

Burnout among nursing professionals that work in a psychiatric complex

O burnout em profissionais de enfermagem que atuam em um complexo psiquiátrico

Burnout en profesionales de enfermería que trabajan en un complejo psiquiátrico

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Abstract: **Aim:** To investigate burnout in nursing professionals working in a Psychiatric Complex. **Method:** exploratory, quantitative research conducted with 42 nursing professionals. For the collection, we used an instrument consisting of sociodemographic and professional data, and the *Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo* - CESQT. **Results:** when considering the percentile, 17 (40.5%) nursing professionals had very low levels suggestive of burnout. Length of service in the institution was associated with psychological burnout ($p = 0.03$). **Conclusion:** on average, the respondents did not show values suggestive of burnout; however length of service in the profession was associated with the dimensions of the injury. It is noteworthy that preventive measures should be performed to eliminate or reduce the possible chances of onset of this disease.

Descriptors: Mental health; Occupational Health; Burnout, Professional **Resumo:** **Objetivo:** investigar o burnout em profissionais de enfermagem que atuam em um Complexo Psiquiátrico. **Método:** pesquisa exploratória, quantitativa, realizada com 42 profissionais de enfermagem. Para a coleta, utilizou-se um instrumento constando de dados sociodemográficos e profissionais, e o Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo - CESQT. **Resultados:** quando considerado o percentil, 17 (40,5%) profissionais de enfermagem encontravam-se com níveis muito baixos sugestivos de burnout. O tempo de trabalho na instituição teve associação com o desgaste psíquico ($p = 0,03$). **Conclusão:** em média, os entrevistados não apresentaram valores sugestivos do

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burnout, porém o tempo de atuação esteve associado às dimensões do agravo. Ressalta-se que medidas de prevenção devem ser realizadas para eliminar ou reduzir as possíveis chances de surgimento do agravo.

Descritores: Saúde mental; Saúde do trabalhador; Esgotamento profissional

Resumen: **Objetivo:** investigar el agotamiento en los profesionales de enfermería que trabajan en un complejo psiquiátrico. **Método:** investigación exploratoria cuantitativa realizada con 42 profesionales de enfermería. Para la recopilación, utilizamos un instrumento que consta de datos sociodemográficos y profesionales, y la Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo - CESQT. **Resultados:** al considerar el percentil, 17 (40.5%) profesionales de enfermería tenían niveles muy bajos que sugerían agotamiento. El tiempo de trabajo en la institución se asoció con agotamiento psíquico ($p = 0.03$). **Conclusión:** en promedio, los encuestados no mostraron valores sugestivos de agotamiento, pero la duración de la acción se asoció con las dimensiones de la lesión. Es de destacar que se deben tomar medidas preventivas para eliminar o reducir las posibles posibilidades de aparición de la enfermedad.

Descriptores: Salud mental; Salud laboral; Agotamiento Profesional

Introduction

Currently, there is more concern with employee health, due to the relationship with productivity. Achieving the goals imposed by the service requires healthy and competent employees, however, in many companies, the employee works under pressure, which causes pathologies, dissatisfaction and demotivation that can lead to fatigue, sleep disorders, stress and Burnout Syndrome.¹

Burnout Syndrome, also known as Occupational Exhaustion Syndrome, refers to a worker's physical and mental response to prolonged exposure to stress in the workplace.² It is a type of work-related stress in which a worker feels consumed physically and emotionally, which culminates in exhaustion, aggression and irritation.³

There is a growing concern regarding the issue of stress among health professionals, since, due to work-related stress and contact with patients, they can develop acute and / or chronic reactions, which can trigger Burnout Syndrome.⁴ Nurses especially, are more predisposed to develop the syndrome because they act directly with people who are sick, require nursing care and die, which demands constant attention.⁴

Regarding the professionals who work in mental health, it is noteworthy that the work performed, because it involves psychological problems in their daily lives, can cause emotional overload. Their involvement with patients with psychological disorders and other co-workers who have different opinions favors the generation of suffering, which interferes with the quality of the service provided and contributes to the onset of work-related health problems, including burnout.⁵

The psychiatric hospital has characteristics that favor professional overload.⁶ In this environment, the nursing professional needs to be in a permanent state of alert due to the patient's psychological changes (mood, sleep, personality, aggression and unpredictability) which may harm their health.⁷

A study conducted on nursing professionals at a psychiatric hospital showed that the organization and working conditions contributed to the illness of the staff. The repetitive tasks, risk conditions, inadequate physical structure and noise exposure were factors that contributed to a serious risk of work-related illness.⁷ This fact highlights the need for investigations to assess the presence of physical injuries, psychological and emotional problems among nursing professionals working in the mental health area and more specifically in psychiatric hospitals.

