

Assessment of burnout syndrome in nursing professionals in a neonatal intensive care unit

RESUMO | Objetivo: Descrever a avaliação preliminar da Síndrome de Burnout nos profissionais de Enfermagem, atuantes em Unidade de Terapia Intensiva Neonatal. Método: Estudo descritivo, transversal, quantitativo realizado com 60 profissionais de Enfermagem atuantes em uma maternidade-escola na cidade de Fortaleza-CE-Brasil. A coleta de dados ocorreu mediante a aplicação de um questionário com características sociodemográficas e do questionário preliminar de Burnout proposto por Jbeili. Resultados: Os resultados foram apresentados em tabela e figura, com análise estatística descritiva fundamentada na literatura. Evidenciou-se que 63,3% dos participantes encontravam-se na fase inicial da síndrome; 35,0% tiveram possibilidade de desenvolver e um deles sendo diagnosticado. Dentre as dimensões, 50,0% apresentaram baixa realização e motivação profissional. Conclusão: Conclui-se que o nível mais evidente da síndrome foi em sua fase inicial e a dimensão predominante foi a baixa realização profissional.

Descritores: Esgotamento profissional; Profissionais de enfermagem; Unidades de terapia intensiva neonatal; Saúde do trabalhador; Saúde mental.

ABSTRACT | Objective: To describe the preliminary assessment of Burnout Syndrome in Nursing professionals working in the Neonatal Intensive Care Unit. Method: Descriptive, cross-sectional, quantitative study carried out with 60 nursing professionals working in a teaching maternity hospital in the city of Fortaleza-CE-Brazil. Data collection occurred through the application of a questionnaire with sociodemographic characteristics and the preliminary Burnout questionnaire proposed by Jbeili. Results: The results were presented in table and figure, with descriptive statistical analysis based on the literature. It was evident that 63.3% of the participants were in the initial phase of the syndrome; 35.0% were able to develop and one of them was diagnosed. Among the dimensions, 50.0% had low achievement and professional motivation. Conclusion: It is concluded that the most evident level of the syndrome was in its initial phase and the predominant dimension was low professional achievement.

Keywords: Professional exhaustion; Nursing professionals; Neonatal intensive care units; Worker health; Mental health.

RESUMEN | Objetivo: Describir la evaluación preliminar del Síndrome de Burnout en profesionales de enfermería, que trabajan en la Unidad de Cuidados Intensivos Neonatales. Método: Estudio descriptivo, transversal, cuantitativo realizado con 60 profesionales de enfermería que trabajan en una maternidad-escola en la ciudad de Fortaleza-CE-Brasil. La recolección de datos se produjo en 2017, mediante la aplicación de un cuestionario con características sociodemográficas y el cuestionario preliminar Burnout propuesto por Jbeili. Resultados: Los resultados fueron presentados en tabla y figura, con análisis estadístico descriptivo basado en la literatura. Se evidenció que el 63,3% de los participantes se encontraban en la fase inicial del síndrome; el 35,0% fueron capaces de desarrollarse y uno de ellos fue diagnosticado. Entre las dimensiones, el 50,0% presentó bajo rendimiento y motivación profesional. Conclusión: Se concluyó que el nivel más evidente del síndrome se encontraba en su fase inicial y la dimensión predominante era el bajo rendimiento profesional.

Palabras claves: Agotamiento profesional; Profesionales de enfermería; Unidades de cuidados intensivos neonatales; Salud de los trabajadores; Salud mental.

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INTRODUCTION

The work scenario has been undergoing constant transformations in line with market growth, which makes competitiveness and productivity progressively strengthened, and workers increasingly pressured for qualification and quick results.⁽¹⁾ This scenario has caused potential effects of occupational stress interfering with the physical and emotional well-being of professionals, making it an important health problem and object of research. One of the possible effects of chronic exposure to occupational stress is the development of Burnout Syndrome (BS) defended by scholars as a pathology commonly developed by health professionals, especially those who work in complex and intense environments such as hospitals.⁽²⁾

BS is a psychological disorder of depressive character, defined as a state of physical and mental exhaustion, whose cause is linked to the chronic stress of professional practice.⁽³⁾ The term Burnout is a composition of burn and out, thus suggesting that the person with this type of stress consumes themselves physically and emotionally, starting to present an aggressive and irritable behavior.⁽⁴⁾ BS is characterized by the dimensions of emotional exhaustion, depersonalization and low professional fulfillment, feelings evidenced by the presence of physical and emotional fatigue, interpersonal distance and nurture of negative feelings about labor productivity.⁽¹⁾

