

Prevalência da Síndrome de *Burnout* em profissionais de enfermagem da atenção básica à saúde

Prevalence of Burnout Syndrome in nursing professionals of basic health care

Prevalencia del Síndrome de *Burnout* en profesionales de enfermería de atención de la salud básica

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ABSTRACT

Objective: To estimate the prevalence of Burnout Syndrome among the Primary Health Care nurses in a city of Bahia Southwest. **Methods:** Cross-sectional study, conducted with 60 nursing professionals of primary care. We used a sociodemographic and occupational questionnaire, and the Maslach Burnout Inventory. Data were tabulated using SPSS, version 22.0, and analyzed using descriptive statistics. **Results:** The prevalence of Burnout Syndrome was 58.3% according to the criteria of Grunfeld et al, and 16.7% according to Ramirez et al., they have found high levels in the dimension depersonalization (48.3%). and low job satisfaction (56.6%). The prevalence of Burnout Syndrome in the study population was high, as was the high rate predisposition to develop this syndrome. **Conclusions:** The study pointed out the need to implement preventive and interventional measures to ensure a beneficial and promising health work environment.

Descriptors: Burnout; Nursing staff; Primary Health Care.

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RESUMO

Objetivo: Estimar a prevalência da Síndrome de *Burnout* entre profissionais de enfermagem da Atenção Básica à Saúde de um município do sudoeste baiano. **Método:** Estudo de corte transversal, realizado com 60 profissionais de enfermagem da Atenção Básica. Utilizou-se um questionário sociodemográfico e laboral, e o *Maslach Burnout Inventory*. Os dados foram tabulados no SPSS versão 22.0 e analisados segundo estatística descritiva. **Resultados:** A prevalência de Síndrome de *Burnout* foi de 58,3%, de acordo os critérios de Grunfeld *et al.*, e de 16,7% segundo Ramirez *et al.*. Encontraram-se altos níveis na dimensão despersonalização (48,3%) e baixa realização profissional (56,6%). A prevalência da Síndrome de *Burnout* na população estudada foi alta, assim como foi alto o índice de predisposição para desenvolver esta síndrome. **Conclusões:** O estudo apontou a necessidade de implementação de medidas preventivas e interventivas para garantir um ambiente de trabalho benéfico e promissor de saúde.

Descritores: *Burnout*; Equipe de enfermagem; Atenção Básica à Saúde.

RESUMEN

Objetivo: Estimar la prevalencia del síndrome de burnout entre las enfermeras de Atención Primaria de la Salud en la ciudad de Bahía Suroeste. **Métodos:** Estudio transversal, realizado con 60 profesionales de atención primaria. Se utilizó un cuestionario sociodemográfico ocupacional y el *Maslach Burnout Inventory*. Los datos fueron tabulados mediante el programa SPSS, versión 22.0, y analizados mediante estadística descriptiva. **Resultados:** La prevalencia del síndrome de burnout fue del 58,3%, según los criterios de Grunfeld *et al.*, y el 16,7%, de acuerdo a los altos niveles de Ramírez *et al.* Ellos han encontrado en la despersonalización dimensión (48,3%) y la satisfacción laboral bajo (56,6%). La prevalencia del síndrome en la población de estudio fue alta, al igual que la predisposición tasa alta de desarrollar este síndrome. **Conclusiones:** El estudio señala la necesidad de implementar medidas de prevención y de intervención para garantizar un ambiente de trabajo de salud beneficioso prometedor.

Descriptor: *Burnout*; El personal de enfermería; Atención Primaria de Salud.

