



# Symbiosis: Burnout Syndrome versus the Efficiency of Labor Development in Health Institutions

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## ABSTRACT

**Objective:** To determine the Burnout Syndrome in the human assistance talent that works in institutions that provide health services of medium and high complexity, taking into account that professional burnout is the most serious manifestation of work stress, it is necessary to identify it early to achieve a timely and pertinent intervention to improve working conditions.

**Method:** A positivist paradigm was used, with a Quantitative approach (Causes and effects based on numerical data), descriptive type of cross-sectional design, to a population of 3 institutions providing health services (IPS) of medium and high complexity in the municipalities of Neiva-Huila, Girardot-Cundinamarca and Ocaña-Norte de Santander, The material used and applied was the CESQT survey, with a content of 20 items.

**Results:** The sociodemographic variables and those of the instrument were known to tabulate the data in the Excel document and then progress was made in the statistical instrument where professional burnout due to the syndrome generates boredom, depression, anxiety, loss of self-esteem and personal frustration manifesting itself in a cognitive, emotional and behavioral way, as a response to chronic work stress

**Conclusions:** Burnout Syndrome can be defined as a silent pathology to which any worker is exposed and that can lead to serious effects if it is not detected, treated and cured in time.

**Keywords:** Human capital; Decline and professional failure; Burnout syndrome

## INTRODUCTION

The Burnout Syndrome or getting burned at work is a process that results in continuous exposure to various factors that generate occupational risks, this syndrome began to be studied and known around 1970, advancing in important findings such as depersonalization and apathy in the development of some Activities standing out here dependencies in which there is direct contact and continuous interaction with people. In that order, job burnout is one of the four reported problems related to the health job offer in recent years [1]. Internationally conducted studies showed that the problem was particularly acute in medical and nursing staff [2]. For its part, Vasilopoulos G argues that

occupational exhaustion is a process by which the labor reality seems to be de-glamorized [3].

Consequently, according to Odonkor A not much attention has been paid to burnout problems among health workers, since most of the attention is directed mainly to the occupational health and safety of the health worker due to the various risks related to their work activities [4]. Likewise, the degree of occupational exhaustion varies with age, sex, marital or family status, thus, the important factors seem to be the way in which professionals handle stress, the reasons that led them to choose that specific profession and their expectations and aspirations through that health profession [5]. The above as-

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pects are directly and to a greater extent related to the development of the professional practice of human assistance talent (doctors, nurses, dental therapists, pharmacy personnel, x-ray personnel, etc.), the assistance profession is characterized by rotating shifts that include Sundays daytime and night time holidays work overload in consultation care, development of procedures, employment relationship for the provision of services, cooperatives and contracts of between 3 and 6 months, direct exposure to pathology infections due to the deficient protection of these professionals by the Occupational Risk Administrators (ARL), of elements necessary to develop the purpose of contracting and activities with the appropriate biosecurity measures in the face of risk [6].

In this way, individually in the human talent belonging to the nursing area, some manifestations tending to the generation of burnout syndrome are observed with greater intensity, this is due to the fact that it is these personnel who have the greatest contact, first encounter, and moments of truth with patients. Users and staff in general who make use of institutional products and services generally expressing anxiety due to their pathological state of health and state of mind. The burnout syndrome has taken on great importance as a problem due to its manifestations in the organizational productive environment, this is how patients and users and internal personnel easily observe through verbal manifestations of manner and activities, the satisfaction, humanization or dehumanization of each service and specific professionals. Based on the above aspects, the study was carried out to determine the prevalence of burnout syndrome in the healthcare population of established institutions, taking into account variables such as: Socioeconomic stratum, time in the institution, academic training, sex, marital status, age, which affect the behavior and development of human care talent.

