

PREVALENCE OF RISK FOR BURNOUT SYNDROME AMONG MILITARY POLICE

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ABSTRACT: This is a transversal and descriptive study with a quantitative approach, with 127 military police officers assigned to a municipality in the west of the Brazilian state of Santa Catarina. The study aimed to assess the risk of developing Burnout Syndrome among military police officers, through the use of the MaslachBurnoutInventory-Human Services Survey. The data were collected in October – December 2014. There was a prevalence of men, aged between 18 and 39 years old, with a partner, educated to degree level, without children, who did not work anywhere else, and who worked on a shift system. No individual was identified as having Burnout Syndrome and they did not have a low level of Professional Fulfillment, associated with high levels of Emotional Exhaustion and Depersonalization. The study evidenced that there is no incidence of the Syndrome among the police officers; however, it indicates that there is a prevalence of risk for its development among them.

DESCRIPTORS: Stress; Burnout, professional; Burnout; Occupational health; Police.

PREVALÊNCIA DE RISCO PARA SÍNDROME DE BURNOUT EM POLICIAIS MILITARES

RESUMO: Trata-se de um estudo transversal e descritivo de abordagem quantitativa, com 127 policiais militares lotados num município do oeste catarinense. O estudo visou a avaliar o risco de desenvolvimento da Síndrome de Burnout em policiais militares, por meio do *Maslach Burnout Inventory - Human Services Survey*. Os dados foram coletados nos meses de outubro a dezembro de 2014. Houve predomínio do sexo masculino, entre 18 e 39 anos de idade, com companheiro, graduado, sem filhos, que não trabalha em outro lugar fora da corporação e atua em escala de plantão. Nenhum indivíduo foi identificado com a Síndrome de Burnout, não estavam com nível baixo de Realização Profissional, associado níveis elevados de Exaustão Emocional e Despersonalização. O estudo evidenciou que não há incidência da Síndrome entre os policiais, contudo, aponta que se encontram em prevalência de risco para seu desenvolvimento.

DESCRITORES: Estresse; Esgotamento profissional; Burnout; Saúde do trabalhador; Polícia.

PREVALENCIA DE RIESGO PARA SÍNDROME DE BURNOUT EN POLICIALES MILITARES

RESUMEN: Este es un estudio transversal y descriptivo de abordaje cuantitativo, con 127 policiales militares de un municipio de este Santa Catarina. El objetivo fue evaluar el riesgo de desarrollo del Síndrome de Burnout en policiales militares, por medio de *Maslach Burnout Inventory-Human Services Survey*. Los datos fueron obtenidos en los meses de octubre a diciembre de 2014. Fue predominante el sexo masculino, edad entre 18 y 39 años, con compañero, graduado, sin hijos, que no trabaja en otro sitio fuera de la corporación y actúa en escala de plantón. Ningún individuo fue identificado con Síndrome de Burnout, no estaban con nivel bajo de Realización Profesional, asociándose niveles elevados de Exaustión Emocional y Despersonalización. El estudio evidenció que no hay incidencia del Síndrome entre los policiales, sin embargo, apunta que se encuentran en prevalencia de riesgo para su desarrollo.

DESCRIPTORES: Estrés; Agotamiento profesional; Burnout; Salud del trabajador; Policía.

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● INTRODUCTION

Work represents a conscious activity of the individual, the fruit of the effort to transform nature into products or services⁽¹⁾. The relationship between work and health/illness has not always constituted a focus of attention on the part of scholars. However, the constant changes which occur in the world, such as the accelerated pace of work, competitiveness and capitalist production, require of the individual greater time in preparing and professional qualification and strongly influence the workers' health⁽²⁾.

The illnesses which originate in and through the work are sometimes noticed when already at advanced stages, as they frequently present signs and symptoms which are common to other diseases, which mask the early identification of this health issue, with repercussions both for the worker's health and generating costs for the company and health services. Among the various classes of workers, police officers have the highest risk of death and propensity for developing stress, due to the internal relationships which are characteristic of the professional corporation, to the work overload and to the character of the activities which they undertake⁽³⁾.

Various studies⁽⁴⁻⁸⁾ have indicated the consequences of the work on police officers' health, which lead us to reflect on the need for investments in order to investigate the causes and implement strategies for minimizing or even eliminating the threats to the health of the police officer, above all, and through this, contributing to preserving public order.

