Cogitare Enfermagem

ORIGINAL ARTICLE

BURNOUT SYNDROME IN PROFESSIONALS OF A MOBILE EMERGENCY SERVICE IN THE STATE OF PARANÁ

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ABSTRACT
Objective: To identify the risk for the development of Burnout Syndrome in professionals of the Mobile Emergency Care Service (SAMU).
Methodology: Cross-sectional non-probabilistic study conducted between August and October 2017 with 101 professionals of a Mobile Emergency Care Service (SAMU) of the State of Paraná, through the self-administered questionnaire - Maslach Burnout Inventory. Data analysis was performed using Chi-square, Wilcoxon and Mann-Whitney association tests.
Results: The risk for the development and manifestation of Burnout syndrome was identified in 52 professionals (51.9%) and was more frequent among physicians and telephone operators, females over 40 years old, without partners, without children, who had another employment and income of more than 10 minimum wages. However, only those who worked in the day shift were at a significantly higher risk for the syndrome (p = 0.0075).
Conclusion: The daily process of work at the SAMU mobile emergency generates overload of work to health professionals. Therefore, strategies aimed to minimize the stressful effects of their work activities should be implemented.

DESCRIPTORS: Mobile Health Units; Professional Exhaustion; Health Personnel; Depersonalization; Workplace.

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SÍNDROME DE BURNOUT ENTRE PROFISSIONAIS DE UM SERVIÇO DE ATENDIMENTO MÓVEL DE URGÊNCIA DO PARANÁ

RESUMO

Objetivo: identificar o risco para o desenvolvimento da Síndrome de Burnout em profissionais do Serviço de Atendimento Móvel de Urgência (SAMU).

Metodologia: estudo transversal, não probabilístico, realizado entre agosto e outubro de 2017 com 101 profissionais atuantes em um SAMU do Paraná, utilizando questionário autoaplicável - Maslach Burnout Inventory. A análise de dados envolveu os testes de associação Qui-quadrado, Wilcoxon e Mann-Whitney.

Resultados: observa-se que o risco para desenvolvimento e manifestação da síndrome de Burnout foi identificado em 52 profissionais (51,9%) e foi mais frequente entre médicos e teleatendentes, indivíduos do sexo feminino, com mais de 40 anos, sem companheiro, sem filhos, que tinham outro vínculo empregatício e renda superior a 10 salários mínimos. Porém, só os que trabalhavam durante o dia apresentaram risco significativamente maior (p=0,0075).

Conclusão: as características do processo de trabalho no SAMU geram sobrecarga aos profissionais, sendo importante a implementação de estratégias que possam minimizar os efeitos estressores desta atuação.

DESCRITORES: Unidades Móveis de Saúde; Esgotamento Profissional; Pessoal de Saúde; Despersonalização; Ambiente de trabalho.

SÍNDROME DE BURNOUT ENTRE PROFESIONALES DE UN SERVICIO DE ATENDIMIENTO MÓVIL DE URGENCIA DE PARANÁ

RESUMEN

Objetivo: identificar el riesgo para el desarrollo del Síndrome de Burnout en profesionales del Servicio de Atendimiento Móvil de Urgencia (SAMU).

Metodología: estudio trasversal, no probabilístico, que se realizó entre agosto y octubre de 2017 con 101 profesionales que actúan en un SAMU de Paraná, utilizando cuestionario auto aplicable – Maslach Burnout Inventory. El análisis de datos abarcó las pruebas de asociación Chi cuadrado, Wilcoxony Mann-Whitney.

Resultados: se identificó riesgo para desarrollo y manifestación del síndrome de Burnout en 52 profesionales (51,9%), siendo éste más frecuente entre médicos y profesionales que operan el teléfono, individuos del sexo femenino, con más de 40 años, sin pareja, sin hijos, que tenían otro vínculo laboral y renta superior a 10 sueldos mínimos. Sin embargo, solamente aquellas personas que trabajaban durante el día presentaron riesgo significativamente mayor (p=0,0075).

