THE RELATIONSHIP BETWEEN STRESS AND BURNOUT IN HEALTHCARE PRACTICE

[1]DELIA ŞTEFENEL, [2]LAURA ŞTEF

[1]PhD candidate, University of Bucharest, [2]"Lucian Blaga" University of Sibiu

Abstract: *The aim of the present research is to explain empirically the relationship between occupational stress and burnout, underlying the major determinants and symptoms revealed in the healthcare personnel working in different Romanian public hospital departments.*

Keywords: *stress, burnout, Romanian healthcare personnel*

Rezumat: *Obiectivul acestui studiu este de a explica empiric interrelaţia dintre stresul ocupaţional şi burnout, prin surprinderea aspectelor etiologice şi simptomatologice în rândul personalului medical dintr-un spital public din România.*

Cuvinte cheie: *Burnout, stres ocupaţional, personal medical-România*

INTRODUCTION

Since its first appearance, in 1974 (Herbert J. Freudenberger), the concept of burnout has gathered different characteristic statements. The pioneer work of Christina Maslach (Maslach, 1974, Maslach & Jackson, 1981, 1996) made the concept of burnout be a widely validated and tested instrument, used by scientists from different subject fields. Nowadays, in the specialized literature, it is commonly accepted the definition given by the researcher to burnout: "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that may occur among individuals who work with people".

Briefly, this triptych is paradoxically translated both in terms of drained resources, when the work becomes a burden and in terms of impersonal detachment accompanied by a negative self-assessment and by low rate of self-esteem and efficacy. Moreover, the paradox of burnout also arises from the fact that it occurs in enthusiastic persons, who are full of energy and new ideas when they become involved in a new situation. In general, such persons have high expectations regarding their goals. As time goes by and if the goals are not achieved, the enthusiasm dies, bringing about the increase of frustration and passiveness. Instead of lowering objectives or accepting reality, frustration is bottled up and the individual tries even harder. The result is what we call "burnout".

Concerning etiology, a wide variety of risk factors, both at individual (personality, sex, family status etc) and at work level (organizational environment, professional non-achievement, lack of appreciation from superiors, great volume of work), represent a few of the parameters correlated with the professional burnout, in those working in healthcare units. The symptoms are as varied as the people who experience the burnout.

Unusual somatic symptoms (tiredness, headaches, gastro-intestinal and sleep disorders), atypical behavioural and psychological signs (irritability, sensitivity increased to frustrations, emotional lability, crying, boredom, inefficacity, sense of helplessness in changing a situation, fatigue, absenteeism, lose of compassion or apathy towards patients or colleagues) are several indices for burnout. By its own specificity, the medical environment is a work-related stress generator. Data offered by the International Labour Department places the occupational stress among "the most serious problems of our times, not only for individuals whose physical and mental health is in danger, but also for companies and governments". Furthermore, prolonged job-stress exposure has proved to be a major source for burnout syndrome. (Shirey M, 2006)

PURPOSE OF THE PAPER

The aim of the present explorative study was to evaluate the level of stress and burnout among doctors and nurses who are working in different Romanian public medical institutions.

Besides the descriptive and theoretical approach, we also intended to present an investigation around several causal interrelations with respect to the nature of the work and to the subjects investigated, taking into consideration the socio-demographical parameters.

Another objective of the study was to identify the explanatory mechanisms of the occupational stress and burnout, insisting on underlining the determinants and noticeable forms of the above mentioned variables, and on the interdependence between the effects the long-term job-related stress exposure has on burnout, taking into account the characteristics of our sample.

MATERIAL AND METHODS

Participants:

The sample consists of twenty (N=20) subjects, 70% of whom are females and 30% males. The tables we

are presenting below offer an analytic representation of the sample, taking into account several identification elements.

Table no. 1. Sample structure in terms of age and profession

Age * Profession Crosstabulation

Count

		Profession			
		nurse	doctor	lab.nurse	Total
Age	20-29	0	4	1	5
	30-39	6	3	2	11
	40-49	1	2	0	3
	50-59	1	0	0	1
Total		8	9	3	20

Table no. 2. Respondents' distribution in accordance with their profession and number of hours per week

Profession * No.of hours a week Crosstabulation

Count

		No.of hours a week				
		<36	40	50	>70	Total
Profession	nurse	1	6	1	0	8
	doctor	0	5	2	2	9
	lab. nurse	1	1	1	0	3
Total		2	12	4	2	20

Table no. 3. Sample structure taking into account the specialization and length of service

