BURNOUT SYNDROME AMONG PUBLIC AMBULANCE STAFF

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BURNOUT OUT SYNDROM AMONG PUBLIC AMBULANCE STAFF (Abstract): Healthcare professionals are frequently confronted with urgent situations and a high-risk human intervention. They are usually exposed to what is called burnout syndrome. **Aim:** To identify the effects of burnout syndrome on the professional conduct and attitudes of doctors and nurses who work in the Romanian public ambulance service. Secondary, the causal relationships between burnout and various socio-demographic variables were analyzed. **Material and methods:** The 20-item Toronto Alexithymia Scale (TAS-20), Maslach Burnout Inventory and Job Satisfaction Questionnaire were administered to 122 ambulance doctors, nurses and drivers (62 females and 60 males). **Results:** The degree of job satisfaction is the most important indicator of burnout syndrome. Significant differences were found between low and high alexithymic subjects. Women are more susceptible to experience higher levels of burnout than men. The level of burnout is influenced by the combined effect of job satisfaction and alexithymia. **Conclusions:** Burnout syndrome is a common problem among people working in the emergency medical system. The causes of job-related burnout have to be identified in order to apply an appropriate level of burnout intervention program and to increase the efficiency of coping strategies. **Keywords:** ALEXITHYMIA, BURNOUT SYNDROME, MEDICAL STUFF, AMBULANCE SERVICE

The term “burnout” was first used in the USA in the '70s among employees of social care services. Typical symptoms of burnout are classified as: physical - fatigue, frequent headaches, gastrointestinal disorders, insomnia, changes in eating habits, lowered immunity and frequent infectious conditions, cardiovascular disorders, muscle disorders; psychological - feelings of guilt, negativism, low motivation, mood swings, irritability, low empathy and self-confidence, mnemonic disorders, and behavioral - frequently absent from or late for work, refusal of dialogue, a tendency to avoid telephone contacts and postpone meetings, low performance, conflicting relationships with family and friends (1, 2, 3). Studies in the field showed that work satisfaction and alexithymia correlate with the burnout syndrome obtaining important results for the understanding, as well as prevention of this phenomenon (4).

Despite the fact that initially burnout was not looked upon as a serious scientific topic, research on it started to flourish from the beginning of the 1980s. From 1975 to
1980, the number of articles published on burnout increased from 5 per year to over 200. Since the beginning of this century, over 6000 articles on burnout have been published (1). Significant aspects of burnout have been studied at length in countries with a tradition in business development, especially from the perspective of preventing and treating such symptoms. Three quarters of employees believe that occupational stress is more significant nowadays than it used to be for the previous generation. Workplace problems are more strongly associated with health complaints than with any other problem, for example, financial or even family problems (5, 6).

Researches were focused on specific groups, the representative ones targeting workers in healthcare (doctors and nurses), social care services, education and students (7,8,9,10).

Comparative studies between risk groups in the same professional field were conducted in various countries, such as Canada and the Netherlands, and the results indicated that the levels of exhaustion and depersonalization of Canadian teachers were higher than those of their Dutch colleagues (11).

In Switzerland, for instance, there are specialized clinics for the recovery of individuals affected by burnout. People take action in order to address this issue without being or feeling stigmatized. In countries like USA, the Netherlands or Spain, burnout is acknowledged as a temporarily disabling condition and people receive specialized help in order to overcome this situation and regain socio-professional functioning (2). Burnout is a transient state, but one that cannot be overcome without taking certain measures.

In Romania, a study conducted in 2007 by Competent Consulting, European Commission agency, on a sample of 2000 subjects showed that 40% of them were affected by occupational stress and 39% by burnout at emotional level (12). In our country the key issue at stake is correct identification of burnout, as it is commonly mistaken for depression or chronic stress, seeing as there is no “tradition” of treating this problem. The burnout syndrome has no immediate manifestations, but appears as a gradual reaction to emotional exhaustion and prolonged exposure to stressors, which, in their turn, lead to a higher degree of dehumanization and professional dissatisfaction (13).

The rising incidence of the burnout phenomenon in Romania caused an increase in specialist interest in this field. Most research work is focused on healthcare professionals: one third of anesthesiologists (mostly women) included in a study conducted in 2012 showed that high levels of exhaustion, daily concerns and workload were the major predictors of depersonalization (14,15).

**MATERIAL AND METHODS**

The aim of this research was to determine the relationship between work satisfaction, alexithymia, length of service, gender and the occurrence of the burnout syndrome among public ambulance staff.

The research hypotheses were: 1. burnout syndrome in public ambulance staff varies in relation with the level of professional satisfaction and alexithymia, length of service and gender and the occurrence of the burnout syndrome among public ambulance staff.

The research hypotheses were: 1. burnout syndrome in public ambulance staff varies in relation with the level of professional satisfaction and alexithymia, length of service and gender; 2. There are interaction effects between the independent variables level of professional satisfaction, level of alexithymia, length of service and gender and the dependent variable burnout.

The research variables of the study
were: the burnout syndrome as dependent variable and independent variables:
  1. Job satisfaction, with two levels: low and high;
  2. Alexithymia, with two levels: low and high;
  3. Length of service, with two levels: 1-15 years and 16-35 years;
  4. Gender: male and female;
  5. Professional categories - auxiliary medical staff (nurses) and ambulance drivers.

A number of 122 ambulance doctors, nurses and drivers (62 females and 60 males) from two public ambulance services on North-Eastern Romania voluntarily accepted to participate in this study.

