




Burnout syndrome and job performance in health personnel

Síndrome de Burnout y desempeño laboral en el personal de salud


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PALABRAS CLAVE

Primary care, job performance, health personnel, Burnout syndrome

Health professionals are the most vulnerable to factors that trigger work stress associated with Burnout syndrome, which usually affects their work performance and the quality of their attention, causing frequent complaints from users, particularly at the first level of attention at health system centers. **Objective:** To identify the presence of the Burnout syndrome in its 3 dimensions: emotional exhaustion, depersonalization, personal fulfillment to identify the level of work performance in its four scales: technical quality and medical attention, training and continuing education, productivity, skills; and to establish whether there is a relation between Burnout syndrome and work performance in health personnel at the Vallecito I-3 Health Center, Puno (Peru). **Method:** Descriptive-correlational, the sample consisted of the total number of workers in the health establishment. The instruments were the Maslach Burnout Inventory test and the job performance self-assessment questionnaire. **Results:** Burnout Syndrome 7.09 on a scale of 1 to 10 ($s = 2.32$), work performance 35.71 on a scale of 0 to 40 ($s = 0.81$), there is no correlation between both variables ($r = 0.063$). **Conclusion:** It is concluded that the Burnout syndrome reaches medium level, the work performance is high and there is no relationship established between the Burnout syndrome and the work performance of health personnel.

KEYWORDS

Atención primaria, desempeño laboral, personal de salud, síndrome de Burnout

Los profesionales de salud son los más vulnerables a factores que desencadenan estrés laboral asociado al síndrome de Burnout, que suele afectar a su desempeño laboral y a la calidad de su atención, ocasionando frecuentes reclamos por parte de los usuarios, en particular en el primer nivel de atención del sistema de salud. **Objetivo:** Identificar la presencia del síndrome de Burnout en sus 3 dimensiones: agotamiento emocional, despersonalización, realización personal, identificar el nivel de desempeño laboral en sus cuatro escalas: calidad técnica y atención médica, capacitación y educación continua, productividad, aptitudes; y establecer si hay relación entre el síndrome de

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Burnout y el desempeño laboral en el personal de salud del Centro de Salud Vallecito I-3, Puno (Perú). **Método:** Descriptivo-correlacional, la muestra estuvo constituida por el total de trabajadores del establecimiento de salud. Los instrumentos fueron el test Maslach Burnout Inventory y el cuestionario de autoevaluación del desempeño laboral. **Resultados:** Síndrome de Burnout 7.09 en una escala de 1 a 10 ($s=2.32$), desempeño laboral 35.71 en una escala de 0 a 40 ($s = 0.81$), no existe correlación entre ambas variables ($r=0.063$). **Conclusión:** Se concluye que el síndrome de Burnout es de nivel medio, el desempeño laboral es alto y que no se establece relación entre el síndrome de Burnout y el desempeño laboral del personal de salud.

1. INTRODUCCIÓN

Nowadays, stress is part of our life and usually affects our professional and personal work (Ortega & López, 2016); considered as "the ailment of our civilization" (Rubio, 2016). It affects health and personal well-being as well as job and collective satisfaction (Terrones et al., 2016). For the International Labor Organization, health workers are the most susceptible to suffer from work stress, due to working conditions (Gómez, 2017; Martínez, 2013; Quirate et al., 2017).

The Burnout syndrome associated with stressful conditions develops due to highly implicated work situations, as occurs with health professionals (Cavero et al., 2017; Thomaé et al., 2015). Research confirms that this syndrome affects more those professions that require direct contact with people and a "humanistic philosophy" at work (Quirate et al., 2017; Yaya et al., 2018), as they need high doses of dedication and involvement (Do Carmo et al., 2016). Health professionals face long working days on a daily basis, which bring with them physical and even mental illnesses (Ayquipa, 2017).

The World Occupational Health Network from WHO describes Burnout syndrome as a progressive work wastage that begins with excessive and prolonged levels of work stress (Graue et al., 2019), evidenced by irritability, tiredness and tension (Lavy & Magdalena, 2017; Ochante et al., 2018). In general, a bad day is considered a personal problem (Arias & Muñoz, 2016); however, it may be a symptom of some dysfunction or disease (Sánchez & Sierra, 2014). Burnout syndrome can be considered a public health problem due to its undesirable implications for the employer as well as for the employee (Mansilla & Favieres Alejandra, 2016).

