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Burnout syndrome, sociodemographic, occupational, and job satisfaction variables in a hospital nursing staff

Síndrome de Burnout, variáveis sociodemográficas, ocupacionais e satisfação no trabalho na equipe de enfermagem hospitalar

Síndrome de *Burnout*, variables sociodemográficas, ocupacionales y satisfacción en el trabajo en el equipo de enfermería hospitalaria

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This is a quantitative study carried out from 2015 to 2016, to evaluate the prevalence of Burnout syndrome and its associations with the sociodemographic factors, occupational characteristics, and job satisfaction of nursing workers. A semi-structured questionnaire was used for sociodemographic and occupational assessment. The Maslach Burnout Inventory was used as an index for Burnout syndrome, and the Occupational Stress Indicator for job satisfaction. The mean age of workers was 33.73±8.33 years. Most were female (82.2%) and had moderate risk prevalence (52.3%) for Burnout Syndrome. The higher the job satisfaction, the lower the risk for Burnout Syndrome. It is important that these professionals have adequate working conditions to reduce the risk of a disease that jeopardizes the quality of life and the assistance provided.
Descriptors: Burnout, Professional; Occupational health; Job satisfaction.

Este é um estudo quantitativo realizado de 2015 a 2016, com o objetivo de avaliar a prevalência da Síndrome de Burnout e suas relações com fatores sociodemográficos, características ocupacionais e satisfação no trabalho dos trabalhadores de enfermagem. Utilizou-se um questionário semiestruturado para a avaliação sociodemográfica e ocupacional, o *Maslach Burnout Inventory* para indicativo da Síndrome de Burnout e o *Occupational Stress Indicator* para satisfação no trabalho. A idade média dos trabalhadores foi de 33,73±8,33 anos, com predominância feminina (82,2%) e prevalência de risco moderado (52,3%) para a Síndrome de Burnout. Quanto maior a satisfação no trabalho, menor o risco para a Síndrome de Burnout. É importante que esses profissionais recebam condições adequadas de trabalho para que diminua o risco da doença, que compromete a qualidade de vida e a assistência prestada.
Descritores: Esgotamento profissional; Saúde do trabalhador; Satisfação no emprego.

Este es un estudio cuantitativo realizado de 2015 a 2016, con el objetivo de evaluar la prevalencia del Síndrome de *Burnout* y sus relaciones con factores sociodemográficos, características ocupacionales y satisfacción en el servicio de los trabajadores de enfermería. Se utilizó un cuestionario semiestructurado para la evaluación sociodemográfica y ocupacional, el *Maslach Burnout Inventory* para indicativo del Síndrome de *Burnout* y el *Occupational Stress Indicator* para satisfacción en el trabajo. La edad promedio de los trabajadores fue de 33,73±8,33 años, con predominancia femenina (82,2%) y prevalencia de riesgo moderado (52,3%) para el Síndrome de *Burnout*. Cuanto mayor la satisfacción en el trabajo, menor el riesgo para el Síndrome de *Burnout*. Es importante que estos profesionales reciban condiciones adecuadas de trabajo para que disminuya el riesgo de la enfermedad, que compromete la calidad de vida y la asistencia prestada.
Descriptores: Agotamiento profesional; Salud laboral, Satisfacción en el trabajo.

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INTRODUCTION

Nowadays, when dealing with social and political issues, labor becomes essentially indispensable in the face of the capitalist system, demanding immediate production and financial responses from individuals. From this scenario of demands, the work activities, that should glorify and dignify man, becomes a physical and mental illness[1].

The estimate rates of deaths from work-related accidents and diseases in 2014 was 2.34 million, of which 2.02 million were due to occupational diseases and more than 320,000 due to accidents at work[2]. More remote data shows that 4.2 million workers were removed and 3,852 of them had a diagnosis of Burnout Syndrome (BS)[3].

BS, also known as occupational exhaustion syndrome, is described as a consequence of high levels of emotional and occupational stress. It is a multidimensional disease, characterized by components of emotional exhaustion, depersonalization, and low professional achievement[4].

