

Burn Out Syndrome among Health Care Staff at COVID-19 in Conakry in 2021

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Abstract:-

➤ Introduction

According to the WHO, burnout or professional exhaustion is a syndrome conceptualized as resulting from chronic work stress that has not been properly managed. Three dimensions characterize it: a feeling of lack of energy or exhaustion; withdrawal from the work or feelings of work-related negativity or cynicism; and loss of efficiency professional [5].

➤ Methodology

• Study framework:

COVID-19 Epidemic Treatment Centers (CT-Epi) in Conakry operational during the study period served as a framework for the realization of this study.

➤ Methods

• Type and duration of studies

We carried out a descriptive and analytical cross-sectional study lasting three (3) months from November 01, 2020 to January 31, 2021 in the CT-Epi of Conakry.

• Study population

The study focused on COVID-19 caregivers in CT-Epi in Conakry during the study period and who met our inclusion criteria.

➤ Results

Our study, which aimed to assess the level of burnout syndrome (burnout) among COVID-19 caregivers in treatment sites of Conakry, is of great importance to provide quality care to patients and protect the welfare of workers.

The participation rate in our study is relatively low compared to that reported by Matsuo et al. [31] in their study on the Prevalence of Worker Burnout health during the COVID-19 pandemic in Japan, which recorded a rate of 75.6% stake.

➤ Conclusion

This study shows that nursing staff have a low level of;

- There is a predominance of mostly married men. The age group most represented is that of twenty-five to thirty years.
- The highest level of emotional exhaustion was observed among assistants psychosocial and hygienists.
- Healthcare workers with previous outbreak management experience have more risk of having a low degree of depersonalization and a high degree of exhaustion professional compared to those who are in their first experience of epidemic management

Keywords:- Evaluation Burn Out Nursing Staff Conakry.

List of abbreviations

ANSS: Agence Nationale de Sécurité Sanitaire (National Health Security Agency)

ICD: International Classification of Diseases COVID-19: Corona Virus Disease 2019

CT-Epi: Centre de Traitement des Epidémies

DSM-V: Diagnostic and Statistical Manual of Mental Disorders

PPE: Personal Protective Equipment

MBI: Maslach Burn out Inventory

WHO: World Health Organisation

SAP : Personal Accomplishment Score

SD: Depersonalisation Score

SEP: Burnout Score

SARS: Severe Acute Respiratory Syndrome

I. INTRODUCTION

According to the WHO, burn out is a syndrome conceptualised as resulting from chronic stress at work that has not been properly managed. It is characterised by three dimensions: a feeling of low energy or exhaustion; withdrawal from work or feelings of work-related negativity or cynicism; and a loss of professional effectiveness [5].

The spread of the virus to family and friends has led many carers to isolate themselves from their families, alter their daily routines and even reduce their social support systems, all in the hope of keeping everyone potentially safe from themselves [7].

In a study conducted by the University of Illinois at Chicago in May 2020 among COVID-19 care staff, half of the staff self-perceived burn out [8].

In another study of 376 health professionals in Italy published in May 2020, more than one in three (3) health professionals showed high emotional exhaustion scores, and one in four (4) reported high levels of depersonalisation, while about 15% reported low levels of personal accomplishment [9].

Studies conducted on the psychological impact of severe acute respiratory syndrome (SARS) outbreaks similar to the COVID-19 pandemic, revealed heavy psychological burdens among health workers and the general public such as anxiety, depression and psychotic symptoms [10].

A systematic review and meta-analysis published on 08 May 2020 on the prevalence of depression and anxiety among health care workers during COVID-19 were 22.8% and 23.2% respectively [11].

It is in this context that we initiated this study whose general objective was to assess the level of burnout syndrome among health care workers during COVID-19 in the care sites of Conakry.

II. METHODOLOGY

➤ *Study setting:*

The COVID-19 epidemic treatment centres (CT-Epi) in Conakry operational during the study period served as the setting for this study.

➤ *Methods:*

• *Type and duration of study:*

We conducted a cross-sectional study with descriptive and analytical aims for a duration of three (3) months from 01 November 2020 to 31 January 2021 in the Conakry CT-Epi.

Inclusion criteria: The study will be conducted in all the health care personnel of COVID-19 in the CT-Epi of Conakry regardless of age, gender, professional seniority and having agreed to participate in the study on informed consent.

Non-inclusion criteria: COVID-19 care staff in the CT-Epi of Conakry absent during the study period.

• *Study variables:*

Our study variables were qualitative and quantitative. Sex Marital status, professional category Biologist. Ambulance attendant Hygienists Psychosocial assistant.

