

Syndrome of Burnout among the workers of the Strategy of Health of the Family

SÍNDROME DE BURNOUT ENTRE OS TRABALHADORES DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

SÍNDROME DE BURNOUT ENTRE LOS TRABAJADORES DE LA ESTRATEGIA DE SALUD DE LA FAMILIA

Letícia de Lima Trindade¹, Liana Lautert²

ABSTRACT

This descriptive study was developed with sixteen Family Health Strategy teams from Santa Maria (Rio Grande do Sul), with the objective to identify works with the Burnout syndrome and the variables associated with this disorder. The sample consisted of 86 workers, representing 86.3% of professionals (physicians, nurses, nursing technicians, dentists and dental office assistants) and 30.2% of community health agents, who answered the Maslach Burnout Inventory. The average age of the group was 36.94±9.3 years, with a predominance of females (84.9%). Most participants had a partner (68.2%), children (69.4%), have worked in the team for, in average, 3.38±1.9 years and do not exercise regularly (62.8%). Six workers (6.9%) presented the Burnout Syndrome, which has a statistically significant association ($p=0.034$) with the young age variable. Younger subjects obtained higher scores on the subscales for emotional distress and depersonalization on the Burnout Inventory.

KEY WORDS

Nursing.
Stress.
Occupational health.
Burnout, professional.
Family Health Program.

RESUMO

Trata-se de um estudo descritivo, desenvolvido junto a dezesseis equipes de Estratégia de Saúde da Família de Santa Maria (RS), que objetivou identificar os trabalhadores com a Síndrome de *Burnout* e as variáveis associadas a este distúrbio. A amostra foi composta por 86 trabalhadores, representando 86,3% dos profissionais (médico, enfermeiro, técnico de enfermagem, odontólogo e auxiliar de consultório dentário) e 30,2% dos agentes comunitários de saúde, os quais responderam ao Maslach Inventory Burnout. A idade média do grupo foi de 36,94±9,3 anos, com predominância do sexo feminino (84,9%). A maioria possui companheiro (68,2%), tem filhos (69,4%), trabalha, em média, 3,38±1,9 anos na equipe e não realiza atividades físicas (62,8%). Identificaram-se seis trabalhadores (6,9%) com a Síndrome de *Burnout*, a qual teve associação estatística significativa ($p=0,034$) com a variável idade jovem. Os mais jovens obtiveram escores superiores nas subescalas de desgaste emocional e despersonalização do Inventário de *Burnout*.

DESCRIPTORIOS

Enfermagem.
Estresse.
Saúde do trabalhador.
Esgotamento profissional.
Programa Saúde da Família.

RESUMEN

Se trata de un estudio descriptivo, desarrollado junto a dieciséis equipos de Estrategia de la Salud de la Familia de Santa María (RS, Brasil) que tuvo como objetivo identificar a los trabajadores con el Síndrome de *Burnout* y las variables asociadas a este disturbio. La muestra se compuso de 86 trabajadores, que representaban el 86,3% de los profesionales (médicos, enfermeros, técnicos en enfermería, odontólogos y auxiliares de consultorio odontológico) y 30,2% de los agentes comunitarios de salud, los cuales respondieron al Maslach Inventory Burnout. La edad promedio del grupo fue de 36,94±9,3 años, con predominancia de sexo femenino (84,9%). La mayoría vive en pareja (68,2%), tiene hijos (69,4%), ha trabajado en el equipo durante un promedio de 3,38±1,9 años y no realiza actividades físicas (62,8%). Se identificaron seis trabajadores (6,9%) con Síndrome de *Burnout*, los cuales tuvieron una asociación estadísticamente significativa con la parte más baja de la faja etaria estudiada. Los más jóvenes obtuvieron puntajes superiores en las subescalas de desgaste emocional y despersonalización del Inventario de *Burnout*.

DESCRIPTORIOS

Enfermería.
Estrés.
Salud laboral.
Agotamiento profesional.
Programa de Salud Familiar.

