

BURNOUT SYNDROME AMONG NURSES OF ELBASAN REGIONAL HOSPITAL "XHAFERR KONGOLI"

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Abstract

Introduction: Burnout syndrome is the result of chronic stress in the workplace, which has not been successfully managed. Burnout is not a medical condition, but an occupational phenomenon (according to WHO) and nurses are one of the populations most predisposed to be affected by this syndrome.

Purpose: The purpose of this study is to evaluate the Burnout syndrome among the nurses of the various services of the Elbasan Regional Hospital "Xhaferr Kongoli" and the connection of its level with the associated factors in order to guide methods for the prevention of this syndrome.

Methods: This cross-sectional study was performed in different wards such as: surgery, emergency, infectious, neurology, palliative etc. during the period January-February 2024. The data analysis was done through the distribution of a questionnaire prepared by us of 20 questions via google forms against a population of n=50 nurses and their statistical interpretation.

Results: According to the study population (80% of nurses are women and 20% are men), 20% of them work in the neurology ward, 20% in surgery, 20% in emergency, 20% in pediatrics, 10% in infectious, 6% in maternity and 4% in palliative health, 82% of nurses appear emotionally overworked; 34% of them with signs of depression; 34% of nurses have symptoms such as dyspnea, weight gain and headache; 14% of them have gastrointestinal problems and 48% of nurses think about leaving work.

Conclusion: The level of burnout among the nurses of the Elbasan Regional Hospital "Xhaferr Kongoli" is at significant levels; age, gender do not have major impacts on Burnout, but work experience has an impact on Burnout. Burnout causes increased risk for various pathologies, mainly gastrointestinal and neurological ones. Physical exercises reduce the level of Burnout.

Keywords: Burnout, nurses, emotional exhaustion, pathology, performance.

1. Introduction

1.1 Identification of the problem: Mental health issues in healthcare workers have become a major threat to healthcare systems. The most widespread mental health problem is burnout syndrome, which affects both nurses and doctors. Based on last year's study at the II International Student Conference Burnout was defined as a prolonged response to chronic emotional and interpersonal stressors, characterized by emotional exhaustion, depersonalization and lack of social achievement. Burnout syndrome occurs in people who work in frequent and intense contact with people. Contributors to the appearance of this syndrome may include moral concerns, emotional and spiritual demands that create the perception of excessive workload and stressful causes related to the physical and psychological. Healthcare institutions represent a very challenging and high-risk work environment for this syndrome.

Symptoms begin to appear when a nurse does not know how to adapt or cope with high levels of stress. Coping mechanisms and job satisfaction have been shown to be related to the incidence of Burnout. There are many differences in job satisfaction between different types

of intensive care units which are related to patient diagnosis and nurse management. Personality has an impact on the development of Burnout; nurses represent a group with increased risk for burnout syndrome, however, there is still no systematic approach to prevention programs, data collection, training on the incidence of burnout or coping strategies. The causes of Burnout are divided into:

1. Work-related causes

Work load.
Extended hours
Community and staff not supportive
The salary is reduced

2. Lifestyle-related causes

Physical and psychological stress
Lack of time dedicated to yourself.
Lack of friendship and positive energy in the surrounding environment
Taking on too many responsibilities.
Sleep disorders
Ego for perfection/ Pessimism

3. Causes related to personality

Lack of control and management of situations
Lack of self-confidence during work
Lack of discipline

1.2 Hypotheses: Hypothesis 1: There is a phenomenon of Burnout among the nurses of Elbasan Regional Hospital "Xhaferr Kongoli"

Hypothesis 2: Sociodemographic factors influence the level of Burnout Syndrome among the nurses of Elbasan Regional Hospital "Xhaferr Kongoli"

Hypothesis 3: Working conditions affect Burnout Syndrome.

Hypothesis 4: Burnout has influenced the occurrence of symptoms and accompanying pathologies.

2. The purpose of the study

The purpose of this study is to evaluate the burnout syndrome among the nurses of the various services of the Regional Hospital of Elbasan "Xhaferr Kongoli", the stage of its development, the favorable factors in order to derive some recommendations and take preventive measures.

