


## *Diagnosis of Burnout Syndrome in primary care doctors*

### *Diagnóstico del Síndrome de Burnout en médicos de la Atención Primaria*

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#### ABSTRACT

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**Introduction:** Burnout syndrome is a response to chronic work stress. This syndrome is becoming more and more common among primary health care physicians, following the increase in workload and the failure of tools to reduce stress.

**Objective:** to identify the presence of Burnout Syndrome in primary care doctors.

**Methods:** a cross-sectional descriptive study during the month of December 2023 was made. The universe was made up of 52 specialists and residents of Comprehensive General Medicine linked to an office at the Romárico Oro Polyclinic. The non-probabilistic sample was made up of 40 specialists and residents who met the inclusion and exclusion criteria. For the diagnosis of Burnout Syndrome, the Maslach Burnout Inventory was used. The variables age, sex, marital status, years since graduation, risk of Burnout and Burnout syndrome were used. The aspects established in the Declaration of Helsinki were complied with.

**Results:** the most common age was between 25 and 34 years (45%), females predominated. There were no major differences with respect to years since graduation and risk of Burnout, although the 1-4 years group presented the largest number of people with a risk diagnosis (10%). Burnout syndrome was diagnosed in four (4) of the doctors studied, the majority of these belonged to the married marital status (7.5% of the total and 75% of those diagnosed).

**Conclusions:** although the presence of Burnout Syndrome was not high, there are several professionals who are at risk of developing it

## RESUMEN

**Introducción:** el síndrome de Burnout es una respuesta al estrés laboral crónico. Resulta cada vez más frecuente en los médicos de la Atención Primaria de Salud, tras el incremento de la carga laboral y el fracaso de las herramientas para disminuir el estrés en los mismos.

**Objetivo:** caracterizar la presencia de Síndrome de Burnout en médicos de la Atención primaria.

**Métodos:** estudio descriptivo de corte transversal durante el mes de diciembre del 2023. El universo estuvo constituido por 52 especialistas y residentes de Medicina General Integral vinculados a un consultorio del Policlínico Romárico Oro. La muestra estuvo conformada por 40 especialistas y residentes que cumplieron con los criterios de inclusión y exclusión. Para el diagnóstico de síndrome de Burnout, se utilizó el Maslach Burnout Inventory. Se utilizaron las variables edad, sexo, estado civil, años de graduado, riesgo y síndrome de Burnout.

**Resultados:** las edades más frecuentes fueron las comprendidas entre 25 y 34 años (45 %), predominó el sexo femenino. No existieron grandes diferencias con respecto a años de graduados y riesgo de Burnout, aunque el grupo de 1-4 años presentó la mayor cantidad de personas con diagnóstico de riesgo (10 %). Se diagnosticó el síndrome de Burnout en cuatro (4) de los médicos estudiados, la mayoría de estos pertenecieron al estado civil casado (7,5 % del total y 75 % de los diagnosticados).

**Conclusiones:** aunque la presencia del síndrome de Burnout no resultó elevada, son varios los profesionales que se encuentran en riesgo de desarrollar el mismo

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## INTRODUCTION

Burnout syndrome (BOS) is a response to chronic work stress, which arises when the coping strategies that people regularly use to deal with situations that cause fatigue in their work fail. It was first described in 1974 by psychologist Herbert Freudenberger.<sup>1</sup>

Based on the Malash Burnout Inventory (MBI) as a measuring instrument, Malash and Jackson<sup>2</sup> pointed out that burnout syndrome can be understood as a three-dimensional syndrome characterized by emotional exhaustion or feelings of being emotionally exhausted and drained due to the work that the subject performs and the contact with the patients and families with whom he or she works daily, depersonalization, which can be defined as the development of negative feelings and attitudes of cynicism towards the people with whom one works. This emotional hardening leads professionals to blame their clients for their problems and lack of personal fulfillment at work, characterized by the negative evaluation that professionals make of their own work and which extends to the perception of their inability to perform said work and to relate to the people they serve in a satisfactory manner.<sup>3</sup>

Prevalence reports of SBO vary widely from one country to another, which depends on the characteristics of the health system used, as well as other intrinsic organizational factors of the hospital and the professionals in which it is performed. Internationally, reports of SBO in health personnel are high, in countries such as Spain, Brazil, Argentina, Mexico and the United States.<sup>4-6</sup>

Research in Cuba shows figures among doctors of 12 to 30%<sup>7,8</sup>. A study carried out on 287 primary care physicians and nurses in Havana concluded prevalence figures of over 20%, and the highest found was 48.3% in women in the medical profession<sup>9</sup>. Some reports consulted determine the highest rates in the provinces of Ciego de Ávila, Matanzas and Camagüey<sup>10</sup>.

In Cuba, the increase in cases of arboviruses and other infectious and communicable diseases supports the ever-growing number of consultations in primary care. This increase in patients imposes a greater workload on specialists at this level of care, so the appearance of burnout syndrome has become increasingly frequent, which directly affects the psychological and general health, as well as

the work performance of medical personnel. Even so, there are no studies that address the presence of burnout syndrome in primary health care physicians to implement appropriate stress coping strategies.