The role of the police officer, as an agent of the law and repressor of criminality, requires constant alertness and readiness to act in unexpected situations in a context of growing urban violence. The police officer generally works in highly dangerous and unhealthy environments, added to the pressures and requirements of the work itself. One can add to this the rigid hierarchy of the military service, in addition to the pressures and administrative and organizational requirements, which are factors which may cause stress and negatively affect the health and lifestyle of this professional. This being the case, it is observed that military police officers face many challenges in promoting order and maintaining public safety. This situation favors the development of Burnout Syndrome and other illnesses related to the work⁽⁹⁻¹⁰⁾.

Monitoring and advising the activities in the work environments with the aim of promoting health, avoiding accidents and contributing in rehabilitation are ways of maintaining occupational healthiness, and may also result in improvement in the workers' quality of life.

In the area of public health, the field of Occupational Health investigates the relationships between work and health, focusing on promoting and protecting the worker's health⁽¹¹⁾. In Brazil, the National Occupational Health Policy, in the ambit of the Unified Health System (SUS), aims to reduce accidents and illnesses related to work, through the promotion, rehabilitation and surveillance in the area of health, having, as its lines of action, comprehensive healthcare, intra- and inter-departmental articulation, the participation of the population, support for studies and the training of human resources. Burnout Syndrome (BS) is among the occupational illnesses found which are objects of this Policy. According to the Ministry of Health (MS), this health issue is more prevalent among the health professionals, such as: physicians, nurses, social workers, dentists and physiotherapists, as well as other professional categories such as teachers, police officers, firefighters and other professions which are subject to daily contact with the public, which demands a major emotional burden⁽¹²⁾.

While exercising professional activities, these workers are exposed to various psychosocial stressors, which may be related both to the nature of the work and to the institutional and social context in which these activities are undertaken. When the evaluation of general stress levels is undertaken, this may indicate the individual's vulnerability to Burnout Syndrome⁽¹³⁾.

It is appropriate to emphasize that Burnout is a syndrome which affects workers who are in contact with people during their working days, causing emotional exhaustion and depersonalization. One characteristic of this syndrome is the increase in feelings related to emotional exhaustion, allied with the development of negative feelings and attitudes regarding people with whom one relates in and through the work: attitudes which seem to be linked to the experience of emotional exhaustion, through the exposure to the high demands resulting from the work and the lack of emotional

resources which the person has for coping with this situation. These two aspects, Emotional Exhaustion and Depersonalization, seem to be interlinked. Another dimension which constitutes Burnout is that a person evaluates himself, above all in relation to the work, negatively, this characterizing low Professional Fulfillment, as the individual feels unhappy and dissatisfied⁽¹⁴⁾.

The definition of occupational stress is not clearly defined in the literature; hence, the general assessment of the stress makes it possible to indicate the individual's general health conditions and the risk of developing other illnesses. Stress and work may be associated through other factors, such as the work duties, the length of service and the area in which the person works, among others⁽¹⁵⁾.

The constant exposure to stressing agents can lead to Burnout Syndrome, characterized by persistent stress related to the work, the result of the constant and repetitive emotional pressure⁽¹⁴⁾ allied with the intense involvement with people over long periods of time⁽¹²⁾.

The Maslach Burnout Inventory(MBI), in its first version, was directed towards health professionals; later, a second version was developed geared towards workers in education. There is today a current version, considered more generalist, which does not focus exclusively on individuals who work with people. The MBI which assesses Burnout Syndrome is characterized by three dimensions: Emotional Exhaustion (EE), Depersonalization (DE), and low Professional Fulfillment (PF), which makes it possible to ascertain the frequency with which the worker envisageslow PF, represented by a negative reaction regarding the ability to undertake the work and interact with other people at work; EEis represented by the inability to establish affective and emotional bonds; while in DE, the individual is shown to be indifferent to all the people with whom he or she has contact during the work activities⁽¹⁶⁾.

One study suggests that EE is the dimension considered the initial feature of Burnout, accompanied by physical and psychic symptoms, and that DE indicates the typical aspect of Burnout syndrome, that is, the lack of sensitivity and humanization in providing attendance to clients becomes visible, with these being treated with coldness and indifference⁽¹³⁾.

The worker who suffers from BS tends to seek to withdraw from his activities. Characteristics such as the type of occupation, length of time in the profession, length of time in the institution, shiftwork, overload, relationship between the professional and the client, types of client, relationship among the work colleagues, dissatisfaction in the work, lack of responsibility, absence of progression in the work, conflict with personal values and lack of feedback have a strong influence in the development of BS⁽¹⁷⁾.

The occupational exposure of the police officer to the above-mentioned conditions triggers both individual fear and fear for his own family⁽¹⁸⁾.

