

Burnout syndrome in workers of a health establishment in a colombian municipality

Abstract

This project will determine the prevalence of burnout syndrome in a Social Enterprise to the Department of Bolivar. Its aim is to ASSESS job stress to which they are Exposed Staff Members of the company to help them generate Recommendations to improve the working environment and working conditions. A descriptive study with a population of 82 workers, including administrative, medical, and overall assistance was made. This study was applied to the Entire population of workers. Taking into account variables such as age, occupation, sex, economic status, height, marital status, education, length of service, public services, the survey method Maslach (Maslach Burnout Inventory) was used as an instrument. It is evident That 37 subjects (45.12%) Scored higher for emotional exhaustion, 8 subjects (9.75%) Scored higher for Depersonalization and 7 subjects (8.55%) were rated low for personal fulfillment. It is an affectation of burnout finally detected by the 17 subjects, corresponding to 21.14% of the total population, high levels of Reflected in emotional exhaustion, depersonalization and reduced staff accomplishment syndrome.

Keywords: burnout syndrome, psychosocial risk

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Introduction

Exposure to psychosocial risk factors, sources of stress in harmful doses and, in particular, variables such as workload, lack of control and autonomy, ambiguity and role conflict, bad relationships at work, lack of social support, lack of training to perform the tasks, mismatch between resources-self-responsibility.¹ When the above causes occur in jobs where their content is important and human services delivery emotional demands may lead to the emergence of a process leading to chronic stress damage to the health of the worker.² Burnout syndrome or as known in Spanish syndrome “being burned by the work” is a response to chronic job stress composed of attitudes and negative feelings toward people with whom you work and to the professional role itself. According to ILO experts, this problem has reached epidemic proportions is estimated that at least 43million European workers suffer burnout.³ Among the most affected are psychotherapists, doctors, nurses and rescue workers who suffer what is known as compassion fatigue.⁴

This research is based on evaluating workplace stress to which they are exposed Hospital officials. The identify existing Psychology risks in the hospital by a matrix, conditions of work stress with the method Inventory Maslach Burnout was assessed also analyzed the data and information obtained in assessments to generate a diagnosis and make recommendations on the conditions and organization of work in the hospital for management of burnout syndrome.⁵

Interaction in the work environment, conditions of work organization and needs, habits, abilities and other personal aspects of workers and their social environment at any given time can generate loads that affect health, work performance and labor productivity.⁶ The hospital is no stranger to these conditions in different positions and responsibilities of its employees, for which referring to a similar stress problem, evident difficulty recognizing themselves in their work are, confronting the quality of the activities carried out.⁷ The term stress is generally applied to the pressures that people have in their daily lives.

It manifests as a downward in our product accumulation of physical or sociological tension body.⁸ In this process, almost all organs and body functions involved, including brain, nerves, heart, digestion, muscle function and others.⁹

In the hospital, there no statistical report showing the impact of stress on workers, but most of them said had suffered at some point in their lives stress because of their work, overwork, care of people, work schedules and delays in the counter.¹⁰ In that vein becomes relevant investigate what degree Burnout Syndrome suffered by workers in a public hospital in Bolivar - Colombia in performing their job function? To argue about the characteristics related to the phenomenon Burnout reference to Herbert Freudenberger (USA) who in 1974, first described this syndrome clinical nature.⁹ “A sense of failure and an exhausting experience resulting from an overload of demands energy, personal resources worker or spiritual strength”.¹¹ This chart explaining the deterioration in professional care and the services provided in education, health, social sphere.¹² Later with Christina Maslach (1976) a study called “loss of professional responsibility” and from the psychosocial field, described the syndrome without stigmatizing the person psychiatrically developed.¹³ For Maslach burnout syndrome can occur exclusively in professional help (for example in serving public as teachers and health service). In this study it impossible defines excessive external and internal emotional demands to meet that produce the experience of personal failure.¹⁴ These circumstances justify the need to implement a management system of safety and health at work as the law decrees 1562 of July 11, 2012 Occupational Health Program: it says hereinafter be understood as Management System Safety and Health at Work OSHMS.¹⁵ This system consists of the development of a logical and phased process based on continuous improvement and includes political, organization, planning, implementation, evaluation, audit and improvement actions in order to anticipate, recognizing, evaluating and controlling risks that may affect safety and health at work inside the hospital further east, run, evaluate actions to ensure the well-being of all its staff and clearly identify whether their workers are or they are in early stage

of the syndrome.¹⁶ Research is feasible, since it has the necessary resources to carry out such as 100% population collaboration, personal information that population and determining information to shed evaluation methods Maslach Burnout Inventory like.¹⁷ When implemented will allow timely care in occupational hygiene and prevent diseases and disabilities that may affect occupational health of employees.¹⁸

