Stressful labor and Burnout syndrome in nurses of the neonatal intensive care

Estresores laborales y síndrome de Burnout en enfermeras de cuidados intensivos neonatales

ABSTRACT. Objectives, Methodology: Correlational, quantitative, non-experimental and cross-cutting research. The sample was represented by the total population, equivalent to 47 nurse care from the neonatal intensive care service. Two Likert questionnaire instruments were used. The first questionnaire that measures stressors work, presents 36 items, with three alternative answers: little stressful, moderately stressful and highly stressful. The second questionnaire measures the level of Burnout syndrome, presents 22 items divided into three dimensions: emotional exhaustion, depersonalization and lack of personal fulfillment, which present seven alternative responses: Never, rarely a year, once a month, a few times a month, once a week, seldom a week, always. Results: Spearman’s rho correlation coefficient of 0.759 was obtained. Conclusions: There is high direct correlation between the two variables.

Keywords: Stress Psychological, Occupational Stress, Burnout Psychological, nursing

RESUMEN. Objetivo: Determinar los estresores laborales relacionados al síndrome de Burnout en enfermeras asistenciales del servicio de cuidados intensivos neonatales de un Hospital nacional de Lima Perú, 2017. Metodología: Investigación correlacional, cuantitativa, diseño no experimental y transversal. La muestra estuvo representada por el total de la población, equivalente a 47 enfermeras asistenciales del servicio de cuidados intensivos neonatales. Se utilizaron dos instrumentos cuestionarios tipo Likert. El primer cuestionario que mide estresores laborales, presenta 36 items, con tres alternativas de respuesta: poco estresante, medianamente estresante y altamente estresante. El segundo cuestionario mide el nivel de síndrome de Burnout, presenta 22 ítems dividido en tres dimensiones: agotamiento emocional, despersonalización y falta de realización personal, los cuales presentan siete alternativas de respuesta: Nunca, pocas veces al año, una vez al mes, pocas veces al mes, una vez a la semana, pocas veces a la semana, siempre. Resultados: El 46% de enfermeras muestra un nivel alto de estrés laboral; en cuanto a las dimensiones, se encontró que según la dimensión despersonalización hay un nivel alto de estrés laboral en 39%, en cuanto a la dimensión satisfacción por el trabajo 76% de enfermeras presentaron nivel medio; mientras que existe nivel alto 52% de satisfacción laboral. Conclusiones: No existe relación entre nivel de estrés y satisfacción laboral.

Palabras clave: Estrés, satisfacción, estrés laboral, satisfacción laboral, enfermeras, áreas críticas.

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INTRODUCTION

Numerous changes have taken place worldwide with respect to work design and work processes. The worker has to assume new demands and complex responsibilities to achieve quality in the functions that are assigned to him, which are more qualified and require greater skills of the worker.1

It also looks for ways to keep the worker motivated, with much willingness to learn and contribute to the growth of the company. Nevertheless, if this pressure is excessive and uncontrollable, the worker may experience varying degrees of stress, which will affect his/her health and the results of the production of the company.2

Recent research shows that the stress prevalence rate is increasing. Thus, the results of a representative survey conducted by the Institute for Media, Political, and Opinion Research in Germany show that 12.5% of all German workers report feeling overwhelmed in their jobs3 in 2010.

In Peru, numerous studies show that Burnout syndrome is present or tends to develop in health professionals. A study reports that 84% of nurses working in critical services or units had a tendency to develop Burnout syndrome, which was associated with occupational stressors.4

Burnout syndrome is a public health problem, nationally and globally, that can affect any worker who has continuous exposure to different risk factors that trigger it. In the health sector, paradoxically, those who promote people’s well-being are those who are most exposed to stressors, as evidenced by low worker performance and care.5

According to the technical report on psychosocial risk factors, also known as stressors, in workers in Metropolitan Lima; public and private institutions do not give due importance to psychosocial risk factors in their workers when drawing up risk prevention plans, in which they only consider the risk factors against the various physical, chemical, and biological agents.6