The above gave rise to the following research question: do nursing professionals who work in a Psychiatric Complex suffer burnout? Is there a relationship between sociodemographic and professional data with burnout?

Therefore, the present study aims to investigate burnout among nursing professionals working in a Psychiatric Complex.

Method

This is an exploratory field study with a quantitative approach, carried out in a Psychiatric Complex located in the city of João Pessoa, Paraíba, Brazil. The Hospital staff are service providers with and without a defined employment contract, or work on a statutory basis.

The study universe comprised 24 nurses and 54 nursing technicians, and the convenience sample consisted of 42 nursing professionals, of whom 23 were nurses and 19 nursing technicians, who met the following inclusion criteria: be practicing their professional activities in the Psychiatric Complex at the time of data collection and have at least six months of experience in the service. It should be noted that 35 professionals did not participate in the study because they were not in the hospital during the data collection period, or refused to answer the instruments on the grounds that they were already participating in other research. In addition, one of the participants had worked less than six months in the institution, which was an exclusion criterion.

Data collection was performed from October to November 2017, using two research instruments. The first elaborated by the authors consisted of sociodemographic data (gender, marital status, income, and age) and professional data (length of service in the institution, length of service in the profession and work shift). The second instrument considers Burnout Syndrome *Cuestionario para la Evaluación of Quemarse Syndrome by Labor* (CESQT), this has been validated for use in Brazil⁸ and adapted to the investigated population, as present in studies.⁹⁻¹⁰ Since the instrument was originally developed for application with teachers, however it can be used in different cultures.⁸ It is noteworthy that the instrument in question has been used with various professionals¹¹⁻¹² and by authors who validated the original.¹¹

The CESQT assesses a person's cognitions, emotions, and attitudes in their work environment and is comprised of 20 items that address the following dimensions: Illusion (It) this refers to the desire to achieve work goals and leads to a source of personal satisfaction; Psychological exhaustion (Pe) characterized by emotional and physical exhaustion; Indolence

(In) refers to the presence of negative attitudes of indifference and cynicism towards the organization's clients as patients or students; and, finally, Guilt (G) characterized by negative behaviors and attitudes at work.¹³

Scores below 2 in the Illusion dimension and above or equal to 2 in the Psychological exhaustion, Indolence and Guilt dimensions indicate high levels of the syndrome. The overall score called *Síndrome de Quemarse por el Trabajo Total* [Burnout Syndrome by Total Labor] (Total SQT) was calculated from the following formula: $20 - It + Pe + In$.¹³

In addition, the direct scores corresponding to the CESQT scale were considered according to the percentiles (P). Scores are rated as follows: very low when less than or equal to P10; low when less than or equal to P33; average when less than or equal to P66; high when less than P90; and critical when greater than or equal to P90.¹³

The collected data were coded and entered in a spreadsheet, using Microsoft Excel 2010, in the form of an electronic database. Then they were presented with absolute and relative frequency, mean, standard deviation and confidence interval. The Shapiro-Wilk normality test was applied and it was verified that the data did not have a normal distribution. Subsequently, the nonparametric Mann-Whitney and Kruskal-Wallis tests were applied, with a confidence level of 5% and significance of 95%. These procedures were performed using the Statistical Package for Social Sciences - SPSS version 20.0 for Windows.

The project for this research was submitted to the Ethics and Research Committee of Unipê, according to resolution 466/12 and approved on October 19, 2017, under Resolution No. 2,339,045 and CAEE 70674917.0.0000.5176.

Results

A total of 42 nursing professionals participated in this study, their sociodemographic and labor characteristics are presented in Table 1.