To measure alexithymia we used the 20-item Toronto Alexithymia Scale (TAS 20), which assesses alexithymia as a multifaceted construct, consisting of (1) difficulties in identifying emotions (DIF), (2) difficulties in describing emotions (DDF) and (3) externally oriented thinking style (EOT). TAS 20 consists of 20 self-descriptive statements, and has a good internal consistency (Cronbach alpha coefficient 0.85).

To measure the burnout phenomenon we used the MBI with 3 subscales: emotional exhaustion (the feeling of being emotionally exhausted and depleted by one's work); depersonalization (emotional coldness and impersonal reactions towards the recipients one's service), personal accomplishment (feelings of competence and accomplishment in working with other people).

To assess professional satisfaction we used the Work Satisfaction survey. This includes four factors: Remuneration and promotion (Cronbach alpha =0.820); Leadership and interpersonal relationships (Cronbach alpha =0.760); Organization and communication (Cronbach alpha =0.738). The Cronbach alpha coefficient for the entire survey was 0.872.

RESULTS

Important interaction effects were found between the level of professional satisfaction, level of alexithymia, length of service and gender and the results of the dependent variable burnout:
  a. there is a combined interaction effect between the level of professional satisfaction and the level of alexithymia on the burnout variable (F(3.118)=7.25 ; p= 0.008), subjects with low levels of professional satisfaction and high alexithymia having the highest burnout values;
  b. there is a combined effect of gender and alexithymia on burnout level (F(3.118)=4.34, p=0.03), female subjects with high alexithymia having the highest burnout values;
  c. there is a combined effect of professional satisfaction and length of service on burnout level (F(3.118)=11.79, p=0.001), subjects with lengths of employment of over 16 years and low professional satisfaction having the highest burnout values;

The second hypothesis emphasizes the relationship between the burnout syndrome in healthcare professionals working in emergency care services and the level of professional satisfaction, level of alexithymia, length of service and gender.

a. relationship between burnout and the level of professional satisfaction. Results obtained after using t tests on independent samples emphasize the fact that there are significant differences between subjects with high levels of job satisfaction (M=22.13) and subjects with low levels of job satisfaction, in what concerns the perceived degree of burnout (t (120) = 6.56,
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p=0.000), in that subjects with high levels of job satisfaction have lower levels of burnout syndrome (M=22.13), compared to subjects with low levels of job satisfaction (M=42.81);

b. relationship between burnout and the level of alexithymia. The t test for independent samples reveals significant differences (t (120) = -2.65, p=0.000) in the level of burnout depending on the level of alexithymia, in that those with high levels of alexithymia have higher burnout levels (M=38.23) than those with low levels of alexithymia (M=28.79);

c. As to the influence of the variable length of service on the perceived level of burnout, the research hypothesis was not confirmed;

d. The last hypothesis of the study, which claims that there is a significant female-male difference in burnout, was confirmed. The t test for independent samples (t (120) = -6.37, p=0.000) shows that female subjects (M=43.39) have higher levels of burnout than male subjects (M=23.25);

e. there are no significant differences between the perceived burnout and subjects' professional categories (nurses and ambulance drivers).

CONCLUSIONS

Our study emphasizes the fact that the level of professional satisfaction is an important indicator of the emergence of burnout syndrome; the higher the level of job satisfaction, the lower the possibility of becoming the victim of an “internal combustion” (burnout). We may talk about a causal relationship between professional satisfaction and burnout. Much like professional satisfaction, alexithymia also plays a major role; a high level of alexithymia is associated with a high level of burnout, because the inability to identify and express emotions often leads to estrangement from others and from oneself. Alexithymia causes many problems which hinder man's normal functioning in society. Women are more likely to exhibit higher levels of burnout than men. This fact may be explained in terms of gender differences, which make women a lot more susceptible; they tend to be more emotionally involved in their work, to show more soft spots for their patients, and to be more subjective.

REFERENCES


**NEWS**

**ATRIAL FIBRILLATION FROM THE PATHOLOGIST’S PERSPECTIVE**

Atrial fibrillation (AF) is the most common sustained arrhythmia encountered in clinical practice. Electrophysiologically, it is characterized by a high rate of asynchronous atrial cell depolarization causing a loss of atrial contractile function and irregular ventricular rates. For a long time, AF was considered as a pure functional disorder without any structural background. Only in recent years, new mapping and imaging techniques have identified atrial sites which are predominantly involved in AF initiation and maintenance, i.e., the pulmonary veins (PVs) and the surrounding left atrial posterior wall of the myocardium. Morphological analysis of these myocardial sites has demonstrated significant structural remodeling. This architectural myocardial disarrangement is induced by the arrhythmia itself and the associated cardiovascular disorders. At the same time, the structural remodeling is also capable of sustaining AF, thereby creating a sort of pathogenetic vicious circle. This review focuses on current understanding about the structural and genetic bases of AF with reference to their classification, pathogenesis, clinical implications and cure. Ablation procedures performed in these specific left atrial sites has very often proved efficient in restoring sinus rhythm in patients suffering from AF. In conclusion, AF itself and the associated cardiovascular disorders are capable of inducing in the atrial myocardium various degrees of remodeling at the histologic and ultrastructural level. The extent of structural remodeling goes hand in hand with the clinical history of AF. As the disease evolves from paroxysmal to chronic, this remodeling spreads to larger portions of the atrial wall often making both classic antiarrhythmic drugs and ablation of the sole PV outlets ineffective. On this basis, the most urgent strategy is preventing the structural remodeling—with special regard to interstitial fibrosis, by early treatment of the arrhythmia as well as its underlying cardiovascular diseases (Corradi D. Atrial fibrillation from the pathologist’s perspective. Cardiovascular Pathology 2014, 23: 71–84).

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