

BURN OUT AND THE CONDITIONS OF THE WORK PLACE IN THE FIELD OF HEALTH CARE

Galya T. Yankova, Petya A. Asparuhova, Elka D. Vladimirova, Tonislava R. Yankova

Medical University – Sofia, Branch „Prof. Dr. Ivan Mitev“ – Vratsa, Department of Health Care, Bulgaria

Abstract

Burn out is one of the serious problem in the field of the professional activity. According to several researchers leading factors for its occurrence are primarily working conditions. The purpose of this study was to analyze the connection between working conditions and burnout syndrome among health care professionals. The study provides empirical evidence of the importance of working conditions in the manifestation of the components of burnout syndrome. Summary and conclusions of the study could be the basis for improving psychological workers through positive change in organizational working conditions of workers.

Key words: burn out, working conditions, health professionals

It is generally, that burn out is one of the serious problem in the field of the professional activity. The medical profession, as well as, the healthy one, is accepted like a model of a stress profession. It is belonged to the group of professions which are with a high moral responsibility for people's health and life, groups and the society, too. According to the researchers, this important psycho-social problem affects not only the attitude of professionals to the work, the quality and the efficiency of healthy care but it affects on their lives, their physical and mental health, too.

The working conditions of a healthcare professional include some characteristics which can induce burn out. The working overloading, day-and-night work and complications in the patient's condition require a high functional activity and they can qualify like leading pathogenic professional factors.

The changes in the society make extra mental pressure at the healthcare professionals because they want more qualitative work in shorter time about the reduced funding of the hospitals. Most of healthcare professionals who work at the new conditions have not normalized working day, they work extra.

The modern theoretical frame work (Maslach, C., 1993; Leiter, M., & Maslach, C. 2005; Schaufeli, W.B., Bakker A.B. 2004; Alexandrova, M. 2011) integrates individual and situational factors like a model “work-person” which are focused on correlation between worker and certain components of the working environment. (Tsenova B. 2004). Typical organizational stressors are overloading work, not affective distribution of the professional missions, shortcomings in the control and the management, lack of social support, the social isolation and the rolling conflicts (Yankova, et al., 2014).

According to many researchers, leading factors for burn out are the working conditions. (Tsenova, B., K. Kostadinova, 2003; Lee et Ashforth, 1996; Zapf, et al., 2001; Doykova, St., 2012; Marinova, et al., 2010; Yankova, G., 2014).

The purpose of the present study is to analyze the connection between the working conditions and the syndrome burn out in the healthcare professionals.

Materials and methods: The empirical research has a goal to study the working conditions on the work place and their connection with healthcare professionals' syndrome burn out.

It's made a voluntary questionnaire among 400 healthcare professionals who are working in The healthcare system in the period September 2013- July 2014. The research is anonymous and uses the technology of MBI-NSS for burn out (Maslach and Jackson, 1996). It includes questions which characterize the organizational factors (working conditions, content of work and social psychological conditions of work).

The questionnaire (in English and in Bulgarian) includes 22 position describing different experiences and conditions which are related with the work. Some of the questions were modified. „Maslach Burnout Inventory“ measures the level of the syndrome in three subscales: an emotional exhaustion, a depersonalization and personal achievements. All questions are measured by Likert's scale with 7 points – a scale from 0 (no, never) to 6 (always).

To analyze the data are used mathematical and statistical methods – alternative, varational, correlation, no parametric analysis, which are included in the programme SPSS 19.0.

Results and discussion:

400 people take a part in the research who have the necessary criteria of whom 350 nurses and 50 healthcare professionals who are working in three multiprofile hospitals for active treatment (Vratsa, Montana, Mezdra) and two specialized hospital on oncology (Sofia, Vratsa):

Table 1 *Distribution of healthcare professionals in the monitored hospitals.*

Hospital	Health professionals	
	N	Relative share
Multiprofile Hospital for Active Treatment - Vratsa	127	31,8%
Multiprofile Hospital for Active Treatment - Montana	101	25,3%
Multiprofile Hospital for Active Treatment - Mezdra	46	11,5%
Specialized Hospital on oncology - Sofia	75	18,8%
Oncology Center- Vratsa	51	12,8%
total	400	100,0%

The average age of respondents is about 47 years ($\chi = 46,58$; min.23, max.74). 45 % from the respondents have a college degree, 28% have Bachelor degree, 14, 8 % are with degree „professional” and 12,2 % are master.

