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Burnout Risk at the Hospital Workers, Correlation with Social Factors

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Abstract

Burnout syndrome is described as emotional exhaustion and sense of achievement and low productivity. Medical personnel are most endangered by this syndrome. The assessment of burnout risk at the health workers and the impact of burnout effects on their social functioning. The study included 139 health workers of the Gjilan General Hospital. To conduct this study we have applied Burnout self-test. The obtained data were processed with SPSS 20. Of the 139 participants, 28.7% were males and 71.2% females. The average age of participants was 42.7 yrs, SD ± 9.94, as doctor specialists resulted: 15.8%, 72.7% nurses and administrative and technical workers 11.6%. Generally light signs of burnout were recorded in 54.7%, with risk for burnout has been identified: 28.1 % of health workers and with high risk have been identified 2.2% of health workers. Among the staff with 6-8 years of experience, with burnout signs have resulted 8.6%, while comparing to physicians (5.8%), from the burnout risk nurses were more vulnerable (18.7%). Whereas staff at the regular schedule (and not on guard), because of regular reports and emotional investment in the patients have appeared more vulnerable to the burnout with 18.7%. The study found a significant impact of discontent with free activities at risk for burnout (SS= 43.66, df= 3, MS= 14.55, F= 10.61, sig.= .000). The study found significant difference between the group under the risk, and the group with the highest risk for burnout, S. Error = .772, MMS = 9529, Sig. = L = .000 and .005. Study also found significant correlation between working hours and burnout, r = .36, sig. = .000, and significant correlation between experience and the risk for burnout: r= .4, sig. = .000; The risk of burnout syndrome was evident and has had direct effects at professional performance and social behavior of health workers of Gjilan General Hospital. The results have shown the necessity of taking prompt preventive measures.

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Keywords— Burnout Syndrome, Risk, Health Worker

Introduction

Burnout is a frequently discussed topic, and is a syndrome of emotional exhaustion and depersonalization that leads to decreased effectiveness at work (Maslach, Jackson, & Leiter, 1996). Manifestations of burnout include indifference, immobility and a lack of desire to initiate actions/behaviors that can be considered as coping strategies designed to alleviate the condition. Thus, potential etiological factors and ongoing stressors converge to engender dysfunctional psychological and physiological processes (Stefano *et al.* 2008) that present as a lack of desire to continue to endure ongoing stress situations. For medical professionals, the development of initial symptoms of burnout syndrome may begin as early as medical school (Dyrbye *et al.* 2006), and it is a reasonable prediction that with the increased specialization of the medical profession, administrative duties and managed care, the prevalence of burnout among practicing physicians is likely to increase (Gundersen 2001). Prior clinical studies also suggest that the intensity of burnout may significantly differ according to specific medical specialties with high vulnerability of occurrence observed for oncologists, intensive care physicians, and surgeons (Ptacek *et al.* 2012).

Emotional exhaustion as symptom of Burnout, is a chronic state of emotional and physical depletion and is characterized by feelings of being overextended and exhausted by the emotional demands of work. Emotional exhaustion is defined by Moore (2000) as "the depletion of emotional and mental energy needed to meet job demands." It has emerged as the central variable for understanding the burnout process (Cropanzano et al, 2003). Meanwhile, depersonalization is a measure of the individual‟s interpersonal context and represents a negative or detached response by the individual (Maslach & Schaufeli, 1993). Emotional exhaustion and depersonalization are generally considered to be the core dimensions of burnout (Demerouti et al., 2001). Depersonalization is characterized by withdrawal and mental distancing from recipients (Demerouti et al., 2001) and development of an indifferent or cynical attitude (Maslach & Schaufeli, 1993). Individuals who are high in depersonalization are likely to engage in

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long breaks and extended conversations with co-workers, and may use derogatory language and jargon (Cordes & Dougherty, 1993).

The aim of the survey was to determine the degree of burnout among healthcare workers caring for patients in our hospital, and also to identify the sources of stress and ways of coping with stress.

Methodology and Materials

We enrolled a total of 139 subjects, including doctors, nurses and other health staff. Socio-demographic Data Form is developed by the investigators, and contained 10 questions to obtain the information about age, occupation, gender, marital status and working place.

Burnout self inventory was used as self-test for evidencing of burnout symptoms.

The study data was analyzed by SPSS 20 for Windows. The comparison of groups was performed by t test and the group comparisons by One Way ANOVA. Tukey test was used for post-hoc analysis. Pearson correlation coefficient was also used for determining the correlation between groups.

Results

The research sample consisted of 139 healthcare workers. The largest groups of respondent were females 71.2%, followed by male workers of 28.8%, Mean age 42.7 y/o and of SD +/- 9.9; as doctor specialists resulted: 15.8%, 72.7% nurses and administrative and technical workers 11.6%.

Generally, light signs of burnout were recorded in 54.7%, while, 28 % of health workers were in risk of burnout and in high risk have been identified 2.16% of health workers. Among the workers with 6-10 years of experience, with light burnout signs have resulted 13.2%, and at burnout risk resulted 7.7%. Meanwhile, among the workers with 10-15 y/experience, with light signs of burnout have resulted 36.8%, at risk from burnout have resulted 35.9% and at high risk of burnout were 0.72% of these group ages (Tab no. 1).

