BURNOUT SYNDROME: CAUSES AND SYMPTOMS IN PROFESSIONALS OF HEALTH AND EDUCATION AREA IN BRAZIL

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Intronduction:

The present article aims to present Burnout Syndrome and how the syndrome affects the class of teachers and health professionals. According to the International Stress Management Association (2015) about 69% of people in Brazil are stressed and 30% already acquired the disease.

In addition, the categories of teachers and health professionals were the most pointed, as Maslach (1970) apud Maslach (2009), a pioneer in the subject, stated in her research that professionals with contact with the public are more susceptible to acquire the syndrome. The search seeks, from the literature, to present the Burnout Syndrome from the sociological-psychological perspective of Maslach.

Thus, a survey was to check whether the statement is still true, using recent research developed in some regions of the country such as São Paulo, Bahia and Maranhão in Brazil, and with several areas within the categories, such as the case of anesthesiologists, teachers and members of the school administrative sectors, as well as new concepts and perspectives from other authors, in order to understand what triggered the problem, the symptoms and what the two categories have in common, to understand and also to alert the human resources management against the disease.

In order to achieve the objective, it is necessary to understand what is Human Resources Management, the function within the organization, and then to understand what quality of life at work is - QVT and why it is so important for the maintenance of business prosperity today, to finally understand what is stress and how it evolves into Burnout Syndrome.

2. Methodology

Bibliographic method was adopted to achieve the objective of this research. According to Treinta, Filho, Anna and Rabelo (2014) the method seeks to identify what has been produced by the scientific community on the subject and, at the same time, to evaluate the main trends of the research on it results of scientific production, and qualitative nature which according to Dezin and Lincon (1994) study things in their natural setting, trying to make sense or interpret phenomena in terms of the meanings that people bring to them.

The bibliographic survey of qualitative nature allows to present the most relevant researches and studies on the subject, in order to conclude in a non-numerical and totally interpretative way what is sought as object of study.

The data used for the analysis are from 1999 to 2018 and were: two surveys conducted in Mogi das Cruzes and Suzano, both in the state of São Paulo, with professionals in the area of education; two in the state of Maranhão and Bahia, all of them in Brazil, with health professionals; two theoretical perceptions aimed at teachers and four for health professionals.

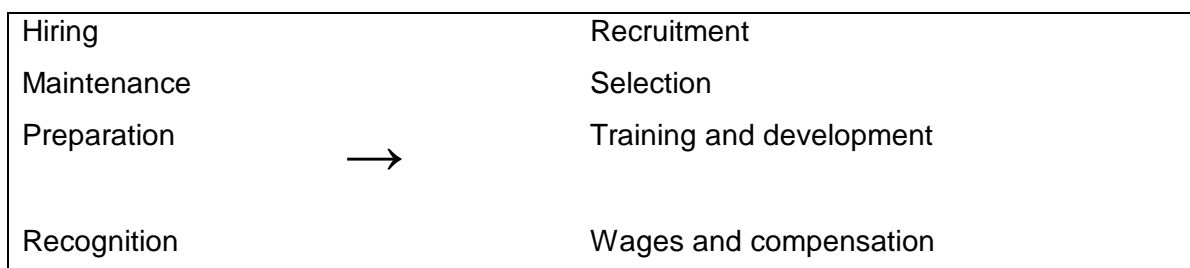## 3. The Role of Human Resources Management in Quality of Life at Work

Human Resources Management (HRM) or People Management (PM) is a very broad topic and presents some definitions. Chiavenato (2009) conceptualizes as an interdisciplinary area that necessarily involves concepts such as Industrial Engineering, Labor Law, Occupational Medicine, Industrial and Organizational Psychology, among others and further complements by stating that some of the roles of HRM are, in addition to serving the interests of the organization, promoting the efficient performance of staff, while the company itself offers an environment of reaching mutually related objectives directly or indirectly to work and also to ensure the quality of life at work, thus keeping issues such as absenteeism, stress, and others under control.

On the other hand, France (2010) conceptualizes the theme not as a simple department or area but as an attitude, stating that

> Personnel Management should occur from the integrated view of people and fundamental issues such as: expectations about work relationships, the psychological contract between what the person wants from the company and what it wants from the staff, profiles and types of personality, groups, teams, leadership, cooperation processes, competition, apathy, organizational culture, values, ethical issues, among other aspects related to social life. (FRANCE, 2010 p 4)

And, according to the same author, the company has to know the behavioral aspects integrated to the administrative aspects, according to the following diagram, in order to have an efficient people management.