Pines and aorson propose a broader definition, not restricted to professionals help: "It's the mental, physical and emotional exhaustion, caused by chronic involvement in work situations with emotional demands,¹⁹ excessive psychological demands not only give direct service to public, but may also occur in other fields work, and management positions in commercial work, politics etc. It stresses the importance, from preventing the quality of interpersonal relationships at work, supervision and mode of continuous learning opportunities and career development with which count the worker.²⁰

Family medicine, well as being one of the largest groups in the health institutions at the primary care level represents the initial contact with users of medical services in this area, which are most noticeable problems posed by growing needs to the limited resources of the institutions, situation that undermines the family doctor in their individual and work environment in the biopsychosocial aspects that cause burnout syndrome.²¹

Burnout syndrome in medical hospitals in the city of currents in this study has been observed that burnout is present and a high incidence of physicians in public hospitals in the city of Corrientes, showing a wide prevalence in the category of emotional exhaustion in terms of age and years of practice there was higher incidence in younger doctors and less work experience.²²

You can define psychosocial risks as those conditions present at work, related to the organization, content and performance of work that can affect both welfare and health (physical, mental or social) workers as development work and business productivity. The main negative effects on the person are stress and job dissatisfaction and observed on parameters such as the quantity and quality of work performed, labor turnover and absenteeism.²³

The term stress is understood as a complex dynamic process triggered by the perceived threat to integrity of the individual and the quality of their significant relationships, which aims restore the homeostatic balance lost, enable the development of individual competition and improve the quality of adaptation medium.²⁴ Another hand resolution 2646 of 2008 in its 22 articles is clearly define the concepts needed for identification of psychosocial risks and explain clearly what the obligations that companies must follow to establish provisions are and responsibilities for the identification, assessment, prevention, intervention and ongoing monitoring of exposure to psychosocial risk factors at work and for determining the origin of diseases caused by occupational stress is defined.²⁵

Burnout syndrome or burnout syndrome at work:

Three Dimensional syndrome characterized by emotional exhaustion, depersonalization and low personal accomplishment that can occur among individuals who work directly with clients or patients.²⁶ This initiative seeks assess the level of burnout syndrome among workers in this entity to easily identify and diagnose your situation risks and advise and recommend actions to reduce psychosocial risks in organizations.¹¹

Methodology

Descriptive study in which each of the detailed study variables development, demographic information was collected through direct surveys study subject. The psychology risks in the hospital were identified by an evaluation matrix, which will establish which positions are affected by this syndrome. Another hand the conditions of work stress were assessed with the inventory method Burnout of Maslach (MBI) It is an instrument of 22 items six response options (Likert scale from 0 to 6), ranging from 0 (never) to 6 (every day), and containing the following subscales: AE (9 items), DP (5 items) and RP (8 items). Subscale scores are obtained by adding the values of the items, which allows assess levels of the syndrome that each worker. It is taken as criterion for cutting the percentiles 33 and 66 to determine to what extent are, by obtaining individual sociodemographic data to gather the required information in the study.

The standardized and tested worldwide as the instrument is Maslach Burnout Inventory (MBI) with a measurement scale type LIKERT 0 to 6 points. The instrument consists of 22 items, which are subdivided into three subscales each with corresponding questions as:

- i. Scale of emotional exhaustion: Constituted by questions assessing the experience of being emotionally exhausted by the demands of work. The corresponding questions that are: 1, 2, 3, 6, 8, 13, 14, 16 and 20. had a minimum score of zero (0) and a maximum of 54 points.
- ii. Depersonalization scale: Constituted by 5 questions that assess the degree to which each recognizes attitudes of coldness and detachment. The corresponding questions that compose are: 5, 10, 11, 15 and 22. had a minimum score of zero (0) and a maximum of 30 points.
- iii. Scale low personal accomplishment: consists of 8 questions that assess the feelings of self efficacy and self-fulfillment at work. 27 corresponding questions that compose are: 4, 7, 9, 12, 17, 18, 19, and 21.
- iv. Had a minimum score of zero (0) and a maximum of 48 points. The presence of burnout syndrome determined by the representation of any of the dimensions of depersonalization, emotional exhaustion and fulfillment.

