

Burnout syndrome in health personnel at the Caseros Model Sanatorium

Síndrome de Burnout en el personal de salud del Sanatorio Modelo de Caseros

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ABSTRACT

Introduction: Burnout syndrome has maintained its conceptual structure "three-dimensional syndrome composed of emotional exhaustion, depersonalization and low personal achievement." However, its prevalence has been increasing in different strata of health personnel and has also been expanding to various working conditions. Methods: An anonymous survey was carried out among health workers at the "Caseros Model Sanatorium", in the town of Caseros, Province of Buenos Aires, Argentina, in the month of June 2024. The sample consisted of 15 health workers: 11 doctors and 4 nurses. The instrument used to collect data was the Brief Burnout Questionnaire, by Moreno-Jiménez. Results: Burnout syndrome was detected in 73.3% of those surveyed. The group of doctors was affected (100%) than that of nurses (63.6%). "Depersonalization" was the diagnostic manifestation with the highest score. Conclusion: The excessive prevalence of burnout syndrome among health workers in the sanatorium studied reveals the need to implement short-term coping and prevention strategies in the work environment.

Keywords: Professional burnout; Brief Burnout Questionnaire; emotional exhaustion; Depersonalization; psychological stress.

RESUMEN

Introducción: El síndrome de burnout ha mantenido su estructural conceptual "síndrome tridimensional compuesto por agotamiento emocional, despersonalización y baja realización personal". Sin embargo, habría ido aumentando su prevalencia en distintos estratos del personal sanitario y también se ha ido ampliando hacia diversas condiciones laborales. Métodos: Se realizó una encuesta anónima a trabajadores sanitarios del "Sanatorio Modelo de Caseros", de la localidad de Caseros, Provincia de Buenos Aires, Argentina, en el mes de junio de 2024. La muestra estuvo constituida por 15 trabajadores sanitarios: 11 médicos y 4 enfermeros. El instrumento utilizado para la recolección de los datos fue el Cuestionario Breve de Burnout, de Moreno-Jiménez. Resultados: Se detectó síndrome de burnout en el 73,5% de los encuestados. El grupo de médicos presentó mayor afectación (100%) que el de los enfermeros (63,6%). La "despersonalización" fue la manifestación diagnóstica con mayor puntuación. Conclusión: La excesiva prevalencia de síndrome de burnout entre los trabajadores sanitarios del sanatorio estudiado revela la necesidad de implementar a corto plazo estrategias de afrontamiento y prevención en el entorno laboral.

Palabras clave: Agotamiento profesional; Cuestionario Breve de Burnout; Agotamiento emocional; Despersonalización; estrés psicológico.

INTRODUCTION

“Burnout syndrome” also known as professional exhaustion syndrome, was first defined by psychoanalyst Herbert J. Freudenberger in 1974 as “a set of nonspecific medical, biological, and psychosocial symptoms that develop in the workplace as a result of excessive energy demands.” This professional observed that many of the workers at the institution where he practiced exhibited significant emotional exhaustion, as well as a loss of motivation and commitment to their work. To describe this particular state of “psychological exhaustion” he adopted the term “burnout,” which is commonly used in the field of clinical pharmacology, to refer to the effects of chronic drug use. Researchers Christine Maslach and Susan Jackson subsequently adopted the concept suggested by Freudenberger and set out to define the syndrome in a more technically rigorous manner and to design instruments for measuring it among healthcare workers. In fact, the characteristics currently accepted as defining burnout syndrome emerged from the work of these authors, who proposed three essential “dimensions”

- 1) the feeling of emotional exhaustion;
- 2) Depersonalization; and
- 3) The perception of a lack of professional fulfillment.

According to Maslach’s explanatory model and according to Jackson, emotional exhaustion is a key factor in the development of the syndrome and consists of a growing sense of exhaustion at work that a person experiences following failed attempts to adapt to a stressful environment. To protect themselves from this negative feeling, the individual would try to isolate themselves from others through a defense mechanism known as depersonalization, characterized by distant behavior and the dehumanization of relationships with patients and other members of the healthcare team. Over time, a sense of professional unfulfillment emerges: a complex feeling of personal inadequacy for the job, arising from the realization that the demands placed on them exceed their ability to meet them adequately, despite their attempts to adapt. Burnout itself constitutes the final phase of the process and is the response to an intolerable work situation.

