Professional Quality of Life and Burnout Syndrome in nurses of the Department of Internal Medicine of Roosevelt Hospital

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Abstract

Burnout Syndrome is characterized by emotional exhaustion, depersonalization and low personal fulfillment, which usually occurs in environments of continuous work stress, gradually affecting workers whose work requires emotional involvement with people. The quality of professional life is the quality one feels in relation to their work. This work, cross-sectional analysis, aimed to determine the frequency of Burnout Syndrome and deficiencies in the quality of working life of the nursing staff of the Internal Medicine hospitalization services of the Roosevelt Hospital. Likewise, it was determined what relation the subscales of the Maslach inventory of Burnout Syndrome and the subscales of quality of professional life of the ProQOL instrument presented. Fifty-five nursing workers from the Internal Medicine departments of Roosevelt Hospital were included during 2016.
A frequency of Burnout Syndrome of 3.6%, high emotional exhaustion of 20%, depersonalization of 24.5% and low job satisfaction of 30% was observed. No case of poor quality of working life was found. There was a significant association between job satisfaction and personal fulfillment (Tau = .36; p = .014), burnout with personal fulfillment (Tau = -.31; p = .040) and traumatic stress with depersonalization (Tau = .36; p = .014). It was concluded that some domains of the quality of work life scale have some weak to moderate relationship with the domains of the Burnout scale.

Keywords: labor well-being, Psychometrics, nursing, occupational medicine, health workers

Introduction

Work activity in care services to patients today has become a career against time, professionals of diverse specialties, usually distribute their working days in multiple activities, all this according to the level of need that the patients, who are cared for, require. In this context, health professionals feel besieged by an overload of work, usually conflicts add up interpersonal, economic dissatisfaction or the simple fact of having to face adverse conditions. Factors such as those mentioned, articulated in such a way, can make professionals experience work continuously stressful, these stressful conditions make the health professionals vulnerable due to the absence of organizational strategies that allow them to cope with this situation.

Burnout Syndrome is an occupational and emotional disease, of exogenous origin, which usually occurs in continuously stressful work environments (and therefore cumulative), which affects gradually to those professionals or employees whose work demands emotional involvement with people. This disease is characterized by the existence of emotional exhaustion, depersonalization and the feeling of low work performance (Mediano & Fernández, 2001; Sahraian, Fazelzadeh, Mehdizadeh, & Toobaee, 2008). Further, Jackson & Maslach (1982), indicate that this syndrome has related repercussions with the behavior among which they mention tiredness, feelings of incompetence, cynicism and irritability and repercussions in the institutional sphere, such as suspensions, work accidents, interpersonal problems and poor quality in development of work services

It is important to mention that several studies indicate that the stress in health professionals is worse than that associated with other occupations. Work stress levels are expected to be high, because these professionals face situations such as pain, death, terminal illness, other people's borderline situations, often with the feeling of doing little or nothing. In addition, these situations are defined by the urgency and immediate decision making in matters of life or death (Castellanos, 2009).

On the other hand, the life quality of these professionals who provide care is a topic that interest has grown in the last twenty years. Research has shown that those who help others have been exposed to traumatic stressors that constitute a risk to develop negative symptoms associated with Burnout Syndrome, depression and post-traumatic stress disorder. In this context, positive feelings about people's ability to help are known as compassion satisfaction, while negative feelings are regularly known as compassion fatigue. These professional´s quality of life is the degree of well-being that one feels in relation to his or her work and which is composed of both positive and negative aspects. The Professional Quality of Life Scale (ProQOL), is the most common of the negative and positive effects of working with people who have experienced extremely stressful situations. (Stamm, 2010).

The purpose of this research is to determine the frequency of Burnout Syndrome and the professional life quality in nursing staff of the hospitalization services of Adult Internal Medicine at Roosevelt Hospital, and to determine if the presence of deficiencies in the quality of working life could be

associated with the existence of burnout syndrome, or any of its components.

Materials and Methods

This study was analytical transversal. A census of the nursing staff working in the hospitalization services of Internal Adult Medicine (“A”, “B”, “C”, “D” and “E”) of the Roosevelt Hospital, corresponding to 55 individuals, was carried out.

The data were collected through the Maslach Burnout questionnaires, the latest version translated into Spanish and the ProQOL instrument in its latest version in Spanish. The Maslach Burnout questionnaire has the following evaluation points: emotional fatigue, 27 to 54 points (high), 19 to 26 points (medium), 0 to 18 points (low); depersonalization 10 to 30 (high level), 7 to 9 (medium level), 0 to 6 points (low level); personal achievement 10 to 30 points (high level), 7 to 9 points (medium level), less than 9 (low level). The ProQOL questionnaire has the following evaluation points for each subscale: 22 or less (low level), 23 to 41 (average level) and 42 or more (high level).

