

BURNOUT AMONG HEALTH CARE PROFESSIONALS: ISSUES FOR NATIONAL DEVELOPMENT

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Abstract

Burnout has been recognized as an inescapable aspect of human existence that can impact the health of people. Although burnout seems to be present in all aspect of our lives, they seem particularly vulnerable among some groups of health care professionals like doctors, nurses, community health workers and health educators among others. The burnout epidemic is detrimental to patient care and may exacerbate the impending health worker shortage. People in various occupations sometimes experience burnout and a lack of interest in their job performance. Burnout is viewed as the exhaustion of physical or emotional strength as a result of prolonged stress or frustration and tends to be detected in a wide variety of health care providers. It is a relatively new concept in the health care industry. Thus this paper discussed its concept, predisposing factors, causes, signs and symptoms as well as prevention, treatment and coping strategies. This will help in the understanding of its role in national development.

Key words: *Burnout, Health care professionals, Development*

Introduction

Human resources in health (HRH) is the stock of all health care professionals engaged in promoting, protecting or improving the health of the population and all people primarily engaged in actions with the primary intent of enhancing health. At the heart of every health system is the workforce which is central to advancing the health of a nation.

Lawal and Oluwatoyin (2011) have defined national development as the overall development or collective socio-economic, political as well as religious advancement of a country or nation. Achimugu (2000) saw national development as the extent to which a nation can overcome its complex socio-economic, political and cultural issues to ensure a progressive change in the quality of life of all its citizens. One of the indicators or determinants of quality of life is the health status or profile of the citizenry which to a certain extent is determined by the healthy condition of a workforce.

A developing nation like Nigeria is bedevilled with cases of poor governance, widespread poverty, poor infrastructure, unreliable health care

system, inadequate information delivery, massive and endemic corruption among others. However, a critical look at the health sector will reveal a plethora of problems that are hurdles to national development. These include maldistribution of the health professional, incessant strike actions by healthcare professionals, and inadequate healthcare facilities to cope with the teeming populations leading to the increases in the level of stress and ultimately burnout among healthcare professionals as they react to a complex array of forces.

It is, therefore, appropriate to state that any country that tends to have low-level human resources for health would not be on track to reaching the health-related SDGs. Insufficient health care professional capacity is one of the key barriers to scaling up health sources in Nigeria. Human resources for health is not all about numbers, it involves distribution, quality and productivity. In essence, it is concerned with getting the right number of staff, in the right places, at the right time, who are doing the right job with the right motivation, and at the right cost to sustain the health sector leading to national development.

This paper thus attempts to look at burnout as an important factor among health care professionals in Nigeria.

Who are health professionals?

Before the advent of scientific or orthodox medicine, the health care needs and services of individuals in our societies or communities are handled by traditional or native healers. However, with the advent of scientific medicine, the health care services were delivered *Team-based health care* provides health services to individuals, families, and/or their communities with at least two health providers who work collaboratively with patients and their caregivers to accomplish shared goals within and across settings to achieve coordinated, high-quality care (Babiker, 2014). Therefore, health professionals are a group of individuals who are professionally trained, thus qualifying them to provide care services for the health needs of individuals in society. In the words of Moronkola (1995), health professionals are individuals that use all kinds of known medical scientific methods and clinical skills to diagnose, treat and prevent disease and injuries. Through their training, they are expected to be role models in all matters relating to health. They are also expected to enjoy a level of health status that make them physically, mentally, socially and emotionally prepared to care for their patients or clients (Moronkola & Ekundayo, 2006). These groups of health professionals include doctors, nurses, physicians, pharmacists, laboratory technicians and technologists, dentists, dietitians and nutritionists, physiotherapists, health educators, social workers, speech-language pathologists, clinical psychologists, optometrists, opticians, podiatrists, etc. In any society, these groups of health professionals are always having close or direct interactions with clients or patients.

Lifestyle and health status of health worker: According to Noami (2004) a lifestyle is the typical manner in which an individual conducts his life. Lifestyle is referred to the characteristics of inhabitants of a region in a special time and place. It includes day-to-day behaviours and functions of individuals in job, activities, fun and diet (Farhud, 2017). The lifestyles affect individual and community health status in various ways. A lifestyle is a behavioural pattern typical of a person or group. For instance, in urban areas like cities, we have rich health professionals living in the low-density parts of the city and the poor in the urban high-density parts. Each of the groups has a peculiar way of life. However, the lifestyles and habits that are common to them are smoking, drug abuse, alcohol abuse, poor dietary habits, sexual promiscuity, religious extremism, automated mode of transportation, interpersonal relationship, gangsterism and peer group influences, and exotic mode of dressing and body care (bleaching), environmental pollution, conflict in traditional values and expectation. The health implications of these listed lifestyles can be consequences on the health status of a health care worker.