Conclusión: las características del proceso de trabajo en SAMU generan sobrecarga a los profesionales, siendo importante la implementación de estrategias que puedan minimizar los efectos estresores de esta actuación.

DESCRIPTORES: Unidades Móviles de Salud; Agotamiento Profesional; Equipo de Salud; Despersonalización; Ambiente de trabajo.

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INTRODUCTION

Burnout is a syndrome triggered in response to chronic exposure to stress in the workplace [1-2]. Its manifestation involves three related but independent components: a) emotional exhaustion, characterized by lack of energy, enthusiasm and a feeling of exhaustion; b) depersonalization, characterized by the development of negative feelings and attitudes of the professional towards his/her clients, co-workers and management; and c) reduced personal accomplishment, which is characterized by an eroded sense of personal accomplishment and effectiveness by the professional [3].

Burnout syndrome manifestation is quite frequent among health professionals because of the nature of the work in the healthcare area, in which professionals are usually required to perform a series of activities that demand emotional and mental control, and hence are often exposed to stressful situations. For this reason, the Burnout syndrome is more common among health professionals who provide continuous direct care to patients and are emotionally involved with them[1,2].

The association of different factors present in the work environment increases the risk for Burnout Syndrome development [4,5]. Nursing professionals, for example, are constantly exposed to occupational exhaustion and stress in the workplace, thus constituting a high risk group for the development of Burnout. This can be explained by the fact that in addition to spending a long time with the patients and their family members, these professionals also experience the daily stress of having to take care of lives and make decisions related to such care [1,4]. Working a double shift is also very frequent among them, mainly due to the need (personal or work-related) to work overtime, also to meet demands related to absenteeism or leaves for health-related reasons.

It is worth mentioning that professionals who work in the Mobile Emergency Care Service (SAMU) are also involved in stressful situations on an almost daily basis. This service is the mobile pre-hospital component of the National Policy on Emergency Care, which, through the delivery of care to victims at the event site, aims to reduce the number of deaths, length of hospital stay and complications arising from failure to deliver immediate care[6].

The SAMU operates 24 hours a day, 7 days a week, and can be accessed in the entire country through a free call to number 192. Emergency care is provided in the homes, workplaces and public roads by a multidisciplinary health team, whose composition depends on the level of complexity of the occurrence. The team of the basic support mobile emergency unit consists of a nursing technician and an emergency ambulance driver, and is intended for pre-hospital and inter-hospital transfer of patients with non-life-threatening conditions. In turn, the team of the advanced support mobile emergency unit consists of an emergency ambulance driver, nurse, physician, and a nursing aid. It is intended for prehospital care and transport of patients in emergency situations or inter-hospital transfer of patients in need of intensive medical care [6,7].

According to a study on health and quality of life performed by SAMU professionals, a significant part of the care provided involves external causes and complex clinical conditions that require technical skills and expertise for performing a detailed evaluation and making sound decisions. Thus, the decisions related to first aid and referrals are essential in maintaining the vital conditions and to reduce and/or avoid the worsening of the clinical picture and or sequelae [8].

Despite the availability of protocols for the appropriate management of patients in situations of clinical and/or traumatic injury, and although the professionals who work in the emergency medical services receive specific technical training, in practice they face different and concomitant stressful situations. According to a study conducted in São Paulo, these professionals need to be better prepared to share with their patients and their families feelings such as distress, pain and fear of death, which impact their performance and their work process[4].

Therefore, the purpose of this study was to identify the risk for the development of Burnout Syndrome among professionals of the Mobile Emergency Care Service of a municipality of the state of Paraná.

METHOD

Cross-sectional study carried out at the SAMU of a municipality in the northwestern region of Paraná, which comprises 30 municipalities. At the time of the study, SAMU had 13 ambulances, three of them for Advanced Life Support (ALS) and 10 for Basic Life Support.

Data was collected from August to October 2017. The participants were 101 medical professionals, ambulance drivers, nurses, telephone operators and nursing assistants, out of a total of 185 professionals. Selection was made by convenience sampling, and the participants were contacted during their work shift in the workplace.

