

PROFESSIONAL BURNOUT AMONG NURSES AND PARAMEDICS

ZJAWISKO WYPALENIA ZAWODOWEGO WŚRÓD PIELĘGNIAREK I RATOWNIKÓW MEDYCZNYCH

SYLWIA NOWAKOWSKA^{1,2 A,B,E,F}
ŁUKASZ WOLNIEWICZ^{1,3 A,B,C,D}

¹ Nursing Faculty, Opole Medical School, Poland

² Province Hospital in Opole, Poland

³ University Clinical Hospital in Opole, Poland

A – przygotowanie projektu badania | study design, **B** – zbieranie danych | data collection, **C** – analiza statystyczna | statistical analysis, **D** – interpretacja danych | interpretation of data, **E** – przygotowanie maszynopisu | manuscript preparation, **F** – opracowanie piśmiennictwa | literature review, **G** – pozyskanie funduszy | sourcing of funding

SUMMARY

Background: The burnout syndrome is characteristic for people who face constant human interaction in their work. Health care professionals are listed in this category.

Aim of the study: The aim of this paper was to determine the scope of the burnout syndrome and to assess the degree of burnout among health care professionals.

Material and methods: The study was conducted among a population of 110 nurses and paramedics working in the Opole Province. The research tool used was an own questionnaire, the MBI Ch. Maslach burnout questionnaire and the PSS – 10 scale (Perceived Stress Scale).

Results: The results show that passivity and uncertainty in dealing with people (33%) and low mental resilience (29%) are the main personality traits that influence the occurrence of burnout.

Conclusions: Professional burnout occurs in all three dimensions of the syndrome, with varying degrees of severity, among health care professionals.

KEYWORDS: burnout, stress, nurses, paramedics.

STRESZCZENIE

Wstęp: Syndrom wypalenia zawodowego najczęściej występuje w zawodach wymagających intensywnych kontaktów z ludźmi, a do tych należą pracownicy ochrony zdrowia.

Cel pracy: Celem pracy jest określenie i identyfikacja wielkości problemu, jakim jest wypalenie zawodowe, oraz ocena stopnia wypalenia zawodowego wśród pracowników ochrony zdrowia.

Materiał i metody: Badania przeprowadzono wśród 110 pielęgniarek i ratowników medycznych pracujących na terenie województwa opolskiego. Narzędziem badawczym wykorzystanym w pracy był autorski kwestionariusz ankiety, kwestionariusz wypalenia zawodowego MBI Ch. Maslach oraz skali PSS-10 (Perceived Stress Scale).

Wyniki: Wyniki badań przeprowadzonych wśród personelu ochrony zdrowia wskazują, iż bierność i niepewność w obcowaniu z ludźmi (33%) oraz niska odporność psychiczna (29%) to główne cechy osobowości mające wpływ na występowanie zjawiska wypalenia zawodowego.

Wnioski: Objawy wypalenia zawodowego występują wśród pracowników ochrony zdrowia w każdym wymiarze tego syndromu.

SŁOWA KLUCZOWE: wypalenie zawodowe, stres, pielęgniarka, ratownik medyczny.

BACKGROUND

According to C. Chreniss, professional burnout is: “chronic (prolonged) stress at work, where expectations placed on the employee exhaust and exceed the capacity of individual resources” [1].

Burnout is a reaction to prolonged stress; it stems from excessive strain at work and responsibility for others. Those working with other people, i.e. teachers, psychologists, policemen, nurses and other medical professionals, are in the group with highest risk of exposure to this kind of stress, as they have to frequently confront demanding clients, patients, and parents, and come in contact with human suffering [1–3].

A person suffering from burnout often feels there are no perspectives before them and has no enthusiasm for their work. They experience physical and mental exhaustion. The main causes of burnout are environmental factors, objectifying others, overwork and lack of job-satisfaction [4–6].

People who suffer from burnout expect a lot from themselves. They are perfectionists and overly ambitious when it comes to their work. Such attitude can be seen as the beginning stage of burnout, because a person with these characteristics feels constant need to prove themselves.

Another stage is neglecting own needs, over-valuing, internal emptiness, isolation from the world, cynicism and loss of own self-worth. In its final stages, burnout takes the form of complete emotional, mental and physical exhaustion [6–8].

An analysis of the available sources shows there are three categories of exhaustion, which lead to burnout [7]:

- Physical exhaustion, inter alia chronic fatigue, lack of energy, back pain, muscle cramps, nightmares, sleep disorders, being prone to accidents, changes in body weight, etc.
- Emotional exhaustion, inter alia disenchantment, feelings of loneliness, emotional void, lack of will to act, uncontrollable crying, feeling depressed and hopeless, etc.
- Mental exhaustion, inter alia loss of self-respect, low self-worth, breaking off contact with clients and colleagues, negative attitude towards work, cynicism towards clients/patients, etc.

AIM OF THE STUDY

The aim of this paper was to determine the scope of the burnout syndrome and to assess the degree of burnout among health care professionals.