Burnout defined: It is an axiomatic fact that psychological problems arising from serious conditions could affect the mind. Bereavement, unsatisfactory working conditions, increasing poverty, infertility, divorce, and separation could be psychological problems among health care professionals; and these may lead to stress. According to Minkoff (2020), Stress plays a major role in body functions. It can affect our mood, our immune system, and our neurotransmitters, and have a host of effects on our mental, physical, and emotional health. This also makes the individual susceptible to psychological disorders and this underscores the link between the human body (physical) and the mind (psychological).

Job stress has been pointed out by different studies as a relevant predictor of workers' discomfort, burnout, morbidity and even mortality (Alonso et al., 2020). This statement is not an understatement in today's fast-changing society like ours. This is evident in the increased incidence of job-related stress among workers in a certain industrial setting as noted by the high rates of essential hypertension among men and women, young and old. Burnout is a relatively new concept in the health care industry. Although it has ever existed in clinical practice, burnout has not been included as a diagnosable disease entity. However, it needs scrupulous attention by experts in its management due to its related problems and increasing incidence, especially among health professional groups.

Tracing its history, Felton (1998) expressed that it was only 20 years ago that a behavioural entity was added to the medical lexicon -Burnout, as a clinical complex, was given recognition in the psycho-social literature. The term "burnout" was coined in the 1970s by the American psychologist Herbert Freudenberger. He used it to describe the consequences of severe stress and high ideals in "helping" professions. Burnout is viewed as the exhaustion of physical

or emotional strength as a result of prolonged stress or frustration and tends to be detected in a wide variety of health care providers. Some have written that staff burnout among professionals and paraprofessionals in human services is much easier to observe and describe than it is to define and Hoffman et al. (2007) warned that prolonged experiences of tension and stress lead to professional burnout and exhaustion. As employed early on, burnout meant a mild degree of stress-induced unhappiness. Ultimately, though, the term was used to describe many stressing situations, coursing from fatigue to an episode of major depression. Burnout is equated with adjustment disorder with depressed mood.

In essence, burnout is either physical or emotional exhaustion, usually caused by stress at work, the affected workers being found most frequently among human service professionals. As a further result of occupational; stress - initially described in the 1950s by Hans Selye as “the nonspecific response of the body to any demand made upon it (Selye, 1973). It is discouragement in the work setting. It is viewed also as a complex of psychological responses (strain) to the particular stress of constant interaction with people who are in need. Differing from other interactional symptoms related to job stress is the effect on others seen as depersonalization of clients. Some further defining is in order, for burnout may be used erroneously when stress is implied. A stressor is a stimulus that causes stress, and the latter is the bodily or mental tension resulting from factors that tend to alter an existing equilibrium or, in another phrasing, the sum of the biological reactions to any adverse stimulus, physical, emotional or mental, internal or external, that tends to disturb the organism's homeostasis.

People who are highly susceptible to burnout are said to be those who are over-involved in their work or those who are over-sympathetic (Salvagioni, Melanda, Mesas, González, Gabani, Andrade, 2017). Such is the case with most health professionals under their occupational characteristics. As a consequence, managers, employees, and workers in a variety of industries and sectors around the world suffer from work-related stress, fatigue, and exhaustion, the most prominent signs of which are often referred to as burnout syndrome (Ahola, Väänänen, Koskinen, Kouvonen, & Shirom, 2010). Other groups of people prone to burnout include mothers caring for their children, social workers, academic lecturers, etc. Have you seen a lighted match stick which gradually burns until it becomes burnout? Most health professionals who become over-involved in work with all emotions and increasing job dissatisfaction can easily become burnout like a match stick that has finally given off. However, not all health professionals get burnout at the same rate and incidence. Surely cases of burnout seem to be more prevalent in certain health professions than others.

From the above, certainly, burnout is a term that described a state of powerlessness or exhaustion resulting from sustained stress over a long period which has sapped one's physical, emotional and mental resources in such a way that the individual affected becomes helpless or ineffective to life responsibilities.

Level and phases of burnout: According to McConnell (1982), burnout has three levels or phases. These are first-degree, second degree and third-degree burnout.

First degree burnout: Here the signs and symptoms are said to be mild and short-lived. It can be taken care of by mere relaxing or taking a break.

Second degree burnout: At this stage, the signs and symptoms are more regular, last longer and are more difficult to eradicate. The person or sufferer remains exhausted even after a good rest.