Quality attention is relevant at different levels of health services and is closely related to the high expectations of users (Castro et al., 2016), which are often not achieved; which is evidenced through claims or complaints regarding the treatment of staff and the service received (Ortega & López, 2016). There are a series of work factors that cause problems of work stress, when the preponderant role of human resources as the axis of the Health System is forgotten (Arias & Muñoz, 2016; Curiel et al., 2014; Muñoz et al., 2019). This neglect is having an impact on the personal sphere, but to a large degree on performance and quality of care.

The deterioration in the work performance of the health professional is determined by individual and organizational conditions, manifested through the decrease in the achievement of the goals inherent to their job position (Castillo et al., 2015); absenteeism, irritability, low



motivation, mistreatment of patients and bad relationships with colleagues; causing additional costs to health institutions (Contreras et al., 2015; Leal et al., 2015; Vivanco et al., 2018).

An optimal health system is based on the favorable job performance of its workers; However, health systems have neglected this aspect, demanding only the fulfillment of short-term goals that entails a high job delivery of the health professional (Aranda, 2014; Caballero et al., 2014; Vásquez et al., 2015), especially in the first level of care where preventive-promotional activities condition continuous and personalized contact with the assigned population (Yslado et al., 2013; Cortez & García, 2011; Solís et al., 2017), as well as work overload due to the broad demand for care at this level, considered as “the gateway” to the health system (Del Río et al., 2015; Díaz & Machuca, 2018; Quiroz, 2014; Hernández, 2014).

It is menester to the health institutions to protect their workers against the factors that destabilize them physically and emotionally, improving their working conditions (Ayquipa, 2017; Mejía, 2019). Apparently, from the very guiding axes of the health system, humanization is being progressively lost, thus impeding the development of quality and warm care (Sostena, 2015; Consuelo, 2018; Vásquez et al., 2014).

The Burnout syndrome considerably affects work performance by conditioning low productivity, inadequate work environment, lack of cooperation and lack of interdisciplinary work by the health team (Carillo et al., 2017; Chung & Salas, 2018; Do Carmo et al., 2016). Germ of frequent complaints, mistrust and discomfort of users (Mamani et al., 2017). In this consist the importance of this work, since apparently the Burnout syndrome is considered a Public Health problem (Castillo et al., 2015; Del Río et al., 2015; Díaz & Machuca, 2018; Hernández, 2015; Mamani et al., 2017; Thomaé et al., 2015). This article aims to contribute to its analysis, by relating the Burnout syndrome with the work performance of the personnel of a health establishment of the first level of care.

2. METHOD AND MATERIALS

The objectives of this research were to identify the presence of Burnout syndrome in health personnel in its 3 dimensions: emotional exhaustion, depersonalization, personal fulfillment, to identify the level of job performance of health personnel in its four scales: technical quality and medical care, training and continuing education, productivity, skills; and establish whether there is a relationship between Burnout syndrome and the work performance of health personnel.

A descriptive-correlational investigation was carried out. The study was carried out in the population of workers at the Vallecito I-3 Health Center – Puno (Peru), made up of 21 people, including doctors, dentists, nurses, obstetricians, biologists, social workers and non-professionals such as nursing technicians.

The information was collected through two questionnaires, one to measure Burnout syndrome and the other to assess job performance. The first with the Maslach Burnout Inventory (MBI) questionnaire due to its high internal consistency, great international acceptance, evidence of concurrent and divergent validity; and a reliability close to 90% designed by Maslach, C. and Jackson, S. in 1981, applied and validated to healthcare contexts (Hederich-Martínez & Caballero-



Domínguez, 2016). It consists of 22 statements about feelings and thoughts related to the interaction with work: 9 related to emotional resources and fatigue, 5 with depersonalization and 8 with competence and effectiveness at work (Vivanco et al., 2018), the feedback is appropriate Likert guy. For the second, the job performance self-assessment questionnaire was used, a questionnaire designed by Valdivia, M. (Valdivia, 2014) whose Kuder Richardson coefficient: 0.728 denotes a high degree of reliability and internal consistency.

This instrument consists of 21 items grouped with dichotomous responses, which include quality and technique of care, training and continuing education, productivity and skills.

3. RESULTS

The results of the evaluation of the presence of Burnout syndrome in the health personnel of C.S. Vallecito I-3, are presented in Table N ° 1. It can be seen that 71.4% of the non-professional group and 57.2% of the professionals present a low level of emotional exhaustion, it seems that the demanded labor do not bother them; overall there is no clear inclination in terms of depersonalization; but it does in personal fulfillment 7.6% of professionals consider that their personal fulfillment is low. This may have an impact on the care and quality of services they provide, since optimal results are obtained with motivated and personally accomplished staff (Castillo et al., 2015; Mendoza, 2016; Yslado et al., 2014). The average of the Burnout syndrome indicator is 7.09 on a scale of 1 to 10 with a standard deviation of 2.32; that is, these personnel suffer more than moderately from the Burnout syndrome.

