

THE BURNOUT PHENOMENON AMONG GERIATRIC NURSES

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Abstract. The phenomenon of burnout is the result of emotional and physical long or repeated load, in which installation person recognizes with pain that he can not help clients because it has inefficient work. When a person is affected by burnout he realizes he has a problem but is too tired to manage it any further. And to be able to solve in an efficient manner; disappear important life goals and everyday worries become more burdensome both in private life and professional life. If the person is helped in this phase of burnout, it is likely to lose work because meanwhile he becomes increasingly ineffective. The exhausted people shows no genuine interest in customers and especially for employers. It stated that burnout can occur in any profession, but it is frequently in support professions. Sometimes may occur these symptoms: difficulty concentration, sleep disturbances, gastrointestinal disturbances, irritability. Methodology. The specific objective of this paper is to identify the degree of burnout of nurses in the geriatric field. The second objective is to identify the dimensions of work affected due to burnout. Methods: History, Evaluation of burnout Maslach Questionnaire, COPE Questionnaire. Subjects: For these research it's been used 23 nurses employed at I.N.G.G. Ana Aslan, central office and Otopeni. **Key-Words:** burnout, geriatrics, efficiency.

Rezumat. Fenomenul de burnout este rezultatul încărcărilor emotionale și fizice îndelungate sau repetate, la instalarea caruia persoana recunoaște, cu durere, că nu și mai poate ajuta clienții deoarece nu mai are eficiența în munca sa. Când persoana este afectată de burnout constientizează că are o problemă, dar este prea obosită pentru a o mai gestiona. Și pentru a putea să o rezolve într-un mod eficient dispar scopurile importante din viață, iar grijile de zi cu zi devin tot mai apăsătoare atât în viața privată cât și în cea profesională. Dacă persoana nu este ajutată în această fază de burnout, ea risca să și piardă locul de muncă pentru că în timp devine tot mai ineficientă. Persoanele epuizate nu mai prezintă interes autentic pentru clienți și mai ales pentru angajatori. S-a afirmat că burnout-ul poate apărea în orice profesie, dar că el este mai frecvent în profesiile de sprijin. Ne putem da seama că există un fenomen de burnout când apar următoarele simptome: dificultăți de concentrare, tulburări ale somnului, tulburări gastrointestinale și iritabilitate. **Metodologie:** Obiectivul specific al acestei lucrări îl constituie identificarea gradului de burnout al asistentelor medicale din domeniul geriatric. Al doilea obiectiv îl constituie identificarea dimensiunilor afectate datorită epuizării profesionale. **Metode:** Anamneza, Chestionarul de evaluare a burnout-ului Maslach, Chestionarul COPE. **Subiecți:** Chestionarele au fost aplicate pe un număr de 23 de asistente angajate în cadrul I.N.G.G. Ana Aslan, sediile central și Otopeni. Rezultatele cercetării aduc concluzii edificatoare privind epuizarea profesională în domeniu. **Cuvinte-cheie:** burnout, geriatrie, eficiența.

INTRODUCTION

The burnout phenomenon is the result of long load and repeated installation of emotional and physical tension, which makes the person realize that he can't do his work effective anymore. When the person is affected by the burnout phenomenon, he realizes that he has a problem, but is too tired to manage it any further and to be able to solve it in an effective manner, important life goals disappear and worries become more demanding, both in private and professional life. If the person isn't helped

in this phase, it is likely to lose his work place because he becomes ineffective. Exhausted people show no genuine interest in customers and especially for employers. It is stated that burnout can occur in any profession, but is frequently present in the support professions.

In 1970, clinical psychologist Herbert Freudenberger, used for the first time the term « burnout ». Psychologist Christina Maslach and Susan E. Jackson, designed the most valid tool for assessing burnout, Maslach Burnout Inventory 1981.

In 1980, Goldberg and Huxley, showed that fatigue and irritability are usually accompanied by anxiety and mild depression. In the studies made by Goldberg and Huxley, 88 patients accused minor emotional disorders, such as anxiety and worry, discouragement, sadness, fatigue, somatic symptoms, sleep disorders, irritability, excessive concern for the body functions, phobias, and depersonalization.

In 1980, Freudenberg and Richelson associated burnout with « chronic fatigue ». Many authors suppressed « chronic » particle from the burnout definition, showing that it is simply fatigue. For Cary Cherniss (1980), burnout is characterized by emotional exhaustion, overwork occurring as a result of the imbalance between job requirements and available resources of the subjects.