INTRODUCTION

Work is to develop activities to achieve a particular end or purpose, since by its means the human being acquires resources for their livelihoods, however, it is essential to form social relationships and production, essential to humans.¹⁻²

In this approach, the technological advent has brought about changes in the production system, from the operating system to labor relations, making the most complex organizations, which reflected consubstantially the relationship between worker and work. Thus, it means more instability in employment, aggravated by conditions often precarious labor environment, low wages and the devaluation of the professional. These wear to which workers are subjected permanently, are determining factors for the illness.¹

It is noteworthy that, in the health area, the object of work is man himself, which requires professionals' greater dedication and attention in the development of their work

activities. In this sense, they are exposed daily to wear arising from daily contact with sick people, deaths, and stressful interpersonal and hierarchical relationships.³

Nurses, technicians and nursing assistants are part of a profession that has at its core the care that involves technical skills, management of hard technologies, among other multiple activities assigned to them, and may trigger the feeling of indefiniteness of the professional role, the overhead of frequent work, lack of autonomy and authority in decision-making, potentially leading to a state of chronic stress.⁴

Thus, nursing professionals are among the most affected by Burnout Syndrome (BS),⁴ designated as a reaction to chronic emotional stress originated mainly from direct and intense contact with others, especially when they are more sensitized for concomitant problems.⁵⁻⁶

It is attributed to this syndrome a multidimensional concept, whose manifestation is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment at work.¹

Emotional exhaustion is considered the initial feature of the syndrome, and represents the emotional exhaustion of the individual resources. The depersonalization is evidenced by emotional callousness of professional, passing to treat people in the workplace as objects. The reduced personal accomplishment or feeling of incompetence reveals a negative self-assessment associated with dissatisfaction and unhappiness with the work.^{1,7}

The nursing professionals working in primary health care (PHC) star in the health strategy that proposes changes the biological care model for public health. The PHC policy advocates care to the individual in its uniqueness, complexity and completeness. Thus, it becomes a challenge for professionals, stressing that training is based on the traditional model, which creates a feeling of impotence and inability to deal with everyday situations.⁸⁻⁹

Technical and scientific skills are inherent to the nursing professional, ranging from the development of managerial activities to the provision of care to individuals in their entirety, taking the professional to live with the reality of patients, which leads to the direct interpersonal relationship and continued with population. The involvement of workers, associated with working conditions, are damning for the advent of BS.¹⁰⁻¹¹

Studies reveal that BS affects considerably the PHC nursing professionals. Garcia and colleagues conducted a study with nurses and obtained highlights the evolutionary levels BS with 46.67% average level of emotional exhaustion, 46.67% average level of depersonalization, 60.00% lower level of professional achievement, representing numbers significant for developing Syndrome.⁴

Holmes and colleagues found that PHC nurses showed signs of BS and identified predictors and somatic symptoms, which can bring harm to health.¹³ In Basic Health Units (BHU) in Rio de Janeiro, Santos and Passos found that triggered the BS were the elements of the environment

and working conditions, so that 16.7% of the professionals presented indicative Syndrome.¹⁴

Thus, the aim of this study is to estimate the prevalence of BS among PHC nursing professionals in a city of Bahia Southwest.

METHOD

Cross-sectional study, conducted in the ABS units in the city of Guanambi, belonging to the State of Bahia, in northeastern Brazil. The study population consisted of 60 nursing professionals who developed care activities. Data collection occurred from December 2014 to February 2015. For the survey of the variables was a questionnaire containing sociodemographic sections, labor, lifestyles and human biology and the Maslach Burnout Inventory - Human Services Survey (MBI - HSS).

The MBI - HSS was used to evaluate the BS in the population studied, the instrument was translated and adapted into Portuguese by Benevides-Pereira¹⁵, has 22 items that explore aspects of the level of emotional exhaustion, depersonalization and reduced professional accomplishment. The form adopted score represents the Likert scale of five points, with "1" - never, "2" - rarely, "3" - sometimes "4" - often, and "5" - always. After summation of the scores obtained by dimensions of BS, followed the classification in high levels, medium and low, as cutoffs proposed by Moreira et al.¹⁶

Table 1 - Dimensions of Burnout Syndrome by the Maslach Burnout Inventory

Dimensions	Ratings			Questions
	High	Medium	Low	
EE*	≥ 27	19 - 26	< 19	1, 2, 3, 6, 8, 13, 14, 16 e 20
DP**	≥ 10	6 - 9	< 6	5, 10, 11, 15 e 22
RRP***	≤ 33	34 - 39	≥ 40	4, 7, 9, 12, 17, 18, 19 e 21

Source: Moreira and colleagues adapted study ¹⁶

* Emotional Exhaustion Depersonalization

** ,*** Reduced Professional Accomplishment

Given the lack of consensus in the literature for the interpretation of MBI, we used two criteria, namely: Ramirez and colleagues¹⁷, argue that the BS is evidenced by high scores on EE and PD and low scores on the subscales RRP. To Grunfeld et al¹⁸, the individual must present high level in EE or DP, or low level RPR independently.