## Conceptual and Theoretical Framework

**Stress and exhaustion:** The conceptual framework of this study is based on the effect of perceived stress, throughout its history as a psychological construct; according to Bakker AB stress has proven to be relatively complicated and has generated some confusion. Here it is conceptualized according to the mechanical principles of load or external force and the area over which that force is exerted [7]. Damage or deformity resulting from loading and force is known as stress. From this perspective, stress indicates danger and prepares us to take defensive measures. For example, the fear of things that pose a realistic threat motivates us to deal with or avoid them. Stress fuels creativity and motivates us to achieve. But excessive stress leads to less cooperation, more aggression, and even hinders performance on difficult tasks.

Excessive or unbearable stress leads to a burnout situation. The term 'burnout' was first coined by Freudenberger HJ who, in his *Personal Burnout*, defined it as 'the signs and symptoms characterized by loss of energy and feelings of life falling apart', presumably based in the 1960 novel *A Burnt-Out Case* by Graham Greene, which describes a suffering protagonist [8].

They defined burnout as 'a sustained response to chronic job stress consisting of three components: The experience of being

emotionally drained (emotional exhaustion), negative feelings and attitudes toward service recipients (depersonalization), and feelings of low performance and professional failure (lack of personal fulfillment) [9]. Burnout is a prolonged response to chronic emotional and interpersonal stressors that an employee encounters in the context of a job [10].

Burnout is reflected in pathological emotional exhaustion and maladaptive detachment that is a secondary result of prolonged job stress exposure. The three dimensions include emotional exhaustion, depersonalization, and reduced personal achievement. Psychologists (particularly Herbert Freudenberger and Gail North) have theorized that the burnout process can be divided into 12 phases, which do not necessarily follow sequentially or are relevant or exist in any sense other than an abstract construct [11].

## METHOD

The phase of how to work methodologically in research is developed, leading the human being to penetrate and discern in the handling of a series of unusual methods and techniques, since the scientific search leads the researcher to use or employ methodological aspects, In this regard, Aldrete M states that the concept of science "is expressed from the systematic knowledge that man makes about a certain reality, he expresses it in a set of coherent and logical explanations (theoretical propositions) from which they are validated and formulate alternatives to that reality" [12,13]. In particular, a study was carried out from the positivist paradigm, with a quantitative methodology with a descriptive approach to 194 employees of the human assistance talent belonging to 3 entities that provide health services of medium complexity in the municipalities of Neiva Huila, Girardot Cundinamarca, and Ocaña. Norte de Santander to determine the prevalence of burnout syndrome in these selected people and entities, determining and analyzing the aforementioned variables of interest.

The information of the sociodemographic variables was collected through the application of the direct instrument to the personnel. Conditions of work stress were evaluated using the Questionnaire for the Evaluation of Burnout Syndrome "CESQT", which presents the following scales: 1-illusion for the Work, 2-Psychic exhaustion, 3-guilt, 4-indolence, with Concurrent validity: Maslach Burnout Inventory (MBI) Questionnaire: 0.50. Cronbach's Alpha reliability 0.85 Test retest (internal consistency) 0.76. CESQT is an instrument made up of 20 items and that evaluates and assesses burnout syndrome according to the following frequency scale: Never=0, rarely: A few times a year=1, sometimes: A few times a month=2, frequently: A few times a week=3, Very Frequently: Every day=4, as a response to chronic organizational work stress caused by human assistance talent (Doctors, nurses, laboratory nursing assistants, x-rays, etc.).

## RESULTS AND DISCUSSION

### CESQT Evaluation

The score of each scale is calculated as the average of the items that make up that scale and a total SQT score can also be obtained by averaging the 15 items that make up the scale, since

the blame items are not added to obtain said result. Care must be taken to invert the scores of the variable Enthusiasm for work.

**SQT profile 1:** Average of the 15 items of the following variables: Enthusiasm for work, Psychic exhaustion, Indolence that is equal to or greater than 2 as an average of each.