Subsequently, the data were tabulated in a database created in Excel 2013, and stored as files delimited with commas to be analyzed in the free distribution software R, version 3.3.2.

The demographic, labor data and answers to the questionnaires were summarized, organized, analyzed and presented in charts of absolute frequencies and percentages, arithmetic mean, standard deviation, medians and quartiles according to the analyzed variables. The association between the scores to both questionnaires was evaluated through the chi-square linear association test and the effect size with the Kendall Tau test. The level of significance considered was 5%.

The Teaching Department of the Hospital Roosevelt, authorized the research.

For the application of the data collection instruments, the health staff of this research was informed and their support was provided through consent.

Results

Below are the results obtained from the evaluation of Burnout Syndrome and the work life quality in the nursing staff of the Internal Medicine services of the Roosevelt Hospital, during May 2016 where 55 people participated, which partially answered the administered questionnaires. Chart 1 summarizes the labor and demographic characteristics of the workers who participated in the study. Only females participated.

Chart 1. Labor and Demographic Characteristics

labor and Demographic Characteristics		Frequency	Percentage
Age (years)	26 to 35	1 3	26.5
	36 to 45	20	40.8
	< 45	16	32.7
Marital Status (n = 51)	Married	22	43.1
	Single	27	2
	De facto relatioship	1	2
Academic Level (n = 40)	High School	34	85
	College	6	15
Years of working (n = 53)	Average (standard deviation)	16.4 (7.5)	
Line of work(n = 51)	Steady work	44	86.3
	By contract	7	13.7
Works in another institution(n = 50)	Yes	44	88
	No	6	12
Weekly working hours(n = 45)	Me(Q1,Q3)	40 (40,40)	
Service (n = 55)	Medicine "A"	11	0.2
	Medicine "B"	4	7.3
	Medicine "C"	11	20
	Medicine "D"	14	25.5
	Medicine "E"	15	27.3
Service charge (n = 53)	Nursing Assistant	48	90.6
	Service manager	5	9.4

Chart 2 summarizes the results of the categorization of the scores of each instrument by subscale, according to the evaluation points specified above. None of the workers presented alteration concomitant in all subscales of quality of working life

Chart 2. Burnout syndrome and work life quality

Scale	Dimension	Frequency	Percentage
Burnout	High emotional exhaustion (n = 50)	10	20
	High depersonalization (n = 53)	13	24.5
	Job dissatisfaction (n = 50)	15	30
	Burnout syndrome (n = 46)	2	3.6
Work life quality	Average compassion satisfaction (n = 50)	20	40
	Average burnout (n = 47)	9	19.1
	Average traumatic stress (n = 48)	10	20.8

Chart 3 contains the results of the evaluation of the relationships between the subscales of the Burnout inventory and the instrument of work life quality

Chart 3. Tau-b coefficient of Kendall between dimensions of burnout syndrome and work life quality

Burnout Sydrome	Statistical Evidence	Work life quality		
		Satisfaction	Burnout	Traumatic stress
Emotiona exhaustion	Kendall's Tau-b	.18	.17	.04
	Value p linear association	.227	.226	.917
	n	45	44	45
Depernosalization	Kendall's Tau- b	-.18	.25	.26
	Value p linear association	.281	.097	.042
	n	48	45	46
Personal fulfilment	Kendall's Tau-b	.36	-.31	-.21
	Value p linear association	.014	.040	.143
	n	45	43	44

For this analysis, the domains of Burnout Syndrome are considered as independent variables and, therefore, the domains of the quality of work life as dependent

Chart 4 shows Cronbach's alpha coefficients to assess the reliability of each scale of each instrument.

Chart 4. Evaluation of the reliability of the measurement scales

	Dimensions	Cronbach´s Alpha
Burnout	Emotional exhaustion	.749
	Depernosalization	.217
	Personal fulfilment	.694
Work life quality	Compassion satisfaction	.735
	Burnout	.475
	Traumatic stress	.450

Discussion

In this investigation, the work life quality and the Burnout syndrome were evaluated in nursing staff working in the hospitalization services of Internal Medicine of Roosevelt Hospital, research conducted in May 2016 where 55 individuals participated. For the collection of data, three instruments were used: one to collect the demographic and labor variables of the participants; another to determine Burnout syndrome and another to assess the life quality work. On these three instruments there was a considerable amount of lost data, because the participants verbally expressed their lack of interest in sharing the requested information, arguing that the possible results of this activity would not improve their working conditions, as observed in past experiences. For example, for demographic and labor data, the lost data varied from three to 27%; in the case of the Burnout inventory, the loss of data varied between three and 16%, the latter percentage corresponding to 9 of 55 people who do not answered this questionnaire. Regarding the instrument life work quality, the proportion of non-response varied between 9 and 14%. The data was carried out within the framework of the monthly meetings that are customary to be held in each service, to expose issues related to the service or participate in educational or social activities. Therefore, it is necessary to pay attention to the sample size that varies according to the variables involved. All percentages were calculated based on the subsamples evaluated, and not based on the total sample of 55 individuals, except in cases where there is no missing data.