Owing to the effects that the syndrome can have on the health of healthcare institutions and, consequently, on the quality of their professional performance and the care provided to patients, strategies must be implemented to enable both preventions, as well as early detection and appropriate treatment of those affected.

The objectives of this study are to determine the prevalence of burnout syndrome among medical and nursing staff at the Sanatorio Modelo de Caseros in the Province of Buenos Aires (Argentina) and to identify likely predisposing factors and propose solutions for addressing them in that work environment.

METHODS

An observational, descriptive, and cross-sectional study was conducted on 11 physicians and 4 nurses at the “Sanatorio Modelo de Caseros” in the town of Caseros, Province of Buenos Aires, Argentina, from June–July 2024. The study population was divided into two groups on the basis of their profession. The instrument used for data collection was the Brief Burnout Questionnaire (BBQ) by Bernardo Moreno Jiménez and colleagues, which was developed from modifications made by that group to Maslach’s Burnout Inventory (MBI) and validated by Rivera Delgado.

For the systematic review, brief questionnaires with variations and the clinical consequences reported by the various studies will be used to identify differential patterns. Statistical comparison techniques will be applied to this condition based on data obtained through exhaustive search and consultation with healthcare personnel.

Permission and informed consent will be requested from healthcare personnel to participate in the research.

A questionnaire will be administered to determine the occupational demographic factors associated with burnout syndrome.

The CBB and the Maslach scale will be administered to assess burnout syndrome among healthcare professionals at the Sanatorio Modelo de Caseros.

Data processing will be computerized, and the latest statistical software will be used.

The CBB questionnaire consists of 21 items, includes introductory questions with general information, and explores three fundamental variables:

- 1) Burnout syndrome (BS),
- 2) The causes of burnout (CBO)

3) Consequences of burnout (CON)

The BSS variable, in turn, consists of three subvariables that align with the model by Maslach and Jackson, each containing three items: emotional exhaustion (CE); depersonalization (DP); and (RP). The CBO variable, for its part, is analyzed in terms of its components: tedium (TE), task characteristics (TC), and organizational

(OR), each with three items. The CON variable is not divided into components and contains three items in total.

EVALUATION CRITERIA

Burnout Factors

Burnout Syndrome

Consequences of Burnout

The CBB is not designed to specifically assess the subscales comprising the antecedents, burnout, and its consequences but rather the global scales.

	LOW	MEDIUM	HIGH
BURNOUT FACTORS	9–19	>19–29	>29
BURNOUT SYNDROME	9–19	>19–25	>25
CONSEQUENCES OF BURNOUT	3–6	>6–8	>8

For the purposes of diagnosing Burnout Syndrome, the cutoff point is 25 points. In other words, a score of 25 or higher indicates that a person is clearly affected by Burnout Syndrome.

For assessing the consequences of burnout, a population or individual can be considered critically affected by these consequences when a score higher than 8 is reached.

In any case, the CBB is not a clinical questionnaire; therefore, the consequences of burnout must be assessed using a specific instrument.

The Maslach Burnout Inventory (MBI) consists of 22 items in the form of statements concerning professionals' feelings and attitudes in their role and is designed to measure professional burnout. This test aims to measure the frequency and intensity with which burnout is experienced.

Write the number you believe is appropriate for how often you feel the statements:

0 = never

1 = a few times a year or less

2 = once a month or less.

3 = a few times a month.

4 = once a week.

5 = a few times a week.

6 = every day.

The primary objective of the study was to estimate the prevalence of burnout syndrome among healthcare workers. The secondary objectives were to determine the factors associated with and severity levels of burnout syndrome by occupation. The presence of burnout syndrome was defined if each participant's score was greater than 21 on the CE scale, greater than 6 on the DP scale, and less than 36 on the RP scale. Based on the scores obtained on each MBI subscale, participants were classified into low, moderate, and high levels. The categories were defined according to the following cutoff points:

CE: low (< 12 points), moderate (12–21 points), high (> 21 points)

Low DP (< 3 points), moderate (3–6 points), and high (> 6 points)

Low RP (40 points), moderate RP (40–36 points), and high RP (< 36 points).