Table 1. Distribution of participants in relation to sociodemographic and professional characteristics. João Pessoa - PB,, 2017 (N=42)

VARIABLES	N	%
Sex		
Male	06	14.3%
Female	36	85.7%
Marital status		
Single	15	35.7%
Married	17	40.5%
Separated	07	16.7%
Widow	03	7.10%
Income		
Not specified	02	4.80%
Up to 3 Min. salaries	31	73.8%
3 to 6 Min. salaries	09	21.4%
Age (yrs)		
20-29	05	11.9%
30-39	07	16.7%
40-49	07	16.7%
50-59	15	35.7%
60-69	07	16.7%
70-79	01	2.40%
Length of service in profession		
6 months-10 years	15	35.7%
11-20 years	07	16.7%
21-30 years	12	28.6%
31-40 years	07	16.7%
41-50 years	01	2.40%
Length of service in institution		
6 months-10 years	23	54.8%
11-20 years	04	9.50%
21-30 years	10	23.8%
31-40 years	04	9.50%
41-50 years	01	2.40%
Work shift		
Day	18	42.9%
Night	06	14.3%
Day/Night	18	42.9%

Table 2 presents the results from the CESQT questionnaire, in terms of mean, standard deviation, confidence intervals for the dimensions and total score.

DIMENSION	MEAN	SD	CI (95%)
Illusion	3.4098	0.75888	3.1702-3.6493
Psychological exhaustion	0.9125	0.94826	0.6092-1.2158
Indolence	0.7167	0.64957	0.5089-0.9244
Guilt	0.4857	0.44424	0.3473-0.6242
SQT Total	0.6940	0.61610	0.4943-0.8937

Table 2. Distribution of the participants in relation to the Direct Score (DS) of the CESQT scale, João Pessoa – PB, 2017. (N=42).

SD: Standard Deviation. CI: Confidence Interval. SQT Total: *Síndrome de Quemarse por el Trabajo Total*

Table 3 presents the statistics of each of the scores calculated taking into account the percentile, in order to evaluate the levels which reveal if an individual does or does not present burnout.

DIMENSION	P ≤ 10 N (%)	P 11-33 N (%)	P 34-66 N (%)	P 67-89 N (%)	P ≥ 90 N (%)
Illusion	3 (7.10%)	8 (19.0%)	9 (21.4%)	21 (50.0%)	-
Psychological exhaustion	22 (52.4%)	5 (11.9%)	9 (21.4%)	2 (4.80%)	2 (4.80%)
Indolence	8 (19.0%)	12 (28.6%)	13 (31.0%)	5 (11.9%)	2 (4.80%)
Guilt	12 (28.6%)	11 (26.2%)	17 (40.5%)	2 (4.80%)	-
SQT Total	17 (40.5%)	7 (16.7%)	12 (28.6%)	1 (2.40%)	2 (4.80%)

Table 3 – Distribution of the participants in relation the percentile of the CESQT scales. João Pessoa – PB, 2017 (n =42).

P= percentile. SQT Total: *Síndrome de Quemarse por el Trabajo Total*

Table 4 presents the relation between the sociodemographic and professional variables and the dimensions and general score for burnout.

Table 4 – Dimension and general score statistics according to sociodemographic and professional variables. João Pessoa – PB, 2017 (n = 42).

VARIABLES	It		Pe		In		G		SQT Total	
	M	p	M	p	M	p	M	p	M	p
Sex										
Male	3.37	0.60	0.67	0.59	0.64	0.99	0.23	0.14	0.64	0.89
Female	3.42		0.95		0.73		0.53		0.70	
Age (yrs)										
20-29	2.70	0.32	2.00	0.18	1.42	0.50	0.65	0.57	1.53	0.64
30-39	3.31		0.96		0.40		0.43		0.65	

