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LIFE HABITS AND DIMENSIONS OF THE BURNOUT SYNDROME AMONG PRE-HOSPITAL EMERGENCY WORKERS

HÁBITOS DE VIDA E DIMENSÕES DA SÍNDROME DE *BURNOUT* ENTRE TRABALHADORES DA EMERGÊNCIA PRÉ-HOSPITALAR

HÁBITOS DE VIDA Y MAGNITUD DEL SÍNDROME DE *BURNOUT* ENTRE LOS TRABAJADORES DE LA EMERGENCIA PREHOSPITALARIA

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Objective: to describe lifestyles and dimensions of the Burnout syndrome in prehospital emergency care workers. Method: this is a descriptive, quantitative approach study involving 56 workers between March and April 2017. The Maslach Burnout Inventory was applied to evaluate the dimensions of Burnout syndrome and questionnaire for sociodemographic characterization. The data were presented by means of statistical description. Results: healthy life habits and professional achievement with the activity were able to act as protective factors for the development of the syndrome among these workers. 91.1% of workers did not use tobacco; 60.7% did not drink alcoholic beverages; 62.5% did physical activity and 100% had leisure activities. Participants presented low level of emotional exhaustion (75%), low level of depersonalization (50%), and professional achievement (57.14%). Conclusion: pre-hospital emergency care workers had healthy life habits and did not fit the Burnout syndrome classification.

Descriptors: Occupational Stress. Worker's Health. Health Professionals. Pre-Hospital Emergency Care.

Objetivo: descrever hábitos de vida e dimensões da síndrome de Burnout em trabalhadores do atendimento de emergência pré-hospitalar. Método: estudo descritivo, de abordagem quantitativa, realizado com 56 trabalhadores, entre março e abril de 2017. Foi aplicado o Maslach Burnout Inventory para avaliar as dimensões da síndrome de Burnout e questionário para a caracterização sociodemográfica. Dados apresentados mediante descrição estatística. Resultados: hábitos de vida saudáveis e realização profissional com a atividade exercida puderam agir como fatores de proteção para o desenvolvimento da síndrome entre esses trabalhadores. Não faziam uso de tabaco, 91,1% dos trabalhadores; 60,7% não ingeriam bebida alcoólica; 62,5% faziam atividade física e 100% realizavam atividades de lazer. Os participantes apresentaram nível baixo de exaustão emocional (75%); baixo nível de despersonalização

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(50%) e realização profissional (57,14%). Conclusão: os trabalhadores do atendimento de emergência pré-hospitalar tinham hábitos de vida saudáveis e não se enquadraram na classificação da síndrome de Burnout.

Descritores: Estresse Ocupacional. Saúde do Trabalhador. Profissionais de Saúde. Atendimento de Emergência Pré-Hospitalar.

Objetivo: describir los hábitos de vida y la magnitud del síndrome de Burnout en los trabajadores de la atención de la emergencia prehospitalaria. Método: estudio descriptivo, de abordaje cuantitativo, realizado con 56 trabajadores, entre marzo y abril de 2017. Se aplicó el Maslach Burnout Inventory para evaluar la magnitud del síndrome de Burnout y un cuestionario para realizar la caracterización sociodemográfica, presentándose los Datos mediante la descripción estadística. Resultados: hábitos de vida saludables y realización profesional por la actividad ejercida actuaron como factores de protección contra el desarrollo de este síndrome entre los trabajadores. No fumaban, 91,1% de los trabajadores; 60,7% no ingerían bebida alcohólica; 62,5% hacían actividad física y 100% realizaban actividades de ocio. Los participantes presentaron nivel bajo de agotamiento emocional (75%); bajo nivel de despersonalización (50%) y realización profesional (57,14%). Conclusión: los trabajadores de la atención de la emergencia prehospitalaria tenían hábitos de vida saludables y no se encuadraron en la clasificación del síndrome de Burnout.

Descriptores: Estrés Ocupacional. Salud del Trabajador. Profesionales de la Salud. Atención de Emergencia Prehospitalaria.

Introduction

The private pre-hospital care companies in Brazil emerged within the context of the institutionalization of the Mobile Emergency Care Service (SAMU, acronym in Portuguese). At this time, the Ministry of Health published Administrative Rule No. 1,864, of September 29, 2003, considering the Brazilian morbidity and mortality related to urgencies, as well as the low population coverage in the provision of these services[1].