Third degree burnout: In this phase, the individual exhibits both physical and psychological signs and symptoms such as ulcers, depression, etc. Even professional help may not bring rapid relief at this level. The individual may even question the value of his/her work and life itself. However, management therapy is advised.

Causes or predisposing factors to burnout among health professionals

McGee-Cooper (1995) citing Fumiki, 1995) expressed that those who are inclined to burnout have strong tendencies to be sympathetic, humane, delicate, dedicated and idealistic. Those that are vulnerable especially are those that are involved in human-oriented services, e.g. nurses, social workers, and health workers. The causes of burnout among health professionals can be summarized under the following sub-headings.

Personal causes: Identified factors which are inherent in the individual's personality are:

1. Not setting limits on personal goals,
2. Neglect of personal needs and wants,
3. Not communicating one's feelings,
4. Isolating physically and psychologically,
5. Powerlessness,
6. Ignoring positive attention from others,
7. Lack of professional survival skills,
8. Inability to live with the "grey areas" of life,
9. Self-chastisement and self-blame,
10. Low self-esteem,
11. Rigid personality,
12. Conformity,
13. Impatience,
14. Frustration,
15. Family demand,
16. Death of family members,

17. Serious illness,
18. Feeling threatened, etc.

Environmental causes:Healthcare environment contributes to the burnout phenomenon. A way to contain the burnout risk is to promote empowering organizations. An Individual's empowerment ensues when the work environment is capable to allow health care workers their work well(Galletta, Portoghese, Ciuffi, Sancassiani, D' Aloja & Campagna, 2016). The factors are;

1. Need to work fast,
2. Work overload and time constraints,
3. Ambiguous roles,
4. Role conflict,
5. Inadequate information,
6. Job satisfaction
7. Responsibility for people,
8. Lack of job security,
9. Early retirement,
10. Too little responsibility and being redundant,
11. Under or over-promotion,
12. Inability to delegate work,
13. Lack of structures that allow people to share strong positive and negative feelings,
14. Lack of positive feedback,
15. Few external rewards/motivating factors,
16. Limited vacation time,
17. High client/staff ratio,
18. Malfunctioning equipment and lack of working materials, etc.

Signs and symptoms of burnout:The signs and symptoms of burnout vary from one individual to the other, depending on the personality of the person Salvagioni et al., (2017) classified signs and symptoms of burnout as being physical, behavioural and psychological.

Physical signs and symptoms:These include:

Fatigue, Feelings of exhaustion, Inability to shake from a cold, Frequent headache, Gastro-intestinal disturbances, Weight gain or loss, Sleeplessness and Shortness of breath.

Behavioural and psychological signs and symptoms:These include:

Work harder and harder and accomplish less and less, Come to work late and leave early, Have a vague feeling that something is wrong, Feel bored, Low level of enthusiasm, Feel disenchanting, Feel guilty, Have a feeling of futility, Be quick

to angry, Feel instant irritation, Pay attention to details, Have suspicious attitude about others, Feel omnipotent, Be rigid, Be unable to make a decision, Have heightened sense of responsibility for patients, Show increased absenteeism, Have the negative attitude and abuse alcohol and or drugs.

Although there are several signs and symptoms, all of these may not be present before one is recognized as suffering from burnout.

Supporting the signs and symptoms of burnout with empirical findings, Melamed et al.(2006) documented cardiovascular diseases including its associated with components of metabolic syndrome, inflammation, sleep disorders, reduced immunity, changes in blood coagulation, changes in fibrinolysis, and adoption of poor health behaviours, such as smoking and lack of physical activity.

Occupations at risk: anyone can feel the effects of occupational burnout. However, Hamilton (2019) identified that certain occupations are at distinct risk for the development of burnout they are: Nurses, teachers and physicians. They are those individuals who work with the public or special populations, those persons with disabilities, the severely ill, children, prisoners or the impoverished. Similarly, work involving extreme responsibility such as hazardous work, precision work, work that may involve severe consequences, shift work, or work in which the entailed responsibilities are not liked.

Specific occupations are risk: Certain specific occupations are the risk for the evolution of burnout, particularly those positions in the human service, especially the health care professions. The professionals' vulnerabilities include:

1. Physicians, Nurses, Social workers, Dentists,
2. Health care providers and patients with AIDS,
3. Health care providers in oncology,
4. Mental health workers
5. Speech-language pathologists,
6. Nurses employed in relatively small nursing homes where there is a high probability of the residents' deaths
7. Rehabilitation practitioners and nurses in the critical care unit
8. Likewise, occupational therapists have had comparable brushes with burnout

How can sufferers be identified? In the analysis of any troubling situation, the problem must be identified as early as possible to facilitate its ultimate resolution. Familiarity with the signs and symptoms of burnout among health care workers should be one of the key bodies of knowledge among supervisors and administrators.