Taking into account the frequent exposure of military police officers to urban violence, to confrontation with vandals and to coexistence with the strict discipline and military hierarchy, the present study aims to assess the risk of developing Burnout Syndrome in military police officers, through the use of the Maslach Burnout Inventory-Human Services Survey and also to investigate the profile of military police officers linked to a Military Police Battalion in the west of the Brazilian state of Santa Catarina, through a socio-occupational questionnaire.

● METHODOLOGY

This is a transversal and exploratory study with a quantitative approach, whose scenario is a Military Police Battalion (MPB) in the west of the Brazilian state of Santa Catarina. In the municipality focused upon by this study there are, in the MPB, 272 police officers who work in different areas, such as: Internal work, Patrol cars, Dog support unit, Mounted police, the ROCAM motorcycle patrol unit, the Tactical Patrol Platoon, the Environmental Police, the Police Intelligence Agency, and the Educational Program for Resistance to Drugs.

A total of 129 police officers were invited to participate in the study, these being selected intentionally, based on a list of namesprovided by the Lieutenant Colonel,who opted for those police officers who were in the Battalion at the time of data collection and who showed interest in participating in the study. A total of 127 workers accepted to participate.

The study included police officers who had worked for at least one year in the scenario studied, who accepted to participate in the study and who signed the Terms of Free and Informed Consent. The following were excluded from the study: police officers who were on holiday, on leave, or signed off in the data collection period.

The data were collected in October – December 2014. The data collection locale was the institution itself on different days of the week, prioritizing the times of day when shifts began or ended, that is, 07:00, 13:00 and 18:00. The instruments were filled out by the participants individually and in the presence of the researcher.

The translated and adapted version of the Maslach Burnout Inventory (MBI) was used⁽¹⁹⁾. The above-mentioned instrument is made up of a Likert-type scale with scores from 1 to 5, and presents twenty-two (22) items which are grouped in three dimensions of BS. The first scale, which deals with Emotional Exhaustion (EE), is made up of nine (9) items in questions 1; 2; 3; 6; 8; 13; 14; 16 and 20; the second scale deals with Depersonalization (DE) and is made up of five (5) questions: 5; 10; 11; 15 and 22; and the third scale, which addresses low Professional Fulfillment (PF), is made up of eight (8) questions, namely: 4; 7; 9; 12; 17; 18; 19 and 21. As the scores for the responses, the following were adopted: 1 for "never"; 2 for "rarely"; 3 for "sometimes"; 4 for "frequently"; and 5 for "always"⁽²⁰⁾. The scale has three levels corresponding to the type "zero or low", for 0 to 10 points, to the type "medium" for 11 to 20 points, and to the type "high" for 21 to 48 points⁽²⁰⁾. Those professionals with high scores for EE and DE, and low scores in PF, are considered to have Burnout Syndrome⁽¹⁹⁾. The instrument was used in conjunction with a questionnaire for collecting socio-occupational data, to clarify the participants' profile.

The data obtained through the questionnaires underwent double keying in the Excel® program, with inconsistencies being corrected and the data imported to the Statistical Package for the Social Sciences program (SPSS) version 20.0 for statistical analysis. The following tests were undertaken: the Pearson's Chi-squared test and Fisher's exact test. The association between the following variables and the three subscales of the MBI was tested: marital status, having children or not, work shift, and having – or not – another job.

The present study was approved by the Committee for Ethics in Research with Human Beings, of the Santa Catarina State University (CEPSH/UDESC), under Opinion N. 756.207 of 08/14/2014 and complied with Resolution 466/2012 of the Brazilian National Health Council⁽²¹⁾.

● RESULTS

Regarding the participants' profile, there was a predominance of male military police officers, aged between 18 to 28 years old and married (n=56; 44.09%). The majority of the individuals had a degree (n=74; 58.26%), did not have children (n=66; 51.96%), neither another job (n=111; 87.40%) and worked on shifts (n= 88; 69.29%). The length of service in the institution varied from 1 to 10 years, and 81.10% (n=103) had a workload from 31 to 40 hours per week, while 55.90% (n=71) had taken holidays in the last 10 months. The majority of the military police officers had a good relationship with their work colleagues (n= 65; 51.58%), 63 police officers (49.60%) stated that they felt little security in their lives in relation to the profession, 92.12% (n=117) regularly practiced physical activity, 94.48% (n=120) were non-smokers and 116 (91.33%) were not making use of medication and did not present difficulty in sleeping (n=112 participants).

Tables 1, 2, and 3 present the relationship of the four variables investigated in this study (marital status, having or not children, work shift and having or not another job) with the three dimensions of Burnout Syndrome, which did not present statistical significance.