RESULTS

To identify factors associated with Burnout Syndrome, the analysis was designed to simultaneously adjust for two independent variables (a sense of life and career plan). Given this, at least two cases of burnout had to be included for each variable. With an expected frequency of 10% (definition of burnout as 3 out of 3 positive subscales), 20 healthcare professionals were required to detect at least 2 cases of burnout.

The survey was sent to 25 healthcare staff members, yielding 15 complete responses, for a 60% response rate. Among the 15 participants who responded, 11 were physicians (74%), and 4 were nurses (26%). Sixty percent were women, and the median age was 34 years, with a range of 29–39 years. The characteristics of the population according to the presence and absence of burnout syndrome are summarized in the following tables.

Table 1. Mean scores for the categories of the Brief Burnout Questionnaire by profession.

PROFESSION	CE	DP	RP
DOCTORS	2.08	2.83	1.5
NURSES	2.12	2.69	1.69

REFERENCE: CE-emotional exhaustion; DP-dépersonalization; RP-lack of personal fulfillment.

Table 2. Stress-inducing situations by profession.

SITUATION	DOCTORS	NURSES
Working with terminally ill patients	25%	72%
Risk of malpractice	50%	0%
Social vulnerability	50%	18%
Situations of abuse	10%	18%
Infectious and contagious diseases	5%	10%
Other	0%	18%

Table 3. Acceptability of proposals for resolving labor issues by profession.

PROPOSAL	DOCTORS	NURSES
Create spaces for reflection	25%	45.5%
Implement training opportunities	50%	75%
Improve organization	75%	65%
Increase compensation	25%	65%
Improve equipment	75%	100%
Fewer mandatory on-call hours	75%	25%

DISCUSSION

The level of distress detected among healthcare workers at the “Sanatorio Modelo de Caseros” in the town of Caseros, Buenos Aires, Argentina, was striking. The diagnostic symptom with the highest mean score among healthcare workers was depersonalization.

The situations identified as the primary causes of workplace stress varied significantly depending on the profession. The following were cited: “working with terminally ill patients” by nursing staff and “feeling of social vulnerability” and “risk of malpractice” among physicians.

The differences between the perceptions of nursing staff and those of medical staff regarding the main sources of workplace stress could be related to the specific characteristics inherent in the roles and activities performed in each of these professions, even when they are carried out in the same healthcare facility. It is likely that, nursing staff are the ones who have more frequent contact and develop closer bonds with terminally ill patients, a fact that could cause feelings of helplessness or frustration if they lack the necessary training to care for this type of patient.

The prevalence of this syndrome among healthcare workers due to the COVID-19 pandemic was also considered.

In a pre-pandemic study in Argentina, Muñoz A. et al. reported a 29% prevalence of burnout syndrome among resident physicians using the same definition. The higher prevalence among physicians could be related to the post-pandemic effects of COVID-19. This is because pandemics and epidemics have negative effects on the health of healthcare workers, leading to acute stress, depression, anxiety, exhaustion, and burnout syndrome.

In turn, studies have shown that those with burnout syndrome are younger and have less work experience. Although not conclusive, most related research suggests that, as the years increase, individuals gain experience and confidence in their work tasks and are less vulnerable to work-related stress. Medical residents are a vulnerable group; during this period, key processes of adaptation and adjustment to new tasks occur, placing young people under constant stress. Although this is a point of controversy, some authors argue that young people are the ones who most frequently experience work-related stress and burnout, as they lack sufficient coping mechanisms to address excessive demands.

Given the high prevalence of burnout syndrome among healthcare workers, there is a clear need to implement short-term coping and prevention strategies at the healthcare center that is the subject of this study. In designing these strategies, the proposals provided by the respondents on how to resolve common problems in their work environment should be considered. Furthermore, given that a large proportion of doctors and nurses reported having days off during the week and engaging in some form of physical activity, these strategies could include measures aimed at encouraging the continuation of these healthy habits and the development of recreational activities during available free time.

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