The inclusion criteria were being physician, nurse, telephone operator, ambulance driver or nurse assistant/nurse technician who have been working at the SAMU for at least six months. The exclusion criteria were being on medical leave or vacation and those who were away from work on the days of data collection.

All the professionals who met the previously defined inclusion criteria contacted during the period of data collection were invited to participate in the study. Thirty-two (32) visits were made to the mobile emergency service on different days and shifts. New visits were made until all the professionals who worked in the service were contacted. Of the 185 professionals eligible to participate in the study, five refused to participate, 14 were away (on medical leave or vacation), 17 had been working in the service for less than six months, and the others could not be contacted, either because they were providing outpatient care or due to incompatibility with their work schedule. It should be noted that some physicians were hired as service providers and thus had a special, more flexible work arrangement, not a fixed work schedule, which explains why it was hard to contact them.

Data was collected through a self-administered questionnaire consisting of two parts: the first, elaborated by the authors, concerned sociodemographic characteristics (gender, age, marital status, professional occupation, other employment relationships, work shift, family income and number of children) and the second, which consisted in the Maslach Burnout Inventory - Human Services Survey (MBI-HSS).

The MBI-HSS was developed by Christina Maslach and Susan Jackson in 1996 and translated and validated into Portuguese,[3] and is aimed to identify the symptomatological dimensions of the Burnout syndrome. It consists of 22 questions, as follows: nine for the identification of the level of Emotional Exhaustion (lack of energy, enthusiasm and feeling of exhaustion), eight for Personal fulfillment (self-evaluation of the worker) and five for Depersonalization (negative professional behavior). The answers are presented in a Likert type six-point scale (0 = never; 1 = a few times a year; 2 = once a month; 3 = a few times a month; 4 = once a week; week, 5 = a few times a week, and 6 = every day).

The score in each of the three dimensions is calculated by the sum of the points of the items related to each domain. High scores for "Emotional exhaustion" (26-54 points) and "Depersonalization" (9-30 points) associated with low scores in "Personal fulfillment" (0-33 points) may indicate risk for Burnout syndrome manifestation [3], as shown in Chart 1.

Chart 1 – Domains of the MBI scale for classification of the Burnout Syndrome, 2011. Maringá, PR, Brazil, 2017

Scale dimensions	Scoring		
	Low	Medium	High
Emotional exhaustion	0 - 15	16 - 25	26 - 54
Depersonalization	0 - 02	3 - 08	09 - 30
Personal fulfillment	0 - 33	34 - 42	43 – 48

Source: Trigo, 2011[3].

For comparing the equivalence between the different levels of the control variables and the diagnostic components of the Burnout syndrome, Chi-square and Wilcoxon-Mann-Whitney Association Test were used, with approximation by Normal Distribution using Z test or the Kruskal-Wallis test (KW). All the tests were one-tailed and for all of them a confidence level of 95% was considered ($\alpha = 0.05$), that is, p-value less than 0.05. The data were analyzed in the program Statistical Analysis Software, using an Excel database.

The project was approved by the Committee for Ethics in Research with Human Beings, from a Brazilian public university, under protocol no 2.230,015.

RESULTS

Of the 101 professionals who participated in the study, the highest percentage was of physicians, followed by ambulance drivers, nurses, telephone operators and nurse assistants (Table 1). However, evaluation of the percentage of participants per professional occupation showed the following results: nurses (90.5%), telephone operators (84.2%), ambulance drivers (71%), nurse assistants (58.3%) and physicians (42.2%). The low percentage of physicians is justified by the fact that these professionals are service providers and therefore have a very flexible work schedule.