2.1 Objectives:

- Assessment of burnout syndrome among nurses of Elbasan Regional Hospital "Xhaferr Kongoli"
- Assessment of the relationship between Burnout Syndrome and socio-demographic factors
- To analyze the impact of Burnout Syndrome in physical and psychological terms.
- Identification of management and prevention methods of Burnout Syndrome.

3. Methodology

3.1 Type of study, period of time and population: This is a cross-sectional study in the period January-February 2024. The data analysis was done through the distribution of a questionnaire against a population of n=50 nurses in different departments such as: surgery, emergency, pediatrics, neurology, palliative infectious health, maternity, etc., to whom the purpose of the study and the anonymity of participation were explained.

The questions were explained in advance to the participants. The questionnaire was distributed electronically without affecting their work schedule. The person's anonymity, privacy and comfort in completing it were preserved.

3.2 Tools: In this study, a specific questionnaire was created through google forms based on the basic data for the study of Burnout Syndrome in nurses, in support of the review of the literature worked on at the Second Student Conference of 2023. The questionnaire is built in four sections:

The first section there are questions on socio-demographic data: gender, age, educational level, pavilion where you work, experience at work, performing physical exercises and alcohol consumption.

The second section which is based on emotional exhaustion with 5 questions analyzing emotional load, optimism, motivation to work, etc.

The third section analyzing depression, which has 4 questions to distinguish between personality disorders and the return of a person insensitive to patients (cynicism).

The fourth section which is based on the collection of data regarding the appearance of accompanying symptoms or pathologies after the start of work. Answers are provided in the form of a subscale such as (every day, usually, often, sometimes or never) analyzing the dimensions of the Burnout level. The higher the score on the dimension, the higher the level of Burnout.

The variables in the study consist of:

Independent variables: gender, age group, pavilion where you work, experience, education, physical activity, alcohol consumption. These are all qualitative variables.

Dependent variables: emotional exhaustion, depersonalization and dissatisfaction with personal achievements. These are qualitative variables, but being converted into points they turn into quantitative variables for further study.

4. Results of the study

After distributing the questionnaire and processing the data, the following results were obtained:

4.1 Socio-demographic indicators: In the first section of the questionnaire, the nurses filled in the sociodemographic data (gender with 2 levels, age group with 5 levels, work pavilion with 7 levels, work experience with 4 levels, educational level with 3 levels, physical exercise with 5 levels and 2-level alcohol consumption).

4.1.1 Gender: Most of the nurses included in the study are women, 80% (n=40) and 20% (n=10) men. (Fig. 1)

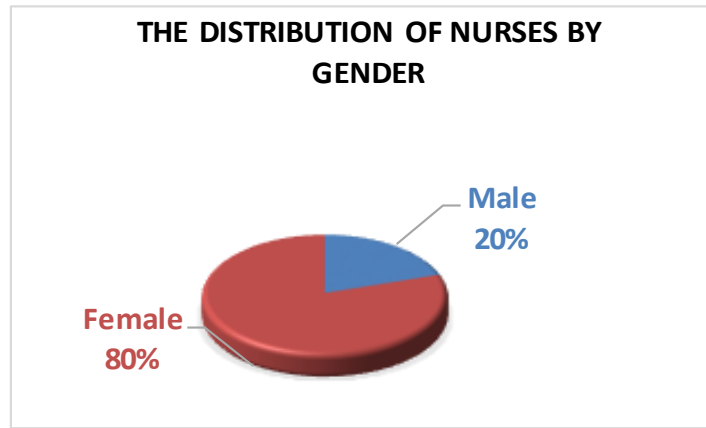


Figure 1

4.1.2. *Age group:* According to the age group, it can be seen that the majority (46%) belong to the age group of 30-39 years, 32% of the age group under 29 years, 14% of the age group of 50-59 years, 6% of the age group of 40-49 years and 2% of the age group of over 59 years old (Fig. 2)

