

Poziom wypalenia zawodowego wśród przedstawicieli zawodów medycznych

The level of burnout among representatives of medical professions

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Streszczenie:

Cel Pracy. Wypalenie zawodowe (WZ) jest zjawiskiem dotyczącym wielu zawodów, których podstawą są nie tylko zaburzone relacje człowiek-praca, bliskie relacje interpersonalne, ale przede wszystkim specyficzne podejście do drugiego człowieka, wymagające cierpliwości, empatii i zaangażowania. Pomimo wielu opracowań naukowych brak jest jednoznacznego rozwiązania problemu WZ w zawodach medycznych, który jest problemem niedocenianym, a niezwykle ważnym, przede wszystkim z punktu widzenia pacjenta.

Niniejsze opracowanie miało na celu określenie częstości występowania oraz rozpoznania poziomu wypalenia zawodowego wśród przedstawicieli zawodów medycznych: lekarzy, fizjoterapeutów, pielęgniarek oraz położnych.

Materiał i metody. Wśród 209 przedstawicieli zawodów medycznych została przeprowadzona ocena poziomu depersonalizacji, wyczerpania emocjonalnego i poczucia własnych osiągnięć, za pomocą oryginalnego Kwestionariusza Wypalenia Zawodowego MBI (Maslach Burnout Inventory).

Wyniki. Uzyskane wyniki wykazały, że największy odsetek wypalonej zawodowo pracowników zanotowano wśród lekarzy i pielęgniarek. Dodatkowo ustalono, że nasilenie przypadków WZ wśród personelu medycznego zależy od specyfiki oddziału klinicznego, wieku badanych oraz lat przepracowanych w zawodzie.

Wnioski. Wyniki przeprowadzonych badań nie pozwalają na jednoznaczne wnioski, są jednak na tyle zachęcające aby były kontynuowane w znacznie szerszej populacji przedstawicieli poszczególnych grup zawodowych.

Słowa kluczowe:

wypalenie zawodowe, zawody medyczne, kwestionariusz MBI

Abstract

Aim of the study. Burnout is a phenomenon which affects many professions, which are based not only on disturbed man-labor relations, close interpersonal relationships, but first of all are based on specific approach to another human being, requiring patience, empathy and commitment. Despite many scientific studies there is no clear solution to the problem of burnout in medical professions, which is a problem underrated and extremely important, especially from the patient's point of view.

Material and methods. Presented study was designed to determine the prevalence and the level of burnout among medical professionals: doctors, physiotherapists, nurses and midwives. Among 209 medical professionals, evaluation of the level of depersonalization, emotional exhaustion and a sense of their own achievements, using the original questionnaire: Burnout Questionnaire MBI (Maslach Burnout Inventory) by Ch. Maslach has been carried out.

Results. The results showed that the highest percentage of burn out in employees was noted among doctors and nurses. In addition, it was found that the severity of burnout cases among medical staff depends on the specific clinical department, age of the respondents and years worked in the profession.

Conclusions. Results of this study do not allow to definite unequivocal conclusions, however, these results are encouraging enough to continue studies in this field of study in a much wider population of representatives of various professional groups.

Key words:

burnout, medical professions, MBI questionnaire

Introduction

The concept of burnout is often used in a jargon way and overused for certain professional groups. Therefore, until recently it aroused skepticism among scientists studying this phenomenon. Burnout as a serious health problem has its origin in the seventies of the twentieth century, it has been identified and defined for the first time by the American psychiatrist Herbert J. Freudenberger as a syndrome characterized by both physical and mental exhaustion, exaggerated impatience, frustration, a feeling of chronic monotony at work and the desire to isolate along with the suppression of emotions [1, 2, 3]. There is no universally accepted definition of burnout. The most popular is a multidimensional concept defined by Maslach. According to her concept burnout is a psychological syndrome of emotional exhaustion, depersonalization and reduced sense of personal accomplishment, that can occur in people who work with other people in a certain way [4, 5, 6]. This three-stage classification has been adopted by the psychological environment as the most convenient and at the same time as the one which shows mental spheres in which there are changes. Depersonalization is a characteristic relation of the individual to the people, manifested by the presence of caution in making new contacts, cynicism, remoteness from associates, taking of a significant gap in interpersonal relationships. The specific defense mechanism is intended to perceive another human being as an object, not to engage too emotionally in difficult problems of the person in need. This behavior is caused by the inability to cope with stressful situations [7, 8, 9]. The person presenting no sense of own achievements is characterized by low self-esteem and by the impression of professional defeat. It is based on fatigue caused by excessive burden of the unit [4, 5, 10].

Emotional exhaustion can be manifested both in terms of psychological and in somatic symptoms such as headaches, common colds, insomnia, fatigue, gastrointestinal problems. This category reveals the feeling of anxiety before going to work, states of depression, resentment, apathy and reduced well-being. In addition, the employee shows less interest in issues related to work and constant mental and physical tension. The causes of burnout are believed to be provoked by existing conflicts at work and in excess duties. From a psychological point of view, it comes to relaxation of relations linking employee with dependents resulting in loss of attachment [8, 9].