The high rate of accidents on Brazilian highways is a reality that constitutes an important public health problem. Land transportation accidents in Brazil were responsible for 43 thousand deaths in 2013, with approximately 170 thousand hospitalizations financed by the Unified Health System. This is one of the main causes of death in the country[2]. This situation tends to worsen, driven by the expansion of the motor vehicle fleet in the country, with the consolidation of the automobile industry and the policies that favored the expansion of production capacity in this sector[3].

In the Metropolitan Region of Greater Vitória (RMGV), Espírito Santo, Brazil, between 2008 and 2013, 156,355 traffic incidents were recorded, of which 16.1% occurred on the federal highways that cross the region, mainly BR-101 and BR-262[4].

For the workers that work in this type of care, the roads are the care environment that, unlike the equipped structures, with intense technological and human support, and rigid protocols of the health services, such as hospitals, are loaded with adverse factors that require workers' initiative and creativity. Health workers who work in this type of care are constantly exposed to stressors.

Part of the daily life of these workers include the permanent state of readiness for unusual situations, the exhausting scales, dealing with the great demand for pain and suffering, emotional exhaustion and constant frustrations to which they are submitted. In an attempt to maintain emotional balance, these professionals often silence their suffering and deny the conflicts generated by the work. The work environment is pointed out as one of the factors that can compromise workers' health, and is thus a source of conflict when the individual perceives the gap between the commitment to the profession and the system in which it is inserted[5].

The National Worker Health Policy aims to reduce accidents and prevent work-related illnesses based on promotion, prevention

and rehabilitation actions, based on one of its guidelines, which is comprehensive health care for the worker. However, it is agreed on the subject with scholars, when they declare that, despite all the initiatives of the policies in force in Brazil, the health of workers continues to face great challenges to materialize as a priority political field of action in the fight against the numerous forms of violence and neglect in the different working environments[6].

Among occupational diseases, Burnout syndrome predominates among health professionals – doctors, nurses, social workers, dentists, and physiotherapists – as well as teachers, police officers, firefighters and other professionals who are subject to daily contact with the public and coexist with the emotional load from their work[7]. Burnout syndrome is psychological in response to chronic stressors present in the work environment and is characterized by symptoms of emotional exhaustion, depersonalization and reduced satisfaction with work[8].

The living habits of workers can become contributing risk factors that cause illness. Thus, regular physical exercise, weight control, reduced alcohol intake and suppression of smoking can contribute positively as attenuators in the production of the syndrome and reduce the risk of illness. The habits and customs of a particular population can be modified when individuals perceive themselves as subjects of their stories. This change, however, is an arduous task, since it is accompanied by a movement of resistance and requires investment of physical, mental and emotional energy, which often seems to exceed possibilities, on the basis of the time the worker dedicates to work[9-10].

In this context, it was assumed that factors related to the life habits of pre-hospital care workers might influence the dimensions of Burnout syndrome. Thus, the purpose of this study was to describe the life habits and dimensions of Burnout syndrome in pre-hospital emergency care workers.

Method

This is a descriptive and exploratory study that uses a quantitative approach. A group of 56 health workers, working at a pre-hospital care company in the city of Vitória, Espírito Santo, Brazil, participated in the study. The data were collected in March and April 2017. The rescue of victims of accidents at BR-101 in the state of Espírito Santo, Brazil, also called ECO101, is carried out by SAMU, when the accident occurs near the RMGV, and by a private pre-hospital care company, that covers the stretch of highway along the state.

The established inclusion criterion was to act in the function for six months or more. The exclusion criterion was related to professionals who were away from their activities due to vacations or medical leave.

Two research instruments were applied: the Maslach Burnout Inventory (MBI), which is used to evaluate the dimensions of Burnout syndrome, and a questionnaire with closed questions, for sociodemographic characterization (sex, marital status, schooling and professional category) and identification of life habits in relation to alcohol and smoking, physical activity and leisure activity. The scheduling for the application of the instruments was carried out by telephone.