Table 1 – Risk for developing Burnout syndrome manifestation, according to sociodemographic and professional variables. Maringá, PR, Brazil, 2017 (continues)

Variables		Risk for Burnout (n=52)	No risk for Burnout (n=49)	p-value
	n	N (Mean Score)	N (Mean Score)	
Gender				
Male	55	26 (47.3)	29 (52.7)	0.1039
Female	46	26 (56.5)	20 (43.5)	
Age Range				
Less than 40 years	62	34 (54.8)	28 (45.2)	0.0764
40 years or older	39	15 (41.7)	21 (58.3)	

Marital status				
With a companion	64	30 (46.9)	34 (53.1)	0.4202
Without a companion	37	22 (59.5)	15 (40.5)	
Children				
None	36	22 (61.1)	14 (38.9)	0.3541
One	28	13 (46.4)	15 (53.6)	
Two or more	37	17 (45.9)	20 (54.1)	
Professional Occupation				
Telephone operator	16	8 (50)	8 (50)	0.3652
Ambulance driver	22	9 (40.9)	13 (59.1)	
Nurse Assistant	14	6 (42.9)	8 (57.1)	
Nurse	19	9 (47.4)	10 (52.6)	
Physician	30	20 (66.7)	10 (33.3)	
Work Shift				
Day	44	30 (68.2)	14 (31.8)	0.0075*
Day and Night	21	10 (47.6)	11 (52.4)	
Night	36	12 (33.3)	24 (66.7)	
Other employment contracts				
Yes	61	34 (57.4)	17 (42.5)	0.0563
No	40	26 (42.6)	23 (57.5)	
Family Income				
1 to 5 Minimum wages	45	23 (51.1)	22 (48.9)	0.4169
6 to 10 Minimum wages	26	11 (42.3)	15 (57.7)	
More than 10 Minimum wages	30	18 (60)	12 (40)	

Wilcoxon test
*Significant at a confidence level of 95%

As shown in Table 1, more than half of the participants were younger than 40 years old, male, had a partner and had children. Regarding the professional characteristics, more than half of them had more than one employment contract, and a significant percentage of them worked at the SAMU in the day shift and earned 1 to 5 minimum wages.

It was found that 52 professionals (51.9%) were at risk for the development and manifestation of Burnout syndrome - characterized by high scores for emotional exhaustion and depersonalization and low scores in personal fulfillment. This risk was more frequent in females who had no partners and no children under the age of 40.

Regarding work conditions, the syndrome was more frequent among those who worked day shifts, had another employment contract and an income higher than 10 minimum wages. Regarding the professional occupation, physicians, followed by telephone operators, nurses, drivers and nurse assistants, were the professionals at higher risk for the syndrome. However, the difference was only significant for work shift - higher among day workers ($p = 0.0075$ *).

The scores of the professionals in the domains of the instrument that assessed the

risk for Burnout Syndrome, are shown in Table 2, as follows: all the professionals had low Personal fulfillment scores, since the scores ranged from 10 to 17 points; 84 (85.1%) professionals had high Depersonalization scores (ranging from 18 to 22 points) and 55 (56.4%) had low Emotional exhaustion scores (ranging from 1 to 9 points).

Table 2 – MBI mean score according to sociodemographic and professional variables. Maringá, PR, Brazil, 2017

VARIABLES	Emotional exhaustion		Personal fulfillment		Depersonalization	
	Mean Score	p-value	Mean Score	p-value	Mean Score	p-value
Gender						
Male	47.9	0.1202	45.5	0.0429*	47.6	0.1410
Female	54.7		55.6		53.8	
Age Range						
Less than 40 years	52.4	0.0940	47.5	0.9191	45.1	0.0221*
40 years or older	44,5		53		57	
Marital Status						
With a companion	51.1	0.4889	53.4	0.1583	53.5	0.1429
Without a companion	50.9		47.4		47.2	
Number of children						
None	58.7	0.1409	48.7	0.5229	49.3	0.4907
One	45.8		48.2		56.5	
Two or more	47.5		55.3		48.4	
Professional Occupation						
Telephone operator	58	0.2267	63	0.3729	38.9	0.2593
Ambulance driver	50.8		49.6		44.9	
Nurse Assistant	39.2		51.3		58.3	
Nurse	49.9		42.8		51.2	
Physician	56.7		50.1		54.8	
Work shift						
Day	59.8	0.0212*	53.9	0.3224	51.4	0.8684
Day and Night	41.9		54.9		53.3	
Night	48		45.1		49.1	
Other employment contracts						
Yes	51.1	0.4889	53.4	0.1583	53.5	0.1429
No	50.9		47.4		47.2	
Family income						
1-5 Minimum wages	54.1	0.7220	52.2	0.6960	50.4	0.8544
6-10 Minimum wages	47.7		53.2		49.3	
More than 10 Minimum wages	50.8		47.2		53.4	