For Pines, Aronson and Kafry (1981) burnout is a state of physical fatigue, emotional and intellectual, while for Shirom (1989) it is just « physical fatigue » (Zlate, 2007). Fatigue, regardless of its nature, is only a part of burnout. Hobfoll and Shirom, defined in 1993, chronic fatigue syndrome, as a long-term physical exhaustion, the lethargy and impaired activity and efficiency in draining the body of its energy resources as a result of the imbalance between environmental demands and the person capacity to face these demands (Zlate, 2007). All these characteristics are present or preceding burnout, but aren't intrinsic with burnout. Burnout refers to the fatigue resulting from dealing with people problems, while chronic fatigue can be determined by the overload work. While the burnout fatigue gets worse as time goes on, in chronic fatigue it may disappear after a period of rest.

Freudenberg and Richelson (1980) showed the burnout is not only fatigue, but also a state of depression which leads to a lower engagement in work and labor unfulfilled (Zlate 2007). There are authors who believe that burnout is another term used in place of depression and anxiety.

Depression is characterized by feeling of guilt, concentrate difficulties, loss of appetite, lethargy with consequences for interpersonal and social functioning.

Physical and mental health of employees is one of the most important resources that organizations can rely on. Unfortunately, stress affects the health of the organization members, which is consequential ultimately on organizational efficiency.

Medical researchers have shown that stress (distress) is involved in 50-70% of the physical illness forms. It appears as the source and the cause of the predisposition of heart disease, diabetes. Stress affects the mental health of the employee, leading to « psychological shock », « state of crisis », « posttraumatic stress », mental disturbance.

Stress versus Burnout

It has been said that burnout is „a particular form of stress, a severe manifestation of stress” (Zlate, 2007, p.603). Between these two notions doesn't exist a full or partial overlap relation, which means that each of these phenomena has its own features, specific and common elements.

The differences between these two are:

- stress has a greater extension, being met both in the professional sphere and in the private life, while burnout is specific to the professional sphere;
- stress is the result of episodic tension while burnout of a long term tension;
- stress is psychologized, burnout is more objective, contains social objects. In stress, doesn't matter the stressful stimulus but its perception by the person. In burnout, the characteristics and constraints of professional life pass foreground;
- stress exist independently of burnout. Well managed stress can overcome while incorrectly or poorly managed stress can convert into burnout. This is why some authors say burnout is the result of unsuccessful stress transition.

METHODOLOGY

Experimental research objectives

A first objective of this research is to identify the degree of burnout among geriatric nursing.

The second objective is to identify the affected dimensions which lead to professional exhaustion.

Experimental research hypotheses

- i. The degree of burnout is lower for nurses with higher experience in the field.
- ii. The degree of burnout is influenced by family stress.

iii. Nurses with a positive thinking are more resilient when it comes to the burnout phenomena.

The subjects lots presentation

This research was made on a lot of 23 subjects, aged between 23-57 years, the average age being 39,47.

Questionnaires were applied on nurses employed at National Institute of Geriatrics and Gerontology Ana Aslan, central headquarters and Otopeni.

Fig. 1. Lot of subjects

Nr.crt.	Age	General notions		Gender	Degree	Seniority
		Marital status	Children			
1	35	Not married	0	W	advanced studies	10
2	35	Not married	0	W	advanced studies	12
3	49	Married	2	W	medium education	1
4	52	Married	1	W	medium education	30
5	46	Married	2	W	medium education	28
6	52	Married	1	W	medium education	34
7	29	Married	0	W	medium education	7
8	44	Married	2	W	medium education	25
9	45	Married	0	W	advanced studies	25
10	30	Not married	0	W	medium education	7
11	34	Married	2	W	medium education	2
12	39	Married	1	W	medium education	18
13	47	Married	0	W	medium education	29
14	29	Married	1	W	medium education	8
15	57	Married	1	W	medium education	38
16	24	Not married	0	W	medium education	1
17	23	Not married	0	M	medium education	0,5
18	45	Married	1	W	medium education	13
19	36	Not married	1	W	advanced studies	10
20	29	Married	0	W	advanced studies	10
21	45	Not married	2	W	medium education	14
22	38	Married	1	W	medium education	10
23	45	Married	2	W	advanced studies	20

Methods and tools used to investigate and characterization of the research lot

Dictionary of Philosophy (Chelcea.2001), defines „method” as „the most active theoretical aspect of science, that marks out the path of acquiring new knowledge”.

The instruments used were the Maslach Burnout Assesment Questionnaire and Cope Questionnaire.

Cope Questionnaire integrates the stress model developed by Lazarus (1984), but the authors consider these forms of coping questionnaire in two types (focused on the

problem and focused on emotion) too simple. The answers are on a scale from 1-4 (1- I don't do this usually, 2 – I rarely do this, 3 – sometimes, 4- often). The items were designed so that this tool can provide the examination of the provision of coping and coping responses related to a specific situation. The coefficient of internal consistency of the scale is between .92 and .62, and the test-retest fidelity between .83 and .48 (Carver and co., 1989).