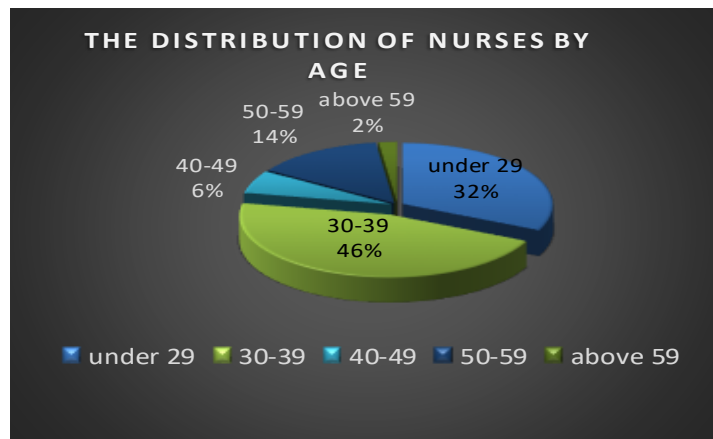


Figure 2

4.1.3 *Departments:* According to the work ward, we have this distribution: 20% in each of the wards such as emergency, neurology, surgery and peditrics, 10% in infectious, 6% in maternity and 4% in palliative care. (Fig. 3)

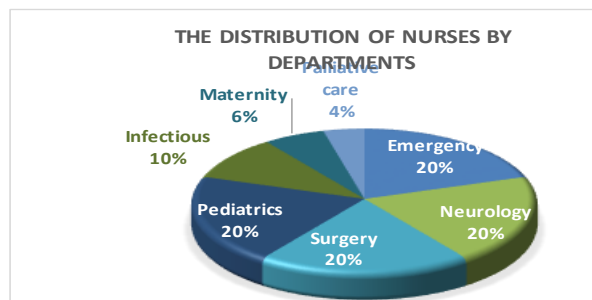


Figure 3

4.1.4 *Educational level:* In this graph it can be seen that 60% of the nurses have completed "Scientific Master in Nursing", 24% Bachelor and 16% Professional Master. (Fig. 4)

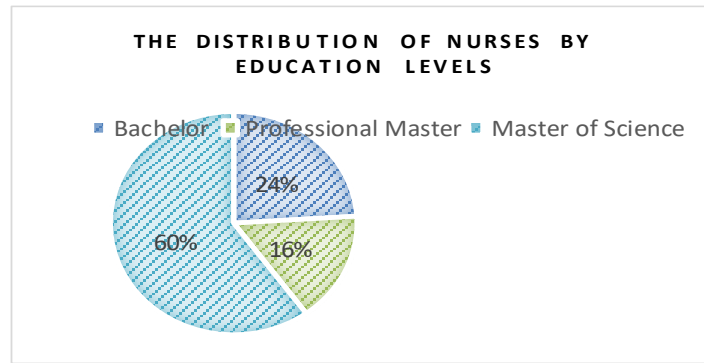


Figure 4

4.1.5 Work experience: The study shows that 56% of the nurses surveyed have an experience of 5-10 years, 18% 11-20 years, 16% under 5 years and 10% over 20 years. (Fig. 5)

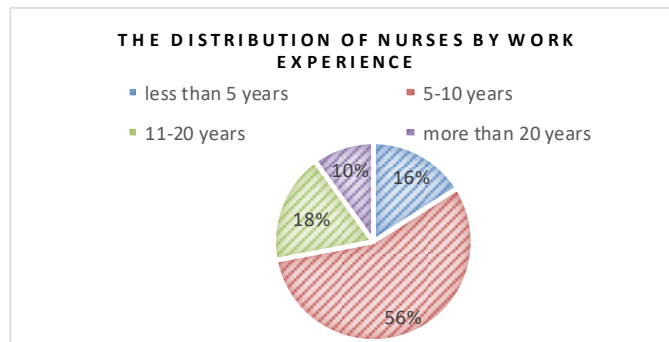


Figure 5

4.1.6 Consumption of alcohol/tobacco: 96% of nurses declare that they have not had increased consumption of alcohol or tobacco. (Fig. 6)

