

Commentary

Reflections on the Burnout syndrome and its impact on health care providers

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Page | 197

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The "burnout syndrome" (BOS) is used to describe a type of job stress specifically in those professionals who maintain a direct relationship with people who are the beneficiaries of their work and mean to be or feel burned, exhausted, and overworked.^[1,2]

This concept arose in the United States in the mid-seventies,^[3] and explained the deterioration in the care of the health service organizations and volunteer, social, and educational services.^[4] More later it was redefined as the result of persistent claim of a set of unachievable expectations. The syndrome is reported as a response to chronic work stress; it comprises attitudes and negative feelings toward the people they are working with, toward self-professional role as well as being emotionally exhausted.^[5-8] From a psychosocial perspective, it is a three-dimensional syndrome present in professionals working with people and add three-dimensional characteristics, such as emotional exhaustion, depersonalization, and self-realization. In an effort to detect and measure the severity of BOS, Maslach and Jackson developed the Maslach Burnout Inventory. This scale evaluates three-dimensional characteristics, namely, emotional exhaustion, depersonalization, and lack of personal accomplishment.^[4]

Research studies about burnout in health workers reveal its presence in recent years; the reason is the increased work overload associated with sociodemographic factors and/or tobacco habit which silently affects the mental and physical well-being of doctors and nurses.^[7]

The burnout in nurses is a phenomenon that has been examined in numerous research studies. Particularly, nurses have heavy workloads and extensive responsibilities, but only limited authority.

They must care for unstable patients, carry out procedures accurately, and react to extremely urgent matters, although their decision latitude is often insufficient to cope effectively with these demands. These matters, in association with personal and occupational factors, have been identified as the main components involved in the burnout syndrome.^[9] In fact, this burnout syndrome is associated with the decreased well-being among nursing staff members, decreased quality of care, and costs related to absenteeism and high turnover, all of which lead to highly devastating consequences in the Intensive Care Units.^[7]

We understand the importance of early detection of the burnout syndrome primarily in health care personnel (nurses, medical doctors, etc.) because by it can cause serious health disorders, physical, psychological, social,^[10] which affect the personal life and family structure of the subject and are also reflected in the job quality.^[11] We support and agree, as previously considered by Perlman and Hatman,^[12] that research on burnout would benefit from a focus on its underlying primary dimensions, treating burnout as a multidimensional construct and a gradual process.

Finally we encourage researchers to find out more about the burnout syndrome, its consequences, and possible control in health care professionals because these investigations will revert in a better physical and emotional health in health care providers and hence in the population that they care for.

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