

Burnout syndrome in professional workers from psychosocial care centers: a descriptive study

*Síndrome de burnout em profissionais dos centros de atenção psicossocial: um estudo descritivo**

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ABSTRACT

Burnout Syndrome is a mental disorder that affects workers as a response to chronic stress, composed of three central elements: emotional exhaustion, depersonalization and reduction of personal fulfillment. This study aimed to verify the prevalence of Burnout Syndrome in mental health professionals of the Psychosocial Care Centers in a city of Piauí. Descriptive study with 16 professionals from two Psychosocial Care Centers. Data were collected through two instruments: Sociodemographic questionnaire and Burnout Maslach-Human Services Survey. The findings revealed the dimensions of Burnout Syndrome: 37.5% of the professionals obtained high emotional exhaustion; 31.5% of them, low professional achievement; and 12.5%, high depersonalization. Younger professionals were more likely to have Burnout Syndrome. It is concluded that there is a need to establish processes that aim at the development of resources to deal with stress and with the difficulties inherent in working in mental health. to develop resources to cope with stress and the difficulties inherent in working in mental health.

Keywords: Burnout; Stress; Mental Health; Occupational Health.

RESUMO

A Síndrome de *Burnout* é um transtorno mental que acomete trabalhadores como resposta a um estresse crônico, composto por três elementos centrais: exaustão emocional, despersonalização e redução da realização pessoal. Objetivou-se verificar a prevalência da Síndrome de *Burnout* em profissionais da saúde mental dos Centros de Atenção Psicossocial numa cidade do Piauí. Estudo descritivo com 16 profissionais de dois Centros de Atenção Psicossocial. Os dados foram coletados através de dois instrumentos: Questionário sociodemográfico e Inventário *Burnout Maslach-Human Services Survey*. Os achados revelaram as dimensões da Síndrome de *Burnout*: 37,5% dos profissionais obtiveram alta exaustão emocional; 31,5% deles, baixa realização profissional; e 12,5%, alta despersonalização. Os profissionais mais jovens obtiveram maior tendência para a Síndrome de *Burnout*. Conclui-se que há uma necessidade de estabelecer processos que visem ao desenvolvimento de recursos para lidar com o estresse e com as dificuldades inerentes ao trabalho em saúde mental.

Palavras-chave: Esgotamento Profissional; Estresse; Saúde Mental; Saúde do Trabalhador.

NOTE

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INTRODUCTION

Work is an activity that can provide growth, transformation, acknowledgement and personal independence. However, this environment has increasingly provided stress-inducing situations, which generate problems, such as: dissatisfaction, disinterest and exhaustion, in addition to compromising the quality of the service provided⁽¹⁾. Therefore, the work impact on the professionals' physical and mental health has been considered important in recent years. Specifically, in relation to stress in the occupational context, we highlight the Burnout Syndrome - BS⁽²⁾.

BS is a mental disorder that affects workers in response to chronic stress. It is composed of three central elements: emotional exhaustion (feelings of emotional exhaustion and affective emptying), depersonalization (negative reaction, insensitivity or excessive distancing of the public that should receive the services or care) and personal fulfillment reduction - of success at work⁽³⁾.

In the United States and Europe, BS is considered one of the major pathologies, alongside cardiovascular diseases and diabetes. It can lead to negative financial results, since it has been associated with absenteeism, early retirements and employee turnover⁽⁴⁾.

In Brazil, Decree No. 3,048, dated May 6, 1999, approved the Social Security Regulation, which, in Annex II, deals with Pathogens causing Occupational Diseases, as provided in Article 20 of Law no. No. 8,213 / 91⁽⁵⁾. In the International Classification of Diseases (ICD-10), item XII of the Table of Mental Disorders and Behavior Related to Work (Group V ICD-10) cites, as the synonyms of Burnout, the "feeling of being finished", which receives code Z73.0⁽⁶⁾.

A special attention should be given to BS manifestations in public service professionals, where specific demands, tasks and skills are imposed on the population. In the health area, professionals, in addition to the natural demand for work, deal daily with illness and suffering⁽⁷⁾. This vulnerability led to the problematization of this study.