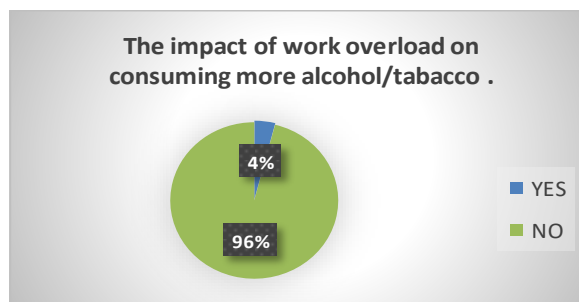


Figure 6

4.1.7 Physical activity: About 32% of nurses perform physical activity every day, 24% several times a week and 4% never. (Fig. 7)

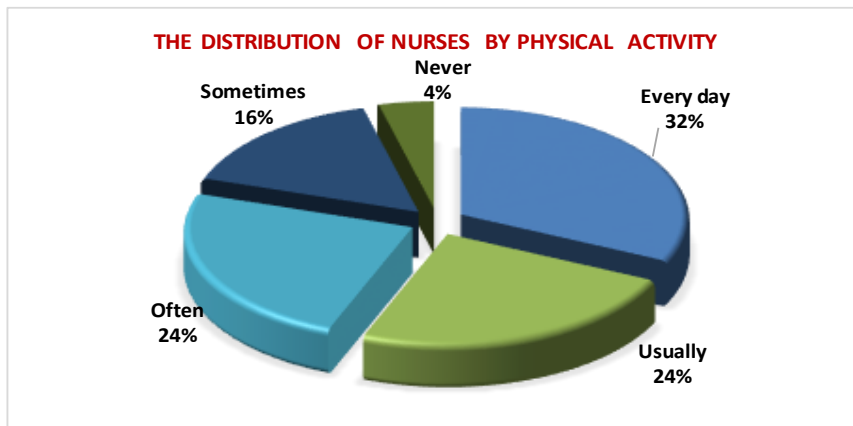


Figure 7

4.2 *Emotional exhaustion:* In the second section of the questions, it appears that 24% of nurses are emotionally overworked every day and 27% several times a week, also 17% of them have lost motivation to work.(Fig. 8)

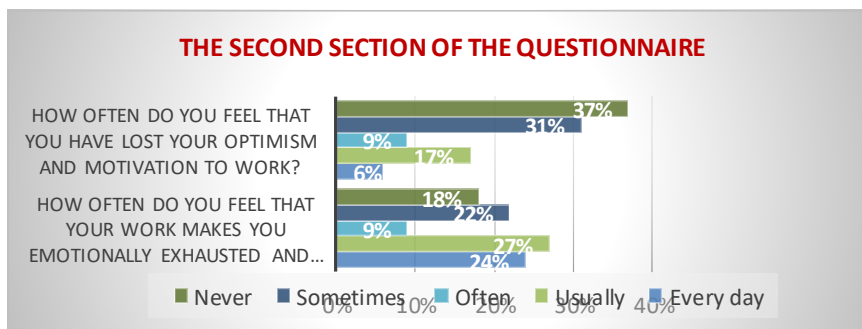


Figure 8

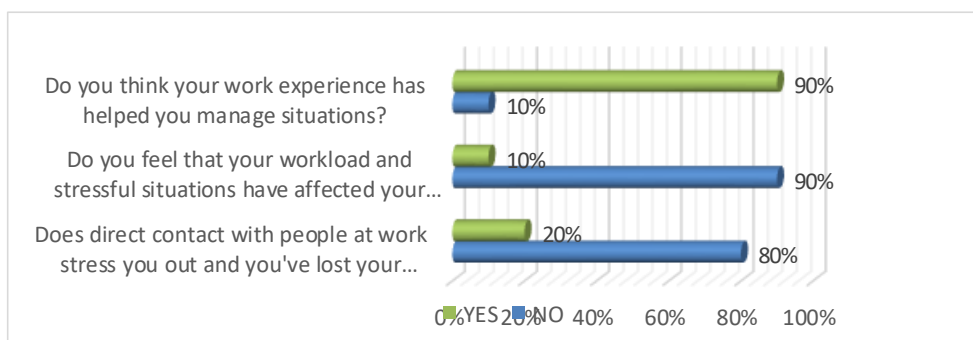


Figure 9

20% of nurses are stressed by direct contact with people at work and have lost patience. 10% of nurses think that the workload and stressful situations have affected their performance by causing medical errors, 90% of them have been helped by their experience in managing situations. (Fig. 9)

