

Burnout Syndrome in Medical Staff and Their Relationship to Quality of Care

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Abstract:- The Burnout syndrome, called Burnout Syndrome, is a problem that has existed through the times, increasing today for various reasons, within which are the institutional pressure, the work against the clock, the presence of epidemics and pandemics that attack the humanity of the 21st century, as well as the multi-employment of doctors in order to have greater economic stability, this mainly in underdeveloped countries. The main objective of this research was to know the presence of Burnout Syndrome, and the causes identified by doctors. Like also, the analysis of the presence of wear syndrome in medical staff and its relationship with the quality of patient care. The study was conducted at a General Hospital in the city of Tonalá, Chiapas, Mexico. The most important findings were that the quality of medical care is affected due to stress, tiredness, which medical staff have, representing 25% of the staff in the family medicine and emergency area.

Keywords:- Burnout Syndrome; Quality Of Medical Care, Medical Staff.

I. INTRODUCTION

The first to describe this syndrome was Freudenberg in 1974, establishing it as a psychiatric pathology experienced by some professionals who worked for the care of people and form a set of medical-biological and psychosocial symptoms (Arana, 2004).

At present, labor demands and organizational mismatch directly impact each subject's performance possibilities and increase the psychosocial risks of Burnout syndrome (emotional exhaustion, depersonalization or dehumanization and lack of personal performance at work). Prevalence has increased and is a social and public health problem that generates high economic and social costs so any effort for its study is important (Gil-Monte, 2005).

Burnout Syndrome occurs most often in workers providing human services and relationships with excessive workloads, such as the area of health. From an institutional point of view, staffing in these emotional conditions impairs the work environment and is a generator of conflicts with co-workers and family members (Gil-Monte and Peiró, 1999).

Burnout Syndrome begins to become a problem of great relevance in health professionals, especially in doctors constituting an advanced situation of work stress, since they are the ones who are the most likely to present it. The consequences are high, both health risk of medical personnel, and the impact on the patient and the families of both, without making less the legal, administrative, and quality impact of the same institution where they work.

This study was conducted at the General Hospital of Subzone with Family Medicine No. 15 in Tonalá, Chiapas, Mexico. It was a cross-sectional study, covering family-practice doctors and emergency department doctors.

II. METHOD

A cross-sectional study (2019) was conducted and the number of doctors suffering from Burnout Syndrome in Social Security of the General Hospital Of Subzone with Family Medicine Number 15 in the City of Tonalá, Chiapas, Mexico, was analyzed through the interpretation and hermeneutic understanding of the processes and results of the project.

A total of twelve physicians attending family practice or emergency consultation were included in the study. The research is descriptive, the collection of information was used through tools such as the Maslach Burnout Inventory Questionnaire (1986) instrument more widely used and more reliable, as well as interviews, observation and analysis, with the consent of the doctors who participated.

The analytical method was used to identify variables about the main causes of the Syndrome and the quality of care provided by doctors with it.

III. DISSCUTION

Before you begin to format your paper, first write, and save the results of the application of the Maslach Burnout Questionnaire to No.12 physicians of the Subzone General Hospital with Family Medicine Number 15, Tonalá, Chiapas will be described.

General characteristics of the population under study: nine male doctors and three female doctors. Regarding the place of origin, eleven are from the state of Chiapas and one from the state of Oaxaca. The 12 doctors are in an age range between 25 and 60 years, the average age of 38.

As for his religious affiliation, 11 Catholics and one Mormon. In relation to marital status, nine are married, three singles. The number of children varies from 0 to three. In relation to their type of recruitment, nine of them are basic doctors and three work covering vacation periods for base physicians.

25% of doctors in this study, suffer from Burnout syndrome, this is associated with the multiple work activities, and explained why the greater the number of jobs the higher levels of stress. It should be noted that this 25% of cases are for doctors who provide their services in three different institutions at the same time, without overlapping schedules. The results of this research highlight the overwork and emotional exhaustion, creating imbalance in doctors. Being able to control the excess workload in doctors lead us to what Cullen, Silverstein, and Foley (2008) identified; reducing labor overload is associated with lower burnout levels. In addition, as noted by these authors, low work demands are linked to high levels of job satisfaction.

It is important to consider that a risk factor for triggering Burnout Syndrome corresponds to the workplace, because of the different stressors that workers are exposed to in respect of labor demands and labor control (Martínez, 2012). In this study, doctors in the ER area had a higher rate of work stress, this area demands time and pressures, physical and psychological stress, are unmotivated, tired, and sometimes threatened. On the other hand, a doctor in Family Medicine treats 24 patients with a 6-hour day, this causes the quality of the consultation that is granted to decrease.

Another finding in this research resembles what Bekker and collaborators (2005) found, indicating that there is no direct link between marital status and burnout syndrome. The opposite is exposed in other studies, where professionals who are single have higher levels of Burnout (Gama et al., 2014); or, studies that found that being married is related to The Syndrome (Cilingir et al., 2012).

Another relevant finding is that Burnout Syndrome occurred most frequently in people in an age range between 35 and 45, but who also work for three different institutions at the same time, at different times. The energy to carry out your activities at first is good; but over time they generate emotional exhaustion or depersonalization in doctors.

This study makes it clear that it is necessary to reflect on the Quality of Life at Work as the third industrial revolution: the first industrial revolution was when the development of machines replaced the physical effort of workers; the second revolution was characterized by the replacement of the mental process of workers through computers and other technologies, and the third revolution is the improvement of the employee's quality of life to achieve the humanization of work (Cooper, 2009).

IV. CONCLUTIONS

The quality of medical care is affected by stress and tiredness, which the doctor at the clinic where the study was performed has. 25% of family medicine and emergency medical personnel have Burnout Syndrome, this affects the performance of work functions because of multiple occupations in different institutions, so the quality of care they provide is low.

Burnout Syndrome, or occupational exhaustion, reflects a problem that mainly affects health and education professionals, who suffer the symptoms of "being burned, exhausted, melted, dulled, unmotivated". With loss of physical and emotional energy, depersonalization, and a feeling of lack of personal fulfilment, they can lead to not only severe limitation or loss of professional suitability, but health disorders that can lead to death.

The findings obtained in this investigation make it necessary and preferable for the hospital to continuously identify and evaluate factors that may have a negative impact on workers; in addition, the development of interventions to address them to avoid consequences for occupational health and worker welfare is essential; as well as in the care of patients who use their services.

Burnout Syndrome is a problem that affects public health workers. This study contributes to the analysis of the consequences of stress at work, with a tendency to be chronic and that, if not paid attention will bring serious consequences for the health of the worker, and therefore the consequences will be seen in all areas of his life, personal, social, family and with greater emphasis in the area of work.

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