The workplace is an important factor in the health-disease process of any worker. A survey on issues related to "stress", "Burnout syndrome", and "hospital environment" with nursing professionals found that the working environment is a factor that leads to the emergence of these diseases, especially when workload is extensive and working conditions, precarious[5].

Nursing professionals are part of a group that is predisposed to physical and mental illness, since they experience tension, situations of being under pressure and risk, besides living with the pain and suffering of patients and their caregivers[6]. Also, stress-generating issues, tensions, work organization, routines, controlled supervision, and professional devaluation can trigger stress frameworks in these individuals, transforming nursing into one of the professions with the highest incidence of BS[7].

The analysis of the prevalence of BS and its associations with sociodemographic factors, work characteristics, and job satisfaction may allow for the identification of what needs to be changed in the scope of work that can improve the health of the worker, thus contributing to the creation of a line of care that would offer those workers a pleasant working environment and the support they need in order to get a positive result from the provision of the service and the care for the health of the patient, in addition to decreasing the frequency of the illnesses that affect the professionals.

The objective of this study is to evaluate the prevalence of BS in nursing workers and its associations with their sociodemographic factors, occupational characteristics, and job satisfaction.

METHOD

This is a cross-sectional, exploratory, descriptive, and quantitative study, carried out from 2015 to 2016, at the General Hospital of the Universidade Federal do Triângulo Mineiro (HC/UFTM). All nursing professionals of the HC-UFTM (nursing assistants, nursing technicians, and nurses), from both morning and night shifts, were invited to participate, regardless of time working there, gender, or age.

Appropriate clarifications were offered on the objectives and methodology. All participants signed a free and informed consent form. The study was approved by the Research Ethics Committee from UFTM under legal opinion No. 1351.

The evaluation of sociodemographic data, health history, and occupational characteristics took place through a semi-structured self-applicable questionnaire, including data regarding gender, age, color/race, marital status, educational level, occupation, and monthly income. The Maslach Burnout Inventory (MBI) instrument was used to assess BS, identifying the specific symptomatic dimensions of BS, which are emotional exhaustion (EE), depersonalization (DE),

and professional achievement (PR)[8]. This instrument is made up of 22 items related to the dimensions cited, identifying these symptoms.

A Likert scale was used for the score, ranging from 0 to 6, where: never (0), sometimes per year or less (1), once per month or less (2), sometimes per month (3), once per week (4), sometimes per week (5), and every day (6). This scale measures the frequency at which the individual experiences symptoms related to BS. The scores are obtained by the sum of the score from each dimension[9].

From the result of the sum, the index analyzed is classified as having a low, moderate, or high degree. EE will be considered low when the sum is less or equal to 15, moderate when between 16 and 25, and high for values equal or greater than 26. For the DE, scores equal to or less than 6 rank as low, the range between 7 and 12 is moderate, and scores equal to or greater than 13 are high. The score of the RP, on the other hand, inverts the logic of the other dimensions, i.e., higher scores indicate lower risk levels for BS, while low RP scores suggest high risk levels for BS. Scores equal to or less than 31 points rank at low RP and high levels of BS, the range between 32 and 36 suggest moderate RP, and scores above 36 suggest high BS, and, thus, a low level of BS[10].

The framework used for the classification of research results was the Maslach Burnout Inventory (MBI) manual, in addition to studies that suggested that there is BS when there is a high risk of EE and DE, accompanied by low RP levels [3, 11]. The classification of high risk was given to those with high scores in EE, DE, and RP; those with EE and low DE and RP; or even to those with low EE and RP, but high DE. The classification was moderate when the risk was low for all dimensions.

The Occupational Stress Indicator (OSI) scale, developed in 1988[12], was used to assess job satisfaction. This instrument allows the measurement of satisfaction in 22 psychosocial aspects at work through six-point Likert scales, which will characterize those analyzed from very dissatisfied to very satisfied[13]. Dissatisfaction is indicated by scores between 22 and 58; intermediate satisfaction is classified by the range between 59 and 95; satisfaction is classified by scores between 96-132.