This research becomes relevant because there is a shortage in the scientific environment at the national level, focusing BS on mental health professionals, making it important to reinforce and contribute to the process of restructuring the Mental Health Care/Psychosocial Health Care (PHC) of the municipality. Therefore, it is necessary to disseminate the thematic to a more elaborate knowledge about this aggravation, to qualify the professionals in the prevention and treatment of this syndrome.

In addition to contributing with a wealth of knowledge in the mental health area, it becomes relevant for the intervention proposals creation and for subsidizing reflections on their quality of life in the work context and, consequently, on the quality of the service offered.

Thus, to guide the study the following guiding question was established: What is the prevalence of Burnout Syndrome in mental health professionals of the Psychosocial Care Centers in a rural town of Piauí?

The purpose of this study was to verify the prevalence of Burnout Syndrome in mental health professionals of the Psychosocial Care Centers in a Brazilian Northeastern Brazilian city, characterizing the sociodemographic and occupational profile of mental health professionals and their association with BS.

METHOD

The study was of the descriptive type, performed in the substitutive services of mental health, two Psychosocial Care Centers (PCC), which were identified in this study as PCC A and PCC B, in a rural town of Piauí, state of northeastern Brazil.

The population was composed of higher education degree and technical health professionals working in PCC A and PCC B, namely: four doctors, nine nurses, three psychologists, two social workers, two physiotherapists, two physical educators, two nutritionists, two pharmacists, two pedagogues, eleven nursing technicians and four pharmacy technicians, thus totaling 43 professionals. However, the sample was composed of 16 professionals, because two refused to participate, one was carrying out a vocational course and the others were dismissed or removed from employment during the data collection period. Considering the reduced number of subjects, census sampling was used, that is, the total population was used.

It was listed as an inclusion criterion: to work for at least six months in the institutions; and, as exclusion criteria: workers who were on vacation, leave or retired for professional qualification, such as master's and doctoral degrees.

The workers were duly clarified in relation to the objectives of the research, mainly regarding the reliability and the impossibility of identification of those involved. The following instruments were applied: the Maslach Burnout Inventory - Human Services Survey (MBI-HSS), sociodemographic questionnaire and work profile. The data were collected in a quiet environment, at a previously agreed time, between January and March 2015.

MBI-HSS, the most widely used instrument for BS research⁽⁸⁾, intended for health professionals, was elaborated by Cristina Maslach in 1977 and adapted by Tamayo in 1978 for the Portuguese language, and applied in Brazil by several authors⁽³⁻⁴⁻⁹⁻¹⁰⁾.

MBI-HSS is self-report and consists of 22 items that evaluate the three independent dimensions that are: emotional exhaustion (EE), depersonalization (DE) and professional achievement (PA). EE consists of nine items and refers to both physical and mental exhaustion, to the feeling that you have reached the limit of possibilities. On the other hand, DE has five items and consists of changes in the individual's attitudes when meeting the users of their services, showing a cold and impersonal contact with suffering. The PA has eight items and shows the dissatisfaction with their activities, demotivation and low

self-esteem, revealing a decrease in professional efficiency, often leading to a desire to leave work⁽⁴⁾.

Therefore, when there are high scores in EE and DE, associated with low values in PA, the individual will present BS. The scoring of the items surveyed adopts the Likert scale, which ranges from zero to six: (0) never, (1) once a year or less, (2) once a month or less, (3) some times in the month, (4) once a week, (5) a few times a week, and (6) every day⁽⁴⁾.

Based on the sociodemographic questionnaire and the occupational profile, data were collected on: age, gender, professional category, family income, marital status, number of children, schooling, training and service time, working hours, weekly workload, employment, other jobs and healthy habits.

For the analysis of MBI-HSS data, the sum of each dimension (EE, DE, PA) and compared to the reference values of the Nucleus of Advanced Study on Burnout Syndrome (NASBS) was assigned, which assigns scores to the three dimensions of the Burnout separately, using the weighted average. First, the sum of the values found in the questions of said dimension was carried out and, subsequently, multiplied the value found by the Likert scale number ("0" to "6")⁽¹¹⁾.