The MBI was developed by Christina Maslach and Susan Jackson in 1978, translated and validated in Brazil by Lautert and Robayo-Tamayo. It is a questionnaire to be answered by a six-point frequency scale ranging from zero (never) to six (always) and has three dimensions: Emotional Exhaustion (EE), Depersonalization (DE) and Professional Realization (PR). The sum of the points classifies the dimensions as follows: the low-level EE varies from 10 to 15 points; the average level varies from 16 to 25; the high level ranges from 26 to 54; the low-level DE varies from zero to 2; a mean level from 3 to 8; and a high level from 9 to 30. The PR has a low-level variation from zero to 33, a mean from 34 to 42 and a high from 43 to 48[8].

The data were statistically treated by the software StatisticPackage for the Social Science

(SPSS), version 23.0 for Windows, and then frequency and percentage of the variables that were presented in the form of tables were checked, allowing the analysis by descriptive statistics.

The project was submitted to a Research Ethics Committee under CAAE No. 49903415.1.0000.5065 and was approved under Opinion No. 1,516,248.

Results

The participants are distributed in the following categories: 9 physicians, 24 nurses, and 23 nursing technicians. 59.57% of the workers who were working in the function for 6 months or more were included. Moreover, the remaining 40.43% of the workers did not participate in the survey, because eight were on vacation, three were on medical leave, six did not agree to participate and the remaining 40.43% were not approached due to duty shifts and the displacement of the bases where ambulances are located. Table 1 shows the sociodemographic characterization and the positions of the research participants.

Table 1 – Sociodemographic characterization and position of participants, Metropolitan Region of Greater Vitória, ES, Brazil – 2017 (N=56)

Variable	Frequency (n)	Percentage (%)
Sex		
Female	15	26,8
Male	41	73,2
Total	56	100,0
Schooling		
Technical	21	37,5
Higher	35	62,5
Total	56	100,0
Marital Status		
Married	35	62,5
Single	6	10,7
Others	15	26,8
Total	56	100,0
Function		
Physician	9	16,1
Nurse	24	42,9
Nursing Technician	23	41,1
Total	56	100,0

Source: Created by the authors.

As for lifestyle habits, the research highlights that, although almost none of the participants (91.1%) smoked, 60.7% used alcohol and 62.5% did some type of physical activity (Table 2).

Table 2 – Characterization of the participants regarding the habits of life, Metropolitan Region of Greater Vitória, Espírito Santo, Brazil – 2017 (N=56) (continued)

Habit	Frequency (n)	Percentage (%)
Smoke		
Yes	5	8,9
No	51	91,1
Total	56	100,0

Table 2 – Characterization of the participants regarding the habits of life, Metropolitan Region of Greater Vitória, Espírito Santo, Brazil – 2017 (N=56) (conclusion)

Habit	Frequency (n)	Percentage (%)
Alcohol		
Yes	22	39,3
No	34	60,7
Total	56	100,0
Physical activities		
Yes	35	62,5
No	21	37,5
Total	56	100,0
Leisure activities		
Movie theater	2	3,6
Caring for domestic animals	1	1,8
Resting	4	7,1
Sleeping	2	3,6
Sport	13	23,2
Studying	2	3,6
Family	18	32,1
Movies	1	1,8
Games	1	1,8
Church	1	1,8
Reading	3	5,4
Fishing	1	1,8
Beach	4	7,1
Traveling	3	5,4
Total	56	100,0

Source: Created by the authors.

Table 3 presents the data regarding the levels (low, medium and high) of the dimensions of Burnout syndrome.

Table 3 – Characterization of the dimensions of Burnout syndrome, Metropolitan Region of Greater Vitória, Espírito Santo, Brazil – 2017 (N=56)

Dimension	Levels			Total
	Low	Medium	High	
Exhaustion				
Frequency	42	11	3	56,0
Percentage	75,0	19,6	5,4	100,0
Depersonalization				
Frequency	28	18	10	56,0
Percentage	50,0	32,1	17,9	100,0
Professional achievement				
Frequency	7	17	32	56,0
Percentage	12,5	30,4	57,1	100,0

Source: Created by the authors.