*Significant at a confidence level of 95%

Considering the scores found for each of the variables under study in the three dimensions of the Burnout Syndrome, a significant difference between the genders regarding Personal fulfillment (p = 0.0429 *) was shown in Table 2, with women obtaining a higher mean score. However, women also had a higher mean score in the other domains, i.e., they are more emotionally exhausted and more depersonalized than men.

Regarding the age range, professionals aged 40 years or older were at a significantly higher risk (p = 0.0221) for Depersonalization and obtained higher mean scores for Personal fulfillment (53). On the other hand, younger individuals had higher levels of Emotional exhaustion (52.4).

Regarding professional occupation, telephone operators (58) and physicians (56.7) had the highest mean scores in the Emotional Exhaustion dimension. On the other hand, regarding Personal Realization dimension, telephone operators had the highest mean scores (63.0), and nurses, the lowest scores (42.8). Regarding the Depersonalization dimension, nurse assistants had the highest mean scores (58.3), followed by physicians (54.8) and nurses (51.2).

Day workers had higher levels of emotional exhaustion (59.8) compared to night workers (48.0), or to those who performed their duties in the night and day work schedules (41.9), and the difference was significant (p = 0.0212 *). Night workers also had lower mean scores in the dimension Personal fulfillment (45.1) and in the dimension Depersonalization (49.1).

Regarding the existence of another employment contract, although no significant differences were found, the professionals with more than one professional contract had higher levels of Emotional Exhaustion (51.1) and Depersonalization (53.5), although they also obtained a higher score for Personal fulfillment (53.4).

DISCUSSION

The findings of this study indicate that the professionals who worked in the mobile emergency service (SAMU) are at risk for the development of Burnout Syndrome, which is probably related to the fact that they are constantly exposed to situations of stress and pressure. However, according to the results, it is possible to infer that some professionals are more resilient than others and that some aspects contribute to this behavior.

Regarding gender, although no significant difference was observed, women were at a higher risk for developing the Burnout Syndrome in this study. This aspect may be associated with other factors, such as working a double shift, since women often reconcile work with family activities. Corroborating the present study, other studies report that women are at higher risk for Burnout syndrome manifestation, particularly in the dimension "Emotional exhaustion" due to gender-related characteristics [5,9-10].

There is still no consensus in the literature on the relationship between marital status and risk for Burnout syndrome. In the present study, the risk for Burnout syndrome manifestation was higher among unmarried and childless professionals, corroborating the findings of studies that reported that single people suffer greatly because of the absence of emotional bonds and a family relationship that ensures stability and companionship, and thus are more vulnerable to the Burnout syndrome [8,11].

A study with nursing technicians concluded that single persons usually do not have to face family responsibilities, which may be a protective factor against the Burnout syndrome manifestation.[4] On the other hand, people with stable family ties are more emotionally prepared to deal with problems, being vulnerable only to "Emotional exhaustion" and not to the Burnout syndrome manifestation [4,12-13]. However, having a stable relationship is not enough: it is necessary that this relationship is "healthy", since sometimes partners can be stressors, interfering in the personal and professional career of the individual. Thus,

in single individuals with high self-esteem, the risk for Burnout syndrome manifestation is minimized [8,11].

Regarding age, although the risk for the development of Burnout syndrome was more frequent among professionals under 40 years of age, older workers were at a significantly higher risk for Depersonalization (p = 0.0221 *). It should be taken into consideration that the length of time in the profession is associated to age. Therefore, different aspects, such as mechanization of care, may maximize depersonalization, since having to coexist with other health professionals modifies the way these professionals deal with clients, managers and co-workers [1,10].