All final values were summed and divided by the sample value, thus obtaining the weighted average of each dimension, for further analysis and comparison with the NASBS cut-off points. Were used the parameters made by the NASBS, since this is a study done with Brazilian population, and, therefore, considered more adequate for the reality of the sample in question.

The information collected from the instruments was entered and processed in a spreadsheet (Microsoft Office Excel®). The descriptive analyzes for the categorical variables considered absolute (n) and relative (%) frequencies, and the discussion was based on comparisons with other studies and relevant and current literature.

The project was submitted to the Permanent Education Nucleus of the Municipal Health Department of the municipality, to the Research Ethics Committee of the Federal University of Piauí - Amílcar Ferreira Sobral Campus and approved with protocol No. 1,170,203. Thus, it followed Resolution of the National Health Council No. 466/2012, which provides guidelines and norms regulating research involving human beings⁽¹²⁾.

The workers were duly informed regarding the objectives of the research, mainly regarding the reliability and impossibility of identification of those involved, as well as the risks and benefits. Provided clarification of possible doubts, guaranteed, thus, the maximum return. Finally, the participants were asked to consent to participate in the research by signing the Free and Informed Consent Term (FICT), with all the research elucidation, including its risks and benefits.

RESULTS

The results obtained through the instruments revealed the sociodemographic data of the participants, on BS and stress, which collaborated in its entirety to analyze the issues related to mental health work. Among the professionals participating in the study, the female gender predominated, with 68.75%. Of the total, 37.5% were married and 62.5% were single, 56.25% had children and 43.75% had no children.

In the PCC A, five professionals participated in the research: two nurses, one nursing technician, one physical educator and one physical therapist. In PCC B, eleven professionals participated: four nurses, five nursing technicians, a pedagogue and a doctor.

The professionals, in relation to the educational level, reported having the postgraduate level (75%) and the technical level (25%). As for the workload, half (50%) was a day laborer, and the other (50%) was a workday worker. In addition, the majority (68.75%) had a statutory relationship with the institution, while 31.25% had a temporary contract.

As for the family income, 25% of the participants showed income of 6 to 9 minimum wages; 18.75%, from 1 to 2 minimum wages; also 18.75% reported more than 10 minimum wages; 12.5% have family income between 2 and 3; 12.5%, from 4 to 5 minimum wages; 6.25%, up to 1; and 6.25%, from 3 to 4 minimum wages. The reason for which the income data varied greatly is that the family income was considered, not the individual, and the minimum wage in Brazil in 2015 was \$ 788.00 reais. The weekly workload had a majority (37.5%) around 40 hours a week, followed by 36 hours (25%), greater than 40 hours (25%) and 12.5% with 20 hours a week.

More than half of the professionals working in PCCs had no training in mental health (68.75%). The same percentage indicated those who have other employment (s). In addition, the professionals were considerably younger, as the mean age of the participants was 31.8 years (with the greatest age of 49 years and the youngest age of 22 years), median of 29.5 years and standard deviation of 7.2. Regarding the training time, there was an average of 6.69 years (median of 6 years and standard deviation of 3.91). The average working time at the institution was very close to the average working time in the mental health area, the first being 2.88 years (median 3 years and standard deviation 0.89) and the second 2, 81 years (median 3 years and standard deviation 0.98).

Standard deviation calculations indicate that working time in the institution and working time in the mental health area were more uniform among the population surveyed, compared to the training time and, especially, with age, with a higher value of standard deviation. It can be concluded that most of the professionals joined the mental health area in the institution where they worked.

The results regarding the habits of the professionals in question revealed that the majority were non-smokers

(93.75%) and did not consume alcohol and/or other drugs (81.25%). In relation to the practice of physical activity, the percentages were very close: about 56.25% did not practice, while 43.75% did physical exercises, which also showed a resistance on the part of the professionals to the sports activity practice.