RESULTS

The participants of the data collection process were workers from the neurological, orthopedic, and pediatric outpatient clinics, adult emergency room, medical, surgical, oncology-hematology wards, in addition to those in reception, nursery, and neonatal ICU. The only sector that refused participation was gynecology and obstetrics.

The sample consisted of 107 workers, of whom 88 (82.2%) were women, with a mean age of 33.7±8.3 years, 52 (48.6%) in a stable union, 62 (47.9%) white, 56 (52.3%) with family income between 3,000.00 and 6,000.00 reais (Brazilian currency) and 54 (50.5%) with a Technical Education/high school educational level. Their occupational characteristics are presented in Table 1.

The prevalence for BS indicated that 56 workers (52.3%) had moderate risk, 27 (25.2%) had high risk, and 24 (22.4%) low risk for the disease. Table 2 presents the results of the bivariate analyses between sociodemographic characteristics and risk of BS. There was no statistically significant association between the variables.

Table 3 presents the results of bivariate analyses between occupational characteristics, job satisfaction, and risk of BS. There was no statistically significant association between the variables with the exception of job satisfaction, and it was found that most people who presented low risk were more satisfied.

Table 1. Occupational characteristics of nursing professionals. Uberaba, 2015 to 2016.

	Mean	Standard Deviation
Time working in this institution, in months*	38.2	±60.2
Total hours per week*	38.7	±8.4
	N	**Percentage**
Position / Function		
Nursing technician or assistant	74	69.2%
Assistant nurse	33	30.8%
Shift		
Morning	39	36,4%
Afternoon	68	63.6%
Number of employment bonds		
1	88	82.2%
> 1	19	17.8%
Pressure to meet targets		
Yes	48	44.9%
No	59	55.1%
On leave for > 15 days		
Yes	51	47.7%
No	56	52.3%
Job satisfaction		
Dissatisfied	8	7.5%
Moderately satisfied	68	63.6%
Satisfaction	31	29.0%
Total	107	100%

Table 2. Bivariate analyses of sociodemographic data and risk of Burnout Syndrome in nursing professionals. Uberaba, 2015 to 2016.

	***Burnout* Risk**			
	Low	**Medium**	**High**	**P**
		Mean		
Age	59.06	55.05	47.31	0.38
		n (%)		
Gender				0.06
Male	1(0.9%)	10(9.3%)	8(7.5%)	
Female	23(21.5%)	46(43%)	19(17.8%)	
Ethnicity				0.30
White	11(10.3%)	36(33.6%)	15(14%)	
Non-white	13(12.1%)	20(18.7%)	12(11.2%)	
Marital status				0.11
Not in a stable union	8(7.5%)	33(30.8%)	14(13.1%)	
In a stable union	16(15%)	23(21.5%)	13(12.1%)	
Family income				0.31
<1,500.00 to 3,000.00	5(4.7%)	13(12.1%)	11(10.3%)	
>3,000.00 to 6,000.00	12(11.2%)	33(30.8%)	11(10.3%)	
>6.000.00	7(6.5%)	10(9.3%)	5(4.7%)	
Educational level				0.19
High school/Technical education	9(8.4%)	31(29%)	14(13.1%)	
Higher education	6 (5.6%)	9(8.4%)	9(8.4%)	
Postgraduate Studies	9(8.4%)	16(15%)	4(3.7%)	

Table 3. Bivariate analyses of occupational variables, job satisfaction, and the risk of Burnout in nursing professionals. Uberaba, 2015 to 2016.