**SQT profile 2:** SQT obtaining the average of the 15 items, plus the highest scores on the "guilt" scale.

**The CESQT is assessed according to the following frequency scale:** Never=0 rarely: A few times a year=1 Sometimes: A few times a month=2 frequently: A few times a week=3 very frequently: Every day=4 the items corresponding to each variable are as follows:

Enthusiasm for work (1, 5, 10, 15 and 19)  $\text{Score} \div 5 = \_$  (Evaluate inverted scores) Psychic exhaustion (8, 12, 17 and 18)  $\text{Score} \div 4 = \_$

Indolence (2, 3, 6, 7, 11 and 14)  $\text{Score} \div 6 = \_$

Total of the sum of the 3 scales  $\_ \div 3 = \_ (\geq 2 = \text{SQT Profile 1})$

Guilt (4, 9, 13, 16 and 20)  $\text{Score} \div 5 = \_ (\geq 2 = \text{high score})$

Total of the sum of the scale Guilt plus SQT Level 1)  $\_ \div 2 = (\geq 2 = \text{SQT Profile 2})$

In the development of the process, the instrument was applied in the different IPS, with the constant of the same profiles and positions of each worker (General Physician, Specialist Physician, Nurse Bacteriologists, Laboratory Assistant, and Nursing Assistant (Figure 1). According to the number of instruments applied by gender in the different scenarios, it was 73% female

and 27% male (Figure 2). The age ranges present human talent between 30 and 50 years of age in different professions (Figure 3). The evaluation scenarios of the instrument were Neiva, Girardot, where we can observe among the main values that the enthusiasm for work is highlighted (Figure 4). This graph of values of the instrument continues to show a great value of the enthusiasm for work according to the profession, which has great significance and contributes to the management of situations and moments of truth of these professionals (Figure 5). Values of the CESQT Survey according to the gender of the respondent here the enthusiasm for work is observed as a primary factor in both the female and male gender, a factor that interferes in the minimization of actions or activities that tend to generate some type of work stress (Figure 6). According to the age category of the respondent, it is evident that there is no age range that defines the enthusiasm for work because the different age scales show a positive value for this item (Figure 7). A Kolmogorov-Smirnoff normality analysis was performed (survey data is greater than 50) to observe the distribution of the data and infer further analysis, finding a normal distribution of the data collected by the surveys, which Allows for parametric analysis. The first analysis corresponded to an analysis of variance or ANOVA that aims to find significant differences between the socio-demographic variables and the survey variables. In the ANOVA we take as the null hypothesis that there are no significant differences between the variables, so significance values less than 0.05 represent cases where it is necessary to reject the null hypothesis and therefore significant differences are observed between the variables in different factors. Such is the case that according to the place, significant differences are observed in variables such as enthusiasm for work, mental exhaustion and indolence. On the other hand, according to the medical profession, significant differences are observed in mental exhaustion and indolence. And in the case of age, differences are observed in terms of Guilt levels.