Administrative Aspects Related to People Management

Hiring		Recruitment
Maintenance		Selection
Preparation	$\rightarrow$	Training and development
Recognition		Wages and compensation

Uniformization	Careers and skills
Protection	Performance evaluation
	Health and safety
	Quality of life at work
	Internal communication and endomarketing

Adapted from Human Resources Practices, France (2010)

Lacombe (2012) affirms that the importance of People Management in companies is to select, train, and perfect a group of people to work in a company as a real team, with defined objectives, making each member know their role, cooperate with others and give their best to the company to produce results. And he ends with the following warning

> It is necessary to consider that, although people need to be managed by organizations as their human resources, it cannot be forgotten that they are human beings, who want to be happy and have a quality of life (LACOMBE, 2012 p10.)

Therefore, it is possible to conceptualize Human Resources Management as a multidisciplinary sector of organizations responsible for everything that concerns people, always seeking to look after the interests of the company, as well as the physical and mental well-being of people who work there.

On the other hand, in relation to the role of HRM in the quality of life, one can point out the dissatisfaction and the demotivation in the work as aggravating in the view of scholars and administrators. This has been affecting many workers regardless of their hierarchical position or status in the organization. This dissatisfaction is intense for both the worker and the organization itself.

Organizations, in general, build up or are destroyed by the performance of the people who work there. According to Vianna and Carvalho (1994) apud Burigo (1997) they are not constructed as strategically winning organizations without workers also strategically winners, the two are usually interconnected. If organizations are not motivated people will not be motivated; that is, there is no quality without quality of life at work.

In addition, organizations, to a large extent, have become environments conducive to the suffering of the worker, the apathy and discredit make the work presumed to be productive become something dull and unpleasant. With this in mind, and especially to avoid its consequences in the organization, many managers often seek quality programs, motivation programs, among others, to provide productivity and employee's satisfaction.

In this way, Quality of Life at Work can be characterized as a program that aims to facilitate and satisfy the needs of the worker within the organization when developing their activities. It is said that people are more productive when they are satisfied and involved with their own work.

Feigenbaum (1994) apud Conte (2003) states that quality of life at work is based on the principle that commitment to quality occurs more naturally when employees are involved in decisions that directly influence their actions. Fernandes (1996) also describes Conte (2003) quality of life at work as a set of physical, technological and sociopsychological factors that affect the organizational climate, directly reflecting the worker's well-being and productivity towards the organizations.

Quality of life at work should be understood as a management that involves dynamism and flexibility as organizations are constantly changing. This management depends on the reality of each organization individually according to the context in which it is inserted. In addition, problems are not minimized only by paying attention to physical factors, sociological and psychological aspects, they also interfere in the satisfaction of individuals in a work situation, not to mention the technological circumstances of the organization of the work itself, which together affect the organization and consequently there may be repercussions on productivity.

The main goal of the quality of life at work program is the agreement of the interests of individuals and organizations; that is, by improving worker satisfaction, productivity can automatically improve in the company.

The quality of life at work extends to other spheres, such as family, social or personal life. Although they are different spheres, if the quality is worked, the possibility of obtaining quality is consequently greater. There is a concept of happy enterprise presented by Matos (1996) apud Conte (2003) whose values are equivalent to the

indicators of quality of life at work: that which offers the motivational conditions to the fullness of human achievement; that is, a stimulating climate to participation and creativity, open channels of communication and expression, regular delegation of authority and teamwork, incentives to develop leadership skills, recognition of the entrepreneurial effort, and achievement of results. Therefore, the happy company is the well-run company.

The expectation is that if companies expect quality in the products and services offered by it, quality of life at work actions must be worked out and incorporated definitively into the daily life of companies. For the implementation and maintenance of the program when conceived, there is no success if there is no involvement and participation of the employees acting with satisfaction and motivation to carry out the activities.

3.1. Stress

The word stress has different etymological origins, so the contextualization is not so current. Among them, stress derives from: stress, which refers to hardness, discomfort in English, stress of narrowness that derives from the old French; *strictia* and *strictus*; tight, narrow, and the Latin *stringere* detonates tight, tighten.

Selye (1936) apud France and Rodrigues (2012) defines as being a set of reactions that occur in an organism when it is submitted to an adaptation effort. France and Rodrigues (2012), on the other hand, conceptualize stress in two aspects, as being a process of tension before a situation of challenge either by threat or by conquest and stress as a positive or negative result of the tension held by the person.

Thus, stress is nothing more than a response of the organism to a situation characterized as pressure that results in mental and physical aspects.

The same response releases various chemical reactions in the body, that leads to physiological reactions. However, France and Rodrigues (2012) also affirm that there are two types of stress: distress considered good, and that in controlled doses can generate positive results and eustress, considered negative and that gives rise to other three types of stress according to the American Association of Psychology (2014) and that also generates the Burnout Syndrome, object of this study.