4.3 *Depersonalization*: 34% of nurses feel blamed by patients for their problems, 18% think that this work is making people careless in social environments and 40% of them have had conflicts with patients affecting their emotional state. (Fig. 10)

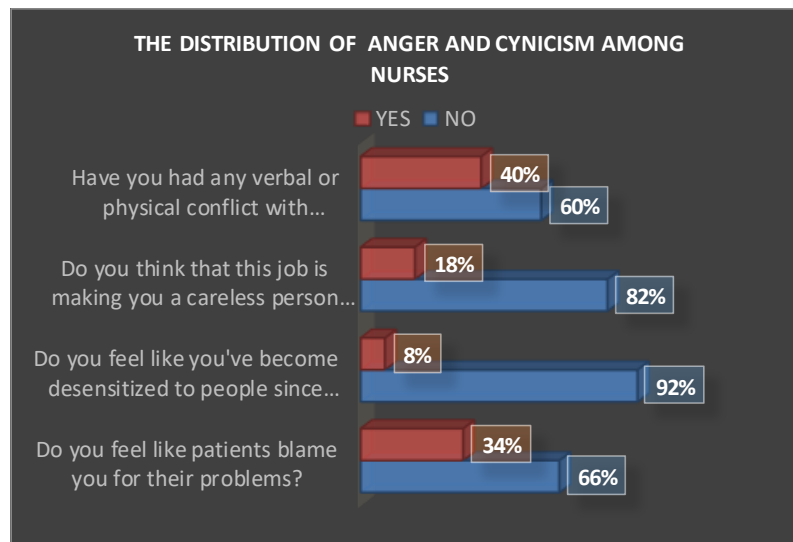


Figure 10

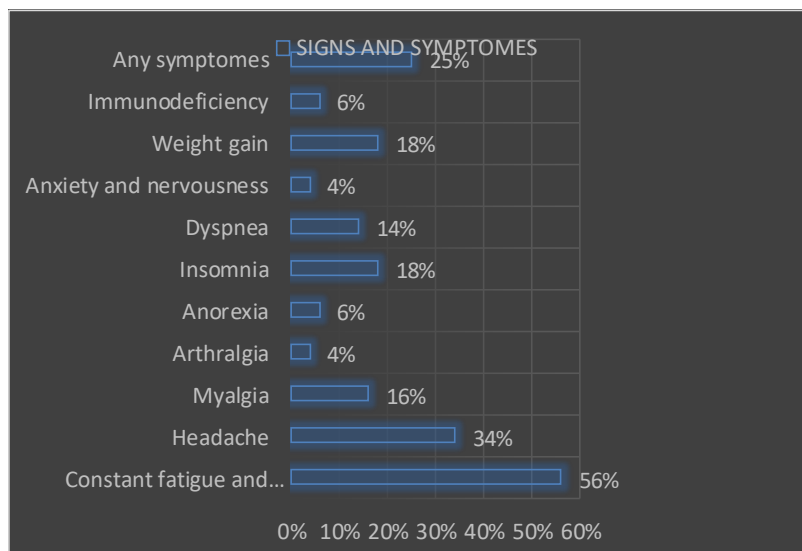


Figure 11

4.4 *Associated symptoms and pathologies after starting work*: 56% of nurses declare that they have experienced constant fatigue after starting work; 34% had headaches; 18% insomnia and weight gain; 16% had myalgia; 14% dyspnea; 6% anorexia and immunodeficiency; 4% arthralgia and irritability while 25% of them did not have any symptoms as a result of their work. (Fig. 11)