It should also be emphasized regarding age that Emotional exhaustion was the least compromised dimension among professionals over 40 years old. It is believed that this is due to the fact that the referred dimension has a protective effect against the development process of Burnout syndrome. It is a kind of bonus for all the years of work, since it is through professional experience that the individuals acquire technical and scientific expertise, and consequently, greater security/self-confidence [1].

The risk for Burnout syndrome manifestation was more frequent among day workers, which can be explained by the fact that during the daytime there is a greater flow of events and, consequently, greater exposure to stressful situations. The fact that a greater number of professionals work day shifts can also interfere in this result, given the possible impact of interpersonal relationships and coexistence with the other members of the multidisciplinary team, especially on the Emotional exhaustion dimension[4].

Regarding the professional occupation, the risk for developing Burnout syndrome was more frequent among physicians and telephone operators. Physicians, for example, experience the daily pressure of mobile care and regulation of SAMU, an equally stressful activity associated with long working hours, since these professionals usually have two or more employment contracts, and these factors can contribute to increased Depersonalization and of Emotional exhaustion levels.

Telephone operators are also vulnerable to the risk for Burnout syndrome manifestation, mainly due to Emotional Exhaustion. This can be explained by the fact that, although they do not maintain direct contact with the patient, they take calls and provide information on the telephone, which makes it impossible for them to deliver resolutive care [1,5,11].

Although professionals with higher education have higher scores of personal and professional fulfillment, they are more demanded and have more responsibilities in the work process than other workers, which can lead to stressful conditions. On the other hand, professional categories that do not require higher education have specified that their scores of personal fulfillment are lower. All professionals experience requirements in the work environment and must coexist with the coworkers and maintain interpersonal relationships [13,14].

Thus, working conditions and team climate should be considered in health services, since the risk for burnout syndrome manifestations combined with professional dissatisfaction interferes with the quality of work, resulting in a higher number of accidents, adverse effects, conflicts and lack of humanization in patient care [1,5,11].

In the present study, more than half of the professionals had another employment contract and, although no significant difference was found, they were at higher risk for Burnout syndrome. Workers who have another employment contract have more stressful routines and a greater tendency to depersonalization, due to the increased overload, the number of working hours, and the time allocated to patient care. Moreover, professionals must face different routines, organizational cultures, leaderships and work teams with different profiles, which may interfere in their performance and yield [5].

Other employment contracts impact the professional, as he/she often performs many different activities every day, and this raises their risk for Burnout Syndrome manifestation[5,13].

The salary range also seems to influence the risk for Burnout syndrome development, and this was observed both among those who earned less than five minimum wages and among those who earned more than 10 minimum wages. Regarding the former, this is likely to occur because these professionals experience the stress of earning less than is necessary to meet their basic needs; and among those who have a higher income, the higher risk is explained by the fact that this income is probably obtained in more than one employment contract, and this has implications [13].

Some possible limitations of this study are related to the fact that it was performed in only one mobile emergency care service and that its sample was not randomly selected. At any rate, its results allowed to identify important aspects on the theme and further studies with a qualitative approach are recommended to explore, in greater depth, how and under what conditions the Burnout Syndrome manifests itself in the referred population.

CONCLUSION

The findings of this study indicate that more than half of the participants were at risk for the development of Burnout syndrome, especially the medical professionals and telephone operators. Moreover, workers under 40 years of age who worked only the day shift and had another employment contract are more likely to have Burnout syndrome manifestations. Thus, it can be concluded that five out of ten professionals who work in the Mobile Emergency Care Service are at risk for developing Burnout syndrome.

These results may support the implementation of actions targeted to the improvement of work conditions and the relationship between professionals who work in mobile emergency health services such as the SAMU. Strategies to minimize the effects of work activities on the quality of life of professionals, such as occupational activities and mitigation of the stress inherent to the environment, should be included to preserve the health status of these workers.

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