3.2. Burnout Syndrome

The term to burn out means to burn, to combust, according to the dictionary.

Maslach, Schaufeli, & Leiter (2001) define burnout as an extended response to chronic interpersonal stressors at work. The response is characterized by feelings of exhaustion, cynicism and detachment from various aspects of work and by a sense of inefficiency, incompetence, lack of achievement, and productivity at work.

Person, on the other hand (2012), defines it as an anguished psychological state that an employee experiences after a long time in the work and still completes affirming that the person who suffers of burnout feels emotionally exhausted, with low motivation, presenting little energy and enthusiasm in the task.

Thus, burnout can be defined as a feeling of emotional exhaustion due to continuous exposure of stress at work and presents the most adverse symptoms such as low motivation, feelings of inefficiency among others.

The great pioneer, Maslach, in 1970 studied the influence of the emotional load of the work on the behavior of professionals who provide human services (nurses, doctors, psychiatrists, lawyers, social workers). During the research Maslach realized that the term burnout was used by public defenders to refer to the process of gradual exhaustion, cynicism and lack of commitment that they often experience on the basis of work. From the expression, the researcher began to adopt the term in researches and the idea was extended to all types of occupation, even those without contact with public.

Maslach, in addition to studying burnout, also developed a tool called *MaslachBurnoutInventory* (MBI) that allows measuring the phenomenon and divides it into three components:

• Emotional exhaustion - feeling tired and fatigued

• Depersonalization - pessimism and apathy toward others

• Sense of reduced personal fulfillment - feeling of not contributing to work
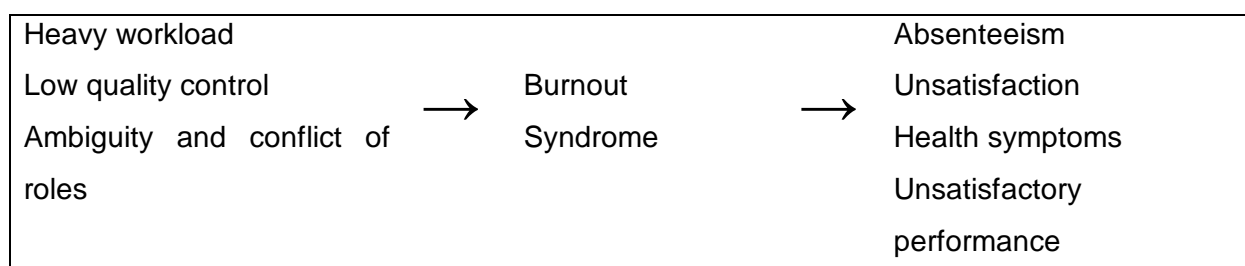
Three components, according to Maslach, and consequences at work

Component	Result
Emotional Exhaustion	Absenteeism
	Fatigue
Depersonalization Disinterested towards clients and other people	Disinterested towards clients and other people
	Hostility to other people
Sense of personal fulfillment reduced	Low motivation
	Unsatisfactory performance

Adapted from Psychology in Organizations. Spector 2012

In addition, some authors have associated some activities that may trigger the syndrome. Beehr, Bowling & Bennett (2010) apud Spector (2012) point out in the ambiguity and conflict of roles. Fernet, Guiay & Senecal (2004) apud Spector (2012) argue that there is a lack of control and there are still those who attribute other consequences of work such as Swider and Zimmeman (2010) apud Spector (2012) that attribute absenteeism to illness, Beehr complements, saying that burnout can also trigger physical symptoms like cardiovascular disease.

Burning and stressful factors at work associated with burnout and the consequences

Heavy workload		Absenteeism
Low quality control	Burnout	Unsatisfaction
Ambiguity and conflict of roles	→ Syndrome →	Health symptoms
		Unsatisfactory performance

Adapted from Psychology in Organizations. Spector 2012

Based on this, Fritz, Yankelevich, Zarubin & Barger (2010) apud Spector (2012) suggest distancing work, vacations or forms of service forgetfulness, but the methodology does not solve the problem, since when returning to work the symptoms return next to Burnout. Another suggestion, given by Kahn, Schneider, Jenkins-Henkelman & Moyle (2006) apud Spector (2012) consists of encouraging managers to provide emotional support to employees by providing positive feedback and engaging

in discussions about the positive aspects of work as means of reducing Burnout Syndrome.

4. Result and analysis of data

4.1. Burnout Syndrome in Education Professionals and Health Professionals

As Maslach (1970) apud Maslach (2009) had already stated, professions with more interpersonal contact tend to develop Burnout Syndrome more in relation to others, especially teachers as affirmed by Orsi (2006) and health professionals.