It was verified, from the results obtained by the MBI, that no participant had BS, according to the instrument analysis. However, in the analysis of the variables separately, it was evidenced that many had symptoms or experiences related to these variables. In order to determine the state of Burnout, it is necessary to establish the levels of the professional in relation to the three dimensions, so that they are high level in EE and DE and low in PA. Table 1 below shows the results obtained:

The results, in their totality, indicate that the dimension "emotional exhaustion" obtained a greater percentage in its extremes (low, with 43.75%, and high, with 37.5%). On the other hand, "depersonalization" and "professional achievement" were moderate, 50% and 56.5%, respectively. However, when analyzing the overall average of each dimension in relation to all the professionals participating in the study, it was observed that all dimensions fell into a moderate level, emotional exhaustion averaged 21.375, professional achievement with 36,6875 and depersonalization with 4.4375, also moderate.

MIB and socio-demographic data were correlated, with most of men showing low to medium (40%) emotional exhaustion, low (60%) professional achievement and medium to high (40%) depersonalization. While women, high emotional exhaustion (45.45%), mostly, average professional achievement (54.54%) and average depersonalization (63.63%).

A comparison was also made between individuals under the age of 30 and those aged 30 or over. It was verified that professionals with less than 30 years of age had a high (62.5%) level of emotional exhaustion, from average (50%) to low (50%) professional achievement and average (75%) depersonalization. However, those older than 30 years were found to have low (75%) emotional exhaustion, average (50%) professional achievement and low (50%) depersonalization.

From the analysis of the results, it was noticed that the medical professionals and physiotherapists have a low level of emotional exhaustion, that nurses and nursing technicians have an elevated level of emotional exhaustion and that the physical educator has a moderate level. In the professional achievement requirement, those of moderate levels were: physical educator, nurses and physiotherapist, while, of low PA, the doctors and the nursing technicians.

Regarding depersonalization, all other professions had an average level, only the doctor obtained a low level of DE. In the analysis performed among the nursing technicians and nurses (68.75% of the total sample of participants), it was shown that 66.67% of nurses and 33.33% of nursing technicians had high emotional exhaustion. Only 16.67% of both categories had high depersonalization and 16.67% of the nurses and 50% of the nursing technicians had low professional achievement.

Lastly, when analyzing the weekly workload, the academic training in the health area and the item "other employment (s)", it was found that the higher the weekly workload, the (45.45% of those with high emotional exhaustion) and having other jobs, the higher the proportion of participants with high EE. In the other dimensions of Burnout, the levels were not as expressive as in the EE dimension.

DISCUSSION

In dialogue with the field studies on the subject and from the data collected and analyzed, were sought to confront results, compare them, question and corroborate them. The 16 professionals who answered the questionnaires obtained an average age of 31.8 years, most of them female, single and with children. The sample consisted mostly of nursing (technicians and nurses), and since this is still a predominantly female professional category, the subjects did not escape this profession characteristic.

Female predominance in health work has been evidenced by many studies. This predominance is attributed to the historical character of care being socially and culturally attributed to women, such as caring for the sick, the elderly, children and post-natal women⁽⁹⁻¹³⁾. A research⁽³⁾

Table 1. Distribution of MBI levels among mental health professionals of the Psychosocial Care Centers of a Brazilian Northeastern city. (n = 16). Floriano, PI, Brazil, 2016.

BS* Level	EE ¹	N	PA ²	N	DE ³	N
High	37,50%	6	18,75%	3	12,50%	2
Moderate	18,75%	3	50%	8	56,25%	9
Low	43,75%	7	31,25%	5	31,25%	5
Average	21,375	16	36,6875	16	4,4375	16
TOTAL	100%	16	100%	16	100%	16

Note: BS*: Burnout Syndrome; EE1: Emotional Exhaustion; PA2: Professional Achievement; DE3: Depersonalization.

Source: survey data.

with substitute mental health service providers, found that the majority were between 41 and 50 years of age, female, half married, and the majority had a mid-level position.

