



New Trends
in Psychology

Burnout

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Abstract: Burnout syndrome is the result of chronic stress or improperly managed stress, being characterized by the onset of exhaustion and decreased performance. Some people may be at increased risk of suffering from this syndrome due to genetic predispositions or difficult moments in life (trauma, divorce, death). The stages a person goes through until he reaches exhaustion are: the strong need for affirmation, neglect of personal needs, the emergence of conflict situations either at home or at the office, denial of problems, isolation from family and social group, change in behavior, self-devaluation, feeling of inner emptiness, depressive states, physical and emotional collapse. Lack of boundaries between work and free time (private life). Our culture makes it difficult to separate work from everything else. However, it is the inability to disconnect that causes daily stressors to combine and become exhausting. Stress is the result of a temporary tension, while burnout is a continuous, permanent tension. Burnout can be considered the final stage of a break in adaptation, which results from a long-term imbalance between demands and resources, thus from a prolonged professional stress. The prevention and treatment of burnout syndrome are done using special employee assistance programs, stress management trainings and specific interventions that address the specific situations of each individual case.

Keywords: burnout; stress; depression; environmental exhaustion; work; chronic fatigue

1. Introduction

The burnout syndrome is the result of chronic stress or poorly managed stress, characterized by exhaustion and decreased performance. Daily personal and

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professional demands, time pressure and high expectations (from oneself or others), together with stressful situations, are conducive to the development of Burnout Syndrome.

Burnout is officially recognised by the World Health Organisation as an occupational syndrome associated with increased risk of hypertension, atrial flutter, other cardiovascular diseases, depression and suicide.

1.1. Classification

- Individual burnout refers to physical and mental exhaustion caused by neuroses and exacerbated self-drive to perfectionism;
- Interpersonal burnout occurs as a result of difficult professional or family relationships;
- Organizational burnout occurs in the presence of a lack of coordination of activities in relation to time, and is more frequently encountered in professional settings.

1.2. Causes

- Individuals may be at increased risk of suffering from this syndrome due to genetic predispositions or difficult moments in life (trauma, divorce, death) Personality traits such as pessimism, perfectionism, emotional lability, poor ability to adapt to stressful situations, need to be in control, competitiveness also has a negative contribution.

- When talking about the work environment, the main factors associated with burnout are: excessive time pressure, lack of communication and support from a manager, lack of role clarity, lack of autonomy, high workload, lack of appreciation for work done, unfair treatment such as bullying or favouring other colleagues. Lack of effective communication at work, setting unrealistic deadlines, difficult work tasks, multitasking, not being given credit and working overtime are all factors that contribute to burnout both at work and at home.

- There are also lifestyle-related causes such as insufficient free time, lack of necessary rest and sleep, lack of time set aside for family, sport and relaxation, unhealthy diet.

- Burnout has been significantly associated with increased consumption of fast food, reduced physical activity, increased alcohol consumption and frequent use of painkillers.

- Some personality traits can predispose you to burnout, such as: you have perfectionistic tendencies; you are overly demanding of yourself or pessimistic; you need to be in control; you are overly ambitious; and you don't trust sharing responsibilities with others or delegating some of them to someone else.

-The stages a person goes through before reaching burnout are: strong need for affirmation, neglect of personal needs, conflict situations either at home or in the office, denial of problems, isolation from family and social group, change of behaviour, self-devaluation, feeling of inner emptiness, depressive states, physical and emotional collapse. It has been found that the hostile environment is not always the factor that directly causes burnout, but must also be directly associated with the individual's inability to cope with new conditions in the workplace. Neuroticism, extraversion and conscientiousness are personality traits that provide predictability for at least two of the dimensions of Burnout Syndrome.

Signs of emotional exhaustion: feeling of inner emptiness, depression, frustration, decreased tolerance, mood swings, lack of perspective.

Signs of mental exhaustion: pessimism, increased conflict with others, distrust, suspicion, irresponsible and insecure behaviour, lack of self-confidence.

Signs of physical exhaustion: Chronic fatigue, lack of appetite, frequent migraines, low immunity, insomnia.

Behavioural changes: procrastination, frequent lateness at work, impulsivity, isolation from others, excessive use of alcohol, tobacco, banned substances, lack of enthusiasm, concentration problems, inability to work, inability to organise time effectively, lack of motivation at work, avoidance of responsibility, ranting and unhealthy expression of frustrations; failure to keep to work schedule.

1.3. Causes of Burnout Associated with the Workplace

- Unclear responsibilities and expectations from manager. Only 60% of employees say they are clear about what is expected of them each day.