* Extracted from the thesis "Occupational stress in the family health team: implications for workers' health", Rio Grande do Sul Federal University, 2007. ¹ RN. MS in Nursing. Doctoral student in the Nursing Graduate Program at the Santa Catarina Federal University. Associate Professor at the *Faculdade de Pato Branco and the Centro Universitário Católica do Sudoeste do Paraná*. Pato Branco, PR, Brazil. letrindade@hotmail.com ² RN. Associate Professor at the Rio Grande do Sul Federal University, College of Nursing. Porto Alegre, RS, Brazil. ila@enf.ufrgs.br

INTRODUCTION

The continuous and growing economic, political, social and technical transformations that have taken place in the job market strongly influence the health of workers⁽¹⁻²⁾. Some studies⁽¹⁻³⁾ point out the growing number of workers in the health field affected by occupational diseases, which demand investment in identifying the causes of the increase and in devising actions that can reduce these numbers and consequently preserve workers' health. Among the different factors that might compromise the health of workers, work environment is indicated as a generator of conflict when individuals perceive a gap between their commitment to their profession and the system in which they work⁽²⁾.

From this perspective, this study addresses the context of the Family Health Strategy (FHS), previously called the Family Health Program (FHP), with a view to propose changes in the health care model. The FHS aims to reduce the distance between health teams and the population and for that, different abilities are required from the workers in this modality of care delivery. The FHS members are in daily contact with the communities, which in general are deficient in many aspects, requiring different resources and coping strategies of workers⁽¹⁻²⁾.

The FHP was launched in 1994⁽⁴⁾ and aimed to develop activities related to the prevention of diseases and health promotion through educational actions carried out in households or with the collective, which are some of the main challenges of underdeveloped countries. It receives the financial resources to be implemented in all the Brazilian states and its premise is to develop strategies to meet the demands of the local population, valuing their desires and needs.

Therefore, we believe that the members of the FHS face several challenges to qualify health care delivered to individuals and families under their responsibility. The workers included in this health care model are exposed to the reality of these communities, in which resources are scarce but must meet complex demands. Coupled with these, there are problems in the health service network that reflect on their work and limit their problem-solving capacity.

The FHS members also have to deal with dangerous and unhealthy environments that pose risks to health, which add to the pressures and demands inherent to their work and favor the development of Burnout Syndrome and other occupational diseases⁽⁵⁻⁶⁾. Burnout Syndrome, conceptualized as chronic occupational stress, is characterized by the physical and emotional exhaustion of workers⁽⁷⁾, which occurs when individuals do not have strategies to cope with situations and conflicts in the workplace.

For American researchers, chronic work-related stress denotes burnout⁽⁷⁾. This syndrome can affect individuals in

different professions in any age range, though occupations that require intense interpersonal contact are those that present higher rates of workers with burnout and health care professions are among those⁽⁸⁾.

Burnout Syndrome is a work-related disorder, a consequence of prolonged exposure to occupational stressors and lack of social support, which generates physical and psychological exhaustion⁽⁸⁾. Burnout is characterized by a set of physical and psychological signs and symptoms, a consequence of poor adjustment to work and intense emotional load and can be accompanied by frustration in relation to oneself and one's work⁽⁹⁾.

FHS workers are exposed to several challenges and occupational stressors, which require from them a series of abilities to care for the population and to practice self-care. When workers do not employ adequate coping strategies they become vulnerable to burnout. Thus, we opted to investigate the occupational stress of these workers, since work is part of their lives, is an important element in the formation of identity and subjectivity and it is through work that individuals organize their lives, participate in society and develop their world view⁽¹⁰⁾.

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OBJECTIVE

To identify Burnout Syndrome among professionals who work in FHS units in Santa Maria, RS, Brazil and variables associated with this disorder.

METHOD

This descriptive study with qualitative approach aimed to identify Burnout Syndrome among workers from the FHS units in Santa Maria, RS, Brazil. There are 16 units in this city with work teams that have 8-12 people.

Santa Maria is located in the central region of the Rio Grande do Sul, Brazil and has 270,073 inhabitants, the majority of which live in urban areas. The city monetary flow essentially depends on public service and the main productive areas are: education, medical-hospital and military.

All the 66 professionals working for the FHS in the city and two community health agents (CHA) of each unit were invited to participate in the study. Only two CHAs were invited to participate in the study because of the large number of CHAs in each unit (from six to eight) and the time available for the study. The selection of the CHAs was intentional. We opted for those who were at the unit at the time of data collection and became interested in the study.

Fifty-seven professionals (86.36%) and 29 CHAs (30.2%) agreed to participate in the study, composing a sample of 86 workers. Data collection was carried out in January and

February 2007 during scheduled meetings with the teams. Instruments were individually filled out in the presence of the researcher.

A self-applied questionnaire composed of two parts was used to collect data. The first part included questions concerning the participants' demographic data and the second part included the Maslach Burnout Inventory (MBI) with a 7-point Likert scale with 22 questions. Nine questions addressed emotional exhaustion, five addressed depersonalization and eight questions addressed professional accomplishment with an inverse score.

