Burnout Syndrome and the Examination of Dysfunctional Attitudes in Health Care Employees

Abstract

The aim of this study is to measure the stage of burnout syndrome and their influencing factors in two oncological departments (63 people), in G.E. practice (15 people), in maternity ward (18 people). We used self-selected, anonymous questionnaires: BOQ; BOS; DAS concerning sociodemographical questions. There was no significant difference in burnout indicators. According to DAS data, the oncological department with a higher range of medical attendance statistically shows a significant difference from other departments. Maternity ward and G.E. employees present a deviation both in the DAS exterior control and in justifiable expectation subscales. In the point of the results, which may have significant effect on the therapy of burnout syndrome.

Introduction

In 1974, psychiatrist Herbert J. Freudenberger described this negative occupational phenomenon, called burnout syndrome which means that clinical or supporting staff member becomes extremely exhausted. During the years behavioural and physical signs emerge slowly. First the moral of the person becomes low, later everything seems so stressful, the helper is more strained, nervous, can not even concentrate on his/her mission and unable to cope with the emotional stress.

Current problems are not new, and are waiting for solution for several decades. Employees in medical sector are exposed to extreme stress during their work; moreover nurses have one of the highest stress-level during work. It derives partially from the physical features of nursing: working in shifts, night duties, hard work, lack of control at work, non-supporting staff, unclear roles.

The reaction to work-related stress depends on personality, on previous experiences of stressful situation, on available coping strategies, on mental health. Some of the factors can be varied by hospital department, because there is a mutual relationship between the individual and his/her environment.

Objectives

The burnout syndrome holds a specific sanitary risk. The attributes are: emotional exhaustion, depersonalization, discontentment with the own achievement, easy performance, standing off the other peoples and their problems. (Maslach, Jackson, 1981, Burisch, 2006).

Some examples from the everyday life of nurses and their families are:

- Night and weekend work shifts may lead to a narrowing of and losing social relationships or to the isolation of the individual.
- The demand for constant professional empathy needs so much energy that nurses have little of it left for private life.
- Nurses always strive to maintain hope in people who suffer or are in crises.
- Nurses can identify themselves with their patients so that they share the patients’ depressing problems, therefore the nurses’ own lives may become a shadow world.
- In order to do work and maintain hope, nurses need to use their own source of energy.

The most realistic aim of this study is to plan - on the ground of the consequences of this pilot study - further investigations in favour of developing prevention and intervention possibilities.

General phases of burnout:

- Idealism: the first, where an excessive furore and over performance are typical
- Realism: which is the next when the real image comes back about ourselves
- Stagnancy or disappointment: the third step, where the motivation and the joy in our job declines
- Frustration: in this level the stress, irritability are the most expressive signs and the stress-tolerance ability is extremely low
- Apathy: is the last phase, where private problems in the family such as in the workplace are excessive.

Dysfunctional attitudes include irrational beliefs, negative schemes, maladaptive thinking that may relate to cognitive vulnerability to depression. Dysfunctional attitudes can lead to negative perspectives about oneself, the world, about work, relationships, future perspectives. DAS seems to be a mediating factor in depression, anxiety, neuroticism. It means changes in dysfunctional attitudes and can be relevant in decreasing the negative thoughts and in burnout intervention processes.

Participants

In our study we examined working nurses at three types of department: oncology department (63), maternity ward (18), G.P. (13) departments. Maternity ward: 18-70; Oncology dept: 38, 91 a 2, 77

Altogether 94 people have been asked. The professionals were interviewed anonymously and using a self-administered questionnaire.

Method

We used self-completed questionnaires, containing the following items:

The Burnout Questionnaire (BOQ Freudenberger & Richelson, 1980), The Individual Burnout Symptomatic Questionnaire, (BOS, Appelbaum,1980) and Dysfunctional Attitude Scale (DAS, Weissman-Beck, 1978). DAS subscales are:

1. Approval by Others
2. Love
3. Achievement
4. Perfectionism
5. Entitlement
6. Omnipotence
7. Autonomy

All questionnaires have good internal consistency, validity and Hungarian standard.

These inventories were completed by job satisfaction and by sociodemographical factors (age, sex, education, scope of work, time spent in health care, second job, job leaving, number of children, marital status, physical exercise) questions. 94 questionnaires were analysed.

Data analysis: descriptive, correlation and regression analysis were performed on the data base using SPSS 14.0 for Windows.

Results

There was no significant correlation in burnout scores among the three departments. The average result reach the level in every hospital where intervention and special attention is needed. In the Autonomy and Entitlement subscales the deviation between maternity ward nurses and GP workers is pointed out. The education level is also a significant influential factor (p<0,05) in all DAS subscales as well as the number of children (1-3) in Entitlement and Omnipotence; age influenced significantly the Achievement; and divorce in the Love subscale.

Sex and working years were not affecting factors.

The results of our study show the interrelationships in burnout and psychological health in these departments, and underline the importance of recognition this syndrome in time.

Conclusion

The social demographic data are not significant for the formation of burnout.

Low salaries may be considered to be the main problem in health care; this fact forces nurses to undertake a second job, this way they feel tired of their work, and have no job satisfaction. Tired nurses cannot fulfill expectations, do not invest in their own daily work, they suffer from role conflict, therefore they become frustrated - at worst they leave their job.

Considering the quasi contradiction of sociodemographical data and the question of job satisfaction the results highlight numerous important areas of prevention, from which the organization of effective team work and the acquisition of the skills of effective communication are the central factors.

When we speak about burn out syndrome it is very important to know that burn out is an always changeable system in which we are not able to investigate the personal factors alone but the effect of personal and internal changes as well.

Burning is rather a process repeating in cycles. Evolution of it is depending on the person and the factors of working condition, the cycle can be treated in two points: prevention and intervention at the level of the employee, and the workplace.

When we speak about prevention and intervention first of all the emotional exhaustion must be reduced, because it is strongly related to job satisfaction, role conflict and other important somatic and psychosomatic factors (Piko, 2006). It can be a psychical or physical positive effort to avoid circumstances that may cause stress.

There are some fields we must focus on:

- Solving problem – One must consider facts and solutions; solutions must focus on everyday situations.
- Effective scheduling
- Sharing responsibility in work teams
- Feedback
- Better working conditions
- Sharing information efficiently
- Social support
- Professional development
- Ability to saying ‘No’
- Developing ‘unsellish egoism’.
- Changing one’s timetable.
- Learning technique for relaxation, positive thinking, Balint groups

Tables and figures

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Figure 1. The model of factors affecting the development of Burnout Syndrome.