Results

Identification of psychosocial risks

Through an evaluation matrix, it was established positions affected by burnout syndrome (burned for work) and identify existing risks in a Hospital Psychology in the Department of Bolivar, Colombia. The first zone was recognized in the area locations whose main activity is outpatient; in this activity we can find the following: delivery appointments medical consultation, dental consultation, clinical laboratory, cytology programs young, essential drugs, family planning, prenatal control growth and development, PAI (vaccination), etc, hypertensive program, cancer prevention, oral hygiene, delivering results of medical examinations; all these tasks are routine nature. The first danger psychosocial found that the content of the task, job responsibility, possible effects: fatigue, headache and stresswork. For which there no existing controls, number of persons exposed a total of 56 staff.

Possible solution training in stress management. The second danger

is identified organizational management (payment and contracting) possible effects: depression, despair, anxiety, irritability, stress for which there no controls, number of people exposed, Acceptable solution: timely payment of countertops, recreation and implement an epidemiological surveillance system for psychosocial risk.

The second area is related to medical emergencies. Whose sole activity is health care 24hours this complies with the following tasks: emergency consultation, hospitalization, and care delivery, basic care transport all of routine nature. After the analysis of this activity there 4 dangers of psychosocial: first working hours (night, job rotation, overtime) are observed possible effects: anxiety, behavioral changes, aggressiveness, stress work, for which no there are existing controls, with 38 people exposed. Possible solution: rotating work shifts. The number two is organizational risk management (payment and contracting) possible effects: depression, despair, anxiety, irritability, stress for which there no controls, with equal numbers of people exposed. Acceptable Solution: timely payment of allowance, recreational activities and implement an epidemiological surveillance system for psychosocial distress. The third danger is identified characteristics of the social group work (relationships and teamwork). Possible effects: despair, depression, anxiety, aggression, aggressiveness irritability and stress, with 38 exposed. Possible solution: training the workforce in stress management and implement an epidemiological surveillance system for stress management. The ultimate danger found in this activity was: content of the work to the public, possible effects: fatigue, headache and stress work for which there is no kind of control, number of people exposed 56 possible solutions: train staff in the stress management.

The next area is the study of Administration: whose activity is direct the organization complies with the following functions or tasks: recruitment of staff, bookkeeping, available resources, planning, organizing, and coordinating all activities of the company. The first danger to be identified was organizational management (payment and contracting) for which there no controls, possible effects: depression, despair, irritability. Number of people exposed 28 possible solutions: timely payment of the allowance and training in stress management. The next danger: mental load conditions, possible effects task: fatigue, headache job stress, number of people exposed, possible solution train staff in stress management and implement an epidemiological surveillance system for psychosocial distress.

The last area to be found is the Area Maintenance and General Services which is engaged in the following activities: maintain order and cleanliness and to maintain all areas, the tasks you perform this maintenance area consists of: Make toilet all areas to carry out the disposal of hospital waste, maintain in good condition all the elements of each area all routine nature. The only danger was identified here in this area was to: Organizational Management (payment and contracting). Effects possible depression, despair, anxiety, irritability, stress work. 6 persons exposed, there no controls for this hazard. Possible solutions: timely payment of countertops and training in stress management.

Assessment of conditions of occupational stress by the method burnout maslach

Hospital the total population were men and women between 20 and 60years old with 69.51% belonging to female gender and 30.49%males represented as follows: 10 vaccinators, 4 meters, 5 general services, 2 billers, 2 dental assistants, 12 doctors, 4 head nurses, 1 secretary, 1

physiotherapist, 1 technician x ray 1 pharmacy technician 1 engineer systems 1 consultant, 15 nursing assistants, 2 bacteriologists, 4 technicians administration, 3 dentists, one maintenance manager, two drivers, 4 promoters, one laboratory assistant for a total of 82 staff ; with level of education professional 34.14% Specialist 3.65%, 48.78% technical, high school 13.41%. Furthermore the seniority from 0 to 2years 48.78% 3 13.41% to 6years, 7 to 10years 21.95%, 11year over 15.86%.