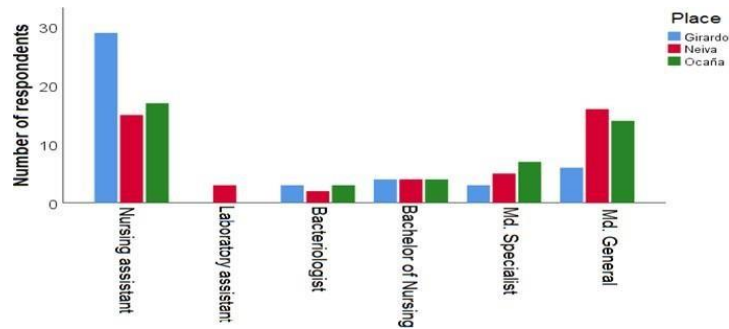


Figure 1: Number of people surveyed according to profession in the different IPS

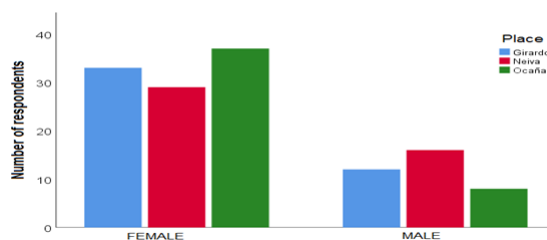


Figure 2: Number of people surveyed according to their gender

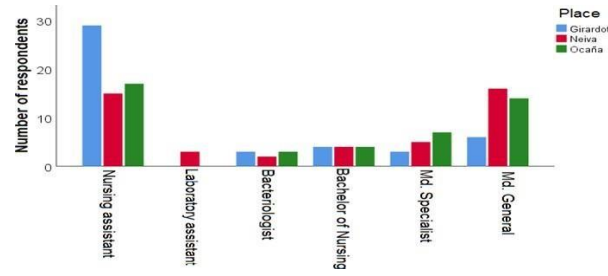


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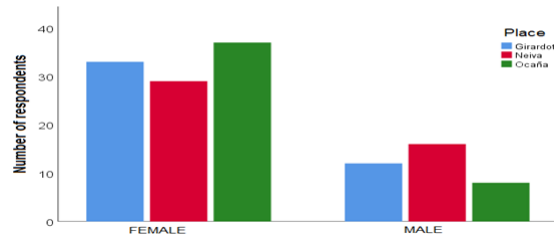


