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Research Article

The consequences of burnout syndrome among healthcare professionals in Spain and Spanish speaking Latin American countries

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ABSTRACT

Objectives: Identify the frequency and intensity of the perception of adverse professional consequences and their association with burnout syndrome and occupational variables.
Methods: Cross-sectional sample of 11,530 healthcare professionals resident in Spain and Latin America. The association of negative work-related consequences on burnout, as measured by the MBI and work-related variables was analysed by multiple logistic regression.
Results: The emotional exhaustion was the first variable associated with absenteeism, with intention of giving up profession, personal deterioration, and family deterioration. Depersonalization was most associated with the perception of having made mistakes.
Conclusions: The findings indicate a considerable prevalence of adverse work-related consequences.

1. Introduction

The concept of burnout, a term originating in the USA in the 1970s (Freudenberger, 1974; Maslach, 1976) has been defined – in what is the most well-known definition – by Maslach and Jackson (1981) as "a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who do 'people' work of some kind" due to excessively demanding and stressful working conditions that surpass the worker's coping capacity and frustrating their sometimes idealised and unrealistic expectations. Recent investigation has considered the syndrome to be the result of interaction between different personal and professional factors (Alarcón, Vaz, & Guisado, 2001; Lee, Seo, Hladkyj, Lovell, & Schwartzmann, 2013; Maslach, Schaufeli, & Leiter, 2001), but there is an ongoing debate as to the most appropriate model to explain the syndrome and its evolution (Alarcón et al., 2001; Brenninkmeijer & VanYperen, 2003; Maslach et al., 2001; Schaufeli, Leiter, & Maslach, 2009). It has been observed that emotional exhaustion represents the core burnout dimension and that certain individual and organisational-level correlates, such as work engagement, adaptive coping and the improvement of work processes and interpersonal relationships, are associated with reduced physician burnout, and that apart from cultural and economic factors, some regions make a much greater effort than others to find solutions to mitigate burnout (Lee et al., 2013). Although, the lack of clear diagnostic criteria for burnout makes it difficult to evaluate measurement instruments and assess the degree of agreement with the perception of burnout (Alarcón, Vaz, & Guisado, 2002; Grau et al., 2008; Grau-Martín & Suñer-Soler, 2011). There is, however, greater consensus with regards to the aetiology and consequences of burnout, and personal, organisational and environmental factors have been identified as possible predictive variables (Alarcón et al., 2001; Grau Martín, Flichtentrei, Suñer, Prats, & Braga, 2009; Maslach et al., 2001). As far as the consequences are concerned, burnout can affect health, giving rise to both physical and psychosomatic problems as well as depression, anxiety, low self-esteem, guilt feelings, and low tolerance of frustration (Honkonen et al., 2006; Maslach et al., 2001; Schulz et al., 2011). Work-related consequences can include dissatisfaction with the work (Shanafelt et al., 2009; Soler et al., 2008), reduction in the quality of care (Shanafelt, Bradley, Wipf, & Back, 2002), mistakes in the healthcare provided (West et al., 2006; Shanafelt et al., 2010), unjustified absenteeism (Borritz, Rugulies, Christensen, Villadsen,

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& Kristensen, 2006; Duijts, Kant, Swaen, van den Brandt, & Zeegers, 2007; Maslach et al., 2001; Soler et al., 2008), intention of giving up the job, and abandonment (Leiter & Maslach, 2009; Maslach et al., 2001; Soler et al., 2008). Finally, the impact on the environment of the workers includes family problems, work-home conflict, and reduction in the quality of life (Dyrbye et al., 2011; van der Heijden, Demerouti, Bakker, & N, 2008).

The aim of the present study was to identify the frequency and intensity of the perception of adverse professional consequences in a broad sample of Spanish speaking healthcare professionals and to establish their association with burnout syndrome as well as with Sociodemographic and occupational variables.

Considering the available evidence (Borritz et al., 2006; Duijts et al., 2007; Grau Martín et al., 2009; Maslach et al., 2001; Shanafelt et al., 2010; West et al., 2006), we hypothesised that: (i) burnout is associated with the perception of adverse work-related consequences, (ii) the adverse work-related consequences are especially related to the component of emotional exhaustion in the Maslach Burnout Inventory and (iii) the perception of high levels of optimism is associated with a lesser perception of adverse work-related consequences.

2. Methods

2.1. Study design and study population

A cross-sectional, observational and analytical study was performed of a convenience sample using a questionnaire of healthcare professionals from Spanish-speaking countries registered at the Intramed website (www.intramed.net), who were in possession of the passwords and agreed to participate. The Intramed website was used as this was an effective way to accede to a large sample of health workers across the Spanish-speaking world.