The dimension and specific characterization of BS are still little known, although it has been covered by the International Classification of Diseases (ICD 10),⁽⁵⁾ described only as exhaustion through code Z - 73.0, and in Decree No. 3048 of May 6, 1999 of the Ministry of Welfare and Social Assistance of Brazil (Official Gazette 12.05.99 - No. 89), which it presents in List B of the Regulation of Social Security, the List of Occupational and Work-Related Dis-

ases.⁽⁶⁾

In 2019, the World Health Organization (WHO) launched the 11th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD 11)⁽⁷⁾ which should come into effect in 2022. In this review, SB was listed as an occupational phenomenon, being conceptualized in the document as a syndrome resulting from chronic stress in the workplace that was not successfully managed. It is noteworthy that Burnout refers specifically to occupational context phenomena and cannot be applied to other areas of life. The WHO emphasized that from the details of the syndrome it will be possible to operationalize instructions from professionals based on the development of evidence-based guidelines on mental well-being in the workplace.⁽³⁾

Based on this assumption, it is important to know and identify the factors that are associated with this syndrome, seeking to alleviate its possible consequences.

Researches that analyze the prevalence of BS in health professionals affirm its development in a hospital environment, associating the work specificities of the institutions with the high levels of stress among workers. Hospitals provide health promotion, prevention, treatment and recovery services, meeting demands of different levels of complexity, and should be considered a dynamic environment, with a hierarchical structure, multiple technology and continuous work.^(2;8)

In addition to the quantitative work overload, the qualitative workload is also perceived by professionals as excessive responsibility for demanding cognitive and emotional resources from the subject, which reveal themselves as sources of stress since professionals are responsible for human lives and the impact of health care on them.⁽²⁾

In this context, the Nursing team is susceptible to the phenomenon of

occupational stress as a result of the responsibility for life and proximity to patients for whom suffering is almost inevitable. Considering that Nursing is a profession whose purpose is the care of human beings, which takes place through their comfort, reception, care and well-being. It is nursing that is in greater contact with the patient, whether in clinical or assistance care, in addition to developing work in various sectors, or administrative, planning actions, organizing seminars, events, lectures and investigating diseases.⁽⁹⁾ Thus, these professionals are required to be dedicated in performing their functions, which increases the possibility of emotional distress at high levels of stress, making them vulnerable to chronic occupational stress - BS.

Specifically, health professionals working in the Neonatal Intensive Care Unit (NICU) live daily with feelings of loss, pain and suffering, which, even being trained for these situations, can lead to a high level of stress. Allied to these factors, there is the lack of recognition from society, from managers in the work environment, the scarcity of equipment and the lack of psychological support, making them vulnerable targets. All of this leads to intense physical and mental exhaustion, causing stress that can trigger BS.⁽¹⁰⁾ Given this context, the following question arose: What is the level of BS presented by nursing professionals at the NICU?

It is therefore relevant to devote more attention to nursing professionals with BS and their associated factors, as they are of fundamental importance in the hospital context and mediate the patient with their disease with the multidisciplinary team and the institution, but they need to have physical and psychological conditions favorable to development in the dynamics of care in which they are inserted. In this context, the objective was to identify the determining factors of Burnout Syndrome in nursing professionals working in the

Neonatal Intensive Care Unit, in their different sociodemographic and psychophysical dimensions.

The aim of the study was to describe the preliminary assessment of Burnout Syndrome in Nursing professionals working in a Neonatal Intensive Care Unit.

METHODS

Cross-sectional, descriptive, quantitative study, carried out in a teaching maternity hospital in the city of Fortaleza, Ceará, Brazil, from June to July 2017. The study population consisted of 90 nursing professionals, from the categories of nurses and nursing technicians. Professionals allocated to the NICU for at least one year participated, and those who were on sick leave, vacation, and maternity leave and who were not present at the time of data collection were excluded. Therefore, the sample consisted of 60 nursing professionals, 26 nurses and 34 nursing technicians.