Figure 2: Number of people surveyed according to their gender

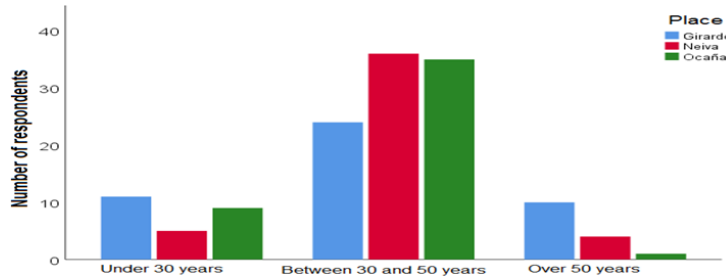


Figure 3: Number of people surveyed according to their age category

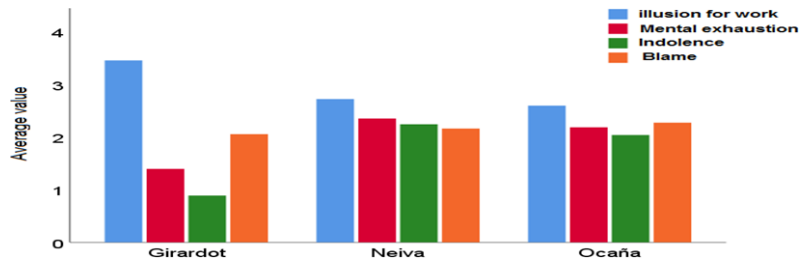


Figure 4: Values of the CESQT Survey according to place

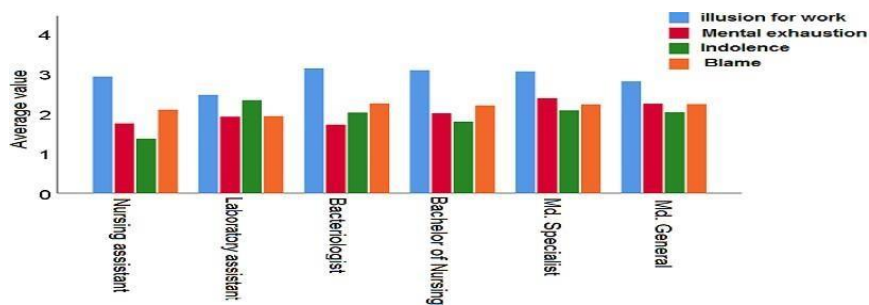


Figure 5: Values of the CESQT Survey according to profession

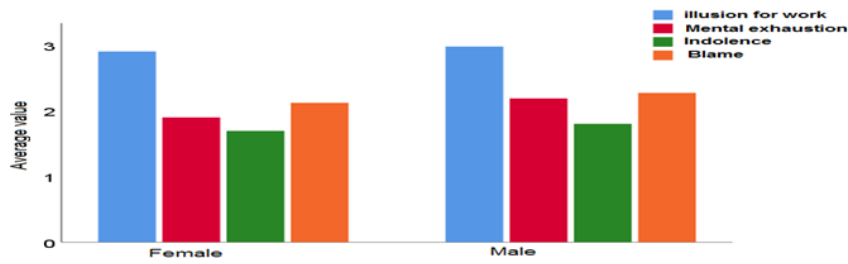


Figure 6: Values of the CESQT Survey according to the gender of the respondent

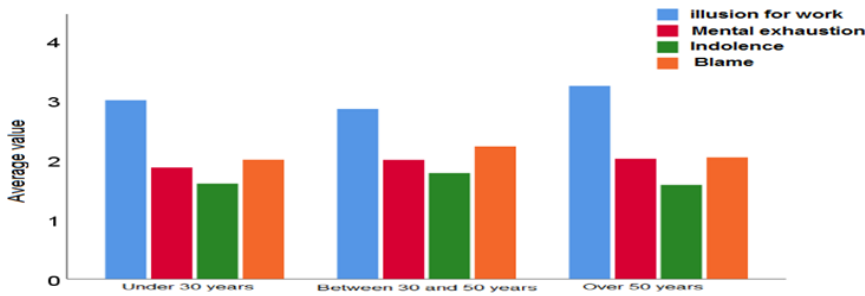


Figure 7: According to the age category of the respondent, it is evident that there is no age range that defines the enthusiasm for work because the different age scales show a positive value for this item

**Anova**

Once the ANOVA has been carried out, which allows us to observe these significant differences, we continue with a Pearson correlation, which not only allows us to see if there are changes between the variables, but also allows us to see if there is any type of correlation between the variables, I understand that if there is an increase in one of the variables, there should be an increase or decrease in another correlated variable and if these correlations are significant, with a value less than 0.05. Such is the case that as the number of women increases, there is an increase in the number of health professionals. The same can be said that as the number of medical professionals with more advanced degrees of study increases, their mental exhaustion and indolence increase. On the other hand, there is a negative correlation between the illusion of work and mental exhaustion or indolence; I understand that if one variable increases the other decreases. Finally, mental exhaustion, indolence, and guilt are all positively correlated, finding that if any of the variables increases, the others do as well (Table 1).

Table 1: ANOVA.

| Factor      | Dependent Variable | F value | Significance (p<0,05) |
|-------------|--------------------|---------|-----------------------|
| Place       | Illusion for work  | 38,504  | 0,001                 |
|             | Psychic Drain      | 28,248  | 0,001                 |
|             | Indolence          | 85,096  | 0,001                 |
|             | Blame              | 2,691   | 0,072                 |
| Profes-sion | Illusion for work  | 1,028   | 0,404                 |
|             | Psychic Drain      | 3,236   | 0,009                 |
|             | Indolence          | 5,479   | 0,001                 |
|             | Blame              | 0,736   | 0,598                 |

|        |                   |       |       |
|--------|-------------------|-------|-------|
| Gender | Illusion for work | 0,375 | 0,541 |
|        | Psychic Drain     | 3,844 | 0,520 |
|        | Indolence         | 0,478 | 0,490 |
|        | Blame             | 3,006 | 0,085 |
| Age    | Illusion for work | 2,787 | 0,065 |
|        | Psychic Drain     | 0,296 | 0,744 |
|        | Indolence         | 0,766 | 0,467 |
|        | Blame             | 3,134 | 0,047 |

**Pearson Correlation**

The prevalence of burnout syndrome in human care talent of medium and high complexity health service provider institutions in the municipalities of Neiva Huila Girardot Cundinamarca and Ocaña Norte de Santander, the selected institutions, is established as low, according to the number of people surveyed according to profession, gender, age, place, and in the areas or services of external consultation, emergency, appointments, specialized medicine.

On the other hand, the objective of this study was to determine the levels of exhaustion experienced by health workers, with the aim of identifying the various sources of exhaustion and coping mechanisms developed by health workers. The evaluation was carried out between the institutions and the different groups of health workers (nurses, doctors, pharmacists, laboratory scientists and radiology technologists). As in most occupations, healthcare workers also experience some form of tiredness or burnout. However, people's lingering frustrations at work could turn burnout into exhaustion.