Of these 82 employees 100% have electricity and natural gas in their homes, only 36.58% have internet service, regarding telephone service the 91.46% have a telephone line either fixed or mobile, on other hand 85.36% of staff has cable TV while 14.64% do not have this service. In the analysis of water and sewer service, it was evident that only a minimum amount of 18.29% has this service compared to the alarming amount of 81.71% that do not have this service in their homes.

Data analysis through prevalence study

37 subjects (45.12%) have high levels of emotional exhaustion (AE), 32 subjects (39.02%) have average levels and 13 subjects (15.85%) have low levels. 54 subjects (65.85%) have low depersonalization (DE), 20 subjects (24.39%) have average levels and 8 subjects (9.75%) have high levels. 48 subjects (58.53%) have high Embodiment Personal (RP), 27 subjects (32.92%) has intermediate and 7 subjects (8.55%) have low levels is evident that 37 subjects (45.12%) scored higher for emotional exhaustion, 8 subjects (9.75%) scored higher for depersonalization and 7 subjects (8.55%) were scored low for fulfillment. Affectation is finally detected by burnout of 17 subjects, corresponding to 21.14% of the total population, reflected in high levels of emotional exhaustion, depersonalization and personal accomplishment syndrome. The charges were most affected nurses with 70.5% (12 of 17), medical and nursing assistants with 11.7% (2 of 17) respectively. The women were more affected with this syndrome to represent 94.1% of the total (16 17) and only 5.87% of men (1 of 17) was affected.

Discussion

Being consistent with Herbert Freuden berger 1974 describing it as a sense of failure and an exhausting experience resulting from an overload of energy requirements, which not far from reality found in this study, which particularly affected the healthcare area showed this circumstances in their performance, claiming feel sometimes with a high degree of frustration and fatigue.¹⁸

Linking it quoted at the time by Pines et al.,¹⁹ who indicate that burnout is an affectation without exclusivity for health professionals and confidence to, the damage that triggers this syndrome also affects administrative and support workers organizations as well could demonstrated in the relationship of the results with workers tested, it also stated categorically by the principles of Castaneda et al.²¹ where it is stated that the interaction with users of medical services can generate more problems related to the syndrome. Contrary to the assertions of Adriana Arce et al.,²² who indicated in his study in the hospital current noting that burnout is present and a high incidence of physicians in public hospitals find more involvement nurses and nursing assistants.

Conclusion

existing psychology risks were identified in the hospital including

the content of the task was highlighted by repetition and routine shifts as is characteristic of health service, still normal stay up late on the turn, which predisposes them to certain features irritability, inaccuracy and difficulty concentrating on tasks are as delicate as health care, where mistakes can be disastrous. Similarly tasks with positions of responsibility which may predispose workers to situations difficult manage and disruption to their job performance, above the effects that possibly can be generated and take toll on the health of workers as fatigue, headache and irritability, for these demonstrations no control whatsoever implemented in the hospital, making workers more prone to suffer the syndrome.

In assessing the conditions of work stress with the method Inventory Maslach Burnout was determined that demographically the most outstanding characteristics are gender where 69.51% are women and 30.49% are men while the age range between 20 and 60years respectively where 17 subjects, corresponding to 21.14% of the total population, reflected high levels of emotional exhaustion, depersonalization and personal accomplishment, definitive signs of involvement by the syndrome.

Recommendations

At present to combat burnout processes interdisciplinary medical intervention or psychiatrists, psychologists and social workers develop. Professionals interact to adjust individual, group (support among co-workers) and labor organization level. As the individual treatment it is necessary develop educational work in order to modify and / or develop attitudes and skills that allow workers will improve their ability to meet the demands of their jobs. In this, regard the importance of external activities outside the labor area to cultivate personal social relationships, family and emphasized. Another hand self-reinforced face pressure at work, so that the person learns to put limits on overhead tasks through the organization of time, days off or vacations is taken after a prolonged effort and consult qualified professional when begin to notice symptoms of fatigue.