The results of the combining of the three dimensions of Burnout Syndrome with the four variables proposed did not evidence statistically significant levels of association, considering the two-tailed p value below 0.05. No individual had a low level of PF, considering that to be in Burnout, it is necessary for this level to be low, associated with high levels of EE and DE.

When the risk of developing BS and the proposed variables was analyzed, a level of Emotional Exhaustion of the high type was noted in 66.92% of the participants, which expresses the negative

feelings of police officers regarding their work. Depersonalization was characterized by the medium type in 67%, indicating that these professionals present lower sensitivity; in addition to this, 3.13% presented Depersonalization at High level. However, the Professional Fulfillment was of the high type (96%), which means that the military police officers investigated are able to maintain efficacy and production in the work.

Table 1 - Evaluation of the level of Emotional Exhaustion (EE) among military police officers. Chapecó, SC, Brazil, 2014

Variables	Zero or low		Medium		High		p
	N	%	N	%	N	%	
Marital Status							0.695
Single	0	0	18	14.1	32	25.19	
Married	1	0.78	15	11.81	39	30.70	
In a stable relationship	0	0	8	6.29	14	11.02	
Children							0.572
No	1	0.78	23	18.11	42	33.07	
Yes	0	0	18	14.17	43	33.85	
Work shift							0.271
Shift work	1	0.78	14	11.02	24	18.89	
Working weekends/nights shifts	0	0	27	21.25	61	48.03	
Other Job							0.632
No	1	0.78	37	29.13	73	57.48	
Yes	0	0	4	3.14	12	9.44	

Table 2 - Evaluation of the level of Depersonalization (DE) among military police officers. Chapecó, SC, Brazil, 2014

Variables	Zero or low		Medium		High		P
	N	%	N	%	N	%	
Marital Status							0.874
Single	16	12.59	32	25.19	2	1.57	
Married	15	11.81	39	30.70	1	0.78	
In a stable relationship	6	4.72	15	11.81	1	0.78	
Children							0.521
No	17	13.38	46	36.22	3	2.36	
Yes	20	15.74	40	31.49	1	0.78	
Working hours							0.312
Shift work	14	11.02	25	19.68	0	0	
Working weekends/nights shifts	23	18.11	61	48.03	4	3.14	
Other Job							0.869
No	33	25.98	74	58.26	4	3.14	
Yes	4	3.14	12	9.44	0	0	

Table 3 - Evaluation of the level of low Professional Fulfillment (PF) among military police officers. Chapecó, SC, Brazil, 2014

Variables	Zero or low		Medium		High		P
	N	%	N	%	N	%	
Marital Status							0.488
Single	0	0	3	2.36	47	37.00	
Married	0	0	1	0.78	54	42.51	
In stable relationship	0	0	1	0.78	21	16.53	
Children							1
No	0	0	3	2.36	63	49.60	
Yes	0	0	2	1.57	59	46.45	
Working hours							0.312
Shift work	0	0	1	0.78	38	29.92	
Working weekends/nights shifts	0	0	4	3.14	84	66.14	
Other Job							1
No	0	0	5	3.93	106	83.47	
Yes	0	0	0	0	16	12.60	

● DISCUSSION

Considering the 127 workers who responded to the MBI for the scale of Emotional Exhaustion, constituted based on nine questions, it was observed that there was a large number of police officers with a high level of emotional exhaustion, which is considered the most important factor in the analysis of Burnout Syndrome, which indicates that a Burnout process is underway⁽²²⁾. This dimension, when high, is accompanied by physical and psychic symptoms, and is considered the initial process for developing Burnout Syndrome.

Depersonalization represents the elimination of the uniqueness of the "other" in the interpersonal relationship. The results of this study indicate a medium level of Depersonalization, it being the case that it is already possible to note a certain presence of high level, considered a critical situation, as the police officers deal constantly with people and have the difficult task of protecting them in order to maintain order and public security. This depersonalization denotes the presence of negative attitudes of the professional in the relationship with the service users, such as insensitivity, indifference, and lack of concern⁽²³⁾.

When an individual is facing many demands in the work and lacks emotional resources for dealing with these situations, he acts with coldness and surliness in the contact with his colleagues and clients, which is configured in the symptoms which are characteristic of depersonalization⁽¹⁹⁾.

In the analysis of low Professional Fulfillment, it was evidenced that the police officers have a level of the high type, which indicates that the majority of those investigated are able to deal with the context of their work. Were this not so, the professional would be predisposed to psychosomatic problems and to physical illness resulting from psychological reasons⁽³⁾, possibly progressing to sick leave and long term sick leave.

Some characteristics of the worker may not lead to Burnout Syndrome, but may facilitate or inhibit the action of stressor agents. Among these one can consider age, sex, education level, marital status, the presence of children, personality type, lack of motivation and idealism⁽¹⁷⁾.

