

Editorial Article

Burnout syndrome

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Burnout syndrome is a rising complex phenomenon related to stressful working environment. It was first described in the mid-1970s by Freudenberger and ever since it has been the subject of discussion by many studies.^{1,2}

Over the last decade, several terms have been suggested in an effort to explain burn out syndrome but the most acceptable definition is the one written by Maslach, according to which Burnout syndrome is characterized by three dimensions: 1) Emotional exhaustion (depletion of emotional resources to contact with other people) 2) Depersonalization (negative feelings and cynical attitudes toward the recipient of one's services or care) and 3) Reduced personal accomplishment (a tendency to evaluate oneself negatively, particularly with regard to work).³

The most visible impact of burnout is the decrease in employee's work performance and in the quality of providing service. These vulnerable individuals have lost the meaning of work due to the prolonged response to emotional, physical, and mental exhaustion they experience. Therefore, they are unable to meet with the work demands. The syndrome is highly associated to excessive absenteeism, inordinate use of sick leave, wish to leave the job and decrease to overall well-being.^{1,2,3}

Burnout syndrome is more frequent in certain specific professional categories, which demand interaction with people or work with human recipients of services, such as teachers, health professionals, social

workers, policemen, and judges. Apart from work with the public, individuals working in any other environment that involves extreme or hazardous responsibility, precision at the performance of duty, severe consequences, shift work, or tasks and responsibilities not liked, are at a distinct risk for the development of burnout.^{1,3-5}

Studies have shown that nurses working in hospitals are at the highest risk of burnout. Several reasons are to be held responsible for the development of this syndrome, such as the demands of patients, possible hazards in nursing care, the constant fear of error in medicine administration, the heavy workload or time-pressure in trying to provide care for many patients during a work shift, the lack of respect from the public, the dislike of the traditional domination of physicians in the health care system, frequent and unpredictable aggressive behavior or violence from patients while on duty, the lack of role clarity, understaffing and lack of support at working environment. Another factor strongly related to the development of burnout syndrome is the type of personality and especially "hardiness" which reflects the individual's relative capacity to remain healthy during strong, repetitive, or long time lasting stressful situations.^{1,3-5}

Even though wide variations in the prevalence of the syndrome in health care professionals have been reported, it is most likely to affect nurses, working with patients suffering from cancer or HIV and those working in Emergency Departments or Intensive Care Units. Regarding oncology

nurses and especially those who are providing care to children with malignant disease, the area of job gratification is limited because the disease is often not amenable to therapy and the prognosis is poor. In terms of nurses working with AIDS patients, the fear of contagion as well as the wish to avoid infected patients and the sense of futility is apparent. It is well documented that Emergency Departments or Intensive Care Units are characterized by a high level of work-related stress since they generally manage life threatening conditions.^{1,3-5}

The escalation of the problem underpins the view that a working environment which offers motivations, trust, communication, respect, personal and team support, and allows independence may minimize the incidence of burnout syndrome among health professionals. Additionally, enhancing awareness among supervisors about the signs and symptoms of burnout syndrome would be beneficial in order to identify the individuals at risk. Moreover, the insertion of a support-group in daily clinical practice would offer early intervention in the treatment of the syndrome and application of appropriate solutions and coping mechanisms.^{1,3-5}

Bibliography

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