Common characteristics of the level of syndrome burn out.

The level of the syndrome are measured by MBI-HSS. There are analyses of average data from all. The data show that the professionals are with high level of an emotional exhaustion and depersonalization. The statistical estimates of the results from Maslach and Jackson, *Maslach Burnout Inventory* are in a table 2.

Table 2 *Mean and standard deviation of the MBI subscales*

Indicators	Mean	Std. Deviation	Interpretation
Emotional exhaustion	25,58	11,281	High level
Depersonalization	10,74	5,589	High level
Personal accomplishment	32,03	7,420	Moderate level

Burn out and the working conditions:

Up to the moment 97, 5 % from the respondents work full-time, and 2,5% from the responders work on the work place at a second employment contract.

The analysis of the results show that respondents' weekly caseload in the fifth hospitals exceed legally working time in The Labour Code. (table 3)

Table.3 Average value of weekly workload of respondents.

A weekly workload				
Hospital	Mean	N	Std. Deviation	Interpretation
Multiprofile Hospital for Active Treatment – Vratsa	42,74	127	6,861	Higher than the established in labor legislation.
Oncology Center- Vratsa	38,65	51	5,538	Higher than the established in labor legislation.
Specialized Hospital on oncology – Sofia	38,48	75	4,822	Higher than the established in labor legislation.
Multiprofile Hospital for Active Treatment - Montana	40,49	101	3,428	Higher than the established in labor legislation.
Multiprofile Hospital for Active Treatment - Mezdra	42,65	46	61913	Higher than the established in labor legislation.
Total	40,84	400	5,880	

From this research we studied that it has a dependence between the workload involved and the feeling of performance and also professional competence in the medical specialist. The data show that the increased workload and the overtime work stimulate developing of burn out. If the workload is greater, so there is less pleasure from the work process. (Fig.1)

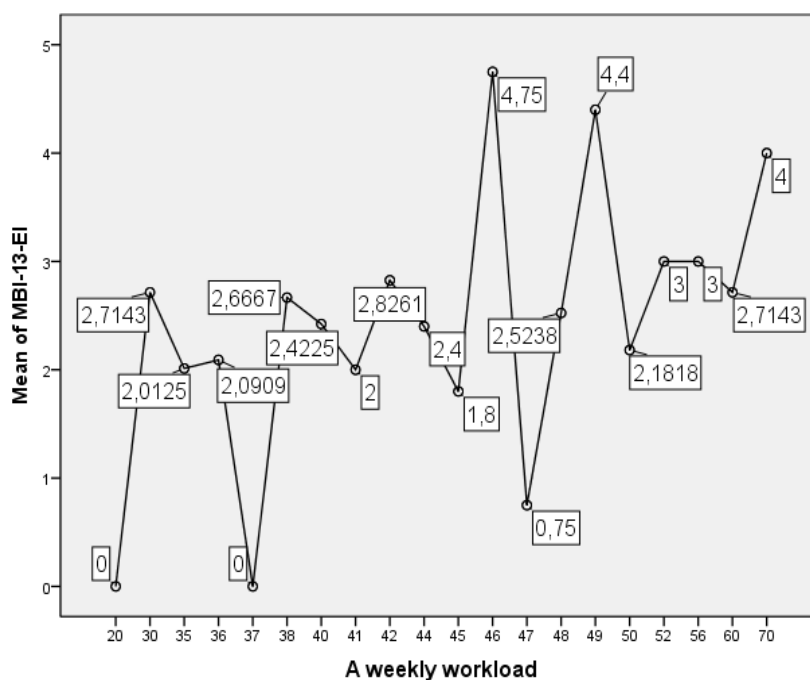


Fig.1 Relationship between weekly response burden and sense of emotional wear.