4% of nurses did not have any pathology after starting work; 26% of them had gastrointestinal pathology; 6% HTA and from 2% cardiovascular disease and diabetes mellitus type II. (Fig. 12)

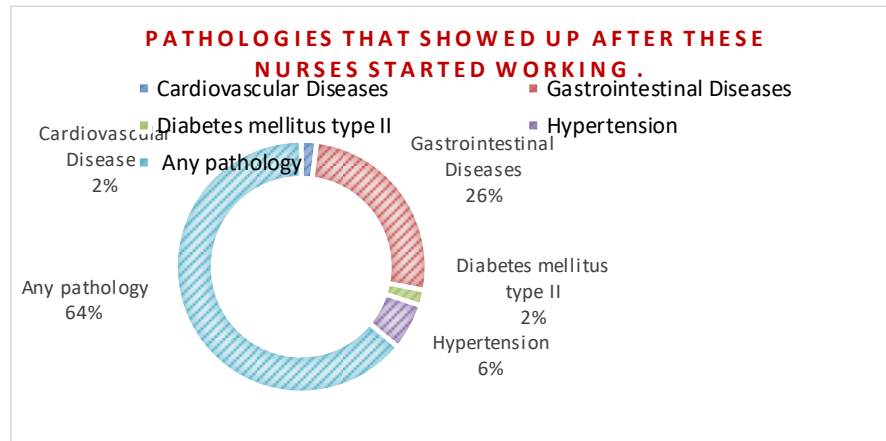


Figure 12

4.5. *The thought of leaving work and the factors that favor it:* 8% of nurses think about leaving work every day; 14% several times a month; 18% several times a year while 52% think about staying in their job. (Fig.13)

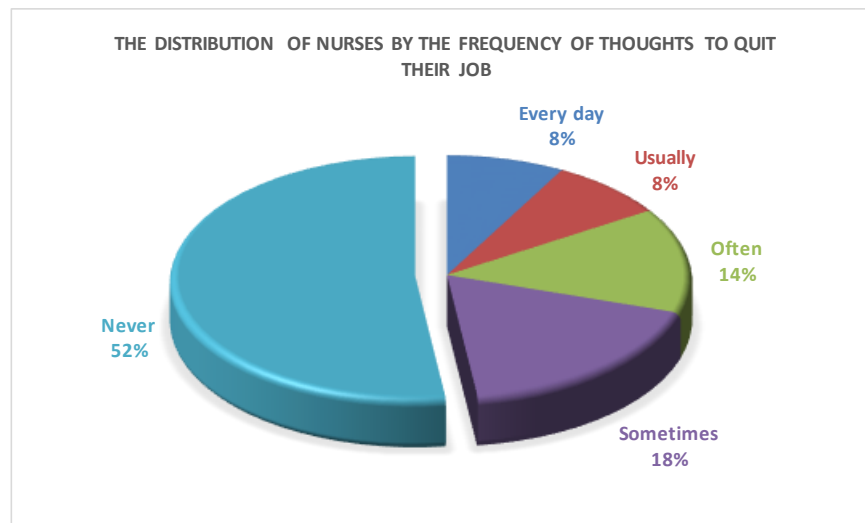


Figure 13

70% of nurses are dissatisfied with their salary and 60% of them admit that work overload, extended hours and working conditions are influencing factors in making the decision to leave. (Figure 14)