Discussion

It is observed that 73.2% of the pre-hospital health team workers were male, corroborating a study about Burnout syndrome in emergency care professionals[9]. As for sex being a protective factor for the development of Burnout syndrome, men are considered more likely to use problem-focused strategies, that is, they act directly on the stressors, while women generally use emotion-focused strategies. Another factor that may influence the greater presence of males in this research is the type of activity performed by these workers, who mostly attend victims of motor vehicle accidents on highways, which certainly influences the selection criteria of the company, as well as the workers' own choices.

Studies that seek to understand the gender issues related to Burnout are important, so that it can be established if, in fact, there are significant differences in the process of becoming ill. This difference also adds to the fact that women, in addition to the workday, perform housewife activities, along with the responsibility of parenting and domestic work, registering higher levels of stress[11-12].

Of the 56 employees of the company under study, 83.92% were from nursing. However, several studies indicate that Brazilian nursing still continues to be a profession preferentially developed by women, as has been occurring throughout its history, despite the increase in male insertion in the category[13].

The Burnout syndrome in nursing workers who act in the urgency and emergency, when related to the civil state, provides to the marriage or the situation of stable union less propensity to the development of Burnout syndrome[7-9].

Most workers (91.1%) reported not using tobacco. A study[14] that evaluated 261 individuals – administrative assistants, physicians and nurses – from a cancer hospital in Manhattan, United States, found high levels of emotional exhaustion and depersonalization among professionals, as well as identifying that alcohol and cigarette consumption was one of the strategies most used by participants as a coping method.

Regarding the ingestion of alcoholic beverage, 60.7% of the participants reported not doing regular use. This result is considered positive, due to the strong relation between Burnout syndrome and the increase of alcohol consumption. As a process of coping with Burnout symptoms, individuals who are more vulnerable to negative emotions are attracted by the consumption of alcoholic beverages and may also use other illicit drugs[12-15].

In professions that demand high emotional and psychic load, such as police officers, doctors, nurses and lawyers, individuals tend to be more susceptible to Burnout. This fact may increase the tendency to develop disorders related to alcohol consumption. The increase in alcohol consumption in response to high levels of stress has been reported in the literature as a coping strategy[12-15] and has aroused scholars' concern.

A multicenter study[16] developed in 12 European countries with a sample of 1,393 family physicians working in Primary Care found that there was a greater risk of emotional exhaustion and depersonalization in physicians who reported alcohol consumption. As for smoking, an association with low personal achievement was identified. A study[14] stated that individuals attempted to minimize occupational stress, used alcoholic beverages, which had a relationship with unhealthy lifestyle and a greater predisposition to the possible effects of Burnout.

The majority of the participants (62.5%) reported practicing physical activity two to three times a week. The literature points out that companies must develop coping strategies in order to alleviate problems in the work environment, reducing difficulties and giving support to workers. This measure provides better living conditions inside and outside the organization and, consequently, improves the quality of care provided to individuals[16].

Therefore, it is not redundant to say that physical activity offers health benefits, since it improves aerobic condition, and reduces coronary risks and occupational stress[10]. There is an inversely proportional relationship between physical activity and occupational stress, that

is, the better the physical conditioning, the lower the stress levels. In addition, there is greater tolerance to stress in physical activity practitioners. Therefore, the regular practice of physical activities and exercises is justified as a protection factor for the involvement of specific occupational stress symptomatologies, including Burnout syndrome[16-17].

When added the percentages, it was observed that 63.2% of the workers used their free time with activities that refer to the association between the terms "free time" and the "new concept of idleness" which distances itself from the consumption-oriented "idleness" within capitalist society and approaches another term in its humanist and more liberating aspect. In this case, the entertainment is focused on the playful aspect and the constant search for self-realization, human development and quality of life[17].

The relationship between work and leisure indicates that behaviors, such as satisfaction, had an inverse effect on the three dimensions of Burnout syndrome. The higher the index of behavior and satisfaction associated with leisure, the lower the rate of emotional exhaustion and depersonalization, and the higher the rate of personal achievement. In this way, leisure can contribute to the reduction or prevention of Burnout[18]. Acquiring healthy lifestyle habits, such as exercising regularly, sleeping well, maintaining a balanced diet and enjoying leisure, is necessary to reduce the effects of stress[17-18].