The MBI is one of the most well-known instruments used in research with different professionals⁽¹¹⁻¹²⁾. It was translated into and validated for Portuguese in 1995 and obtained a Cronbach's alpha of 0.86 in the subscale Emotional Exhaustion, 0.69 in Depersonalization and 0.76 in Professional Accomplishment⁽¹³⁾. The Statistical Package for the Social Sciences (SPSS), version 10.01 for Windows, was used to analyze data through descriptive statistics. The association between the sample's demographic characteristics and the three MBI subscales was tested through the Chi-square test for qualitative variables and Student *t*-test for quantitative variables.

The study was approved by the Research Ethics Committee at the UFRGS (No. 2006643) and authorization from the Health Secretary at Santa Maria was requested in order to present the research project to the FHS teams. All workers who agreed to participate in the study signed a free and informed consent form.

RESULTS

Burnout Syndrome and variables associated with this disorder were identified among workers from the FHS units in Santa Maria, RS, Brazil through the Maslach Inventory Burnout.

Demographic data

Each FHS team in the city is composed of at least one physician, one nurse, one nursing technician and five community health agents (CHA), though, some units also have one dentist and one dental assistant (DA).

Overall, 162 individuals work in the 16 FHS units and 86 of these agreed to participate in the study: five dentists (100%); 12 physicians (74%); 13 nurses (81.3%); 19 nursing technicians (79.2%); 8 DAs (62.5%) and 29 CHAs (30.2%). Among these, 30 (34.9%) had a bachelor's degree; 27 (31.4%) were technicians; and 29 (33.7%) had secondary education (CHAs); 73 (83.9%) were female; 58 (68.2) had a partner and 59 (69.4%) had children.

The group's average age was 36.94±9.3 years, minimum of 20 years old and maximum 68 years old. The youngest group, those up to 40 years of age, obtained the highest scores in the emotional exhaustion and depersonalization subscales and the lowest scores in professional accomplishment. Age was the only variable that obtained statistically significant association ($p=0.034$ – Student *t*-test) within the MBI subscales.

The average number of years of education among workers was 14.4±4.9, minimum of 11 years and maximum of 35 years. There was no association between this variable and the MBI subscales. The average time of work at the FHS was 3.38±1.9 years, median was 34.5 months, the minimum was one month and the maximum was nine years; 25% of the individuals worked for 2.3 years for the FHS; 50% for 2.8 years and 75% for 4.3 years. These data coincide with time in the profession: minimum of 10 months and maximum of 41 years with average of 3.69±2.29 years; 25% were up to two years in the profession, 50% up to three years and 75% up to six years. The majority (67.4%) worked only for the FHS, though a representative percentage (32.6%) reported another job.

The most common activity besides work was household chores, reported by 68 workers (79.1%), which can be explained by the predominantly female (84.9%) sample. The extra-work activities were related to leisure: 67.4% watched TV and 60.5% read newspapers, books, and magazines and 53.5% studied. Physical exercise was reported by 32 (37.2%) workers. Neither extra-work activities nor another job were statistically associated with the scores of the Burnout Inventory. There was no statistical association between the scores of the MBI subscales and the following variables: gender, time of work in the profession, professional category, marital status, having children, years of education, team in which one works and time of work in the FHS.

Burnout Inventory Data

The score averages of workers in the MBI three subscales were: 9.0±3.05 for Depersonalization, 23.87±7.19 for Emotional Exhaustion and 13.84±4.82 for Professional Accomplishment. The workers affected by Burnout Syndrome were those who obtained scores with a standard deviation above the group average in the subscales Emotional Exhaustion and Depersonalization and a standard deviation below the average of the group's Professional Accomplishment (reverse scale). These people composed a group of six: three CHAs, two nursing technicians and one physician. They were all female, aged 21, 27, 28, 29, 30 and 40 years old and worked for different FHS units.

Figure 1 presents the average scores of FHS workers and the group with burnout.