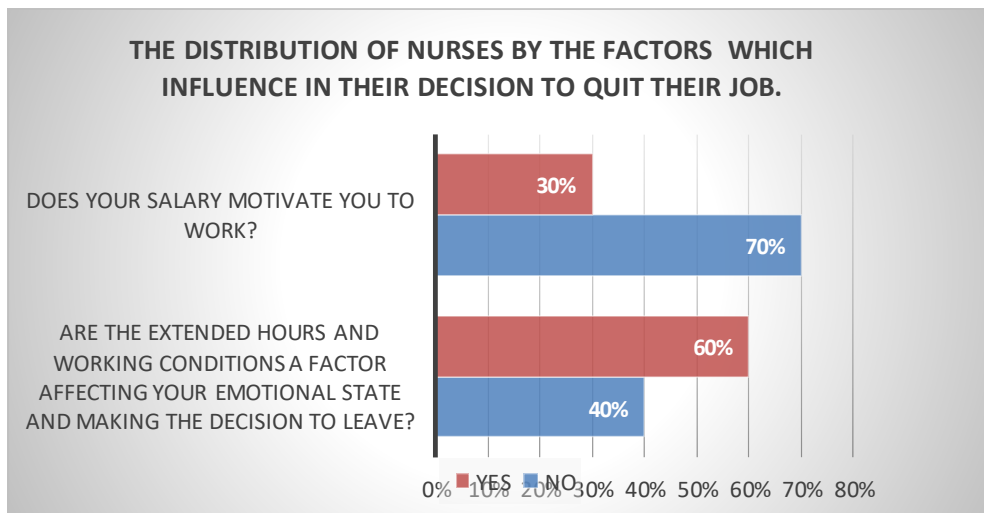


Figure 14

5. Conclusions

This study revealed a considerable level of experience of burnout syndrome in the initial stages of its development in the nursing population of the Regional Hospital of Elbasan "Xhaferri Kongoli", which proves the first hypothesis of the study. In this study, 80% are women and 20% men, with an average age group of 30-39 years and about 60% of them with a Master of Science education level, showing that socio-demographic factors do not have an impact on the occurrence of Burnout syndrome, also the experience their work and frequent physical activity in 49% of them has favored them in managing situations.

Meanwhile, 51% of nurses are emotionally overworked, affecting their productivity. 32% of nurses have lost motivation and optimism to work, thus showing them a chronic stress in the initial stages of Burnout syndrome. 20% of nurses are stressed by direct contact with people at work, losing their patience, while also in 10% of them these above-mentioned factors have affected their work performance (reduction of personal achievements) showing in special cases medical errors which causes patient transfer and impact on the quality of medical service.

The level of depersonalization is also widespread where 34% of nurses feel blamed by patients or family members for their problems, 18% work has made them careless affecting their relationships outside of work environments in their families. About 40% of nurses have had conflict with family members or the patients themselves affecting their emotional state, the result which verifies the third hypothesis that the working conditions have influenced the Burnout Syndrome.

In 75% of the nurses, accompanying symptoms appeared after starting work where 56% of them appeared with constant fatigue, 34% with headaches, 18% with insomnia as a result of the work shifts they have, 18% with weight gain not having a healthy food diet during working hours, 16% appear with myalgia and 14% appear with dyspnea as a result of the anxiety of the load and the different situations they face.

After starting work as nurses, 26% of them showed gastrointestinal pathology, a result that verifies the impact of burnout syndrome and working conditions in the occurrence of malabsorption resulting in weight gain. 6% with primary HTA as a result of the situations they face and 2% with diabetes mellitus type II as a result of an unhealthy food diet. All these results prove hypothesis 4 of this study.

30% of nurses think about leaving their job. 70% are dissatisfied with their salary and also 60% of them are affected by working conditions and workload, regardless of these emotional or physical factors, 52% of nurses do not think of leaving because they do not have another option to solve the situation.

6. Recommendations

Nurses should be familiar with the possible symptoms of burnout and should be aware to seek help in preventing it.

Management in workplaces, especially wards with high burnout risk, to offer more support to nurses.

It is also of particular importance to inform patients about the behavior and treatment of nurses in order to avoid biased transfers.

Encourage nurses to exercise regularly to strengthen their muscular system and reduce myalgia.

To encourage nurses to perform different activities after working hours to improve their emotional state.

To inform the nurses about the way of nutrition and hydration, to prevent gastrointestinal diseases.

To inform nurses about the benefits of quality sleep, helping to prevent insomnia, headaches and other symptoms. Training should be provided on how to deal with the symptoms of Burnout.

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