40-49	0.31		1.18		0.55		0.46		0.63	
50-59	0.55		0.56		0.59		0.43		0.53	
60-69	3.60		0.67		0.90		0.29		0.68	
Marital status										
Single	3.54	0.28	1.30	0.21	0.76	0.74	0.47	0.63	0.80	0.31
Married	3.36		0.80		0.74		0.38		0.72	
Separated/ Divorced	3.32		0.50		0.57		0.44		0.59	
Widow	-		0.25		0.33		0.47		0.20	
Income										
< 3 salaries	3.54	0.33	0.93	0.59	0.80	0.12	0.49	0.09	0.72	0.61
3-6	0.32		0.97		0.39		0.27		0.70	
Length of service in profession										
≤ 10	3.17	0.19	1.16	0.45	0.74	0.59	0.47	0.36	0.88	0.72
11-20	0.39		1.04		0.52		0.57		0.53	
21-30	3.60		0.65		0.63		0.30		0.56	
> 30	3.50		0.67		0.92		0.40		0.71	
Length of service in institution										
≤ 10	3.30	0.19	1.07	0.03	0.69	0.79	0.50	0.07	0.80	0.59
11-20	-		1.33		0.66		0.60		0.62	
21-30	3.60		0.63		0.70		0.22		0.58	
Acima de 30	-		0.06		0.83		0.50		0.35	
Work shift										
Day	3.53	0.85	0.81	0.20	0.67	0.96	0.41	0.48	0.64	0.64
Night	3.57		0.54		0.67		0.37		0.56	
Day/Night	3.38		1.14		0.73		0.46		0.80	

It: illusion. Pe: Psychological exhaustion. In: indolence. G: Guilt. SQT Total: *Síndrome de Quemarse por el Trabajo Total*. M: Mean. p: value of p

Discussion

It was observed that nursing professionals working in the psychiatric hospital presented average scores that do not characterize burnout, although they are facing occupational situations that generate overload and dissatisfaction due to the presence of security bars and crowding of the wards, noise, odor, combined with an excessive workload. Thus the work conditions favor the disease process and compromise the quality of services provided.¹⁴⁻¹⁵

High mean scores were found for the Illusion dimension. A study conducted with psychologists showed that Illusion related to work dimension reached a mean of 2.96. This fact

demonstrates that individuals “frequently” believe they achieve their professional goals and that these have been perceived as an important source of professional achievement, as in the present research.¹⁶

In the general Burnout Syndrome score, most nursing professionals (40.5%) had very low levels to present burnout, however 28.6% presented a medium level. Psychological exhaustion levels were mostly low (52.4%). Most participants presented medium level for burnout in the Indolence dimension (31.0%) and Guilt (40.5%), and high for Illusion (50%).

A study of 311 professors from three higher education institutions in the areas of health (medicine, nursing and physical education), Humanities (languages and pedagogy) and Exact Sciences (engineering and mathematics) concluded that indolence was present when related to unfavorable relationship situations, with colleagues and students, thoughts of changing careers, less free time on the weekend, desire for better working conditions, and poorer health perception.¹⁷

When investigating the mean scores of men and women and the relationship with burnout, it was found that in general men and women did not present the syndrome, although women had higher averages for all scores. It is noticed that the work performed is more attractive and promotes a greater source of personal satisfaction¹³ for women when compared to men.

Although women present higher values for all scores, it was found that there was no statistical significance on comparison of mean scores between genders. Another study investigated Burnout Syndrome among health professionals working in a children's hospital demonstrated that there was no significant difference between the sexes. However, in the research in question, a different burnout assessment tool was used, i.e. the Maslach Burnout Inventory-Human Service Survey.¹⁸

It is highlighted that, on the contrary to expectations, individuals earning more than three minimum wages had a low mean Illusion, although no statistical significance was identified. Corroborating the present research, a study that aimed to analyze the predictors of Burnout Syndrome in nurses working in mobile pre-hospital emergency services, based on the Maslach Burnout Inventory, showed that professional achievement had a higher average in those who had values equal to or less than five minimum wages and lower among those with an income equal to or greater than ten minimum wages.¹⁹

The length of service in the institution was associated with the onset of burnout. Professionals working in the psychiatric hospital from 11 to 20 years present a higher average for Psychological exhaustion ($p = 0.03$). Thus, they present a higher risk of having work-related mental and physical exhaustion.¹³ Another study conducted with professionals working in a university hospital, using the Maslach Burnout Inventory-Human Service Survey, showed a statistical significance between the variables of marital status, income, looking for a health professional, lack of interest in the profession and having other employment. There was no significance with the variable length of service, gender, age and marital status.²⁰