Leaving aside the Burnout syndrome as a response to chronic work stress that occurs mostly in professionals who work in contact with other people. There is cognitive exhaustion, psychological fatigue, negative behaviors and attitudes.7

In reviewing primary sources, studies conducted in Mexico and Colombia8,9 found occupational stressors and Burnout syndrome in nurses at an average level (78%). The researchers agree that these factors represent a tendency of negative behaviors for the nurse, for which no job satisfaction is observed and they tend to have an oversight in the quality and warmth of attention.

In Peru, studies carried out in Lima show that stressors and Burnout syndrome in the nursing staff are around 60% and 84% have a tendency to develop the syndrome. On the other hand, in Huancayo, it is observed that the highest percentage of the professional nursing staff has Burnout syndrome in a middle to high level, with 50% and 40% respectively.11,15

Therefore, Burnout is defined as a psychological syndrome that includes a prolonged response to chronic interpersonal stressors in the workplace, so that a relationship is always established between the provider and recipient. At the same time, it represents a problem of health and quality of life at work. A work situation with chronic and overwhelming demands that contribute to exhaustion or cynicism is likely to erode the sense of effectiveness. In addition, it is difficult to get a sense of accomplishment when you feel exhausted or when you help people you are indifferent to. Lack of effectiveness seems to appear more clearly from lack of relevant resources, while exhaustion and cynicism arise from the presence of work overload and social conflicts.16,18

There are several symptoms that affect health workers with emotional, social, and psychosomatic problems. As well as there are factors that predispose the health personnel such as: Personal Factors, Environmental Factors and Factors related to pressure. These are those factors specific to the institution and the administrative rules where the professional activity is carried out, making incapacity in different aspects and at the same time affecting the attention of the users.19,20

As a result, the Nursing professional is subject to various occupational risk factors of an organizational and environmental nature, as well as those inherent to the function he or she performs. The health of the nursing professional is an essential factor to achieve balance in the activity, and thus can provide specific quality care.21 Therefore, nursing is a profession that demands from the person a high and constant management of his/her mind and emotions because he/she experiences intense situations where the objective is to preserve the life of the user. In addition to being required to work without errors because they work with human lives, they must also maintain a friendly, warm, sensitive to the suffering of the user and his/her family during the hospital stay.22,23

Considering that the work climate must be satisfactory for every worker, with fundamental support from the organization and environment. In addition, the level of patient-nurse satisfaction is important for the progress of the provider and recipient. Nevertheless, the Nurse Practitioner faces multiple problems that derive so much from the patient’s care in performing his or her duties. For this reason, the present study was proposed with the objective of determining the labor stressors related to the burnout syndrome in nurses of the neonatal intensive care service of a national hospital in Lima - Peru, 2017.
MATERIALS AND METHOD

The study corresponded to the quantitative approach, non-experimental design, and correlational descriptive level. The sample consisted of 47 graduates in nursing who worked at a hospital in Lima, in the neonatal intensive care service, and met certain selection criteria during 2017. The technique used was the survey. For the labor stressor variable, the Maslach Burnout Inventory (MBI) was used as an instrument, which consisted of 22 items distributed in three dimensions: Self-realization (8 items), Emotional exhaustion (9 items) and Depersonalization (5 items); while for the burnout syndrome variable, 36 items distributed in three dimensions are considered: Pressure and demand (12 items), organizational and human relations (12 items) and environmental (12 items).

The validation of the questionnaire was done through expert judgement. Reliability was evaluated using Cronbach’s alpha to obtain a value of 0.958, which demonstrates high reliability. After data collection, these were processed using the Statistical Package for the Social Sciences (SPSS) version 22.

RESULTS

It can be seen that of the total number of nurses, 66% have work stressors at the middle level and 21.2% have stressors at the high level.