Subjects' total tenure * Hospital Departments Crosstabulation

Count

		Hospital department			
		Neurosurgery	Stomatology	Blood Analysis Laboratory	Total
Subjects' total tenure	1-10	1	5	0	6
	11-20	6	2	3	11
	21-30	2	0	0	2
	31+	1	0	0	1
Total		10	7	3	20

Table no. 4. Subjects' distribution following the number of patients per week

No. of patients a week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<20	8	40,0	40,0	40,0
	20-50	4	20,0	20,0	60,0
	50-75	4	20,0	20,0	80,0
	75-100	2	10,0	10,0	90,0
	>125	1	5,0	5,0	95,0
	no contact	1	5,0	5,0	100,0
	Total	20	100,0	100,0	

From the whole sample, a percentage of 35% is represented by medical staff with 6 to 10 year-work experience at the actual medical department. The respondents who have experience in public and state medical service is of 65%, and those who joined a professional experience in other countries than Romania is relatively low (7%). As for the educational level of our participants, 15% have secondary school degrees and PhD studies respectively, whereas 65% hold university degrees (university, college).

Instruments and procedure:

For the epistemic approach, we opted to complete the quantitative survey with a qualitative one, in order to obtain pertinent data and correlations that could not be acquired from answers to closed questions.

Our instrument design supports three sections. The first set of questions refers to respondents' identification data, the second one regards 3 items on the topic of the work-related stress (identification, causes, symptoms), and the last one is related to the topic of burnout diagnosis, symptoms and coping strategies, among our healthcare staff sample. Each interview needed about 20 minutes to be achieved. Participation in the study was voluntary, and confidentiality was assured.

RESULTS AND DISCUSSIONS

For a briefly presentation of the collected data, we will make a synthesis of the open questions' responses regarding the occupational stress generating mechanisms, manifestation and coping manners, among the medical personnel involved in the present research. In the opinion of the majority of our respondents, the determinants of the professional stress are specific to the organization's internal climate. The term "wrong organization" is mentioned by 75% of the healthcare personnel.

The insufficient resources (equipment, drugs), the lack of collaboration, patients' distress, relational inequity, lack of interest, communication and respect, "the olfactory repugnance (alcohol, misery) that had to do with the person himself and not with the disease", the insufficient remuneration in accordance with the tasks accomplished, overwork, patient volume relative to the number of the available personnel, extra hours, agglomeration, bureaucratic problems, patients' superiority and negligence, especially when observing the treatment indications, are several of the stressors agents named by the persons we have investigated.

How does occupational stress manifest itself in the healthcare staff? Among the immediate somatic symptoms manifested by doctors and nurse, we mention: high blood-pressure, hypertension, distributive attention and vision deficit, loss of calm and self-control. Extreme tiredness, digestive disorders, nausea, migraines, palpitations were proved to be some of the frequent answers related to the morphofunctional reaction variations. As for the physical symptoms, the most frequent answers were related to difficulties with concentration and attention, nervousness, irascibility, sudden irritability, anxiety, and sleep disorders. "My efforts to concentrate, require more attention and this is causing me more stress, […] it is like a vicious circle", is confessing one of the doctors interviewed.

The behavioural symptoms enumerated by the

respondents were: nonproductive hyperactivity, short and fast commands, loss of motivation, apathy, superficial contacts with the patients, "protests against the problems which are difficult to be solved", or smoking.

Regarding burnout, we have followed the same analytical approach, firstly illustrating its causes and secondly its symptoms manifested among the employees working in medical units.

Among the work-related determinants of professional exhaustion, the participants insisted on the deficient organization of the institution they work in, the absence of favourable work settings, the great amount of patients comparing with the available staff, limited sense of freedom some of them are feeling, or the lack of respect. The overload job tasks, the nature of the activities that do not give them any professional satisfaction, the excess of overtime and the night guards, the multitude of the cases, the inconstant job rhythm in some medical settings, the ingratitude and the sense of superiority from the part of the patients, the fact that the patients do not observe the treatment, the insufficient remuneration, the lack of autonomy, time pressure, insufficient resources of the hospital represent realities the medical personnel have to cope with. We consider useful to point out burnout symptomathology registered by the examined medical staff. Thus, among the physic symptoms we observed a persistent tiredness, followed by the incapacity of relaxation that during the spare time, sleep disorders, pulse acceleration, high blood-pressure, lumbar aches, hyperexcitability and weight modification.