The questionnaires were answered online between December 2006 and September 2007. 32,877 professionals opened the survey (doctors 27,033, nursing staff 848, dentists 868, psychologists 849, nutritionists 589, others 2690). Of these, 11,530 responded to it (35.07%).

36.4% of doctors, 54.4% of nurses, 30.4% of dentists, 27.3% of psychologists, 25.8% of nutritionists, and 21.2% of other professionals who opened the questionnaire responded to it.

All participants received prior information regarding the objectives and the methodological characteristics of the study and gave their informed consent. The online survey methodology employed has been verified by comparing results from internet-based studies with identical studies conducted using traditional methods (Fleming & Bowden, 2009; Schleyer & Forrest, 2000).

2.2. Measures

Ad hoc questionnaire, recording Sociodemographic variables, working conditions and the hours dedicated to leisure each week. The perception of feeling valued in one's professional activity by patients, family members, professional colleagues, and superiors was evaluated on a scale from 0 to 4 points by the perception of feeling valued variable (Grau Martín et al., 2009). Participants were asked if they suffered from any chronic disease. Evaluation of the personal economy, job satisfaction and the level of optimism was performed using a scale from 1 to 10, with 1 being "not at all satisfactory" or "not at all optimistic" and 10 as "highly satisfactory" or "totally optimistic" (Grau Martín et al., 2009). The profession and nationality of the participants were automatically gathered from the Intramed register.

The potential consequences of the work situation were identified through questions and affirmations that made it possible to use a Likert-type answer scale. Regarding to the adverse consequences related to the work and organisational setting, the perception of the workers with regards to work absenteeism, mistakes in the care provided, and the intention of giving up the profession were studied with the questions: "Have you taken time off work without this being justified by physical illness?" (absenteeism), "Do you think that you have made mistakes in the care of your patients due to the conditions of work?", and "Have you considered changing professions?" (intention to abandon). The three questions could be answered as "Never", "Occasionally" and "Often". The consequences of the personal and family setting were studied by analysing the responses – expressed as "Not at all", "Little", "Quite a lot" and "A lot" – to the statements: "The working conditions have deteriorated my family situation" (family deterioration) and "The working conditions have deteriorated my personal situation" (personal deterioration).

The burnout syndrome was measured using the Spanish version of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1986). Authorisation was received from "CPP, Inc." – the licensing company – for the use of this questionnaire. The MBI consists of 22 items with answers on a 7-option Likert scale (a score from 0 to 6 is possible for each item) regarding the frequency with which certain work-related sensations are experienced. This questionnaire has three components: emotional exhaustion (9 items) reflects the sensation of being emotionally tired due to work and with a lesser capacity of commitment than other workers (reliability of MBI: Cronbach alpha = 0.89); depersonalisation (5 items) describes callous and insensitive behaviour towards patients (Cronbach alpha = 0.66).; and personal accomplishment (8 items) expresses feelings of competence and achievement (Cronbach alpha = 0.79). High values in the case of emotional exhaustion and depersonalisation, and low values in the case of personal accomplishment, are indicative of burnout syndrome (Gil-Monte & Peiró, 1999; Maslach & Jackson, 1986).

2.3. Statistical analysis

The description of the work-related consequences was obtained through their frequency and/or presence as a percentage in the global sample and in each one of the nations that made up more than 1% of the sample. The remaining nations, Venezuela, Bolivia, Panama, Chile, Honduras, Nicaragua, Costa Rica and others, were included in the group of "other countries".

The association of each of the negative work-related consequences with the components of the MBI and with sociodemographic and work-related variables was analysed by multiple logistic regression with the forward method (Wald). The dependent variable was the worst possible situation of each negative work-related consequence (often or a lot) compared with the other response options. The independent variables that could be chosen for inclusion in the model were: age, sex, having a partner, number of children, performing duties, years in the profession, having a chronic illness, weekly leisure time, job satisfaction, optimism, personal economy, perception of feeling valued, profession, emotional exhaustion of the MBI, depersonalisation of the MBI and personal accomplishment of the MBI.

All of the variables selected in the model are shown in the analysis of the global sample but in the analysis of each of the participating nations, only the three first variables that entered in the model are given. The analysis of the data was performed with the SPSS version 15.0 statistical package.

3. Results

The sample consisted of 11,530 Spanish-speaking healthcare professionals resident in Spain and Latin America (5882 (51%)