Table 1.
Rate and percentage distribution of work stressors according to levels in neonatal intensive care nurses.

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>Rate</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>6</td>
<td>12.8</td>
</tr>
<tr>
<td>Middle</td>
<td>31</td>
<td>66.00%</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>25.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>47</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 2.
Percentage of occupational stressor levels present according to dimensions in neonatal intensive care nurses.

<table>
<thead>
<tr>
<th>STRESSOR LEVELS</th>
<th>ORGANIZATIONAL AND HUMAN RELATIONS</th>
<th>PRESSURE AND DEMAND</th>
<th>ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bajo</td>
<td>21.3%</td>
<td>12.8%</td>
<td>17%</td>
</tr>
<tr>
<td>Medio</td>
<td>51.1%</td>
<td>68.1%</td>
<td>61.7%</td>
</tr>
<tr>
<td>Alto</td>
<td>27.7%</td>
<td>19.1%</td>
<td>21.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
On the other hand, 68.1% of the total number of nurses (47) have Burnout syndrome at the middle level.

Table 3.
Rate and Percentage Distribution of Burnout Syndrome in Neonatal Intensive Care Nurses

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>RATE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Middle</td>
<td>29</td>
<td>61.7%</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>21.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>47</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

We evaluated the degree of correlation between labor stressors and Burnout syndrome, determined by Spearman's Rho, it is equal to 0.759 which means that there is a direct positive correlation between the variables, as well as p has a value of 0.000 (< 0.05); therefore, the null hypothesis is rejected; i.e. there is a direct relationship between stressors and Burnout syndrome in nurses in the neonatal intensive care service of the hospital.

**DISCUSSION**

According to the results obtained, there is a direct relationship between stressors and Burnout syndrome in the neonatal intensive care nurses of the hospital. These results would be corroborated by Menor, Diaz and Fernandez who conclude that stressors are associated with Burnout syndrome; it is important to note that this study was also conducted on care nurses working in intensive care units. In addition, Aldrete and collaborators came to the conclusion that there is a relationship between occupational psychosocial factors and Burnout syndrome.

On the other hand, the results show that the majority of nurses have work stressors at the middle level. These results coincide with Paredes who mentions that labor factors are present at a middle level of 66%. At the same time, they mention that the health of workers is affected, which can be reflected in the quality of care provided to the user, in this case the critically ill newborn and his/her family.

In addition, with regard to labor stressors in the pressure and demand dimension, the majority are of middle level. These results coincide with Aldrete who states that 47.5% of nurses perceive negative psychosocial factors in their area of work, the most frequent being work demands.

The same applies to labor stressors in the organizational and human relation dimension, and the environmental dimension; most of them have a middle level. No authors were found to discuss this aspect on the basis of nursing. Nevertheless, it is necessary to emphasize that the work of the nursing professional increases when he or she works in intensive care services (ICU), since permanently caring for critically ill patients at risk of death means dealing with the worries and anxiety of the family members, assuming a strong emotional burden.

Regarding the results of Burnout syndrome, the majority of nurses are at the middle level. These results coincide with the research of Ayala which concluded that the Burnout syndrome in the majority of critical unit nurses is middle with 68%, similarly in the dimension of emotional exhaustion and depersonalization, similar data found in the present study. Alvarez concluded that the majority of nurses have middle to high Burnout Syndrome, with 50% and 40% respectively. Finally, in the study of Acevedo performed in two hospital units, found a middle level of Burnout with 78% and 67%.

Therefore, it is concluded that a direct correlation was found between the results obtained in different dimensions, with respect to the evaluations given in the health personnel.

It is recommended to deepen similar studies in other health institutions in the intensive care service in order to compare the results obtained, and promote improvement strategies that can be disseminated in all health institutions.

**Conflicts of interests:** The authors state that there are no conflicts of interest.
BIBLIOGRAPHIC REFERENCES