	Burnout Risk			
	Low	**Medium**	**High**	**P**
		Mean		
Working Time at the institution (months)	62.79	53.41	47.41	0.21
Total hours per week (hours)	58.50	54.11	49.41	0.29
		n (%)		
Position / Function				0.81
Nursing technician / auxiliary	16(15%)	38(35.5%)	20(18.7%)	
Assistant nurse	8(7.5%)	18(16.8%)	7(6.5%)	
Shift				0.33
Morning	11(10.3%)	21(19.6%)	7(6.5%)	
Afternoon	13(12.1%)	35(31.7%)	20(18.7%)	
Number of employment bonds				0.87
1	19(17.8%)	47(43.9%)	22(20.6%)	
> 1	5(4.7%)	9(8.4%)	5(4.7%)	
Pressure to meet targets				0.63
Yes	11(10.3%)	27(25.2%)	10(9.3%)	
No	13(12.1%)	29(27.1%)	17(15.9%)	
On leave for > 15 days				0.39
Yes	15(14%)	26(24.35)	15(14%)	
No	9(8.4%)	30(28%)	12(11.2%)	
Job satisfaction				**0.001***
Dissatisfied	1(0.9)	5(4.7)	0(0.0)	
Moderately satisfied	16(15.0)	27(25.2)	21(19.6)	
Satisfied	22(20.6)	10(9.3)	5(4.7)	

* p< 0.05 - Pearson's chi squared with statistically significant adjusted residues.

DISCUSSION

The hospital environment, as a workplace, is prone to the manifestation of BS. Therefore, it is the appropriate place to approach the nursing staff and obtain relative and triggering data about this syndrome[13].

Prevalence results indicated that 56 workers (52.3%) had a moderate risk, 27 (25.2%) had a high risk, and 24 (22.4%) had low risk of BS. In the population studied a high risk for BS was more prevalent (25.2%) than in other researches [1,14, 15], which found a low prevalence, with 12.54% of nursing professionals [14]and 5.9% of nursing technicians [1] with BS indicators, and a prevalence of 10.1% [15].

The age group and time working in the same institution did not interfere with the BS indicators. It is worth remembering that this study evaluated middle-aged workers (59.06 years for low risk, 55.05 for moderate risk, and 47.31 for high risk), who had been working in the institution for more than three years (38.2±60.2 months). Younger and newly admitted individuals are considered to be more likely to present BS[16], since a study found that young adults are more vulnerable to develop BS because of their lack of experience and difficulty to adapt to working conditions[17]. Age has also been associated with exhaustion, since professionals above 30 years of age were 2.7 times less likely of having exhaustion than those who were 29 years old or younger[3,18].

Most participants were women (82.2%), a common feature in Brazilian health centers and hospitals, which can be explained by the sociocultural history of nursing as a profession performed by women. Studies stated the importance of evaluating this variable, due to the predominance of BS in women being associated with double work shifts, since they are expected not only to work outside, but also to carry out household chores[1,19]. However, this study did not find differences between the sexes for BS indicators.

As for the relationship between Burnout and marital status, the study brings a reflection on the propensity of BS in women above 35 years old who are not in some kind of stable union.

This can be an influential factor for illnesses, since, with the lack of family support, they work more, and consequently, are more frequently ill. There is still a great social weight on women, according to which they must marry and have children[15]. Some studies [20-23] report that married individuals are less likely to have BS, since an affective relationship favors the experience of feelings and family responsibility, functioning as a protective variable. This gives individuals strength them and makes them able to face the problems related to work. However, the quality of the relationship must be evaluated[20-21]. The fact that there is a relationship, a family, contributes to the development of BS due to the overburdening of the individual[22], and there is no significant relevance in being married or unmarried [23]. Therefore, there is no consensus about an association on the development of BS and marital status. The same was true in this study, in which no such association was found.

The absence of significant associations between demographic variables and BS can be explained by a study that indicated that, although sociodemographic data may have an influence on the process of health and illness at work, especially if one takes into account the social context of each individual, certain agents can have opposite effects, being sometimes stressors and sometimes protective agents against occupational diseases. It is important to highlight that the BS is not associated to nor does it result from biological factors, such as age, gender, and ethnicity, or social ones, such as marital status or education level. It is mainly triggered as a result of occupational factors[11].