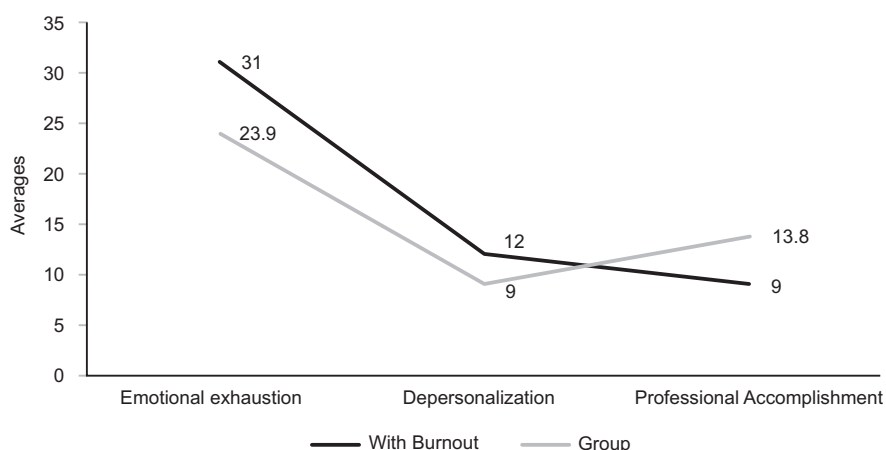


Figure 1 - Distribution of averages of FHS workers obtained in the Maslach Burnout Inventory and of the group with burnout - Santa Maria, RS, Brazil - 2007

The MBI was validated with nurses who work in hospitals, which required Cronbach's alpha test to evaluate its internal consistency with the FHS workers since this measure assesses the variability of answers. The value for the set of answers was 0.879 and demonstrated that the instrument had good reliability for this group.

Comparing Cronbach's alpha values for the inventory with that of other studies^(1,2) using this same instrument, we identified the same behavior: the Emotional Exhaustion subscale presents the highest reliability, followed by Professional Accomplishment and Depersonalization.

DISCUSSION

Burnout Syndrome is included in Annex II of the Brazilian Social Security Regulation, which addresses pathogens causing occupational diseases under number 304848/99⁽¹⁴⁾. It also appears in the International Classification of Diseases (ICD-10)⁽¹⁵⁾ in a generic form under code Z73.0 of Chapter XXI, which addresses factors influencing health and contact with health services and is understood as exhaustion.

The syndrome is characterized by the self-perception of emotional exhaustion, depersonalization and lack of professional accomplishment^(6,9). Emotional exhaustion refers to the feeling of physical and mental exhaustion, to the lack of energy to perform daily tasks, that is, the feeling one has reached one's limit of expending effort. Depersonalization indicates that the individual has altered his/her feelings and behaviors and became cold and impersonal with patients and colleagues and, sometimes, cynical and ironic in relation to people and situations. Lack of professional performance or incompetence refers to dissatisfaction, low self-esteem, feelings of professional failure and lack of motivation in regard to occupational activities⁽¹³⁾.

This syndrome is prevalent among young workers and is most common among those under 30 years of age^(6,11-12).

It is attributed to workers' lack of experience, which causes insecurity or clashes with reality when individuals realize that work will not resolve their anxieties and satisfy their desires. Idealization, common among young workers, is associated with high expectations, which many times are not achieved. Paradoxically, excessive motivation makes individuals more vulnerable to Burnout Syndrome^(6,16). This study revealed that the youngest group, ages between 20 and 40 years old, obtained scores with significant statistical difference in Emotional Exhaustion and Depersonalization when compared to other age ranges.

The majority (84.9%) of participants were women and no correlation was found between this variable and Burnout Syndrome. Some studies presented higher scores in Emotional Exhaustion among women and Depersonalization among men, which is attributed to the influence of social roles^(7,13). In the case of women, emotional exhaustion might be a consequence of the double workload (household chores and profession) commonly adopted by them. Depersonalization would be associated with men because of social pressure and demands that require them to comply with masculine roles. The association between the variable "having children" and Burnout Syndrome is controversial in the literature^(6,9,11,16). Some studies infer that parenthood generates pressures due to the load individuals assume while other studies report that having children helps individuals to acquire some balance, which enables them to use better coping strategies in problematic situations. This behavior is attributed to the greater demand to which individuals are subject when children are born: people become more responsible and, thus, adopt safer conduct, avoiding risk behaviors⁽⁶⁾.

In this study, gender, having children (69.4%), or a partner (68.2%), were not statistically associated with the syndrome. Likewise, average years of education among workers (14.4±4.9) was not associated with the MBI subscales. However, some researchers state that individuals with

higher educational levels tend to present higher scores in the Emotional Exhaustion and Depersonalization dimensions and lower scores in Professional Accomplishment, which might be related to lack of the acknowledgement and status of some professions⁽¹¹⁾.