• *Malach Burn OSut Inventory (MBI):*

The MBI assesses the three (3) dimensions of burn out syndrome, namely: -Professional exhaustion: Depersonalisation: -Personal fulfilment:

III. RESULTS

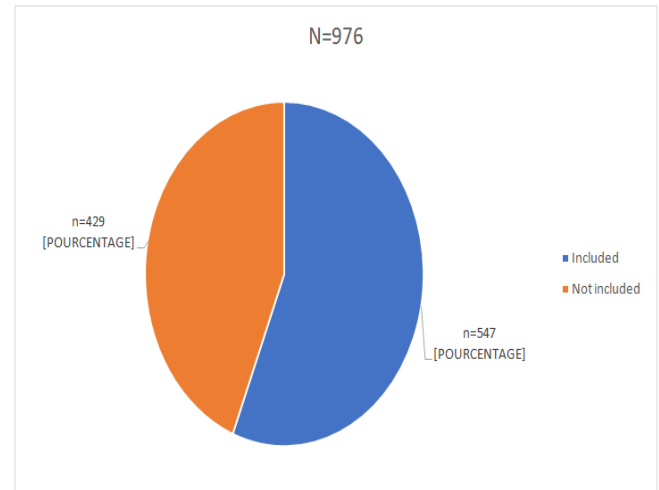


Fig 1: Distribution according to the Participation Rate of nursing staff of the COVID- 19 TC-Epi of Conakry on Burn out

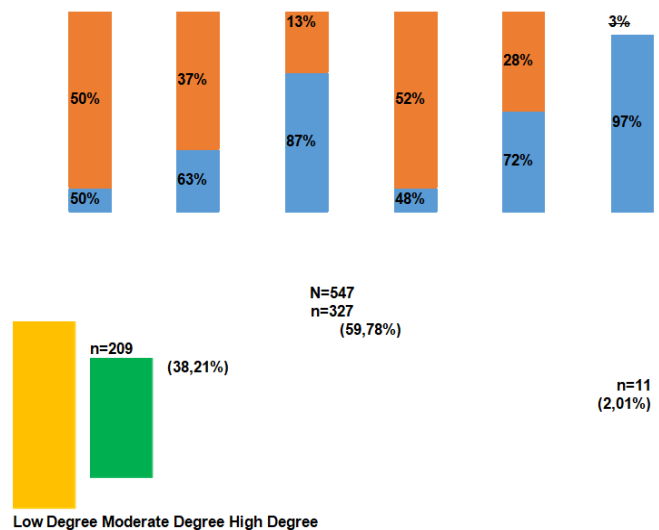


Fig 2: Distribution of health care personnel in the COVID- 19 of the CT-Epi in Conakry according to the Burn Out Depersonalisation Score

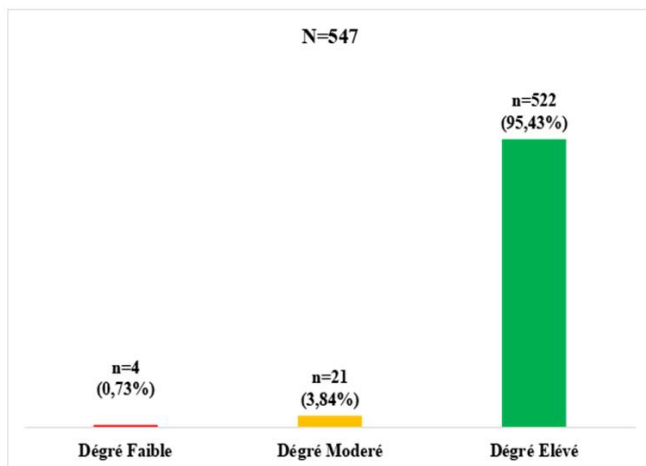


Fig 3: Distribution of health care personnel in the COVID-19 of the CT-Epi in Conakry according to the Burn Out Depersonalisation Score

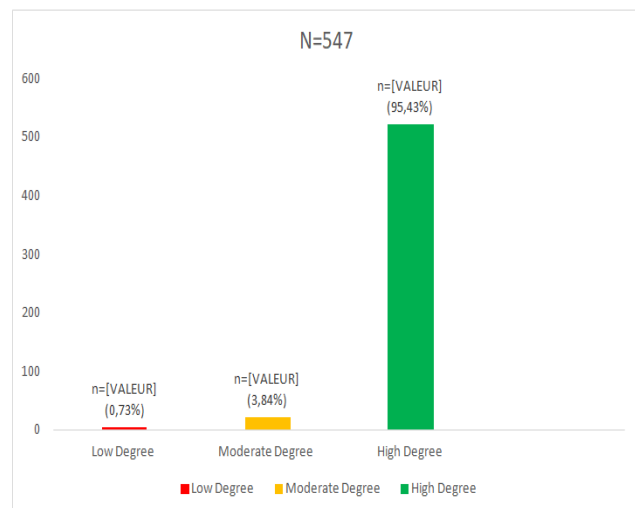


Fig 4: Distribution of health workers in COVID-19 of Conakry's CT-EPI according to the Personal Accomplishment Score of burn out

IV. DISCUSSION

HAPTER IV: Since the advent of the COVID-19 pandemic, all health care workers have been involved in the fight against it, regardless of their interests. In the process, health workers have often provided care to COVID19 patients under difficult conditions. Health care workers are known to face a multitude of challenges at all stages of the pandemic.

