptoms of stress and Burnout Syndrome.

Regarding the characterization of this employment contract in quantity and quality, scholars reflect on the social origin of the nursing workforce, one of the main health professions, and identifies the amount of work in the class from the financial capital appreciation cycle.²² Thus, the need to compress work based on the integrality of the worker's needs and their exposure to environmental risk factors is validated.

As for life habits, the practice of physical exercise was verified in more than half of the research participants, demonstrating a concern of professionals with health. Leisure activities are part of the routine of professionals and are valuable habits for the physical and mental health of the worker. Physical exercise has been related to the reduction of cardiovascular diseases and improved quality of life.²³

In contrast, a study carried out in the Basic Health Units in Santa Maria (state of Rio Grande do Sul) reveals that half of the health professionals do not perform physical activities and many also did not have leisure activities, time for self-care, with losses for work and quality of life²⁴. It is therefore important to recover these health protection factors.

Sleep is another important element and interferes with the quality of work during the routine. This is because the professional who has a good sleep/rest is willing to perform their activities. In this study, the proportion of those who sleep little was expressive: less than 4 to 6 hours. Another study highlights the poor quality of night sleep and its relationship with the Burnout Syndrome evidenced by MBI and was also verified in another group of nursing technicians.²⁵

As for chronic diseases, a small portion of the study made reference, with emphasis on arterial hy-

pertension, followed by diabetes. On the other hand, the presence of cardiovascular diseases should be discussed, considering that the same occupational stressors mentioned, as they stimulate psychosocial stress, can reverberate in the potentiation of other diseases.²⁶

Entering the dimensions of Burnout Syndrome, emotional exhaustion and depersonalization at high levels were highlighted. However, in the professional achievement dimension, there is a significant change in decline, a negative aspect for the quality of life of the worker, as well as suggesting the presence of the Syndrome.

Among the categories within nursing, technicians were the most affected by changes in the dimensions of Burnout. The second most affected group was nurses.

Despite the data pointing to a small number of participants with Burnout, there was representativeness in some isolated questions of the MBI, with agreement between an important part of the professionals regarding feeling exhausted at the end of the work day, sometimes a week, and feeling on the edge at least once a month. Besides that, it was mentioned by respondents that working with people every day requires a lot of effort.

On the highlight of Brazil and its conditions of illness of nursing professionals due to Burnout, a comparative study carried out with Spain based on the MBI indicated higher scores of Brazilians in the dimension of Professional Achievement ($p = 0.031$), while the Spanish have higher averages in Depersonalization ($p = 0.004$). There was an association between the dimensions of Burnout with age, work regime, work shift, length of professional experience, among other variables.²⁷

Thus, the defining characteristics of Burnout Syndrome and the very reality of the nursing professional need to be understood by the scientific community and society as they have an impact on the increase of adverse health events in the hospital organization, causing low quality of care and patient safety. Diagnosed professionals need to be treated, so that they can recover, and return to their activities, in a way that they feel fulfilled with their functions²⁸.

The contexts presented show the need for improvements in the ways of working, in order to improve the quality of life of professionals, aiming at satisfaction in nursing performance. Therefore, there is a need to renew an environment with welcoming characteristics, more human resources, and reduced working hours.

Studies like this reveal the need to discuss the worker's quality of life in order to recognize the importance of protective factors that enhance health. The "Freedom of Expression" in the health work environment, for example, was identified by scholars as a protective resource associated with professional achievement and, therefore, with pleasure at work.^{29,30} Thus, positive impacts are expected on occupational stress and burnout reduction.

It is observed that the variables studied and the data obtained dialogue with the characteristics of Burnout, and with nursing professionals in other studies, facilitating the assessment of the phenomenon in the studied reality.

The research had some limitations, such as the participants' difficulties in filling out the questionnaires, circumvented with the help of the researcher. In general, the professionals were collaborative in providing information and this moment provided them with moments of reflection about the quality of life at work and their daily lives.

CONCLUSION

Burnout Syndrome was assessed in nursing workers at a Regional Hospital in Piauí, which was characterized by low levels of depersonalization and emotional exhaustion, in contrast to the high level of low professional achievement, which points to dissatisfaction and illness at work.

Considering the impact of Burnout Syndrome among nursing professionals, it is incipient to direct control policies to this problem. Thus, this study aims to contribute to greater visibility of the theme at the local and global level. It implies that the study of the theme also reverberates in directing society's view

to the working conditions of nursing professionals, which promotes issues such as the definition of the appropriate salary floor for the workload.

At the local level, management and professionals had access to the results and will be able to rethink risk and protective factors for Burnout. At the global level, it will bring impacts to the management of preventive interventions aimed at identified risk factors, and will foster a scientific collection about the reality of nursing work.

Data imply the diagnosis of illness by a group of nursing workers, which opens up the reality of the category and also points to the need for improvements in the promotion of work, considering the identified and mentioned risk factors.

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