- Unreasonable time pressures. Some studies show that workers who spend 80% of their working time in meetings, on the phone or answering emails have trouble completing their assigned tasks and projects. An unrealistic deadline that will not be met will create tension and overload for both the employee and the company team.
- Workloads that are difficult to manage. A busy task list causes subordinates to be overworked and overwhelmed by the workload, to burn out and make repeated mistakes.
- Time management deficiencies. Multitasking and context switching can consume 20-80% of daily productivity.
- Lack of communication and support from managers According to a 2018 Gallup report, workers who feel strongly supported by their managers are 70% less likely to suffer from burnout. On the other hand, an indecisive, neglectful or aggressive manager can make employees feel disconnected, frustrated and cynical.
- Rude and uncaring managers or leaders can lead to increased cynicism and pessimism about the workplace.
- Unfair treatment, such as not recognizing merit and effort or rewarding and promoting people without real contribution, can cause employee disengagement and apathy.
- Excessive collaboration. Collaboration is a necessary part of every work environment but when work seems out of the employee's control, the pressure can lead to burnout.
- Loss of boundaries between work and free time (private life). Our culture makes it difficult to separate work from everything else. However, it is the inability to disconnect that causes daily stressors to combine and become exhausting.

1.4. The Difference between Burnout and Stress:

Stress is the result of transient tension, whereas burnout is the result of ongoing, permanent tension. Burnout can be seen as the final stage of a breakdown in adaptation, resulting from a long-term imbalance between demands and resources, and therefore from prolonged professional stress.

Stress exists independently of burnout, whereas burnout is indispensably linked to stress. Well-managed stress can be overcome. Incorrectly or poorly managed stress, on the other hand, turns into burnout.

Burnout contains several objective, social aspects. In burnout, the real characteristics and constraints of working life come to the fore. Burnout occurs when the individual can no longer cope with the constraints of work.

1.5. Depression Versus Burnout

There are several illnesses that have similar traits to burnout syndrome, one of which is depression. Both burnout syndrome and depression include excessive fatigue, marked sadness and poor performance at work. However, some characteristics of Burnout Syndrome are specific. Firstly, the disease occurs, in most cases, against a background of problems at work. In the case of depression, negative thoughts are linked to all aspects of life.

Other symptoms of depression include low self-esteem, a sense of worthlessness in life and suicidal tendencies. These are not typical symptoms of burnout syndrome. So, people suffering from burnout do not always have depression. However, burnout syndrome increases the chances of becoming depressed.

2. Burnout Treatment

Prevention and treatment of Burnout Syndrome is done using special employee assistance programmes, stress management training and targeted interventions that address the specific situations of each individual case. Successful preventive measures for Burnout Syndrome are:

- Setting limits and realistic goals, avoiding overwork at home and professional stress.
- Prioritising important activities
- Allocating sufficient time for rest and relaxing activities on a regular basis
- Adopting a healthy diet
- Engaging in a specific therapeutic process. Very important in the treatment of Burnout Syndrome is cognitive behavioural therapy which reduces the symptoms of

patients by changing the way of thinking and approaching situations in the presence of chronic stressors.

- It is important that when you are experiencing Burnout Syndrome you seek support from those around you (colleagues, friends, family), pay more attention to relaxing activities, get more exercise and make sure you get adequate rest (an organised sleep schedule and enough hours for rest). If these changes in your lifestyle do not help, it is also important to seek the support of a psychiatrist or psychologist with confidence.

- When we talk about burnout medication and burnout supplements first of all we have in mind vitamin B complex, minerals like Magnesium, Iron, Zinc. In case of physical burnout, we also think of amino acids and other substances such as Arginine, Phosphoserine, Glutamine, Asparagine.

2.1. Benefits

For the company, investing in the mental health of staff has direct and indirect financial benefits through:

- Improving workplace performance
- Decreasing costs due to low productivity
- Decreasing costs due to absenteeism, holiday pay
- Retention of staff and therefore lower costs of recruiting new talent.

3. Objectives:

Although the nursing profession is considered to be beautiful and offers many satisfactions, the other side of the coin must be emphasized, that it is complex, hard, if the important efforts and great responsibilities involved are considered.

Nurses are considered the category of people most exposed to a high level of burnout compared to other professionals in the public health sector (Shahriari, Shamali & Yazdannik, 2014). Moreover, patients report that they are less satisfied with the care they receive from nurses working long shifts. Thus, burnout among nurses leads to a decrease in their satisfaction and can seriously affect the quality of their services and their professional development (Hu, Liu, Zhao et al., 2015).

We propose, as an objective, to identify the psychosocial and organizational factors generating burnout in the public health system. This study also aims to identify both nurses' perceptions of the usefulness of conducting burnout prevention and intervention programs in medical units and their willingness to participate in the study.