Material and Methods

The study group consisted of 110 nurses and paramedics employed in Brzeg Medical Centre at the intensive care unit, internal diseases, general surgery and trauma-orthopaedic departments and the ER. The respondents were between 23 and 61 years old. Women constituted 86.4% (95) of the study population. 79.1%

(87) of the respondents were nurses, 20.9% (23) were paramedics. Participation in the study was voluntary and anonymous.

The research tools included: own questionnaire divided into two parts: population data and the substantial part, consisting of questions regarding stress and burnout.

Another used research tools were the MBI Ch. Maslach burnout questionnaire and the PSS – 10 scale (Perceived Stress Scale). The participants filled out the questionnaires voluntarily and anonymously. The level of burnout among health care professionals was determined in three dimensions – depersonalisation, burnout and sense of personal achievement. Based on the data from the MBI questionnaire, the results were presented as arithmetical means (M) with standard deviation (SD).

RESULTS

The results show that passivity and uncertainty in dealing with people, 33% (36), and low mental resilience (29%) are the main personality traits that influence the occurrence of burnout. According to the respondents, empathy and the desire to help people - 5% (5) hold the least risk of facilitating the development of the burnout syndrome.

The most frequently listed stress-generating factors at work were: lack of cooperation and support at work - 28% (31), remuneration inadequate to responsibility - 24% (26) and critique and dissatisfaction of patients and their families - 36% (29).

An analysis of the effects of stress on health care professionals shows that physiological reactions (60% - 66) were the most severe. They manifested as increased arterial blood pressure, chronic fatigue and stomach disorders. Emotional reactions (32% - 35), such as anxiety, irritability, nervousness affected a third of the respondents. Behavioural and cognitive reactions (8% - 9) connected with changes in behaviour were the least experienced during stressful situations.

According to the respondents, the factors which facilitate the development of the burnout syndrome are contact with death and suffering (34% - 37) and being responsible for the lives of other people (28% - 31).

An analysis of the data from own questionnaire allowed to surmise that 54% (60) of the respondents are averagely invested in their work. This is a sign for both the employer and the employee that negative and dangerous changes are taking place.

The results of this study showed that employees unload negative emotions and counteract the development of burnout by seeking support from family (26% - 29), close friends, acquaintances (16% - 18) and colleagues (30% - 33). Every fifth respondent did sports. Only 6% (7) turned to substance abuse and medication (4% - 4). 1% of the respondents sought professional help, which is the only safe and qualified way of handling burnout. In the dimension of “emotional exhaustion”

the result was high, for “depersonalisation” - medium. Satisfaction with work corresponded to low result for “sense of achievement”.

DISCUSSION

An analysis of the available sources on studies of burnout among health care professionals shows that such studies are conducted fairly frequently. Own results to a large extent correspond to the results of other studies. The main cause of burnout is considered to be lack of work-satisfaction. This is connected with the character of work, less than perfect organisation, stress and close interpersonal contacts, which arise from caring for the patient and tending to their mental health.

The results of empirical studies showed that burnout occurs in three dimensions with different intensity. Depersonalisation, which occurred on medium level among the study population (M=8.89), is characterised by cynicism, passivity, apathy and objectification of others.

Another dimension of burnout, emotional exhaustion, manifests as irritability and being prone to conflicts and occurred on a high level (M=20.94). The result for lack of sense of achievement dimension was low, which points to the desire to succeed at work and being satisfied with work (M=30.35) (Tab. 1).

Table 1. The level of burnout in the study group (measured with the MBI questionnaire)

Dimension of Burnout					
Emotional Exhaustion		Depersonalisation		Sense of Personal Achievement	
M	SD	M	SD	M	SD
20.94	8.78	8.89	4.95	30.35	8.73

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When taking into consideration the general burnout indicator, the result for the study group was on a medium level. The results differed significantly from those reported by, for example, Dębska [9], where the level of burnout among nurses working at a public health care facility was low. The respondents showed higher results in depersonalisation in comparison with nurses and doctors (M=7.41) [10] and teachers (M=6) [11,12], while a higher result was recorded for doctors (M=9.75) [14].

The emotional exhaustion dimension result of the respondents was slightly lower in comparison to policemen (M=16.86) [10], nurses and paramedics (M=19.8) [11,12] and doctors (M=18.31) [14].

The result for the third dimension of burnout, lack of sense of achievement, is similar to the result for paramedics and nurses (M=29.6) [13] and significantly lower from the result of doctors (M=9.75) [14].

The burnout syndrome and stress are a significant problem among health care professionals, which is why negative factors have to be eliminated by educating the staff. Learning to cope with failure, disappointment and increasing the sense of control or developing unloading mechanisms can have enormous effect on the quality of provided care and job-satisfaction [5,8].

CONCLUSIONS

1. The factors promoting the development of the burnout syndrome are, inter alia, passivity and uncertainty in contacts with people, lack of support and appreciation from the employer and heavy mental strain connected with the responsibility of the medical professional.
2. Symptoms of burnout can be observed in every dimension, i.e. high reference level for emotional exhaustion dimension, medium for depersonalisation and low for sense of achievement.

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Correspondence address:

Sylvia Nowakowska
Niedurnego Str. 19/12
45-712 Opole
phone: +48 881 357 204
e-mail: n.sylwia@poczta.onet.pl

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