Mentioned causes of burnout are as follows: a weak physical condition of a worker who has deficiencies in the skills of coping with stress, lack of the professional skills or not enough skills in decision making, but above all the wrong organizational work structure, which burdens the employee too much [8, 11]. This emotional burden, which is the one of the burnout links, take place in the professions in which it is expected from the employee to have interpersonal skills involving: show of interest, a sense of empathy, devotion to another person, a sense of tact, selflessness, listening skills, patience and above all to master the difficult art of communication and discretion.

The greatest importance in the diagnosis and determining the level of burnout have self-descriptive questionnaires, which because of their practicality and ease of use are widely used. The complexity and multidimensionality of this phenomenon suggest to minimize the objectivity at methodology to create an objective examiner [11]. The most popular and at the same time the best standardized test method to assess the phenomenon of burnout is deemed to be created in 1981 MBI questionnaire (Maslach Burnout Inventory) [4, 5, 6, 8, 12].

Despite many scientific studies there is no clear solution to the problem of burnout in medical professions, which is a problem underrated and extremely important, especially from the patient's point of view.

Therefore, the aim of this study was to investigate and determine the prevalence and the level of burnout among the medical profession, which by definition significantly increase the risk of burnout.

Material and methods

The study was conducted among medical professionals, such as doctors, nurses, midwives and physiotherapists. The study involved 209 people (169 women – 81% and 40 – 19% of men). Among the respondents, 37 were physicians (18%), 92 nurses (44%), 40 midwives (19%) and 40 physiotherapists (19%). The largest group of respondents were people aged 31 – 40 years (79 respondents – 38%). A large part of respondents are the residents of cities with over 200 thousand inhabitants (90 respondents – 43%). More than half of the respondents (123 people – 59%) worked for a limited period, while 41% (86 people) were employed for an unlimited period. Most respondents worked on the surgical wards, among others the department of Gynecology, Obstetrics and Oncological Gynecology (38 persons – 18%), the Department of Neurology and Stroke (19 people – 9%) or the Department of Surgical Oncology (19 people – 9%). Work experience ranged from a few months (9 people – 4%) to more than 20 years (56 persons – 27%).

The study was conducted on the basis of MBI questionnaire, which consists of 22 statements relating to the job, relationships with colleagues and recipients, to the services provided by the test (in this case are defined as patients) to which the respondent must answer at accordance with the scale 0-6 in frequently occurring statement, where appropriate the digit 0 means "never", 1 – "several times a year", 2 – "once a month", 3 – "a few times a month", 4 – "once a week", 5 – "several times a week" 6 – every day. All of these 22 statements are divided into 3 categories: depersonalization, a sense of own achievements and emotional exhaustion. The responses are also point – values (eg. point 1 is 1, 6 is 6 points). Clear and easy – to – use key allowed, on the basis of the sum of the responses, to clearly determine the level of GM as: high, medium, low in all three components of burnout, namely: 1) depersonalization; 2) reduction in the sense of own achievements and 3) emotional exhaustion.

Results

The level of depersonalization

High levels of depersonalization were noted in more than half of doctors 24 (65%), more than half nurses 47 (51%), half of physiotherapists 20 (50%) and in one third of midwives 12 (30%).

The level of a sense of own achievements

Low levels of a sense of own achievements concerned mostly representatives of all professional groups, including 23 (73%) of midwives, 24 (65%) of physicians, 56 (61%) of nurses and 21 (53%) of physiotherapists.

The level of emotional exhaustion

In all of the investigated occupational groups, the most commonly noted was moderate level of emotional exhaustion, which in each group was as follows: 23 (62%) of doctors, 57 (62%) of nurses, 28 (70%) of midwives and 17 (43%) of physiotherapists.

The highest level of depersonalization, the lowest sense of their own achievements and emotional exhaustion related mainly to the representatives of all evaluated medical professionals working in following departments: surgery, oncology and neurology and stroke units.

Detailed analysis of the results showed four models of burnout among medical professionals, which differ depending on the profession, gender, age, marital status, place of residence and place of work (table 1.).

Table 1. Models of burnout among medical professionals, according to the profession, gender, age, marital status, place of residence and place of work.