We evaluated the internal reliability of the categories of instrument MBI - HSS using the Cronbach's alpha coefficient. It is known that alpha values above 0.70 indicate acceptable internal consistency, maintaining the reliability of the instrument. For this study, we obtained 0.82 for EE, 0.79 for SD and 0.81 for RPR.

The research is reported by phone to all health units PHC, informing the respective dates of data collection. Questionnaires were given to professionals with the Consent and Informed (CI), by two previously calibrated research assistants. At the end of each collection, questionnaires were placed in individual envelopes and coded, ensuring the secrecy and confidentiality.

Aimed at ensuring uniformity in the application of questionnaires, there was a calibration between these workers through the use of questionnaires in ten professionals in the hospital area, one of the assistants, and the reapplication of questionnaires to the same professional the other assistant. This procedure was performed to calculate the rate of agreement between them, using the Kappa index, found value of 0.87 and is considered acceptable with good rating.¹⁹

Data were tabulated using the Statistical Package for Social Sciences (SPSS) version 22.0, and the results analyzed using descriptive statistics and presented in the form of tables. The research project was submitted to and approved by the Ethics Committee in Research involving human beings of the State University of Bahia (UNEB), in the opinion of n° 703.227/2014.

RESULTS

Regarding the sociodemographic characteristics of the study population, it was found that the vast majority (95%) were female, with a mean age of 39.55 years (± 10.38), with a partner (56.7%) and children (63.3%), race/color not white skin (76.7%), 88.3% of workers living in urban areas and 46.7% were dissatisfied with their socioeconomic status (Table 2).

Regarding labor characteristics, 61.7% were nursing technicians, 63.3% had up to five years of work, with a mean of 5.23 years (± 4.06), 23.3% had other employment and 96.7% were satisfied with their work activity (Table 2).

Table 2 - Socio-demographic characteristics and employment of nursing staff of primary care (N = 60). Guanambi, Bahia, Brazil, in 2015

Variables	N	%
Sociodemographic characteristics		
Gender		
Male	3	5
Female	57	95
Age		
Up to 40 years	34	56,7
40 years or more	26	43,3
Race/ skin color		
White	14	23,3
Not white	46	76,7
Children		
No	22	36,7
Yes	38	63,3

(To be continued)

(Continuation)

Variables	N	%
Sociodemographic characteristics		
Marital status		
No companion	26	43,3
With companion	34	56,7
Living		
Urban	53	88,3
Rural	7	11,7
Income		
1 to 2 minimum wages	30	50
Greater than or equal to 3 minimum wages	30	50
Satisfaction with economic situation		
Yes	32	53,3
No	28	46,7
Labor characteristics		
Professional category		
Nurse	23	38,3
Nursing Technician	37	61,7
Working time		
Less than or equal to 5 years	38	63,3
More than five years	22	36,7
Another employment relationship		
Yes	14	23,3
No	46	76,7
Satisfaction with work		
Yes	58	96,7
No	2	3,3

With regard to lifestyle (Table 3), 33.3% of the study population reported not to carry out any physical activity, 26.7% consumed alcohol while socially, and 5.0% smoked daily, however, 46.7% were dissatisfied with their physical form.

Regarding human biology (Table 3), 53.3% reported back pain, 58.6% experience headaches, 34.5% reported feeling dizziness, anxiety 69.0%, 15.5% had digestive problems, 5% and 1.7% hypertensive diabetic.