Data collection was performed using a preliminary Burnout questionnaire adapted from Jbeili,⁽¹¹⁾ which preliminarily identifies Burnout and does not replace the diagnosis made by a doctor or psychotherapist. Each of the 20 questions presents an answer in a frequency scale of five points that goes from one (never) to five (daily). According to the sum of the points, a preliminary evaluation of the Burnout syndrome can be carried out as follows: from 0 to 20 points is considered without any sign of Burnout; from 21 to 40 points with the possibility of developing Burnout; from 41 to 60 points, the individual is in the initial stage of Burnout; from 61 to 80 points Burnout begins to settle in and from 81 to 100 points is considered a considerable stage of Burnout.

Data were compiled in the Microsoft Excel 2013 Program with the creation of tables and graphs to represent

Table 1 – Results of the assessment of psychophysical characteristics in relation to the work of nursing professionals in the NICU. Fortaleza-CE-Brazil, 2017.

Result	f	%
No possibility to develop BS	0	0
Possibility of developing the BS	21	35
BS initial phase	38	64
Initial Burnout	1	1
Installed Burnout	0	0
Total	60	100

Source: The authors (2021).

the findings. The analysis was descriptive statistics with an approach based on the relevant literature. Ethical and legal aspects were respected with opinion nº.1.991.226, based on Resolution 466/2012.⁽¹²⁾

RESULTS

With regard to the sociodemographic data of nursing professionals working in the NICU, it is clear that all (100%) are female, aged between 23 and 62 years, predominantly aged between 20 and 35 years (47%), married (48%), with children (57%). As for academic training, 15 (25%) nurses have a postgraduate degree in neonatal nursing. Over time of service, 53% had up to 10 years of experience.

About professional exercise shifts, the majority (67%) worked during the day and of these 45% had another employment relationship. Regarding the search for professional help for diagnosis and treatment, 53% of professionals did not know or did not remember when they had attended a routine appointment. Hypertension and diabetes stand out as current diseases, and most professionals use medication. When evaluating the occupational risk, 75% considered physical, chemical, er-

gonomic and psychosocial risks.

Regarding the identification of psychophysical characteristics in relation to the work of nursing professionals working in the NICU, it was shown, as shown in table 1, that 64% are in the initial stage of the Burnout syndrome, requiring professional help to resolve the symptoms. Of the total number of professionals, 35% had the possibility of developing Burnout, with the need to work on the recommendations for preventing the syndrome.

It is noteworthy that one of the participants had started BS, and sought professional help to avoid worsening symptoms. The survey also showed that 100% of the professionals studied were likely to develop the syndrome or were already in some stage of BS.

As for the dimensions related to Burnout Syndrome, it was found that the dimension of low professional achievement had a higher proportion, as shown in Figure 1

DISCUSSION

In view of the results presented, it is extended that among the study participants, the female gender predominated, which shows that the Nursing profession is even more frequent among

women. ⁽⁸⁾

Burnout Syndrome (BS) consists of three components or dimensions: feeling of exhaustion or energy exhaustion, increased mental distance from work or feelings of negativity or cynicism related to work; and a sense of ineffectiveness and lack of accomplishment. ^(3;7) In the research, it was identified that the predominant dimension was low professional achievement.

Work overload concerns both the quantity and the excessive quality of demands. Depersonalization is considered by some authors to be the exclusive feature of Burnout. ^(2; 14)

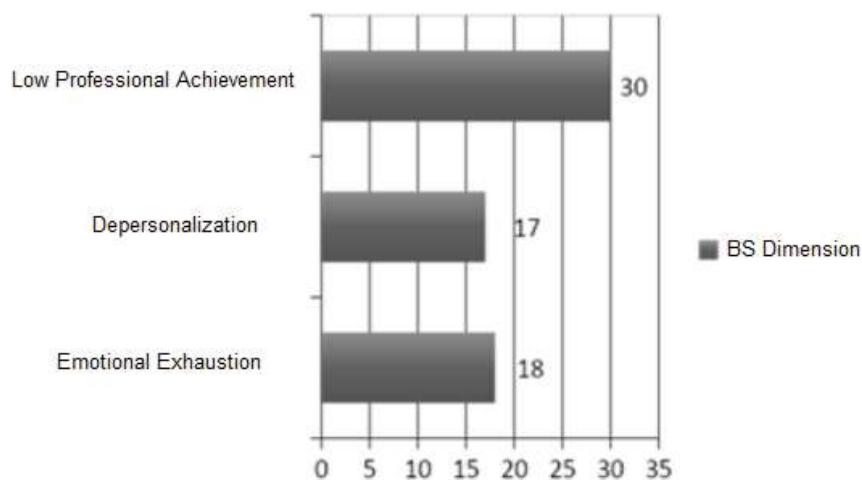
Some authors corroborate that work overload has been one of the variables most pointed out as predisposing to BS, which can negatively influence professional achievement, as identified in this study. ^(2; 14-15)