Comparing to physicians (5.8%), from the burnout risk nurses were more vulnerable (18.7%), also, nurses with 2.16% have resulted more affected by high risk of burnout, while study did not found significant differences (sig. 0.31) of risks from burnout among different professions (Tab. no. 2). Whereas staff at the day-shift, because of regular reports and emotional investment in the patients, have appeared more vulnerable to the burnout with 18.7%;

Table 1:
BOS/ Work experience

Tab. No. 1: BOS/ Work experience			Work experience								Total
			under 5 y/exp	6-10 y/exp	11-15 y/exp	16-20 y/exp	21-25 y/exp	26-30 y/exp	30-35 y/exp	above 36 y/exp	
Burnout	15-18 No Burnout signs	Count	0	5	6	2	3	2	1	2	21
		% within BOS	0.0 %	23.8%	28.6%	9.5 %	14.3%	9.5 %	4.8 %	9.5 %	100.0 %
	19-32 Light signs of Burnout	Count	5	10	28	10	6	6	5	6	76
		% within BOS	6.6 %	*13.2%*	*36.8%*	*13.2%*	*7.9 %*	*7.9 %*	*6.6 %*	*7.9 %*	100.0 %
	33-49 Alarm, Burnout sings are present	Count	*2*	*3*	*14*	*7*	*1*	*2*	*6*	*4*	39
		% within BOS	*5.1 %*	*7.7 %*	*35.9%*	*17.9%*	*2.6 %*	*5.1 %*	*15.4%*	*10.3%*	100.0 %
	50-59 High risk from Burnout, the urgent	Count	1	1	1	0	0	0	0	0	3
		% within BOS	33.3 %	33.3%	33.3%	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	100.0 %

	action is needed										
Total		Count	8	19	49	19	10	10	12	12	139
		% within BOS	5.8 %	13. 7%	35. 3%	13. 7%	7.2 %	7.2 %	8.6 %	8.6 %	100.0 %

(ch-square: 17.34, df: 21, sig. .005)

Table 2:
Burnout signs/ Profession

Tab. No. 2:		Profession				Total
		Doctor	Nurse	Adm. worker	Supp. worker	
Burnout symptoms	15-18 No Burnout signs	0 0%	18 12.9%	2 1.4%	1 0.7%	21 15.1%
	19-32 Light signs of Burnout	*14 10%*	*54 38.8%*	*2 1.4%*	*6 4.3%*	*76 54.6%*
	33-49 Alarm, Burnout signs are present;	*8 5.7%*	*26 18.7%*	4 2.8%	1 0.7%	39 28%
	50-59 High risk from Burnout, the urgent action is needed;	0 0%	*3 2.1%*	0 0%	0 0%	3 2.1%
Total		22	101	8	8	139

Chi-square: 10.5, df= 9, sig. 0.31

Our study found significant difference between the group under the risk, and the group with the highest risk for burnout, S. Error = .772, MMS = 9529, sig. = .000 and .005, related to satisfaction with free activities. Study also found significant correlation between working hours (day and night-shifts) and burnout, r = .36, sig. = .000, and significant correlation between experience and the risk for burnout: r= .4, sig. = .000 (Tab. No. 3);

Tab. no. 3: ANOVA/ Burnout/ Free activities	Burnout signs (I)	Burnout signs (J)	Mean differences (I-J)	Standard error	sig	95% Confidence interval	
						Low	Upper
Satisfaction with free activities	15-18: No Burnout signs	19-32: Light signs of Burnout	0.774	0.289	0.04**	0.02	1.52
		33-49: Alarm, Burnout signs are present	1.49	0.317	0.000*	0.67	2.32
		50-59: High risk from Burnout, action are needed	2.08	0.689	0.016*	0.29	3.88

** sig at .005; * sig at .001;

Discussion

The aim of the study was to determine whether hospital workers caring for patients, suffer from burnout. The degree of burnout among healthcare workers was found to be at medium level. The main sources of stress identified by workers were administrative work, being confronted with suffering and time pressure at work. Conversely, the least distressing for healthcare workers were relationships with patients. According to Rodrigues and Chaves (2008), the major stress factor for nurses are death of patients, crisis situations and problems in the team. Our survey confirms a moderate association between burnout risk and gender characteristics of workers and length of experience.

Physicians and nurses differ in their perception about teamwork climate: physicians appear to be more satisfied with nurse–physician collaboration and communication than are nurses (Thomas, J. 2003). Improving communication and managing conflicts are essential to prevent burnout. Intensive communication about decisions between nursing staff and physicians may improve well being at work. The support from co-workers may help employees to create a better sense of community that can help reduce burnout. Institutional factors that contribute to well being included facilitating a collegial work environment, promoting physician autonomy and providing adequate office resources and support staff (Shanafelt, TD. 2003).

Research strongly confirm the idea that burnout is a consequence of long-term exposure to chronic work stress. Burnout is therefore a result of the perceived incongruence between: workload, values, community, reward, control and fairness. The model has been validated across different countries and health care professionals (Leiter & Maslach, 2009).

Conclusion

The risk of burnout syndrome was evident and has had direct effects at professional performance and social behavior of hospital workers. Nevertheless, Burnout should be monitored in order to identify those requiring greater care and support. Employees showing alarming levels of burnout should receive adequate attention.

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