The interpretation of the variable educational level promotes several reflections in relation to Burnout. Those with a higher level of education, and, consequently, with more "valued" positions, may have high RP and low EE. By contrast, studies have shown that workers with a higher educational level have a higher prevalence of BS due to their position of responsibility over other colleagues, their excessive workload, and long working days.[24,25]

In addition to their position, all members of the nursing teams deal with the overload of work, long shifts, stressful conditions, and/or the pressure of having to reach by their employer[26]. They are also not valued as professionals and have low salaries (low enough that they often need multiple jobs), which may be aggravating factors and/or stressors, contributing to the disease, and are associated with the symptoms of the dimensions of Burnout.

Comparing the prevalence of BS and the work shift, a study brought data on higher levels of EE and low RP among day shift workers (when compared to night shift workers), arguing that, in the morning shifts, the work is more intense, the demand is higher, and there are more procedures and activities, characterizing situations that increase stress and in which there is a higher demand for productivity, generating an environment prone to the development of BS. A shift with more activity can be a shift with more difficult goals to reach and, consequently, in which there is a greater pressure for them to be met[22]. However, this study did not identify this association.

The context of work overload, occupational stress, and illness can lead to accidents with professionals, absenteeism, and/or to professionals being on leave for a certain period of time. A study found that work accidents with nurses represented 6.2% of the notifications in São Paulo, and that 5.4% of accidents led to work leaves[27].

In a revision[28], the main causes of nursing workers being on leave were musculoskeletal diseases, which could be associated with staying for long in inadequate positions, long periods of orthostasis, repetitive movements, and a small number of professionals to deal with the demands. Mental diseases were also strongly mentioned as a cause of work leave, linking the psychic suffering of the professional to the occupational character of their work. In this study, 47.7% of workers had been on leave for more than 15 days. However, this work did not include data relating to the reason for the work leaves in its analysis, which makes it impossible to establish other relations between the illness and work.

Regarding the evaluation of job satisfaction, half of the sample researched is moderately satisfied according to the scale, meaning there is satisfaction, but there are also elements of

dissatisfaction. Most workers with low BS risk were found to be more satisfied (p<0.001). A study found similar results, according to which only 1.4% of the sample were dissatisfied with their work, and satisfied individuals had smaller scores when associated with Burnout[29].

A research found that emotional exhaustion was more intense in nurses who worked in institutions with worse working conditions regarding autonomy, organizational support, and control over the environment, than in institutions whose features were more agreeable for the exercise of nursing. When that is the case, job satisfaction may be diminished, increasing the chances of developing BS[30].

Although the Occupational and sociodemographic variables surveyed did not present statistically significant results, the BS indicators among the professionals evaluated was high. Therefore, the data found is extremely important, since it can provide a more clinical look at the care of this population.

It is very important to search for workers who are ill due to BS, which is now recognized by the World Health Organization (WHO) as an occupational disease since it was added to the 11th Revision of the International Classification of Diseases (ICD-11), which does not consider it as a health condition, but a as a work condition.

This achievement shows the importance of research on the subject, establishing the relationship between work and illness and the need for monitoring the prevention of illnesses and the knowledge of the occupational aspects that influence this condition in certain populations.

CONCLUSION

Lower job satisfaction is significantly associated with the risk of BS. It is important to monitor nursing professionals with regards to their perception at work and to provide adequate occupational conditions, including actions that minimize risks, since they will directly interfere in the quality of life of the worker and in the service and assistance provided.

A limitation of this study is the fact that professionals who were on leave were not included, which could affect the magnitude of the burnout. In addition, the data refers to a teaching health institution owned by the federal public administration, whose particularities may be related to the results found.

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CONTRIBUTIONS

Lara Andrade Souza, Bruna Silveira Toledo Barbosa and **Isabel Aparecida Porcatti de Walsh** contributed to the conception, design, analysis and interpretation of data, writing and review. **Lilian Gomes da Silva Ferreira, Jéssica Carvalho Lima** and **Renata Martins Matos Oliveira** took part in data interpretation and analysis, writing and review.

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