There is no agreement in the literature regarding the influence of work motivation on the emotional exhaustion of BS, as it has been shown that the syndrome also occurs in motivated workers, who react to work stress by working even harder, until they collapse. ^(4; 16-17) The BS is also attributed to the discrepancy between what the worker invests in the work and the recognition of superiors and colleagues, good results in performance. ⁽¹⁵⁾

On the other hand, work overload has been one of the variables most identified as predisposing to BS. Several studies present data similar to the findings of the investigation, showing that hospital nursing is a complex and demanding activity with high demands. ^(15; 16; 17; 18) Factors such as the presence of conflicts of personal and work values are also pointed out in other studies, being attributed to the perception between effort and the consequence/reward at work, which is influenced by individual, organizational and social factors. ^(10; 13; 16)

Depersonalization is considered the exclusive characteristic of Burnout,

Figure 1 – Number of professionals who have different dimensions for BS.



Source: Authors (2017).

and it occurs when the worker adopts a negative attitude, especially towards the beneficiaries of their own work, being accompanied by anxiety, irritability and lack of motivation, ^(10; 15-16-17) as evidenced in this study.

As for the preliminary assessment of BS in the study participants, it was identified that the most evident level of the syndrome was in its initial phase, which shows that the participants need care to prevent the onset of the syndrome.

In this context, the workload and other employment relationships are factors that influence the development of the disease. The presence of various employment relationships can generate mental and emotional problems and those who perform night shifts complain of mental discomfort, sleep and appetite disorders, attention deficit, impotence and fear in the face of organizational conditions. ^(12; 13; 15)

With regard to occupational risks, psychosocial risks are in evidence, which are: lack of preparation and training, paper overload, long hours at work, conflict in teamwork, difficulty in reconciling work and family, insufficient material and human resources, in addition to precarious working con-

ditions. ⁽¹³⁾

According to a research focused on BS in nursing professionals in the hospital network, the results indicated that most respondents were in the age group of 20-40 years and were married, these results confirm with this study. ⁽¹³⁾

The data presented corroborate research that indicates that BS in Nursing professionals is a relevant psychosocial phenomenon, as it affects not only the Nursing team, but also the health scenario.

The reality in the NICU provides chronic emotional and interpersonal stressors in the work environment, which are determining factors for BS in nursing professionals in this area. ⁽¹⁰⁾

CONCLUSION

The development of BS is increasingly constant among nursing professionals, especially those who work in sectors such as the NICU. This was confirmed in this research when detecting that 100% of the participants had a propensity to develop the syndrome. One of the pieces of evidence to confirm this fact was that the intensive care professionals did not have much time to resolve the questionnaire, as the rou-

tine of these workers is very dynamic, so much so that most of those approached did not respond to the questionnaire, alleging lack of time for the resolution of it.

It was found that the NICU is a very stressful environment for these professionals, and what aggravates this is the fact that they are subjected to a repetitive, monotonous and tense work routine. This can cause great physical and emotional strain, predisposing them to the syndrome. It is important that nursing professionals, especially those working in the NICU, know how to

recognize the factors related to BS, in order to try to minimize them.

It is also considered relevant that the health institution pays attention to training and campaigns to raise awareness of professionals in relation to workers' health. It is necessary to be an entrepreneur with regard to workers' health, collaborating in the formation of work environments that reveal and promote self-care for the care of others.

The healthy environment mobilizes preventive behavior, at least to minimize stress and the most prevalent diseases, such as BS, early loss of favorable

conditions for living well, as well as the promotion of one's own health. It is true that the investment in itself represents an arduous and complex task. After all, there are multiple systems, organs and functions that need to be stimulated, protected, nourished, sanitized and even treated when affected by complications.

The study has limitations such as the fact that it is carried out in a single neonatal care unit, as well as the low adherence of professionals to participate in the study.

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