Regarding the physical manifestation, the most answers referred to the incapacity to concentrate and take good decisions in a short period of time, to irascibility, and nervousness, which are difficult to manage, to anxiety and loss of self-confidence, or to the permanent feeling of failure and incapacity to continue any other activity after the working programme. The behaviour modifications detected previously in the nursing personnel referred to what Maslach named *dehumanization*, a phenomenon that can take different forms: from the lack of interest - "treating the immediate effect and not the cause, even if it is about the patient's suffering or any other physical manifestation"- to impatience, absenteeism or task routine. The above-mentioned symptoms follow the burnout stages: the first stage is that of stagnation, with deceptions and loss of enthusiasm; the second one is the stage of *frustration*, with cynicism, aggressiveness and motivational and performance decrease; and finally apathy, when a permanent state of indifference is dominating. The graphic below offers a representation in percentage of the persons who felt overloaded, exhausted, all that we call burned-out.

The above-mentioned data confirm a pilot survey accomplished on 74 subjects coming from different Romanian medical units. It was observed that the level of burnout registered in that particular survey was moderated towards increased, especially regarding the emotional exhaustion, tested thought MBI-HSS (Maslach Burnout Inventory for Human Services Survey, MBI-HSS).

Graphic no. 1. Burnout diagnosis

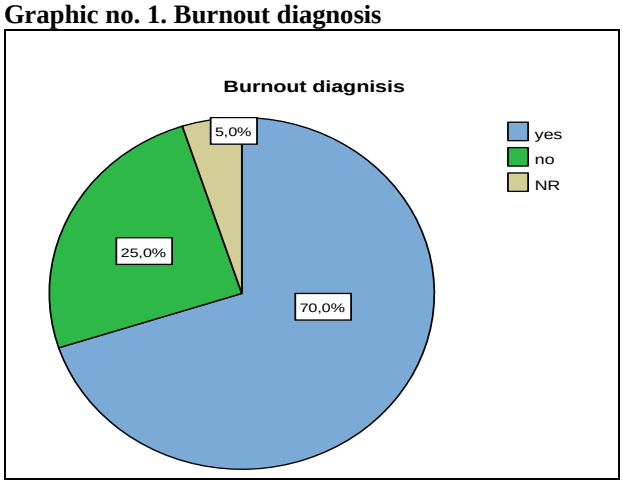

Table no. 5. Sample structure in accordance with age and burnout identification

Age * Professional exhaution Crosstabulation

Count

		Having experienced professional exhaution			
		yes	no	NR	Total
Age	20-29	4	1	0	5
	30-39	7	3	1	11
	40-49	2	1	0	3
	50-59	1	0	0	1
Total		14	5	1	20

Elevated levels of emotional exhaustion are considered to be central to the burnout syndrome, leading directly to a slight elevation in depersonalization, possibly as a coping mechanism intended to preserve the emotional resources, or as a matter of routine. A correlation test was used to compare the inventory scores to age, daily working hours and tenure of work. Thus, a higher level of burnout was the result of the quantitative internal work related factors and not by the external ones.

Among the strategies preferred by the healthcare staff in order to cope with and ameliorate the professional exhaustion, sports activities are the most commonly, followed by work reorganization, more self-control, autosuggestion, holidays, activities spent during the weekend, breaks or vacations, in other words, solutions that make the difference between burnout and depression.

CONCLUSIONS

The major contribution of this study was the investigation of a series of mechanisms that may lead to burnout. Certainly, this model cannot be entirely validated, but the specificity of the qualitative data and the variables taken into consideration were significant for pointing out the etiology and symptomathology of the professional stress and burnout among the healthcare personnel. Briefly, the present research underlined the following aspects:

- The relationship between stress and burnout can be explained as follows: symptoms and causes are

reversed. Burnout forms of manifestation are psychical, whereas the determinants are physical (e.g. overload).

- On the contrary, work-related stress symptoms have more a physical characteristic than a psychical one (e.g. anxiety), but do not depend on the subject himself. In order to exemplify, we can generally say that the burnout syndrome is caused by the subject, whereas stress has its roots in the deficient organizational environment.
- Following Maslach Burnout Model, (1986) we incline to declare that the *emotional exhaustion* parameter is dominant among our sample, being manifested through extreme tiredness (75%), irreversibility without return and through a negative affective state (35%). Losing empathy represents a frequent burnout symptom among our respondents, which can be translated in indifference and negative feelings towards the patients (10%) and reality (15%).
- Grosso modo, the actors of our sample affected by burnout are especially young women.

The results of this research could be considered a reference point in the clinical research, but also a health indicator of the health care setting. Over the next decade, we consider mandatory that the burnout syndrome should be recognized as an important outcome measure in the Romanian public healthcare programmes.

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