TABLE 1
Burnout syndrome in health personnel

SUBSCALE SB	EMOTIONAL EXHAUSTION		DEPERSONALIZATION		PERSONAL FULFILLMENT	
	PROFESS.	NO PROFESS.	PROFESS.	NO PROFESS.	PROFESS.	NO PROFESS.
LOW	57.2%	71.4%	42.9%	28.6%	78.6%	28.6%
MEDIUM	35.7%	28.6%	42.9%	28.6%	0%	42.8%
HIGH	7.1%	0%	14.2%	42.8%	21.4%	28.6%

Note: Profess. = professional; no profess. = no professional

Source: Self Made

The results of the evaluation about the work performance of the health personnel of the Health Center Vallecito I-3 are presented in table N ° 2

TABLE 2
Job performance in health personnel

SCALES	QUALITY AND SERVICE TECHNIQUE		TRAINING AND CONTINUING EDUCATION		PRODUCTIVITY		APTITUDES	
	PROFESS.	NO PROFESS.	PROFESS.	NO PROFESS.	PROFESS.	NO PROFESS.	PROFESS.	NO PROFESS.
DL								
YES	70%	68%	41%	25%	84%	68%	77%	57%
NO	30%	31%	59%	75%	16%	32%	23%	43%

Note: Profess. = professional; no profess. = no professional

Source: Self Made

Regarding to the quality and technique of care, 70% of the professionals identify themselves as workers who perform efficiently, integrate diagnoses and perform teamwork; on the scale of training and continuing education (Salas et al., 2015), 75% of non-professionals admit that they do not attend update courses, neither apply practical guides established by the governing body; on the productivity scale, 84% of the professional group adjusts to the needs of the services with optimal results, similarly on the skills scale, 77% of the professionals demonstrate strategies and adaptations to provide favorable responses to needs, commitment to their institution, they provide quality and timely care to users of health services (Chumpitaz, 2017).

In general, the job performance of health personnel is high and homogeneous: 35.71 on a scale from 0 to 40, with a very low standard deviation (0.81). The comparative analysis reveals that the professional group presents an average of 7.57 of the syndrome, higher than the non-professional group that presents an average of 6.14; both have a similar standard deviation. Regarding job performance, both groups reveal to perform similarly (see table No. 3), although there is greater homogeneity in the professional group with 0.67 compared to 1.1 in the non-professional group.

TABLE 3

Descriptive statistics of Burnout Syndrome and job performance in health personnel

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Standard deviation</i>
Burnout Syndrome in Professionals	14	3,00	10,00	7,5714	2,37663
Professional job performance	14	7,50	10,25	8,9000	,67767
Burnout syndrome in non-professionals	7	4,00	9,00	6,1429	2,03540
Job performance in non-professionals	7	7,75	11,25	9,0000	1,09924

Source: self-made.

It has not been possible to show a significant correlation between the burnout syndrome and job performance (see table N ° 4). The correlation coefficient is 0.063, this result can be associated with the heterogeneity of the groups or the type of instrument used, which should motivate new research work.

TABLE 4.

Burnout syndrome and job performance in health personnel

		<i>Burnout syndrome</i>	<i>Job Performance</i>
<i>Burnout syndrome</i>	Pearson's correlation	1	,063
	Sig. (Bilateral)		,786
	N	21	21
<i>Job Performance</i>	Pearson's correlation	,063	1
	Sig. (Bilateral)	,786	
	N	21	21

Source: MBI Questionnaire, Job Performance Self-Assessment Questionnaire



4. DISCUSSIONS

Burnout syndrome in health personnel achieves medium level, when performing the differentiated analysis, it is evidenced that it is higher in the professional group compared to the non-professional, considering it as a health establishment that provides highly professionalized services due to having a higher percentage of professional staff. These results provide new data in relation to previous similar national studies. Quiroz & Saco (2016) when evaluating the health personnel of the National Hospital of ESSALUD - Cusco, they found low levels of Burnout and a small group with a medium degree, results that would be associated with the work environment, since a health establishment like Vallecito, has marked limitations in relation to personnel, so the workload is greater compared to institutions with a greater number of workers and better organization such as a Hospital.