Table 3 - Characteristics lifestyle and human biology of primary care nursing staff (N = 60). Guanambi, Bahia, Brazil, in 2015

Variables	N	%
Lifestyle		
Physical activity		
Yes	40	66,7
No	20	33,3
Alcohol consumption		
No	44	73,3
Yes	16	26,7

(To be continued)

(Continuation)

Variables	N	%
Lifestyle		
Smoke		
No	57	95
Yes	3	5
Satisfied with the physical form		
Yes	32	53,3
No	28	46,7
Human biology		
Back pains		
No	28	46,7
Yes	32	53,3
Headaches*		
No	24	41,4
Yes	34	58,6
Dizziness*		
No	38	65,5
Yes	20	34,5
Diabetic		
No	59	98,3
Yes	1	1,7
Hypertensive		
No	57	95
Yes	3	5
Digestive problems*		
No	49	84,5
Yes	9	15,5
Anxiety*		
No	18	31
Yes	40	69

* 2 lost information.

With regard to the evaluation results of the dimensions of BS (Table 4), it was found that 18.3% of the nurses had higher scores for EE and 43.3% had mean scores in the same dimension. Regarding the PD, 48.3% exhibited a high level, 41.7% average and 10.0% down. About RPR, 56.6% of nurses had high level, 41.7% average and 1.7% low for this dimension.

Table 4 - Distribution of results Maslach Burnout Inventory (MBI) among nursing workers of primary care (N = 60). Guanambi, Bahia, Brazil, in 2015

Dimensions	N	%
Emotional exhaustion		
(Average: 20,25 ± 5,57)		
Low	23	38,4
Medium	26	43,3
High	11	18,3

(To be continued)

Dimensions	N	%
Depersonalization	(Average 9,6 ± 3,02)	
Low	6	10
Medium	25	41,7
High	29	48,3
Low Professional Accomplishment	(Average 30,65 ± 6,29)	
Low	1	1,7
Medium	25	41,7
High	34	56,6

Using the criteria established by Grunfeld and collaborators¹⁸ found a total 35 (58.3%) BS professional with diagnosis. In contrast, according to Ramirez criteria and collaborators,¹⁷ 10 (16.7%) nurses were diagnosed with the syndrome in the study (Table 5).

Table 5 - Prevalence of Burnout Syndrome among nursing workers of primary care (N = 60). Guanambi, Bahia, Brazil, in 2015

Criteria	Burnout Syndrome	
	Yes N (%)	No N (%)
Grunfeld <i>et al.</i> ¹⁸	35 (58,3)	25 (41,7)
Ramirez <i>et al.</i> ¹⁷	10 (16,7)	50 (83,3)

DISCUSSION

At the discretion of Grunfeld and colleagues¹⁸, the prevalence of BS among PHC nursing professionals was 58.3%. Number considered this concern, greater than that found in a study of UBS nurses, using the same criteria, which showed 16.7% of respondents with indicative of SB and 3.3% with the syndrome indicative of trend.¹⁴

When considering the criterion of Ramirez and colleagues¹⁷, the estimated prevalence of SB was 16.7%, also higher than that observed in another study in using the same diagnostic criteria, among nurses of the Health Units of the municipality Mines Family general, where none of the survey participants scored in the three levels simultaneously.⁴

Martins, in his research with ABS professionals, found 41.6% positive indication for BS²⁰, however Holmes and colleagues in a study of nurses in the city of João Pessoa, Paraíba, Brazil, found predictors of BS present in the workplace, and 37.09% of the professionals presented syndrome.¹³

Misiolek and other collaborators also found high prevalence of BS in a study of health professionals, about 12% of the analyzed professional nurses showed the syndrome.²¹ At this juncture, study in Andalusia, Spain with 676 nursing professionals of public health centers, found medium and high levels of burnout in nurses.²²

Separately analyzing the dimensions of BS expresses that in EE 18.3% of nurses had high scores and 43.3% had average scores in this dimension. These prevalence rates are

justified for being the EE the first reaction to stress generated by labor demands, and women generally have higher score in this dimension.^{1,10}