According to the obtained data, it was found that the youngest (under the age of 30 years) are the ones most likely to trigger BS. There were high levels of exhaustion in this age group (62.5%), low professional achievement (50%) and average depersonalization (75%); (75%) EE, average PA (50%) and low De (50%), corroborating the findings of other studies in the area⁽³⁾.

The data points to a link between age and experience in the professional field, suggesting that the younger professionals have a greater sense of workload and distancing attitude towards colleagues. Greater safety and control in decisions can be attributed to experience, which reduces stress and emotional exhaustion⁽¹⁴⁾.

In the gender requirement, Bs dimensions revealed some differences, such as lower emotional exhaustion, lower professional achievement and greater depersonalization in men when compared to women. Studies⁽⁹⁻¹⁴⁻¹⁵⁾ pointed out that women present significantly greater professional achievement. Culturally, caring for the other is seen as female labor, which may influence women's satisfaction with this type of work.

The present study evidenced that the medical and physiotherapist professionals have a low level of emotional exhaustion, that nurses and nursing technicians have an elevated level of EE and that the physical educator presents a moderate level. In the professional fulfillment requirement, the moderate levels are of the physical educator, the nurses and the physiotherapist, and the low PA fit the doctor and the nursing technicians. Regarding depersonalization, all professions had an average level, except the doctor, who obtained a low level. In the stress phases, the physical educator, physiotherapist, two nursing technicians and three nurses are in the resistance phase and two nurses in the exhaust phase.

As verified, 45,45% of the professionals who do not have training in the mental health area obtained an elevated level for the emotional exhaustion, whereas 60% of the trained ones obtained the low level for EE. This shows how professional preparation is related to the level of stress that can be developed. Knowledge and confidence can decrease stress-increasing factors. The fact of having other jobs also reflected that 100% of them related an elevated level to the EE.

In relation to the practice of physical activity, the numbers are well matched. About 56.25% do not practice and 43.75% do some activity. Acquiring healthy living habits, such as sleeping well, exercising regularly, maintaining a balanced diet and enjoying leisure are necessary to reduce the effects of professional stress, as a kind of escape from work aspects. In addition, the individual with a good physical and mental balance becomes more productive and improves the service provided⁽¹⁶⁾.

The results showed that no PCCs A and B professionals fit the diagnosis for BS, however, when analyzing the dimensions separately, there were meaningful results. It was identified 37.5% high EE, 31% low PA and 13% high DE, and still more than 50% with moderate PA and DE.

The coping strategies vary according to the desired goal, such as coping, which can be defined as "a cognitive-behavioral effort to master, tolerate or reduce internal and external demands"; which is divided in two categories: coping focused on emotion (defensive processes, seeking positive values in negative events) and coping focused on the problem - trying to define the difficulty experienced, seeking alternative solutions and choosing between them⁽¹⁷⁾.

In addition, it is necessary to systematize data on the insertion of the young professionals, the monitoring and evaluation of their work, seeking to identify the difficulties experienced and their potentialities, structuring a program of continuous training both in the adaptation of young people entering the work, and in the permanent education of all. Further,⁽¹⁸⁻¹⁹⁾ demonstrated that the dynamics of the organizational structure is related to the stabilization and maintenance of mental health among the various work groups. They have shown that a coherent organizational structure reduces stress and mental pressure resulting from work.

It is also important to follow the mental health professionals through psychotherapy, aiming the internal conditions development, mainly due to the high emotional demand involved in this care. Several scholars emphasize the need for professional training through lifelong learning.

CONCLUSION

The study pointed to indicators of the Burnout Syndrome manifestation and professional overload, which suggests a difficulty for professionals, especially younger ones, in the mental health work environment. Such a situation may negatively influence the quality of care provided to users.

As the results indicate, there is a need to establish permanent education processes with mental health professionals. Thus, this study is expected to be the opportunity to reaffirm how organizational, evaluative and educational processes promote the physical and psychological well-being of professionals and is fundamental for the full implementation of mental health sector policies.

Among the limitations of this research, were highlight the lack of a greater number of participants available and that fit the criteria outlined. In addition, this study has limits of scope, since it was constructed with data of a specific context of a region of Brazil.

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