1. Observation of work performance by supervisors should lead to detecting the burnout effects.
2. A worker's behaviour can change markedly when under continued pressure.
3. Reduction in the quality of care provided by a worker.
4. Hardening towards clients and patients must be identified not only to effect a reversal of behaviours but for the ultimate good of the organization.
5. Employee records should be reviewed periodically to determine any excessive absenteeism, tardiness and inordinate use of sick leave or their evidence of a wish to leave the job, as seen also in unnecessary wandering from the customary work station.
6. An unwillingness to work with a staff member who is undergoing burnout may be expressed by fellow employees.
7. Patients or clients should be heard to the fullest if a complaint has been raised.

Prevention, treatment and coping strategies for burnout

It is difficult to distinguish readily between measures preventive of burnout and efforts taken to treat the disorder. If preventive measures are in place, burnout will not occur. If the behavioural disorder is already in place, the same preventive moves may be used therapeutically.

1. Group or staff discussion meetings are essential to increase communications among members of a work unit. The Unit Chief or head should serve as a facilitator and must be able to allow for free expression and interchange of ideas and be tolerant of expressed negative feelings concerning his style of management.
2. Initiation of Critical Incident Stress Debriefing (CISD) as in Law Enforcement where essentially a discussion allowing free flow of feelings after a traumatic event - a chase, shooting, a death - will allow a quick return to work without any further lingering reactions, inadequacy, etc.
3. These staff meetings must be characterized by an air of permissive expression of ideas, complaints, suggestions or questions, without the fear of retribution, punishment or prejudice. If ideas are offered that could prove remedial, immediate follow-up should be initiated.
4. Leaders should express feelings to workers and their contribution to the organization is held in high esteem. This is done by increased control of individual jobs or granting of greater autonomy in which one does daily. The worth lies in there being teams rather than groups.
5. Jobs can be redesigned, so that new duties may be assigned, sometimes, may be rotated and responsibilities increased or diminished, thus, freshening the daily set of tasks.

6. While recognition is accorded to work for teams, an individual should receive approbation more subtly, especially when visitors are around.
7. Introduction of flexible work hours to allow workers to cope with contemporary society, especially when so many women lead double careers.
8. Decision-making as a process is formalized so that employees are aware of the modus operandi in place regarding suggestions.
9. Members of the health care team must undergo both professional and personal growth, i.e. attending conferences, seminars, workshops, earning promotions as when due.
10. Offer to teach should be made to institutions of higher learning and the preparation of articles for the appropriate professional literature should be fostered. While the appearance of a piece in a journal by a seasoned medical professional may not be too personally exacting, it can be an unbelievable joy to a staff member who has never attempted such publication.
11. New members of a health service staff should be oriented fully as to duties and expectations. Because some formal direction is needed in acquainting a new employee with the goals of the institution, its roles in the community, the functions of the assigned service and even with some of the negative aspects of the positive being filled.
12. Other elements in burnout prevention or counteracting therapy can include offering health insurance coverage for mental health and chemical dependency, care lifestyle management/change through “wellness” or physical fitness programmes, orientations programme for new employees, development of family policies and certain leave procedures so that conflicts between home and work can be resolved.
13. Other suggestions are informed staff and family events such as picnics, retreats or potluck suppers and probably most important the encouragement of some kind of activity between work and home, be it exercise, walking, swimming and other sports participation. Many companies now have workout facilities, gymnasiums, clubhouses, etc. There can be other activities as determined by the individual such as music, meditation, yoga, etc. Organizations now have various forms of organized sporting activities like All Nigeria University Staff Games, Federal Civil service Games, Police Games, etc.
14. To avoid burnout in the future generation of health professionals, there is a need to introduce counselling in today’s schools where occupational counselling services can be offered. The physical and emotional capacities of a potential caretaker with the demands of the position sought and detecting earlier career choices that are parent-driven and not candidate selected.

Conclusion

Burnout, is viewed as the exhaustion of physical or emotional strength as a result of prolonged stress or frustration. Burnout produces both physical and behavioural changes in some instances leading to chemical abuse. The health professional at risk includes physicians, nurses, social workers, dentists, care providers, and mental health worker just to mention a few. The paper also listed the various signs and symptoms of burnout among health professionals and how they can be identified. Finally, preventive measures and management strategies were preferred.

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