Other occupational variables associated with Burnout Syndrome in some studies are time of work and time in the profession. These studies indicate that Burnout Syndrome might start in the first year in which the individual enters the institution to work. It is attributed to the difficulties workers face gaining inclusion in the group, in performing tasks, and to the feeling of instability on the job and to the need to be accepted and acknowledged, among other aspects⁽¹⁷⁾. It is important to keep in mind that studies diverge, some suggesting that the incidence of Burnout Syndrome increases over time and others that this disorder affects those entering the job market due to their lack of experience in the profession and/or institution^(6,12).

As workers enter the FHS, they are recommended to receive training so their performance is in line with this mode of care according to the Single Health System (SUS). The inadequate profile of workers, excessive insularity of professions, lack of qualification, inadequate remuneration and absence of a human resources policy, and impediments to constructing a universal, integral and equitable health system⁽¹⁸⁾, might frustrate workers.

The FHS requires exclusive dedication of workers, they cannot have another job, and must be available 40 hours per week (eight hours daily). From this perspective, it is relevant to note the percentage of FHS workers who reported another job (32.6%) in which they generally work on the night shift. This information is provided in the first part of the questionnaire in which the participants' demographic data are addressed. We can infer this extra job is due to the need to increase family income and is a common practice among health workers. Physicians usually opt also to have a private office or work in a hospital due to the schedule's flexibility. If, on the one hand, the health workers' extra job(s) complement family income, on the other hand, it compromises their occupational activities^(12,18) due to the fatigue it generates.

Analyzing the activities in which participants perform extra work, we observed that health workers who know the numerous benefits of regular physical exercise do not practice it. It is worth mentioning that performing activities that generate relaxation and pleasure can absorb the impact of these stressor agents⁽¹⁶⁾.

The development of Burnout Syndrome has multiple causes and involves several individual and occupational factors in which socio-environmental variables are adjuvant in the process. The BMI seeks to identify aspects associated with work relations and conditions that trigger the syndrome, assessing the dimensions of Emotional Exhaustion, Depersonalization and Professional Accomplishment⁽¹⁹⁾.

FINAL CONSIDERATIONS

This study revealed that workers in the FHS in Santa Maria, RS, Brazil from different professional categories and socio demographic characteristics are singular individuals and evaluate their work as a source of satisfaction or dissatisfaction and pleasure or suffering.

When investigating the occupational stress experienced by workers in the FHS teams, we determined that 93.03% do not present scores compatible with Burnout Syndrome. However, the study revealed that six (6.97%) participants were affected by Burnout Syndrome and the only variable with significant statistical association ($p=0034$) was young age (up to 40 years). The syndrome affected different workers, regardless of their educational background, gender or function; it was not exclusive to one category though it predominated among CHAs (10.34%) when compared to other professionals (5.26%). It is believed that younger individuals with low levels of experience are insecure in relation to their work and when they realize it is not ensured that their anxieties will be resolved or their desires met, they become dissatisfied and exhausted.

Hence, how young workers are inserted into the job market and what social support they receive should be analyzed. In addition to the harm Burnout Syndrome can cause to the workers' health, it might also affect the work of the multidisciplinary team and compromise quality of service because some professionals work by themselves and, in the case of physicians and nurses, are the "leaders" of the team.

Despite the study limitations, such as the limited number of participants, the data obtained in this study evidenced the need for the early detection of problems associated with work and that might generate Burnout Syndrome in some individuals as well as to implement interventions and preventive actions so as to alleviate workers' fatigue. Thus, it is necessary to invest both in organizational strategies and programs of health promotion among FHS workers with a view to improve the work environment, the structure of public services and adopt measures focused on the strengthening of social relationships to support the team.

The prevention of stress and Burnout Syndrome requires the re-formulation of workers' individual and collective mechanisms and often involves the re-definition of concepts and values. For that, some studies^(6,9-10,18,20) suggest that interpersonal relationships and group support are strategies capable of minimizing harmful occupational effects on workers' health and recommend the development of actions that value individuals. Therefore, the prevention of Burnout Syndrome requires educational and therapeutic actions at the individual, collective, social and organizational levels⁽²⁰⁾.

Issues that affect workers' health need to be broadly discussed in the workplace and in programs of professional education with a view to contribute to occupational health

and favor harmonious and protective relationships between work and workers⁽²⁾.

Finally, the creation of programs of social support is suggested to improve teamwork, planning of services with

the help of team members in order to favor workers' personal and professional growth and improve the quality of public services and prevent occupational stress.

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