In the evaluation of the three subscales of the Burnout syndrome, the findings in the second stand out with a high level evidencing the presence of the syndrome; However, for some authors, the most significant data considered as a central component and with the greatest diagnostic value are those of the first subscale of emotional exhaustion (Curiel et al., 2014; Hernández, 2015; Quiroz & Saco, 2014); In contrast, the current investigation does not show important values in this subscale; as well as similar studies with high values in other subscales affirming the presence of the syndrome (Gomero, Palomino, Ruíz, & Yesán, 2005).

Based on this criteria, the study carried out by Gomero, Palomino, Ruíz, & Yesán (2005) shows important results in the second subscale, which conclusively affirms the presence of the syndrome in personnel; This study was carried out in a private institution, with a different work environment from a state institution, characterized by a greater influx of patients, affecting the form of care and the depersonalization subscale (Mendoza, 2014).

Leal et al. (2015) found high values in the subscale of personal fulfillment in specialist health professionals that differs from the present study since, for work and / or family reasons, the professionals of this establishment could not continue specialization studies affecting their feeling of personal fulfillment (Arias & Muñoz, 2016; Rojas et al., 2016). Miranda, Monzalvo, Hernández, & Ocampo (2016) evaluated health personnel in a private institution, where the subscale of personal fulfillment also presented low levels, in the other subscales the values were high.

Mendoza H. (2012), in relation to the emotional exhaustion scale, found high levels in personnel aged between 25 - 34 years, this research found low levels 56.3% difference that is associated with the Health Center Vallecito has mostly staff between 50 - 60 years old. It should be noted that to establish conclusions we should consider the difference in contributing factors for the development of the syndrome such as the environment, family burden, among others.

The comparison with the results obtained in similar studies is not entirely accurate and conclusive since they were carried out in specific professional groups, unlike this research that evaluated different professional groups together. Although this variable has a validated instrument, it gives us results that would indicate the presence of the syndrome; However, the clinical contrast that could show “false positives” is important (Castillo et al., 2015; Curiel et al., 2014; Hernández,



2015; Quiroz & Saco, 2014), so we must take into account that workers with high levels in any subscale of this syndrome should be evaluated in greater clinical depth.

The job performance variable showed high and homogeneous results in all health personnel. Chumpitaz J. (2017) found low values establishing an inefficiency in his work, these results are associated with the form of evaluation and the use of specially designed instruments that evaluated the correct development of procedures and techniques inherent to the professional. In the current investigation, a self-assessment questionnaire was used, which could predispose to biases; because the evaluated professional can manage their answers.

Salas, Días, & Perez (2015) show results where the evaluated personnel have difficulty working with others, susceptibility to correction of errors, disagreement with the work they do, lack of communication; different values to those of this research, because the Health Center Vallecito is a small establishment and the interrelation between workers is permanent, unlike the aforementioned study that was carried out in a hospital where relations between staff do not flow in the same way (Cortez & García, 2015).

In relation to the scales of work performance evaluated, the comparison with other investigations is not appropriate, due to the lack of antecedents where the same instrument and its corresponding scales were applied; In studies that evaluated the same variable, they considered the risk of suffering depersonalization due to work conditions and workload, as well as the difficulty of teamwork, among other items (Lavy & Magdalena, 2017). In addition, in relation to the results of non-professional personnel, no similar studies were found since the evaluation of work performance has been carried out mainly in professional health personnel (Sopla, 2018).

At evaluating both variables, it is established that there is no statistical relationship with a low correlation coefficient, which could be associated with the fact that the study groups are not homogeneous. In other similar investigations, the relationship was statistically significant due to the homogeneity of the sample and the use of more specialized instruments, especially those related to job performance (De la Cruz, 2018; Mejía et al., 2019).

5. CONCLUSIONS

Health personnel present Burnout syndrome at medium level (7.09), according to the evaluation by subscales: emotional exhaustion situated at low level indicates that personnel are not emotionally exhausted with their work, depersonalization at medium level shows a moderate degree of coldness and detached attitudes towards users, low level personal fulfillment with feelings of self-efficacy and personal fulfillment with their work.

The job performance of health personnel is high (35.71); the fulfillment of their work is quite homogeneous, according to the evaluation by scales: the quality and techniques of attention is efficient, the training and education shows a poorly trained and updated staff, the productivity shows that it is adjusted to the needs of the services and provides optimal results, the skills show their commitment to their institution by providing quality and timely care to users of health services.



The Burnout syndrome and the work performance of the health personnel are not related, because it presents a non-significant statistical correlation ($r = 0.063$).

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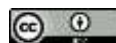
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