	Profession			
	Physicians	Nurses	Midwives	Physiotherapists
Gender	Men	Women	Women	Women
Age	>50 years of age	>50 years of age	>41-50 years of age	>41-50 years of age
Education	High	High	High	High
Martial status	Bachelor	Married	Single	Single
Place of residence	> 200 thousand inhabitants	> 200 thousand inhabitants	> 200 thousand inhabitants	> 200 thousand inhabitants
Department	Oncological surgery	Oncological surgery	Gynecological Obstetric Onkologycal Gynecology	Neurological Stroke
Work experience	>20 years	>20 years	>20 years	>20 years

Discussion

To evaluate a person as a burned – out professional, such a person must meet following criteria: have a high level of depersonalization, low sense of own achievements and a high level of emotional exhaustion [7,8]. The study showed clearly that the burnout syndrome affects more than half of all the surveyed groups representing medical professionals. The results showed that the highest percentage of burned professional health care workers applies to doctors and nurses while relatively low applies to physiotherapists. In addition, it is established that the severity of cases of burnout among medical staff depends on age and years worked in the profession, as well as the specifics of the clinical department. The level of burnout increases with length of service and achieve the highest level among respondents with work experience greater than 20 years. The level of burnout primarily concerned with the representatives of all evaluated medical professionals working in following departments: surgery, oncology, neurology and stroke unit.

The literature confirms the occurrence of burnout in the medical community, although most commonly is identified with a group of professional nurses and midwives [13]. The occurrence of burnout in this occupational group is affected by aggressive behavior of patients [6]. Midwives attribute their emotional exhaustion to this type of incidents involving patients [13, 14, 17]. In all of the occupational groups, increased results of depersonalization and reduced sense of own achievements are explained by conflicts at work and low earnings [10, 13, 18]. Factors of high risk of burnout among nurses and midwives are excessive physical exertion at work, lack of compliance with the principles of ergonomics at workplace and shift mode, mainly night shifts [14, 15, 17].

Research conducted by Pantenburg in a group of young doctors showed that 11% of almost 6,000 respondents revealed high levels of burnout in all aspects. In addition, the significantly higher level of depersonalization occurred in men than in women, which coincides with results presented in this study [19]. Similar results were described Misiołek, who reported high level of burnout in 18% of anesthesiologists [20].

Detailed analysis of the research results conducted in a group of physiotherapists showed that high levels of burnout occurred among women and in the age group of 41-50 years. In addition, high levels of burnout presented physiotherapists with work experience over 20 years, in those who work in the departments of neurological rehabilitation and more frequently occurred in women. These results confirm studies developed by Śliwiński [21, 22, 23, 24]. These results have shown that among women, factors that predispose to burnout among women are financial problems, while among men it is the lack of free time. Similar conclusions presented Mikołajewska in the study based on a review of the literature in terms of stress and burnout in physiotherapy profession [25]. Puszczałowska-Lizis in her study showed that significantly higher rate of burnout among physiotherapists are among people aged 35-40 years, whose professional

activity exceeds 10 years [26]. According to Pavlakis, 46% of physiotherapists declared that their work is stressful, but actually the high level indicators of burnout occurred in 21% of the respondents.

A small number of burnout cases among professional physiotherapists indicates the less presence of its symptoms in this group. According to literature, the cause of deepening mental exhaustion in the group of physical therapists, can be their work with neurological patients, as reflected in the results presented in this study [28].

Research carried out by other authors confirm that the prevalence of burnout among medical staff grows with overworked years in the profession [13, 29]. Justification for this phenomenon can be discerned in the fact that experienced medical personnel strongly gets involved in the work, often relieving people with less experience [29]. Most studies conducted in terms of the relationship between burnout and gender show that women working in medical professions are more susceptible to burnout [30]. It is argued that typical for women is committed approach to difficult situations, moreover, women feel much more stress at work, and during any conflicts [13, 15, 17].

Both results of this study and results of previous studies clearly show the negative consequences of burnout in terms of both individual and social issues. The occurrence of frequent vegetative complaints among workers burned professionally (depression, suicidal attempts, the possibility of addiction) often leads to absenteeism, which may result as a consequence, even in abandoning their profession. According to the American Institute of Stress, almost half of working population have symptoms of burnout. The costs to be borne by the US economy as a result of the occurrence of stress at work reach 300 trillion \$ [8]. The impact on the quality of health care services, efficiency and employee engagement fall, which directly affects the perception and opinion of the recipients [12]. In this context, it is really important to prevent burnout. Although results vary, at least because of the variety of methods used and the lack of homogeneity of the study groups, all authors agree that it is necessary to develop and implement an effective burnout prevention program [21, 22, 31, 32, 33, 34].

Burnout prevention program in the form of Stress Management Programs, including: improvement of physical working conditions, psychosocial adjustment working conditions to capabilities of employees, increase of employee skills in coping with stress, providing assistance in accessing medical care, physiotherapy, psychological and psychotherapeutic care, should be considered to be implemented among medical personnel at departments particularly predisposing to burnout occurrence, ie. surgery, oncology, neurology and stroke wards [11].

The condition for the effectiveness of prevention activities and reduction of the negative effects of stress at work is the participation of all stakeholders: employers, employees, institutions ensuring safety and occupational health, occupational physicians, specialists in the field of psychology, psychotherapy and physiotherapy.

The research carried out in frames of this study, although do not allow to state definite conclusions, however emphasize the tremendous need for continuing research on the problem of the prevalence and the level of burnout in health care worker's environment, the need to look for methods of prevention and to develop effective treatment methods.

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