The results of the correlation analysis identify a dependence ($p < 0,05$) between the duration of work day and burn out in the healthcare professionals.

More than half from the professionals in the table 3 are working on the mixed schedule with first shifts and night duties (52%), 25,5 % from the responders work 12 hours and 22,5 % work on a day shift without a night duty.

The healthcare professionals who are working in 8h- day, they feel a tiredness more frequent in the end of the day. This is a prerequisite for burn out. (Figure 2)

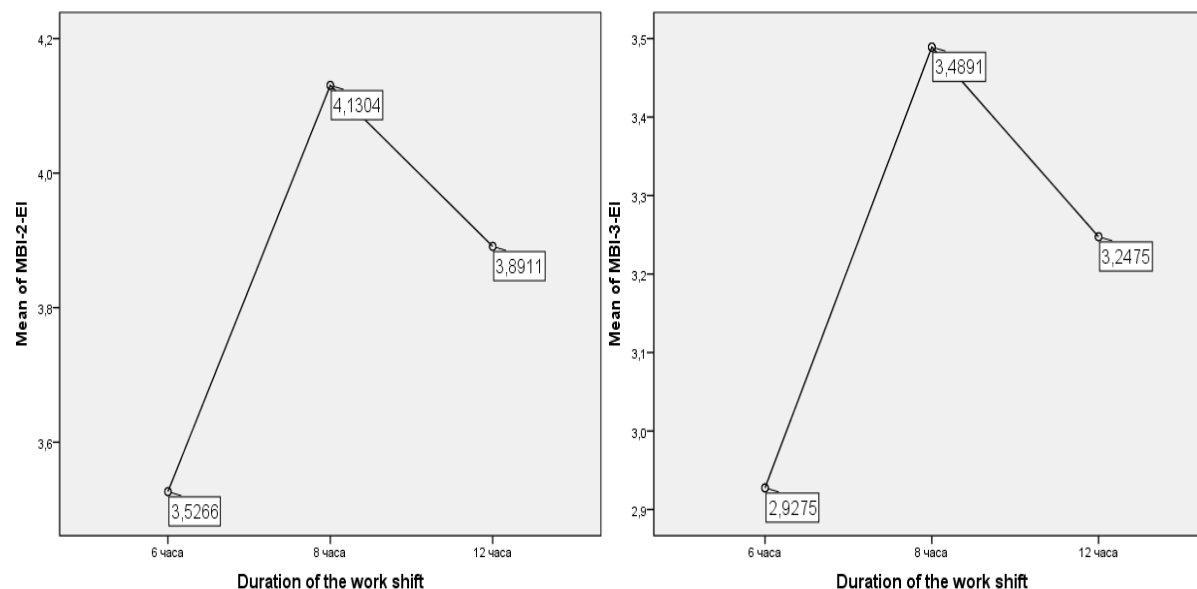


Fig.2 Association between duration of working shift and emotional exhaustion.

The content of the healthcare professionals' work includes quantitative and qualitative aspects for caring of the patients: number of patient, level of seriousness, the connection with them. The data about the interaction between burn out and number of patient and also the servicing for a certain period of time are not same.

A definite trend shows the comparison of the connection with the patients and the seriousness of their problems. The effect of these factors is the highest when the severity of the patient's problems are combined with little success in the effectiveness of the decisions on the care and outcome of the disease of the patient. This is the work with seriously ill and ill with an incurable disease who demand special care and servicing.