Regarding the PD most (48.3%) showed high level, average 41.7% and 10.0% lower. In a study of UBS nurses, was obtained in this dimension, 46.67% in average level, 26.67% below level 26.67 on high level.⁴ The average level values approach, however, is confronted by the fact dominate the above study low PD. Some researchers report that PD may be associated with the lack of recognition and status of some professions, such as nursing.²

In the present study, it was found in nursing professionals senior RPR (56.6%), 41.7% had medium level and 1.7% low for this dimension. This reveals a high dissatisfaction of professionals for the development of its activities by a sense of personal and professional inadequacy at work.^{7,23}

It is explicit that there is some suffering in the study professionals, 18.3% had high score EE, largely 48.3% exhibited a high level of PD, and 56.6% scored high level of RPR, revealing an alert to the development syndrome.

The work involved in professional nursing cause exhaustion in various dimensions, taking into account the various spaces and functions occupied by them. Jesse et al found high levels of EE (50%), high levels of PA (15.7%) and low levels of RRP (51.8%) (24). Similarly, Włodarczyk and Pawliszewska found significant amounts of risk factors for SB.²⁵

With respect to average levels, we obtained 20.25 (± 5.57) for EE, 9.6 (± 3.02) for DP and 30.65 (± 6.29) for RRP, it punctuates, thus average level for the onset of SB, which also demonstrates the alert for its development.

Regarding the characteristics of the studied professionals, it is clear that there is a predominance of women, a characteristic of the nursing staff over the years.^{3,4,7,12,13,20,23}

Moreover, with respect to age, conforms to a young population, which is reported in some studies as a factor that predisposes the syndrome, as the idealization is common among young workers, as well as high expectations, which often are not realized.⁴

Other literatures discuss further that older people have more maturity and personal safety, achieving better cope with stressful situations of everyday life, as the practice gained over the years.²³

Regarding marital status, 56.7% had a partner, and 63.3% had children. Emotional stability and satisfaction of being a parent are plausible reasons for a smaller SB index. However, in married people, the quality of the relationship has significant influence in the life of the professional.²⁶

The average length of the working population studied was 5.23 years (± 4.06), lower than that observed in another study with professionals from PHC Capital of Paraíba, where the average working time was of 10.02 years.²⁷ It is noticed that there is a high turnover of staff in UBS generating instability in jobs, mainly arising from the municipal administration, which may ultimately compromise the emotional state of the professional.

However, 46.7% reported dissatisfaction with their socioeconomic status. In an attempt to expand the monthly income and meet their aspirations, 23.3% reported having other employment, thus greatly increases exposure to various risks, hence the development of the syndrome.^{11,27}

Contradictorily, most health professionals know the benefits of regular physical activity, but not the practice. In the population studied, 33.3% reported not doing physical activity. It should be noted that the practice of physical exercises provide moments of relaxation and pleasure, minimizing the impact of stressors.²

Consumption of alcohol and drug use can be adopted by workers exhausted as coping strategies of stress. In the study, 26.7% consumed alcohol while socially and 5.0% smoke daily. Worrying data, since it comes to health professionals, seen by the population as examples.²⁶

In relation to human biology, many professionals reported feeling back pain, headaches, dizziness, anxiety, digestive problems and hypertension. Workers with the syndrome may have many physical symptoms, the most common being fatigue, headache, insomnia, palpitations, nausea, tremors, frequent colds, decreased concentration and memory, confusion, loss of sense of humor, anxiety, nervousness, depression, frustration, worry, fear, irritability and impatience.²⁸⁻³⁰

Holmes and colleagues obtained similar results to those in the study with ABS professionals, supporting the idea that the above symptoms harm the health of workers, presenting as indicative of BS.¹³

CONCLUSION

The prevalence of BS among the population of nurses was high, even if there is discrepancy between the values found in each criterion. However, it was the high predisposition index to develop this syndrome.

Thus, it highlights the need to implement preventive and interventional measures aimed at these professionals to ensure a beneficial and promising physical and mental health work environment, resulting in providing better assistance to users who need public services of health.

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