Our study, which aimed to assess the level of burnout among COVID-19 health care workers in the Conakry care sites, is of great importance to provide quality care to patients and protect the well-being of workers.

The participation rate in our study is relatively low compared to that reported by Matsuo et al [31] in their study on the Prevalence of health worker burnout during the COVID-19 pandemic in Japan, which recorded a participation rate of 75.6%.

The low participation rate in our study could be explained by the unavailability and reluctance of healthcare workers to complete the questionnaire.

The Maslach Burn out Inventory (MBI) was used to assess burn out in nursing staff. It is the most widely used and scientifically validated questionnaire today. It assesses the three (3) dimensions of the burnout syndrome, namely emotional exhaustion, depersonalisation and self-fulfilment.

According to Maslach, each of these dimensions is independent of the other and can occur at any time.

The MBI describes three scores, not a general score for diagnosis (the dimensions are independent of each other and therefore the scores for each cannot be added together) [33].

Of the healthcare workers we surveyed, almost half had a low level of emotional exhaustion, more than half had a moderate level of depersonalisation and the majority had a high level of personal fulfilment.

They found levels of burnout among staff in the following proportions:

- For emotional exhaustion, 35.9% had a low degree, 23.1% a moderate degree and 41% a high degree.
- For depersonalisation, 65% had a low degree, 19.7% a moderate degree and 15.2% a high degree.
- For self-actualisation, 8.4% had a low degree, 9.7% a moderate degree and 81.9% a high degree.
- Our results are also lower than those reported by Azoulay et al [8] in their study of burnout symptoms in intensive care unit specialists facing the COVID-19 epidemic, who found the following results:
- Low and high emotional exhaustion scores in 29.9% and 23.0% of respondents respectively.
- Low and high depersonalisation scores in 34.3% and 23.0% of respondents respectively.
- Low and high personal fulfilment scores for 35.2% and 31.4% of respondents respectively.

The low level of burnout among our respondents can be explained by On the one hand, the rarity of serious cases of COVID-19 in our country

This hypothesis is justified by the study conducted by Kpamy et al [35] on the pandemic due to COVID-19 in Guinea: clinical aspects, treatment and factors related to death in treatment sites, which reported that severe cases and critical cases of COVID-19 represented only 1.5% and 2.12% of patients hospitalised in PEC sites respectively.

According to Maslach [26], burn out is a state of exhaustion (both emotional and physical) experienced in the face of "emotionally" demanding work situations.

On the other hand, by the internal organisation of the care teams, an experience drawn from the management of the Ebola epidemic in the country.

In our study, the most represented classifications were doctors and hygienists.

Our result is lower than that reported by Mboua et al [38] who found in their study on anxiety and depression associated with the management of COVID-19 among health personnel in Cameroon, that 55.7% were nurses and 25% were doctors.

During our study, less than half of the health workers reported having worked in the management of an epidemic prior to COVID-19.

Of the health workers who claimed to have worked in the management of an outbreak prior to COVID-19 in our study, the majority had worked in the Ebola outbreak.

The high number of health workers who had worked in the Ebola epidemic in our study could be explained by the fact that this is the most recent epidemic that has had the greatest impact on the country's health system.

In our study, the highest level of emotional exhaustion was observed among psychosocial assistants and hygienists compared to doctors, nurses and biologists; while the majority of health workers had a moderate level of depersonalisation with similar proportions among nurses, hygienists, biologists and ambulance drivers. Overall, care staff had a high level of self-actualisation.

Our result is different from that reported by Dinibutun et al [39] in their study on factors associated with burnout among doctors in Turkey who found that doctors' emotional exhaustion was moderate, depersonalisation and self-actualisation levels were low.

The high level of emotional exhaustion among psychosocial assistants and hygienists in our study compared to doctors, nurses and biologists could be explained by the fact that these hygienists and psychosocial assistants are not health professionals, this work demands enough emotional demands from them to fully perform their role in this care on the one hand; while the academic training of doctors, nurses and biologists and their experience of medical practice allow them to easily measure the impact of their work on the well-being of patients, which may reduce emotional exhaustion in them.

V. CONCLUSION

- This study highlights the problem of burnout among healthcare workers
- Men predominate, and most of them are married. The age group most represented is that of twenty-five to thirty years.
- The highest level of emotional exhaustion was observed among psychosocial assistants and hygienists.
- Health care workers with previous experience of managing an outbreak were more likely to have low levels of depersonalisation and high levels of burnout than those with first-time experience of managing an outbreak.

- A similar nationwide study may help to further assess the level of burnout among COVID-19 health workers in Guinea.

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