The responders estimate the average level of patients' seriousness' to their needs. The cares of patients who need a partial support, make 48, 5% from the workers, full support for seriously ill -32, 8%, cares for these who need a minimum support -12%, and 6, 8 % from the responders help patients with easier hospital regime. (fig.3)

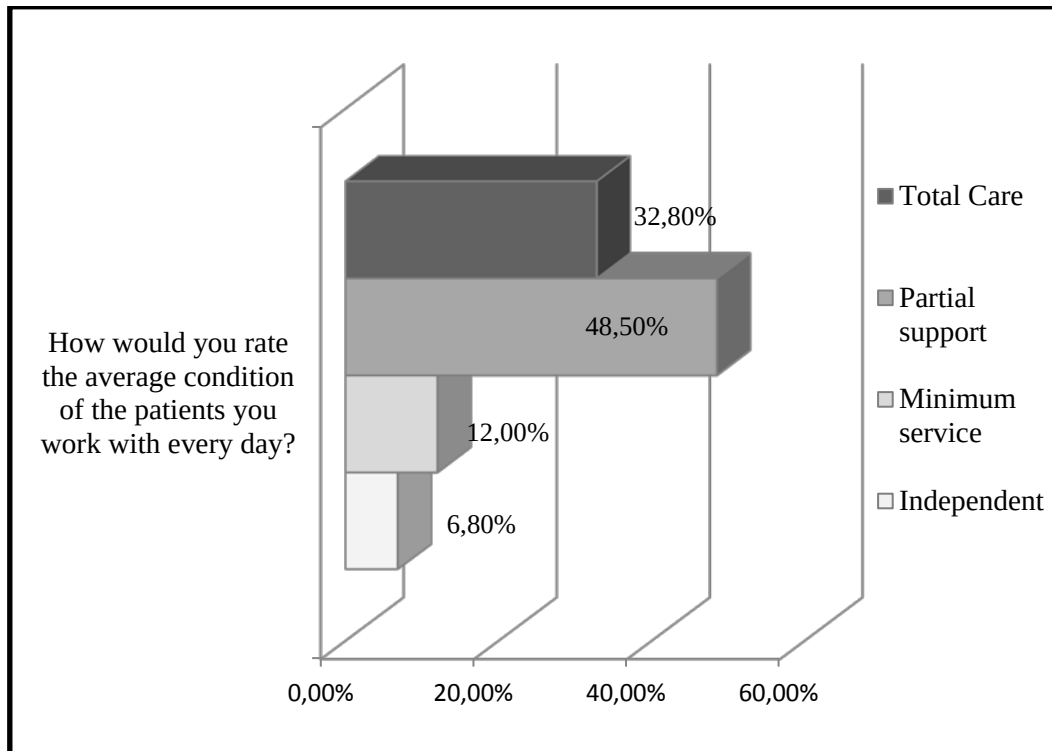


Fig.3 Care of the patient, depending on the level of seriousness of the condition and needs.

The study identified a close correlation ($R = 0,142$; $p < 0,001$) between the serious condition of the patient and the emotional exhaustion of responders. (Fig. 4)