3.1. Specific Objectives:

- To analyse the level of burnout from the perspective of the demographic characteristics of nurses: unit where they work, marital status, age, length of service, specialisation
- Analysis of the relationships between burnout manifestations and the normalization of nurses, evaluated in terms of the number of patients usually in care, considering the legal normalization and if the non-observance of this normalization is a situation that is usually encountered in units in the country.
- Analysis of the relationship between burnout and the characteristics of the nurses' work in the studio (insults, work context, overload, willingness to participate in psychological interventions, intention to leave the unit).
- I identify the extent to which the involvement of the unit manager in knowing the identity of nurses who are experiencing problems and who require psychological intervention may be a factor generating stress.

4. Hypotheses

- 1. Is there an age limit to the occurrence of burnout such that we expect younger nurses to exhibit higher levels of burnout than older nurses?*
- 2. Is seniority a differentiating factor in the manifestation of burnout in nurses, so that older employees will show lower levels of burnout?*
- 3. Do nurses working with patients with serious pathologies develop higher levels of burnout than other categories of nurses?*
- 4. Is shift work a factor in burnout, so that nurses working shifts will show significantly higher levels of burnout than nurses not working shifts?*
- 5. Do nurses who exceed the maximum norm show the highest burnout levels?*

6. *Do nurses who show low levels of life satisfaction have high burnout levels?*
7. *Is overloaded workload associated with high burnout levels?*
8. *Are negative perceptions of the work context associated with high burnout levels?*

4.1. Study Participants

The study participants were 1696 nurses working in ICU's. After obtaining informed consent and receiving managers' agreement, questionnaires were distributed.

The following differences were recorded: in units associated with high competence in handling serious, complex cases, nurses show high levels of burnout. Independent sample t-tests showed that there were no differences in the extent of burnout according to marital status. Also, no statistically significant differences were obtained in terms of age. In terms of job tenure, significant differences were found, demonstrating that nurses with longer job tenure experience higher levels of burnout. Nurses with less than 5 years of seniority have an average of 2.22, while nurses with more than 15 years of seniority have an average of 2.36 (Grigorescu et al., 2017).

A higher level of burnout was also found in nurses working with patients with severe, acute or chronic pathology. There were no statistically significant differences in terms of the activity carried out in shifts, only a high level of physical and mental fatigue in nurses working successively from Monday to Sunday.

As regards the extent of burnout according to the type of norm, the analysis of variance showed that employees in whose wards there is a deficit of more than 50% compared to the maximum norm show an increased level of burnout. The ANOVA test with repeated measures was used in this study. The results showed that there are statistically significant overall differences between the three categories of burnout and that it is not so much the work with patients that is exhausting, but the conditions in which this work is carried out.

Of the total of 1696 nurses participating in the study, 492 (29.2%) had high burnout and 646 (38.1%) medium burnout. The nurses show high burnout on the personal burnout and work-related burnout scale. The conclusion is that it is not the patient or the complexity of the pathology to be cared for that determines the occurrence of burnout, but the problems generated by the work environment and the personal ones, which nurses do not manage to get rid of efficiently and in time. Of all respondents,

40.8% considered the intervention of a psychologist necessary, 23.3% considered it rarely necessary and 13.4% never necessary.

5. Conclusions

Nurses working with patients with serious acute or chronic pathologies show high levels of burnout. Nurses with more seniority experience higher levels of burnout, finding it harder to cope with stressful situations in the professional environment.

It is not the patient or the complexity of the pathology to be treated that causes burnout, but the problems generated by the work environment, the personal problems, from which nurses are not able to get away efficiently and on time. Burnout is found in units with the highest competence in dealing with serious and complex cases. Nurses who work shifts show significantly higher levels of burnout than those who do not work shifts.

A high level of burnout is manifested in wards with a deficit of more than 50% compared to the maximum norm, so overload with tasks is one of the most common factors underlying the generation of high levels of professional and personal burnout.

Job seniority, work context, job and life satisfaction, overload with tasks are predictors of Burnout Syndrome; the need for interaction with the psychologist highlights the need to initiate, promote and carry out intervention programs for the development of coping skills.

5.1. Burnout Questionnaire

- Do you tend to put off starting work tasks?
- Have you become more irritable and impatient in your relationships with others?
- Do you feel that you constantly lack the energy needed to carry out your professional tasks?
- Do you have difficulty concentrating?
- Do you lack the satisfaction of professional achievement?
- Do you feel disappointed about your job or your private life?

- Do you turn to food, alcohol and/or other substances to feel better or to get rid of the feeling that you are “not well”?
- Have there been any changes in your sleep habits?
- Are you experiencing unexplained headaches, stomach pains? Digestive disorders or other physical discomfort?

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