All participants were women, the majority between 36 and 45 years old (41%), single (53%), with high school academic level (85%). Regarding the labor variables, the average number of years of work was 16 and the median weekly hours of work were 40. There was a predominance of workers hired under the fixed worker line, corresponding to 88%, and the majority with nursing assistant position (91%). The services with more people were Medicines D, C and E.

It can be observed that the domain that was most affected was job satisfaction, with 30% of these workers showing low job satisfaction. High depersonalization was observed in a quarter of workers and one-fifth high emotional exhaustion.

Regarding the Burnout Syndrome, only 4% of the personnel was affected, that is to say those who concomitantly had high emotional exhaustion, high depersonalization and low job satisfaction; This is well below that reported by Río Moro, who indicates that, worldwide, 17.8% of nurses suffer from this syndrome (Río Moro, Perezagua García, & Vidal Gómez, 2003). However, it should be taken into account that only 46 of the workers answered all the questions of the Maslach Burnout Inventory questionnaire, therefore, it could only be concluded from that sample whether or not Burnout Syndrome was present; Of the domains of the Burnout scale, the domain that was most affected was job satisfaction, with 30% of these workers showing low job satisfaction; high depersonalization was observed in a quarter of workers and in one-fifth high emotional exhaustion. As mentioned previously, the high non-response rate could be due to

disinterest or rejection of staff to research that seeks to diagnose workers' personal or work aspects, and at this point it should be remembered that depersonalization implies a response apathetic against various aspects of work, and low personal achievement develops in environments where there is an obvious lack of social support and opportunities to develop professionally (Jackson & Maslach, 1982; Toral-Villanueva, Aguilar-Madrid, & Juárez-Pérez , 2009).

Therefore, these attitudes could be result of the considerable presence of depersonalization and / or low personal performance. In other studies carried out in Guatemala, higher prevalence of the syndrome has been found, for example in 22% of residents and specialists, at the Guatemalan Social Security Institute (IGSS), during 2014 (Martínez, 2014); in 100% of the residents of surgery and internal medicine of the National Hospital of Cuilapa (Lemus, 2014), a figure that is quite high, and the question arises if the scores were correctly calculated or if, all cases were considered burnout cases doctors with a slight alteration of any of the subscales; the same could be asked of the study by Chacón (2015), where a prevalence of the syndrome of 55% of the residents of Medicine and Pediatrics of the Roosevelt Hospital is reported, and the study by Morales (2011), reported that 57% of the students of medicine in hospital practices had Burnout syndrome. The study by Pedroza and Villatoro (2012), revealed that Roosevelt Hospital presented higher prevalence of Burnout in doctors in supervised professional practice, in relation to the Pedro Betancourth, San Juan de Dios and Regional Santa Rosa hospitals. It is also important to consider the differences in workload and type of functions in which medical personnel differ from nursing staff, as well as the reliability of the scales: none of these studies mention the evaluation of the reliability of the administration of the Burnout instrument; In this research, Cronbach's alpha values were observed below 0.70 for depersonalization, personal fulfillment, burnout of the instrument of quality of work life and traumatic stress.

Cronbach's alpha evaluates whether the items that measure the same construct have homogeneity between them, it means, they are highly correlated, a closer value indicates, therefore, greater consistency (Argimon Pallas & Jiménez Villa, 2000); an unreliable estimate of depersonalization, such as the observed in this study may well be due to the attitudes expressed by the participants and may result in an inadequate estimate of the prevalence of burnout in these people.

On the other hand, those workers who only had one of the domains with altered values were considered at low Burnout risk; at high risk, were those who had two domains with altered values. At low risk, just over a quarter of the workers were observed, with a greater risk at 13%. It is also important to mention that 36% of workers were observed at risk of emotional exhaustion.