Based on the above, the present article aims to characterize the presence of Burnout syndrome in family doctors belonging to the Romárico Oro Peña Teaching Polyclinic, in the municipality of Puerto Padre, province of Las Tunas.

## **METHOD**

A descriptive cross-sectional study was carried out from December 1 to 31, 2023, at the Romárico Oro Peña Teaching Polyclinic, Puerto Padre municipality, Las Tunas province. The questionnaire was self-administered. The universe consisted of 52 specialists and residents of the Comprehensive General Medicine specialty to whom the following inclusion criteria were applied: Being linked to one of the offices belonging to the Romárico Oro Peña polyclinic, and exclusion criteria: Not wishing to participate in the study, those who were not present at the time of the questionnaire application, and those who did not respond to all of it. The sample was non-probabilistic, for convenience, and consisted of 40 specialists and residents who met the aforementioned criteria. The data were obtained using the Maslach Burnout Inventory and were classified according to the three dimensions evaluated in it (emotional exhaustion, depolarization and personal achievement). Burnout syndrome was diagnosed when all three dimensions were present in high numbers, and at risk when two were positive. The variables used were age: (25-34; 35-44; 45-54; 55-64), sex: (male or female), marital status: (single, married or in a free union), years since graduation: (1-4; 5-9; 10-14; 15-19; 20-24; 25-29; 30-34) and dimensions of the burnout syndrome (emotional exhaustion, depersonalization and low personal achievement). The final results were processed using descriptive statistics and expressed in absolute and percentage values. The research was evaluated and approved by the Scientific Council and the Ethics Committee of the institution where it was carried out. Furthermore, it complied with the aspects set out in the Declaration of Helsinki, guaranteeing anonymity and respect for its participants.

## **RESULTS**

The years since graduation are related to Burnout syndrome and the risk of the same. In the study, doctors between 25 and 29 years of graduation predominated, with a frequency of 10 participants (25%). Regarding the risk of developing Burnout syndrome, the most frequent were those who had been between one and four years since graduation, which occurred in four doctors (10%). In specialists who graduated between 20 and 29 years old, the lowest risk diagnosis for developing Burnout syndrome was presented, since none of these doctors belonged to the aforementioned group (**Table 1**).

**Table 1.** Diagnosis of Burnout syndrome in primary care physicians according to years of graduation. Romárico Oro Peña Teaching Polyclinic. 2023.

Years of graduation	Nu.	%	Risk of Burnout		Burnout Syndrome	
			No.	%	No.	%
1-4	8	20	4	10	1	2,5
5-9	7	17,5	3	7,5	1	2,5
10-14	3	7,5	2	5	0	0
15-19	4	10	2	5	0	0
20-24	5	12,5	0	0	0	0
25-29	10	25	0	0	0	0
30-34	3	7,5	1	2,5	1	2,5
Total	40	100	12	30	4	10

**Source:** Database

Participants were characterized by age and sex, with ages between 25 and 34 years predominating with a total of 18 doctors (45%) and females with 27 doctors (67.5%) (Table 2).

**Table 2.** Distribution of participants by age and sex. Romárico Oro Peña Teaching Polyclinic. 2023.

Age groups	Sex		Total
	Male	Female	

	No.	%	No.	%	No.	%
25-34	6	15	12	30	18	45
35-44	5	12,5	10	25	15	37,5
45-54	1	2,5	3	7,5	4	10
55-64	1	2,5	2	5	3	7,5
Total	13	32,5	27	67,5	40	100

**Source:** Database

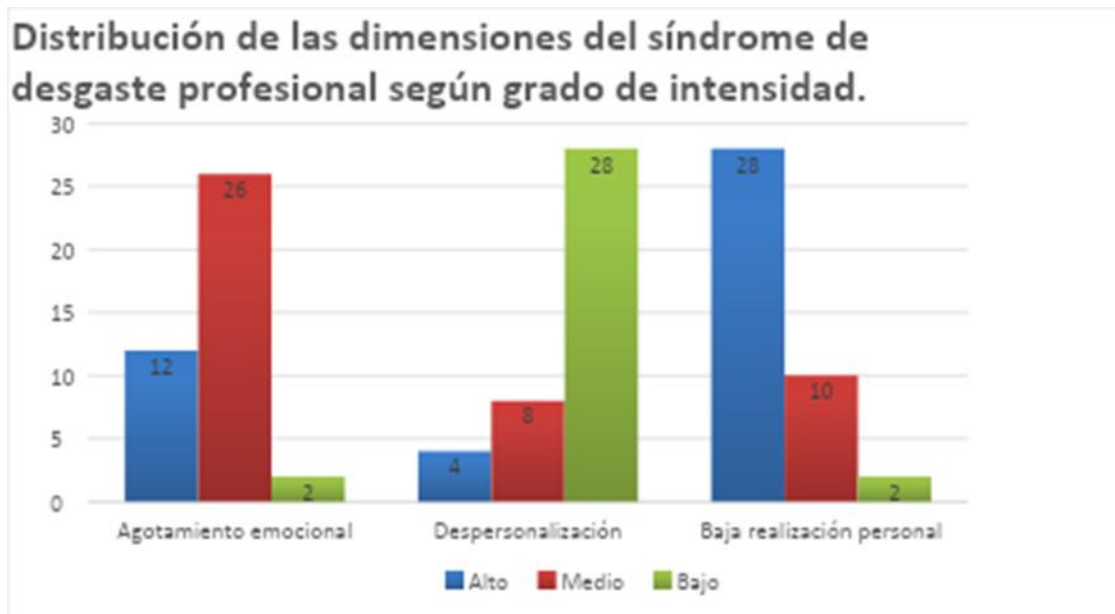
As can be seen, married professionals were more frequent, with 19 people (47.5%) belonging to this group; on the other hand, consensual union was the least frequent, with six participants (15%). The risk diagnosis of developing Burnout was higher in married doctors, with 8 doctors (20%), of which three (7.5%) were diagnosed with Burnout syndrome. On the other hand, none of the doctors in free union were included in either of these two groups (**Table 3**).