Rodrigues (2017) applied a survey in some primary schools in Mogi das Cruzes, state of São Paulo in Brazil, in order to identify if there were people affected by Burnout Syndrome and what "triggers" and symptoms were found in these professionals. In the research, about 40 people were interviewed. It has been found that "triggers" range from excessive work hours, even minor stresses common in routine, and that the most common symptoms were emotional exhaustion and job dissatisfaction. All the symptoms were pointed out by Maslach (1970) as a result of the three components described in the tool and mentioned in the diagram.

Cunha (2017) also applied a survey in schools in the state of São Paulo, but this time in the city of Suzano, also in the state of São Paulo, in Brazil and at a technical level, in order to know whether or not the conflicts influence the daily life and quality of life at work of the area workers of that institution. Nine employees were interviewed and it was found that they have quality of life affected due to interpersonal conflicts and that the greatest generator of these conflicts is the director of the institution, who generates demotivation and lack of work satisfaction, proving the Maslach theory in 1970.

Arraz (2018) through his research affirms that the occurrence of the Syndrome in teachers has been considered a relevant psychosocial phenomenon, since it affects not only the teacher, but also the educational environment, interfering in the achievement of the pedagogical objectives, since the professionals affected by the Syndrome developed a process of alienation, dehumanization and apathy.

Thus, it refers to the reflection on how much this class is important and at the same time devalued, when Lopes affirms (2011) apud Arraz (2011) that regardless of external factors, it is always the teachers' fault, they lack firm grip when students are

meeting teacher expectations and often exhibit inappropriate behaviors or accuse them of being incompetent when students do not assimilate the content.

According to Campos, Angélico, Oliveira and Oliveira (2015), the approach is more stressful because it exposes professionals to situations of extreme attention and great responsibilities, such as dealing with pain, death and suffering of patients and their families. In addition, Carvalho and Magalhães (2011), Pereira (2002), Carlotto and Câmara (2008) and Codo e Menezes, (1999) state that within the environment the most affected are the nurses, technicians and nursing auxiliaries, with the same problems as other professionals, are those who spend more time next to patients and relatives and those who are exposed to more unhealthy conditions, that, added to limited resources, long journeys, repetitive actions and hierarchical structure, end up among the many effects, causing the feeling of inadequacy, low self-esteem, professional failure and demotivation with work among others.

Calumbi, Amorim, Maciel, Filho and Teles (2010) conducted a survey of about 110 anesthesiologists in Recife, also in Brazil seeking to understand the professionals' perception of their quality of life at work and concluded that about 44.6% of anesthesiologists have negative or indefinite on the question. In addition, it was discovered that the reason was caused by the long uninterrupted hours of the professionals' task since they reach from 11 to 18 hours of working without breaks for rest, fun or leisure.

And finally, when analyzing the consequences, it can be said that tiredness, loss of energy, sleep and mood disturbances, reduced ability to work, reasoning and memory, interpersonal difficulties, among others are symptoms of burnout. All these symptoms have already been studied by the theories of Spector (2012) as shown in the diagram "Burning and stressful factors at work associated with Burnout and its consequences"

Marques, Carvalho, Fortes, Filho and Alves (2018) also applied a survey, this time on intensive care unit attendants (ICUs) in São Luiz region of Maranhão, in Brazil. Sixty physicians from six different ICUs were interviewed, trying to understand what Burnout generates in these professionals and what the impact of the Syndrome is on their lives. The conclusion was that Burnout prevalence was high, especially in women with more than two years in the hospital and responsible for more than ten patients per shift, and

the results of the Syndrome in the body were: feelings of inefficiency, physical and emotional fatigue, relax, depersonalization, among others.

5. Final Considerations

It is important to emphasize that the objective of this article is not to exhaust all the studies related to the subject, but to propose a reflection in the sense of trying to minimize this syndrome in professionals.

Based on researches found and concepts, it is possible to affirm that one of the possible reasons for both classes to be so affected by the Burnout is, besides coming from professionals who deal with a lot of people, situation that according to Maslach (1970) apud Maslach (2009) causes Syndrome, little control over the desired end product, given the high expectations imposed on them. A teacher, for example, cannot guarantee that a student will learn efficiently, although the parents and even the student want the result, as well as a health professional cannot assure that the patient will be well even if that is the wish of the family and the patient.

In addition, one of the other aggravating factors of the Syndrome may be the long hours of work, because both teachers and health professionals are subject to uninterrupted work hours and within the surveys, several of them claimed to be one of the biggest stressors.

And after identifying common triggers, there are common consequences such as feelings of fatigue, inefficiency, difficulty in interpersonal relationships, falling productivity and low job satisfaction, also proving Maslach's theory (1970) apud Maslach (2009) and showing that the consequences given by the tool are really concrete.

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