When evaluating the association with a chi-square test of linearity, three significant associations were found, job satisfaction and personal fulfillment (Tau = .36; p = .014), burnout with personal fulfillment (Tau = -.31; p = .040) and traumatic stress with depersonalization (Tau = .36; p = .014), these relationships range from weak to

moderate, but only show us the possible explanation of a dependent variable from an independent (univariate relationship). Depersonalization with burnout, have a Tau of .25 and p value close to significance. It shows almost no relationship. Since this is a cross-sectional study, no cause-effect associations can be studied due to the relationship evaluated is symmetric, however, it is observed that the evaluation of both events is related to each other, and it can be affirmed that the perception of the quality of working life has any relationship with the presence of a prolonged stress response in the body to the emotional and interpersonal stressors that occur at work. In the study by Seguel and Valenzuela (2014), when assessing fatigue and studying its association with Burnout Syndrome in nurses of three hospitals in Chile, concluding that fatigue was significantly associated with all dimensions of Burnout syndrome, and in greater magnitude to emotional wear (0.68).

Due to the fact that Burnout Syndrome is associated with the work life quality, personal and group strategies must be established that favor physical, social and emotional health, as suggested by Weiss and Dyer (2004), as it should be remembered, the burnout is a phenomenon resulting from the cumulative effect of labor stressors, which gradually overwhelm the workers until they weaken their emotional state (Jackson & Maslach, 1982), therefore, to prevent the deterioration of the cadres of these people one must act in a manner effective. Updating the work conditions and mental health status of health workers will ultimately improve the quality of life of patients who are treated by these individuals.

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References

Argimon Pallas, J., & Jiménez Villa, J. (2000). *Métodos de investigación clínica y epidemiológica* (3a ed.). Madrid: Elsevier.

Castellanos, C. (2009). Atención domiciliar: detección temprana de los síntomas de Burn-Out en familiares que cuidan a personas con VIH/SIDA. *Ciencia y Sociedad, 34*(1), 120-132.

Chacón, J. (2015). Síndrome de Burnout en Residentes del Hospital Roosevelt de Guatema. *Revista de La Asociación Guatemalteca de Medicina Interna, 19*(1), 7-18.

Jackson, S., & Maslach, C. (1982). *Burnout in health professions: A social psychological analysis*. In G. Sanders & J. Suls (Eds.), Social psychology of health and illness. New Jersey: Erlbaum.

Lemus, M. (2014). *Síndrome de Burnout en médicos residentes de primer año, de especialidades médico-quirúrgicas* (Tesis de licenciatura). Universidad de San Carlos de Guatemala, Guatemala

Martínez, J. (2014). *Síndrome de Burnout en residentes y especialistas de anestesiología de los hospitales del IGSS del área metropolitana* (Tesis de licenciatura). Universidad de San Carlos de Guatemala, Guatemala.

Mediano, L. & Fernández, G (2001). El Burnout y los médicos: Un peligro desconocido. L´ Escala Barcelona (Gerona): Ricardo Prats y Asociados.

Morales, G. (2011). *Síndrome de desgaste laboral (síndrome de Burnout) en estudiantes de medicina de la Universidad Rafael Landívar de 4to, 5to, 6to y 7mo año, abril-mayo 2011* (Tesis de licenciatura). Universidad Rafael Landívar, Guatemala.

Pedroza, A., & Villatoro, F. (2012). Síndrome de Burnout. Estudio realizado en internos de la carrera de Ciencias Médicas de las Universidades: San Carlos de Guatemala, Mariano Gálvez, Rafael Landivar y Francisco Marroquín, que realizaron el ejercicio profesional supervisado (Tesis de licenciatura). Universidad de San Carlos de Guatemala, Guatemala.

Río Moro, O., Perezagua García, M., & Vidal Gómez, B. (2003). El síndrome de burnout en los enfermeros/as del Hospital de la Salud de Toledo. *Enfermería en Cardiología, 28*, 24-29.

Sahraian, A., Fazelzadeh, A., Mehdizadeh, A. R., & Toobaee, S. H. (2008). Burnout in hospital nurses: a comparison of internal, surgery, psychiatry and burns wards. *International Nursing Review, 55*(1), 62-7. doi: 10.1111/j.1466-7657.2007.00582.x

Seguel, F., & Valenzuela, S. (2014). Relación entre la fatiga laboral y el síndrome burnout en personal de enfermería de centros hospitalarios. Enfermería Universitaria, 11(4), 119-127.

Stamm, B. H. (2010). *The Concise ProQOL Manual* Montana: Pocatello.

Toral-Villanueva, R., Aguilar-Madrid, G., & Juárez-Pérez, C. A. (2009). Burnout and patient care in junior doctors in Mexico City. *Occupational Medicine*, *59*(1), 8-13. doi: 10.1093/occmed/kqn122.

Weiss, L., & Dyer, A. (2004). *Concise guide to ethics in mental health care*. London: American Psychiatric Publishing, Inc.