Likewise, it is shown that although there is some type of psychic

exhaustion related to managing people, but the enthusiasm for work predominates, this exhaustion is not evident with rotating day or night work shifts, which in sometimes it is well seen due to salary increases due to night holidays, etc.

With respect to each of the institutions and scenarios of application of the instrument in the municipality of NEIVA Vital salud presents a notable drop in the enthusiasm for work followed by mental exhaustion and indolence, interfering here its population that is about 1,200,000 inhabitants. Girardot Clínica de Especialistas, presents greater enthusiasm for work and less mental exhaustion and indolence, this institution has a climate and work environment that contributes significantly to avoiding

recurring or continuous activities that tend to generate work stress and burnout syndrome, it is of clarify that Girardot is a city with about 640,000 inhabitants that does not have markets or industry that demands large-volume activities regarding the process of providing health services.

Regarding each of the institutions and scenarios of application of the instrument in the municipality of Ocaña, the Emiro Quintero Cañizares Hospital reflects a notable drop in the enthusiasm for work followed by psychological exhaustion and guilt, the population of Ocaña is approximately 120,000 inhabitants (Table 2).

**Table 2:** Pearson Correlation.

|                   |                        | Place  | Profession | Gender | Age   | Illusion for work | Psychic Drain | Indolence |
|-------------------|------------------------|--------|------------|--------|-------|-------------------|---------------|-----------|
| Profession        | Correlación de Pearson | -0,013 |            |        |       |                   |               |           |
|                   | Significancia (p<0,05) | 0,885  |            |        |       |                   |               |           |
| Gender            | Correlación de Pearson | 0,164  | 0,395      |        |       |                   |               |           |
|                   | Significancia (p<0,05) | 0,057  | 0,001      |        |       |                   |               |           |
| Age               | Correlación de Pearson | -0,118 | -0,064     | -0,145 |       |                   |               |           |
|                   | Significancia (p<0,05) | 0,174  | 0,460      | 0,093  |       |                   |               |           |
| Illusion for work | Correlación de Pearson | -0,081 | -0,031     | -0,053 | 0,062 |                   |               |           |
|                   | Significancia (p<0,05) | 0,347  | 0,721      | 0,541  | 0,473 |                   |               |           |
| Psychic Drain     | Correlación de Pearson | -0,089 | 0,309      | -0,168 | 0,059 | -0,323            |               |           |
|                   | Significancia (p<0,05) | 0,303  | 0,001      | 0,052  | 0,498 | 0,001             |               |           |
| Indolence         | Correlación de Pearson | -0,105 | 0,371      | -0,060 | 0,015 | -0,467            | 0,668         |           |
|                   | Significancia (p<0,05) | 0,226  | 0,001      | 0,490  | 0,859 | 0,001             | 0,001         |           |
| Blame             | Correlación de Pearson | 0,101  | 0,144      | -0,149 | 0,068 | -0,075            | 0,253         | 0,266     |
|                   | Significancia (p<0,05) | 0,244  | 0,096      | 0,085  | 0,435 | 0,386             | 0,003         | 0,002     |

## CONCLUSION

Although the current study reported burnout among health professionals in these study regions, there was an association between burnout and socio-demographic qualities. The main sources of exhaustion on the part of the collaborators were administrative work, confrontation with suffering and pressure due to time. Based on their findings, it is recommended that measures be established in health institutions to assess burnout and burnout levels to ensure that people in such situations receive adequate care and support. Finally, the duties and responsibilities assigned to care workers and older workers should be reviewed periodically.

## CONFLICT OF INTEREST

The authors declare an absence of financial or other conflict of interest.

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## AUTHORSHIP

The authors declare that all have contributed substantially to

the design of the study, data collection and analysis, and writing of the manuscript in order to warrant authorship. All authors have seen and approve of the submitted version of the manuscript.

## ETHICAL CONCERNS

The conduct of the study was approved by the Medical Center's Internal Review Board (Helsinki Committee).

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