

STRESS AND BURNOUT AMONG PERIOPERATIVE NURSES

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The Burnout Syndrome has been studied for more than three decades and results from emotional exhaustion mainly associated to the characteristics of work environments. This syndrome was first associated with helping professions, such as lawyers, teachers, social workers and health related ones, and it is currently present in several areas, with a high prevalence among health care professionals.

Professionals who are directly exposed to and are required to deal with conflict situations, leadership positions, quick decision-making and intense bureaucracy are more likely to develop it.

Thus, nurses responsible for providing perioperative care in their daily routine usually deal with a greater sort of conflicts regarding the conduct of clinical cases and illnesses which require them to be extremely involved with the patient, the multiprofessional team and themselves, in order to meet the best possible outcome in patient care. A study carried out in a reference hospital in the city of São Paulo, São Paulo, with 188 nurses who assisted patients in the perioperative period identified that 10% of these professionals had burnout syndrome and over 50% had a propensity to develop it¹.

The effects of the burnout syndrome may be devastating, as they lead to emotional exhaustion, with symptoms ranging from loss of energy and enthusiasm to changes in vital signs, depersonalization related to frustration and detachment, and careless attention to patient care, in addition to low professional achievement, leading to conflicts with staff members, absenteeism, decreased quality of services and, in more extreme cases, chronic stress and suicide^{2,3}.

The burnout process is individual and its evolution may take years or even decades, with a gradual and cumulative onset and a progressive increase in severity, often not noticed by the individual, who usually refuses to believe that there is "something wrong with him/her". Therefore, as the condition progresses, it is considered a major occupational and social issue, with a rather costly treatment for the organization⁴.

This is a theme of great importance in the hospital context, specifically when associated to nursing, which is

considered the third most stressful profession in the health area. This is due to the nursing professional's activities being overwhelmed by excessive workload, limiting contact situations, high levels of tension, and interpersonal problems of those who provide direct assistance. In addition, there are the high bureaucratic and institutional demands and the pressure exerted by patients and their families, as well as oscillations between the feeling of impotence before death and the recovery of patients.

In Brazil, the exact number of nurses or workers affected by the burnout syndrome is unknown, though the issue has been gaining importance in several studies, with the factors associated to the activity working as fundamental predictors.

In this sense, not only institutions, but also professionals themselves, should early recognize the relevant symptoms and factors related to the onset of the syndrome, in order to stop its evolution from reaching extreme proportions and all damages related to it.

Symptoms are manifested as a cascade (burnout cascade) as shown in Figure 1⁵.

The adversities involved in this complex work activity should not represent obstacles in the implementation of preventive diagnosis and treatment measures. Initially, the development of focus groups is recommended for the understanding of critical points, as well as the involvement of sectors' leaderships and hospitals' high management boards throughout the process.

After surveying the problems, professionals should suggest improvement measures and be closely monitored by trained individuals, such as psychologists, psychotherapists and psychiatrists, since drug treatments or other therapies, in some cases, should not be ruled out.

Preventive measures, such as daily physical activities, dedication to leisure and family, cultural programs and other pleasure-related activities should be encouraged by managers.

The creation of a positive work environment where opinions are respected and taken seriously, in addition to the right of workers subjected to the Federal Constitution, must be considered.

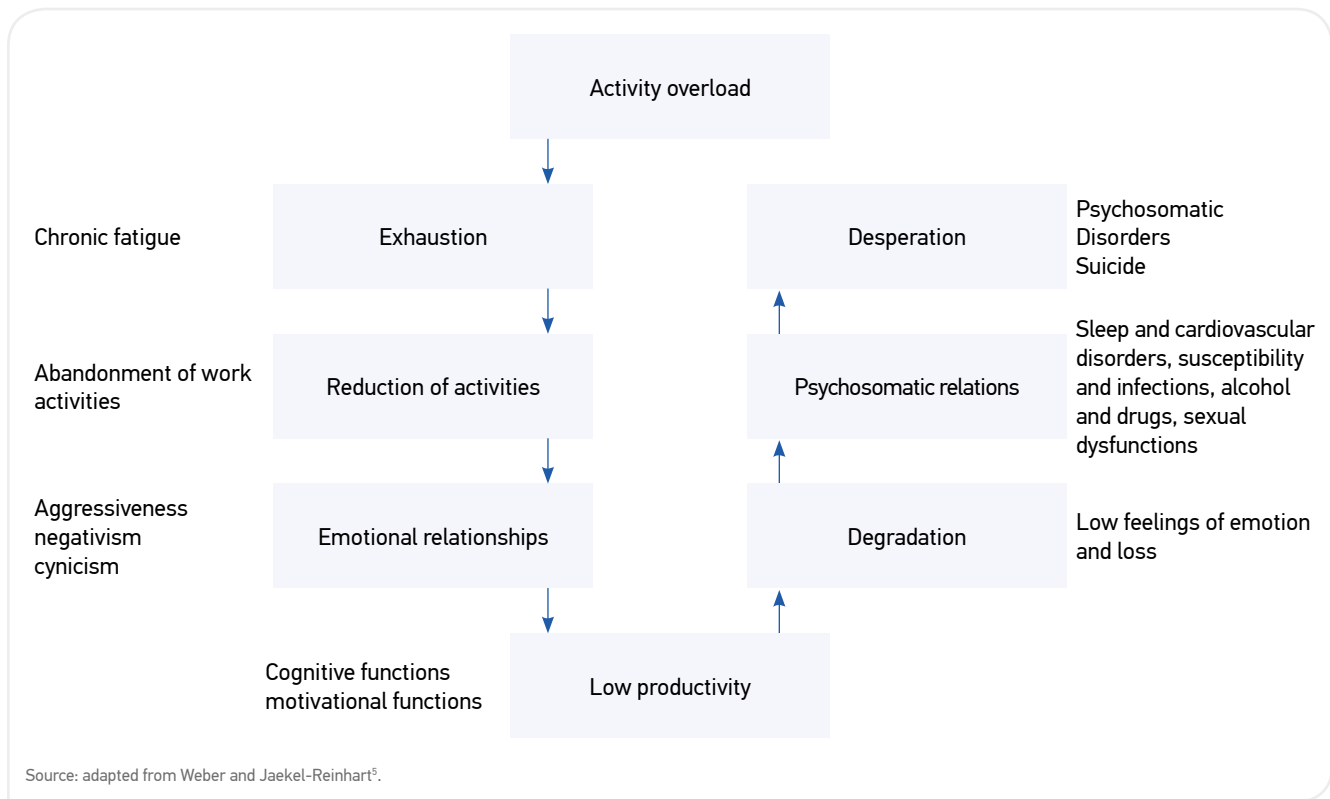


Figure 1. Burnout Cascade.

The early identification of the burnout syndrome not only assists the choice for the best treatment, which allows the individual to be early valued, recovered and reintegrated into his/her work environment, but also reduces the losses that have a direct impact on the quality of care provided to patients.

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