Strategies at work level as the importance of flexible and varied tasks, teams where staff involved in organizational processes and in turn have an adequate appreciation for the work performed^{19,20,23} it stands out.

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Conflict of interest

Author declares that there is no conflict of interest.

References

- Hompoth EA, Tőreki A, Pető Z. Investigation of the burnout syndrome among the employees of the Department of Emergency Medicine at the University of Szeged. *Orv Hetil.* 2018;159(3):113–118.
- Bognár T, Kolosai N, Hegedus K. To hold the hand of the dying! In-depth interviews with doctors regarding the difficulties during caring for dying people. *LAM.* 2001;11:154–162.
- Ádám S, Nistor A, Nistor K, et al. Facilitating the diagnosis of depression and burnout by identifying demographic and work-related risk and protective factors among nurses. *Orv Hetil.* 2015;156(32):1288–1297.
- Zhang M, Loerbroks A, Li J. Job burnout predicts decline of health-related quality of life among employees with cardiovascular disease: A one-year follow-up study in female nurses. *Gen Hosp Psychiatry.* 2018;50:51–53.
- Kristensen TS, Borritz M, Villadsen E, et al. The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *International Journal of Work, Health & Organisations.* 2005;19(3):192–207.
- McGonagle AK, Beatty JE, Joffe R. Coaching for workers with chronic illness: Evaluating an intervention. *Journal of Occupational Health Psychology.* 2014;19(3):385–398.
- Michalsen A, Hillert A, Schiel A, et al. Burnout in Intensive Care. *Dtsch Med Wochenschr.* 2018;143(1):21–26.
- Le Gall JR, Azoulay É, Embriaco N, et al. Burn out syndrome among critical care workers. *Bull Acad Natl Med.* 2011;195(2):389–399.
- Freudenberger HJ. Staff Burn-Out. *Journal of Social Issues.* 1974;30(1):159–165.
- Berger M, Falkai P, Maier W. Arbeitswelt und psychische Belastungen: Burnout ist keine Krankheit. *Dtsch Ärztebl.* 2012;109:A700–702.
- Creus A, Mangosio G. *Health and safety at work.* Buenos Aires: Alfaomega; 2011.
- Camerino D, Cassitto MG, Gugiari MC, et al. Burnout: survey of the literature. *La Medicina del lavoro.* 2013;104(6):411–427.
- Purvanova RK, Muros JP. Gender differences in burnout: A meta-analysis. *Journal of Vocational Behavior.* 2010;77(2):168–185.
- Bamber M. *CTB for occupational stress health professionals.* Routledge, New York; 2006.
- Nagyova A, Balazikova M, Markulik S, et al. Implementation proposal of OH&S management system according to the standard ISO/DIS 45001. *Advances in Safety Management and Human Factors.* 2018;604:472–485.
- Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annual Review of Psychology.* 2001;52:397–422.
- Chang BP, Carter E, Ng N, et al. Association of clinician burnout and perceived clinician-patient communication. *Am J Emerg Med.* 2018;36(1):156–158.
- Mattei A, Fiasca F, Mazzei M, et al. Burnout among healthcare workers at L'Aquila: its prevalence and associated factors. *Psychol Health Med.* 2017;22(10):1262–1270.
- Pines A, Aronson E. *Career Burnout Causes and Cures.* New York, USA; 1988.
- Kluger MT, Townend K, Laidlaw T. Job satisfaction, stress and burnout in Australian specialist anaesthetists. *Anaesthesia.* 2003;58(4):339–345.
- Castañeda E, Garcia de Alba J. Prevalence of burnout syndrome (burnout) in Mexican family physicians. *Revista Colombiana de psiquiatría.* 2010.
- Adriana A, Arce M, Barrios A, et al. Burnout syndrome in Public hospital doctors in the city of Corrientes. *Via Magazine graduate chair of medicine.* 2005:27–30.
- Fernandez R. *Productivity and psychosocial or derivative Risk organization work.* San Vicente (Alicante): Universitario Club ECU; 2010.
- Mingote J, Anton A. *Stress Del Medico: Self Help Manual.* Madrid: Ediciones Diaz de Santos SA; 1999.
- <http://www.secretariassenado.gov.co/>
- Bosqued M. *Burns: Burnout syndrome.* Barcelona, Brazil: Paidós Iberica SA; 2008.