One study indicated that the greater the professional's hourly workload, the more wearing will be his work activity⁽²⁴⁾, which corroborates the findings of this study, which evidenced that the police officers who work doing shiftwork are more exposed to the development of Burnout Syndrome than those professionals who work on permanent shifts.

Another study undertaken with 134 anaesthetists for assessing the prevalence of professional burnout syndrome identified significant levels of low professional fulfillment (47.7%), depersonalization (28.3%) and emotional exhaustion (23.1%), prevalence of Burnout syndrome at 10.4% of the participants, mainly affecting men, aged between 30 and 50 years old, with more than 10 years in the profession, working on night shifts, and who are sedentary⁽²⁵⁾.

In this study, the participants presented a good relationship with their colleagues, this possibly being an important protective factor against triggering Burnout Syndrome. The fact of there being difficulties in relationships with work colleagues can result in frustration, tiredness and lack of satisfaction, entailing suffering⁽²⁶⁾.

Through experiencing stressing situations, the individual uses psychological mechanisms for reducing the impact of these stressors and ensuring the homeostasis of the organism. Such mechanisms are termed coping strategies. Coping represents a set of cognitive and behavioral strategies used by people in order to adapt to circumstances which they assess as adverse or stressing, and which involve four principal characteristics which are: interaction of the individual with the environment, management of the stressful situation, evaluation of the situation, and mobilization of efforts⁽²⁷⁾.

Nevertheless, the practice of physical activity, making full use of holidays and not using medications may also be considered to be factors protecting the individual against developing Burnout Syndrome.

Smoking is a factor which gives rise to numerous illnesses, as well as addiction, and is one of the greatest causes of mortality worldwide. Among military police officers, the prevalence of cigarette use is below the average found in the Brazilian population⁽²⁸⁾. In this particular item, the present study showed agreement with the literature, as only 7 of the 127 police officers investigated were smokers.

The participants did not present difficulty in sleeping, neither for working for 12 hours. The fact of having or not another job was also not relevant, given that those who work in another institution are few. According to the literature⁽²⁹⁾, quality of life is negatively affected by factors such as having two jobs; working on more than one shift; spending approximately 12 hours on the street, without breaks for meals; working under pressure; remaining alert and sleeping little, taking into account that these professionals undertake stressful activities, causing irritability, insomnia and early aging due to the stress.

For any work organization, it is important to implement activities for preventing illness and promoting the workers' health, as this reduces the risk of developing Burnout Syndrome. Encouragement to practice physical activity and for good interpersonal relationships are ways of increasing quality of life at work⁽²⁾. The reduction of problems existing in the work environment promotes better working conditions and living conditions for the workers, which is reflected in the improvement in the attendance provided to the population⁽³⁰⁾.

Illness among police officers deserves particular attention from the Occupational Health team, particularly from the nurse, due to the proximity with the worker during the different nursing consultations and health promotion activities, taking into account that the health-work-illness process is complex and results in a significant economic and social impact. As a result, strategies geared towards the early identification of stressful situations and ways of facing the strain in the work environment can contribute to minimizing the stress and, consequently, the risk of falling ill.

Although the number of participants in this study was limited, the results evidence the need for early investigation of health problems related to the work, which can lead to the development of Burnout Syndrome.

● CONCLUSION

The study demonstrated there to be no incidence of Burnout Syndrome among the military police officers who participated; however, it indicates that more than 66% of the professionals are in a situation of risk for developing Burnout Syndrome, as they present Emotional Exhaustion at a high level and Depersonalization at a medium level according to the classification of the Maslach Burnout

Inventory (MBI), in spite of showing high Professional Fulfillment. The MBI identified a high level of Emotional Exhaustion among the police officers, indicating a problem, considering that this dimension represents the initial process for the development of Burnout Syndrome, generally accompanied by physical and psychic symptoms.

It is suggested that one should be alert to the factors which can cause stress among the police officers and that means should be sought to minimize these with a view to the possibility of reducing the risk of developing Burnout Syndrome through specific interventions, such as educational interventions regarding strategies for coping with stress, contributing to promoting these professionals' health. Satisfaction with the activities undertaken in the work environment can contribute positively to the police officer's health and have repercussions in the quality of the public safety which he provides.

This article indicated certain characteristics of the work of the police officer which require attention, above all from Occupational Health professionals. It is important to make clear that this study does not claim to make value judgments regarding the organizational and structural issues related to the military work, but indicates the need for reflection regarding work in this scenario, so as to minimize the impact on the police officers' health, and consequently contribute to public safety.

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