**Table 3** Distribution of participants by marital status according to risk and diagnosis of Burnout Syndrome. Romárico Oro Peña Teaching Polyclinic. 2023.

Marital Status	No.	%	Risk of <i>Burnout</i>		<i>Burnout Syndrome</i>	
			No.	%	No.	%
Single	15	37,5	4	10	1	2,5
Married	19	47,5	8	20	3	7,5
Consensual union	6	15	0	0	0	0
Total	40	100	12	30	4	10

**Source:** Database.

**Figure 1** shows the distribution of the different dimensions evaluated in the Maslach Burnout Inventory. Note that the dimensions of Low personal accomplishment and Emotional exhaustion reached high levels in the doctors studied, the latter being the most representative in terms of the degree of intensity. The Depersonalization dimension presented a low level of intensity (**Figure 1**).



**Figure 1.** Distribution of burnout syndrome dimensions.

## DISCUSSION

Burnout syndrome is a significant psychological risk for primary health care personnel. According to the authors, this is due to the increased workload secondary to the increase in cases of arboviruses and chronic non-communicable diseases that require greater work performance; not only due to the high number of patients seen daily but also due to the need to develop active screening to detect early symptoms of these diseases.

BOS is common in today's health personnel, and a large part of professionals show symptoms of it. Regarding the frequency with which this condition occurs, Hernández<sup>11</sup>, in Mexico, diagnosed this condition in 50.7% of the population studied, figures higher than those of the present study. Higher results were also presented in a study carried out by Foronda et al.<sup>12</sup>, in Chile, where the syndrome was diagnosed in 69% of the participants. In Cuba there are no studies that diagnose this condition in

primary care physicians, however, González<sup>12</sup> concluded that, in the psychiatric service in Pinar del Río, 34.3% of those studied presented the syndrome, although these data are lower than those of the present study, they reflect the presence of the syndrome in Cuban health professionals.

Regarding age and sex, Acosta Torres et al.<sup>13</sup>, express that the Burnout syndrome was more frequent in doctors under 30 years of age, and in the female sex. Data concordant with those of the present article. This, according to the authors, is due to the few years of graduation that these doctors have, which makes work planning less advantageous with respect to those with greater work experience.

According to Rodríguez et al.<sup>14</sup> and Durán et al.<sup>15</sup>, as the years of work pass, SBO becomes more common. These authors<sup>14,15</sup> concluded that the majority of those diagnosed have 10 or more years of graduation; which does not agree with the present study, where the majority of those affected had fewer years of graduation. This, in the authors' opinion, is due to the difficulty in outlining strategies that allow them to adequately distribute their work content, which increases the levels of work stress.

The relationship between marital status and the syndrome studied is relevant. According to Marecos<sup>16</sup> and Ribeiro<sup>17</sup>, the appearance of the syndrome is greater in people who do not have a stable partner; which does not agree with the present study, since the majority of those affected are in a marital relationship. This, according to the authors, is due to the responsibility that this condition entails and if we add to this that almost all married people have children in marriage, the degree of responsibility and tension increases. Regarding the different scales evaluated by the Maslach Burnout Inventory, Acosta et al.<sup>18</sup> agree that alterations are present in the three subscales and explain that, although increased levels of all the scales are needed for the diagnosis of the syndrome, the increase of one or two of these can cause important changes in behavior, which coincides with the present study. These changes in the behavior of physicians affect not only the primary care physician, but all levels<sup>19,20</sup>.

The present research describes the low frequency of burnout syndrome, but with a high presence of the emotional exhaustion dimension and a moderate value in depersonalization, which could affect the quality of life and care performance; in addition to the academic performance in residents. However, the authors consider that, according to the results of the questionnaire, these figures will



soon increase.

## CONCLUSIONS

Burnout syndrome or the risk of it was diagnosed in just over a third of family doctors, and was more common in the first years of graduation. The high frequency of the syndrome in those with stable partners could be attributed to other factors that weigh together with those linked to work and not only; the dimension of emotional exhaustion is the most represented.

## DECLARATION OF CONFLICT OF INTEREST

The authors declare that they have no conflict of interest in the conduct of the research.

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