Maslach Burnout Questionnaire assesses three dimensions of burnout: emotional exhaustion, depersonalization and reduced

personal accomplishment. We used the 5 phase Likert scale, as follows: 1 – very rare, 2 – rarely, 3 – sometimes, 4 – frequently, 5 – very often. High scores on exhaustion and depersonalization subscales lead to a high level of burnout.

Operational criteria for selecting subjects:

- Compliance and assessment cooperation.

Operational criteria for excluding subjects:

- Refusal to cooperate and complete the questionnaires.

The results from de questionnaires, were entered into a data base performed using Microsoft Excel 2003.

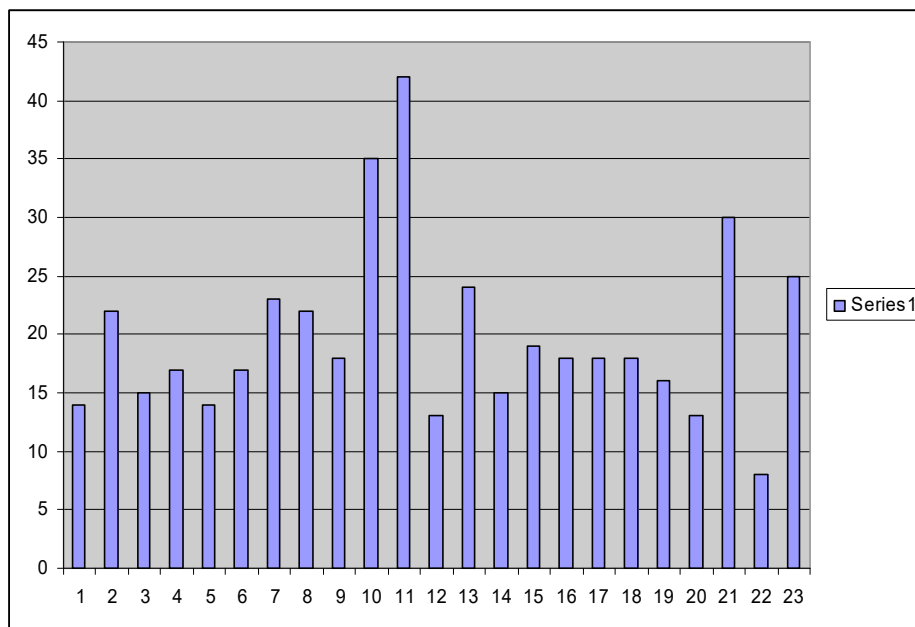
Analysis, processing and interpretation of data

Fig. 2. Average age

Lot of subjects			
Average age	Min	Max	SD
39,47	23	57	10,09

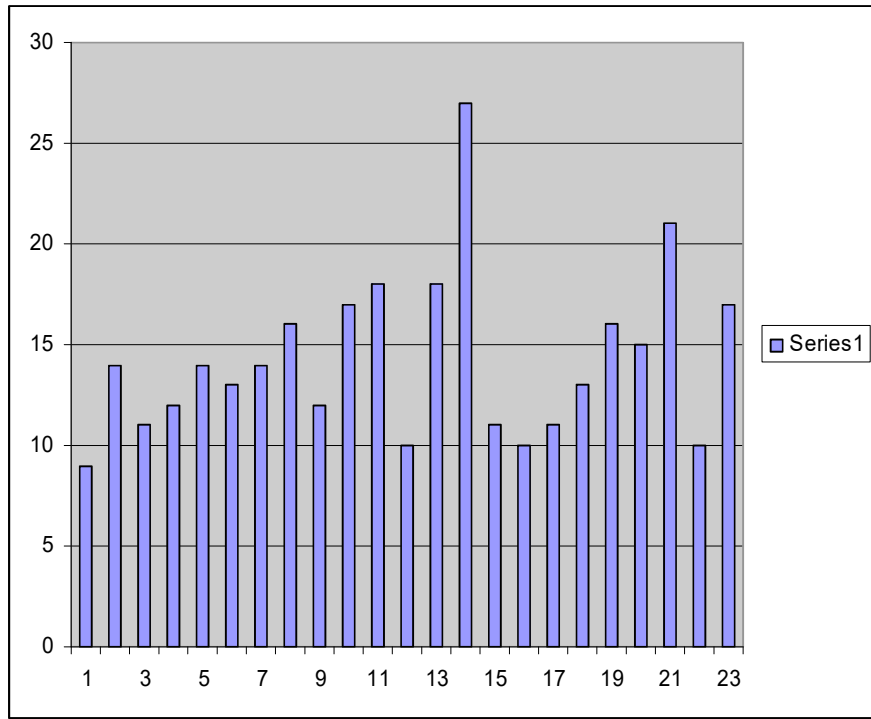
Maslach Questionnaire:

Fig. 3. Emotional exhaustion



Low = 8 High = 42

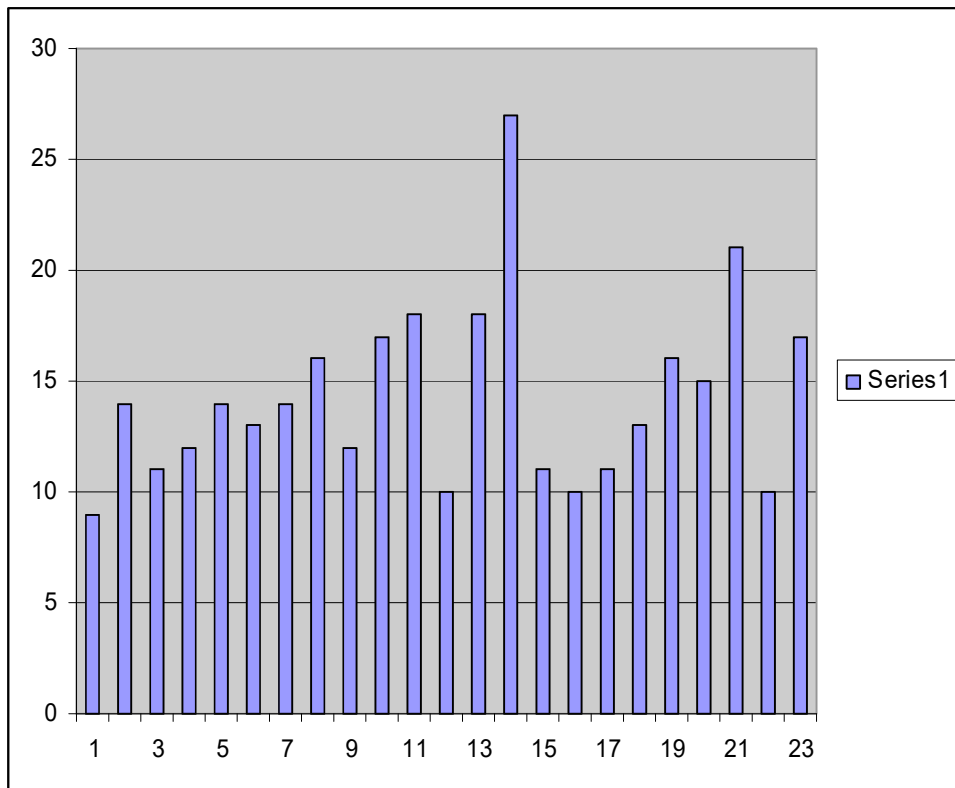
Fig.4. Depersonalization



Low= 9

High= 27

Fig.5. Reduced personal accomplishment



Low= 4 High= 12

Fig. 6. Average scores of Maslach Questionnaire

Scoruri Maslach			
Medium score	Minimum score	Maximum score	SD
65,26	47	96	14,02

COPE Questionnaire:

Fig. 7. Dimensions of COPE Questionnaire

COPE		
Dimension	Minimum score	Maximum score
Active coping	8	16
Planification	12	20
Removal activities	5	12
Reducing the action	6	20
Searching social-instrumental support	1	16
Searching social- emotional support	6	16
Positive reinterpretation	11	16
Acceptation	8	16
Denial	3	16
Emotional discharge	5	16
Religion orientation	4	16
Mental passivity	5	16
Behavioral passivity	3	10
Resorting la alcohol-drugs	1	2

Psychological analysis

It should be noted that number of women in this field is higher than the number of men, which could have several explanations: women are more empathic and in the same time more resilient than men are. After questioning the subjects, we observed that experience in this field plays an important role. If the experience is higher, they face stress more easily.

Also married nurses, with children tend to face with burnout phenomena more easily.

CONCLUSIONS

By using the questionnaires on the subjects, our hypotheses were confirmed as follow:

i. The degree of burnout is smaller for the nurses with high experience in the field, hypothesis confirmed by the low scores obtained.

ii. The degree of burnout is determined by family stress, confirmed by the high scores.

iii. The third hypothesis, workers with positive thinking, are more resilient with the burnout phenomena, is also confirmed by the low scores obtained.

RECOMMENDATIONS AND PROPOSALS

As a result of this research, we observed, that married nurses, with children are more exposed to burnout phenomena and also the experience in this field plays an important role in facing stress and profesional activity. Our recommendation is to pay more attention on their own person in order to avoid emotional charge during the working program..

As the lot of subjects included in this research was small, we leave room for more research on this topic.

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