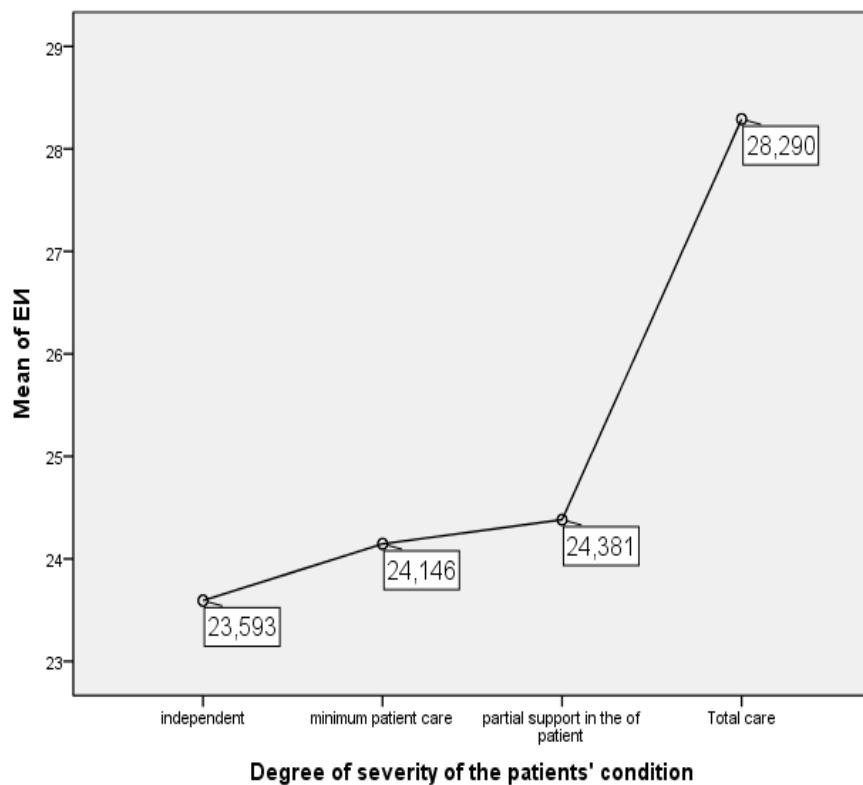


Fig.4 Relationship between emotional exhaustion among respondents and patient care.

Respondents say they perform care for about 18 patients per shift period ($\chi=18, 27$; min.2, max.80), on average emit about 21 minutes on every patient ($\chi=21, 08$; min.3, max.60).

Number of clients served and feeling tired in the end of the working period are in close relationship ($R = 0,108$; $p < 0, 05$), and the time given to each patient and the sense of dissatisfaction from work ($R = -0,114$; $p < 0, 05$) and the significance on the administered care ($R = 0,138$; $p < 0,001$).

The research show that the contact with patients can contribute for Burn out. The medical specialists who care about more patients, they have higher level of an emotional exhaustion and they care of patients for less time. The responders offer a lower quality cares.

Conclusion

After this analysis we can summarize that in the sphere of healthcare, the work conditions affect for the syndrome burn out. The research empirical proves the meaning of working conditions for manifesting components of the syndrome burn out. The conclusion of the research can polish workers' comfort with positive change for organizational working conditions of workers.

References

- Alexandrova M. (2011). Burnout - a topical issue for the management of human resources in health. Q: Innovations in Public Health., 45-55.
- Doykova, St. (2012). Dependence of burnout syndrome of social working conditions among workers in the field of social assistance. Collection of scientific reports XI - th International Conference " Applied Psychology and Social Practice ", Varna, 2012.
- Lee R.T., Ashforth B.E. (1996). A meta – analytic examination of the correlates of the three dimensions of job burnout. J. Appl. Psychol. 81:123-133
- Leiter, M., & Maslach, C. (2005). Banishing burnout: Six strategies for improving your relationship with work. San Francisco, CA: Jossey-Bass.
- Marinova P., P. Dobrilova, K. Stefanova (2010). Burning syndrome and factors in intensive care. Medical meridians, 2, p.22-27
- Maslach, C. (1993). Burnout: a multidimensional perspective in Professional burnout: Recent developments in theory and research edited by Schaufeli, W, Maslach, C and Marek, T. Washington, DC: Taylor & Francis.
- Maslach, C., Jackson, S. E. & Leiter, M. P. (1996). Maslach Burnout Inventory manual (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Schaufeli W.B., Bakker A.B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. Journal of Organizational Behavior; 25:293-315.
- Tsenova B. (2004). Psychosocial problems at work: stress, burnout, psychological bullying. Physical Medicine, Health rehabilitatsiya1, 2-4, 18-27
- Tsenova, B. , K. Kostadinova (2003). Professional stress syndrome barnaut- and moderated them factors in staff of children's social - health institutions. Coll. Stress, 1st Bulgarian national. Conf., 55-64
- Yankova, G. (2014). Burn out syndromes in the professional activities of nurses. International scientific on-line journal "Science & technologies" volume IV; number 1; 2014: Medicine.rr 226-231
- Yankova, G., P. Asparuhova , E. Vladimirova (2014). Social support - buffer work stress and burn out. Scientific journal „13th National Scientific session academics“ 2-3 October. 2014. 240-249

Zapf, D., Seifert, C., Schmutte, B., Mertini, H. (2001). Emotion work and job stressors and effects on burnout. *Psychol. Health*, 16,527-545