In this context, an integrative review study stated that personal factors such as gender, age and marital status alone are not considered possible causes of the disease. While, autonomy, working conditions and availability of material interfere with work activity, which combined with overload due to working hours, fixed shifts and low wages, can cause mental illness in workers and, consequently, lead to the onset of burnout.²¹

It was found that individuals who worked the night shift felt more personal fulfillment, and although it was not statistically significant, there are advantages to working at this time, mainly related to the reduction of turnover of staff in the sectors, which leads to greater adaptation, less intense work and easier care delivery, with consequent improvement in the quality of care that is offered.²²

A study sought to analyze factors associated with burnout, according to the work shift of nursing professionals, using two instruments: Maslach Burnout Inventory-Human Service Survey and Demand-Control-Support. It was found that night shift professionals presented lower levels of Burnout Syndrome and were more satisfied with leisure. In the day shift, the high demand for work, low social support and control over work, dissatisfaction with sleep and financial resources, being a nurse and sedentary lifestyle were associated with the dimensions of burnout. While, in the night shift, having children, having no religion, dissatisfaction with sleep and leisure, shorter length of service in the institution, and being a nursing assistant or technician increased the chances of presenting the syndrome.²³

Another study that aimed to evaluate the level of professional exhaustion among nursing professionals working in intensive care, using a questionnaire covering information regarding sociodemographic, professional, leisure activities, predictors and somatic symptoms related to Burnout Syndrome and Maslach Burnout Inventory, identified in their sample that the chance of acquiring Burnout Syndrome was significantly higher among employees working two or more shifts (OR = 4.07; CI = 95% (1.13 - 14.5); p = 0.031).²⁴ This corroborates the present study, in which the highest averages were for individuals working in two shifts.

Nursing professionals working in mental health services are subject to several factors that lead to work overload in addition to those already mentioned, such as the degradation of the infrastructure, conditions of services and low remuneration. The World Health Organization (WHO) has recommended studies on the impact of work on psychiatric health professionals, with a view to optimizing organizational processes, training and quality, which can significantly reflect both on the health of professionals and the quality services provided.²⁵

Conclusion

Burnout in the psychiatric context may present itself as the product of a negative interaction between workplace, work team and patients, not as an isolated phenomenon, but a triad with a significant occupational risk. Among the variables investigated, only the time of work in the institution was associated with the appearance of the syndrome and its dimensions.

On average, respondents did not present burnout. However, when evaluated the percentiles of each individual, it was evident that some of the interviewees had medium levels of psychological exhaustion, indolence and guilt. There were few professionals who presented high and critical levels of Psychological exhaustion, Indolence and Total SQT. Although a small number, this fact becomes worrying, as some professionals in the nursing team working in the mental health area are experiencing professional exhaustion, and this could negatively influence the care provided to the patient.

In psychiatric settings, the patient is often under treatment for fits and can be aggressive. The fact that dealing with these patients, plus work overload, can render professionals in this sector more susceptible to mental illness, and Burnout Syndrome. Thus, moments of relaxation, leisure and relaxation are necessary. In addition, practices related to caregiver care can help these professionals and reduce the chances of a physical, mental and emotional illness.

The study had some limitations: the refusal of participants to answer the survey, thereby reducing the sample size; the fact that the instrument is completed by the participant leads to the loss of some information; the use of a single burnout assessment instrument; conducting only one research approach; and data collection was restricted to professionals from a single institution.

Thus, a survey of nursing teams working in the mental health area and other sectors, at the state and national level in Brazil, is necessary to confirm the variables associated with the onset of burnout and its presence in the investigated population. Mixed studies are needed to improve investigations into the factors associated with the onset of burnout.

The present research serves as a warning to nursing professionals working in mental health regarding the possibility of developing burnout; thereby contributing to an awakening of the scientific community and society in general to knowledge of an increasingly serious work-related health problem and corroborating with the provision of actions to reduce the number of affected professionals.

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