To characterize Burnout syndrome, it is necessary that workers have high levels of emotional exhaustion and depersonalization followed by a low level of professional achievement. The results identified by the applied instrument (MBI) initially allowed observing that only three workers could be classified as Burnout according to the criteria established by the Nucleus of Advanced Study on Burnout Syndrome (NEPASB, acronym in Portuguese). When trying to identify if these three workers classified with high level of exhaustion also presented high level of depersonalization and low level of professional accomplishment, it was verified that none of the 56 workers fit the criteria of classification for Burnout, as directed by NEPASB.

It is worth mentioning that the MBI is based on a psychosocial approach that analyzes the professional exhaustion based on three independent dimensions: exhaustion, which refers to the emotional state, that is, the loss or reduction of emotional resources to deal with the difficulties inherent in work; depersonalization, which is understood as the development of negative attitudes that may resemble insensitivity or even cynicism in relation to those who receive the service rendered; and professional achievement, which can be expressed when reduced, in a tendency to evaluate one's work in a negative way, and may or may not be associated with low self-esteem[8-10].

Among the workers surveyed, 57.1% had a high level of professional achievement. This result leads to initial reflection on the pleasure of workers in performing certain activities. In this case, it refers to the performance of these professionals in emergency services, which corresponds to the needs of individuals to express their subjectivity, participating in the choice and pace of work, and modifying their organization, according to their will.

The type of activity of workers who work in pre-hospital care, and in this case, on highways as a care environment[11], requires, in addition to technical knowledge, a certain mastery over the work process or the set of skills involved in this process, such as thinking fast and being agile. Therefore, it is an environment where time is a fundamental factor, the activities are varied and the clinical conditions of the victims require agility due to the risk of impending death.

In a study with workers who worked in emergency care services, a positive association between occupational stressors and the three dimensions of Burnout was identified. This element can give special meaning to the work and make the individual capable of converting suffering into satisfaction[19]. In spite of the exhaustive days and low remuneration, besides the emotional load, there is satisfaction with

the work in health, mainly among the workers that exercise lifeguard activity, because they are moved by the pride in the exercise of the function and by the power of possessing abilities that make saving lives possible. Added to this is the social recognition of the work itself, since this activity leads to the opportunity to provide decisive assistance to people's lives, indicating a source of professional achievement[16-19].

Factors such as leisure, physical activity, low levels of tobacco and alcohol consumption, and high professional achievement may have contributed to these results. This is because activities that stimulate physical and emotional well-being, such as physical activity, leisure, rest, sleep, spiritual support, and stability in the affective life, promote positive feelings and thoughts that improve self-esteem and generate changes in social relationships and working conditions that can decisively affect the well-being of workers.

It was observed that the workers had healthy life habits, and were not classified in accordance with the dimensions of the Burnout syndrome. This allowed inferring, based on the literature, that habits and professional achievement are protective factors for the development of the syndrome. It should be noted that the activity of these workers, despite the adversity of the environment and multiple stressors, is imbued with social recognition, a fact that can contribute to the professional achievement.

Although scientific evidence in the literature confirms the association between life habits and Burnout syndrome, the present study does not allow this statistical inference, considering that the objective was to describe the relationship between these variables. Another limitation of the study was the loss of 40.43% of the participants due to vacations, medical leave, changing shifts and the displacement of workers from ambulance location bases.

Conclusion

The objective proposed in the present research was reached, once it was identified that the workers studied had healthy life habits and did not fit the classification criteria for Burnout syndrome. Thus, the results of this study contribute to reinforce the evidence in the literature, when it points out that healthy life habits can act as a protective factor for the development of the Burnout syndrome. The method used and the descriptive statistics allowed identifying the frequency and percentage of the studied variables without, however, making a correlation between these variables.

Emphasis should be given to the low existence of Brazilian studies correlating the dimensions of Burnout with life habits among health workers who work in pre-hospital care on state highways. For this reason, it is necessary that other studies be developed, mainly in the evaluation of correlations between habits of life and Burnout, besides including other variables of interest for its confirmation or not.

Collaborations:

1. conception, design, analysis and interpretation of data: Flávio Costa da Conceição;

2. article writing and critical review of intellectual content: Flávio Costa da Conceição, Maristela Dalbello Araújo, Luzimar dos Santos Luciano and Maria Carlota de Rezende Coelho;

3. final approval of the version to be published: Maria Carlota de Rezende Coelho.

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