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Burn-out syndrome among medical staff in the Institute for Oncology and Radiology of Serbia

Key words: *Burn-out syndrome; Professional stress; Work conditions*

INTRODUCTION

The exhaustion syndrome that is observed among medical staff in the predominantly palliative treatment medical institutions is recognized for more than 20 years ago (1). Nevertheless, most of the "victims" are not aware that some of the symptoms they might have experienced are the consequences of so called burn-out syndrome. It is also quite rare that institutions, like for instance oncology hospitals, employ professionals, specially trained to deal with the stress among the medical staff. Since the situation in our country was very specific during the last ten years, lack of professional stress recognition is completely understandable but that does not mean that denying its existence can diminish its significance.

Table 1. Symptoms of burn-out

Symptoms
Irritability
Debility
Self-criticism
Insomnia,
Fatigue
Spinal problems
Lack of organization
Loss of sense of priority
Depressive states
Feeling of failure
Painful symptoms
Social isolation
Poor concentration and performance
Less-caring attitudes
Problems with the rest of the team

The definition and symptoms of burnout are taken from work of A Mendinueta published in Supportive care in cancer.

The shortest definition of burnout syndrome describes it as progressive loss of idealism, energy and purpose experienced by people in the helping professions as a result of conditions of their work. It can occur not only in an individual but also within the system. Symptoms and complains that make burnout syndrome are presented on Table 1 (2). Paradoxally, the basic cause of stress, the work load, can become the only source of satisfaction for those experiencing burnout, and separation from it can be very disstresing. The aim of this article is to examine the range of burnout syndrome among the physicians and nurses at the Institute for Oncology and Radiology of Serbia.

MATERIALS AND METHODS

One hundred forty written questionnaires were distributed among physicians and nurses in four wards (medical oncology, surgery, radiotherapy and diagnostic) of the Institute of Oncology and Radiology. The questionnaire was anonymous and voluntary. As a model we used a list of symptoms from (Table 1) work of Astudillo and Mendinueta and modified it by additional questions. The modified questionnaire is presented at the end of the article. The questionnaire also includes suggestions of potential problem solutions. Results were interpreted without psyhological or psychiatric help.

RESULTS

One hundred and twenty one questionnaire were properly filled, thus the compliance was very high (86%).

In the result interpretation, we designed answers scoring system. Answers in "never" category were scored 0; "sometimes" 1; "often" 2; and "permanently" 3.

- sex:	93 women (76,9%); 28 men (23,1%)
- profession:	68 nurses and technicians, (56,2%); 53 physicians (43,8%)
- chief position:	29 chiefs (24%); 92 without chief position (76%)
- age:	median 37,7 years range 20-58
	<35 = 46 participants (38%);
	35-45= 41 participants (33,9%);
	45-55= 32 participants (26,4%);
	>55= 2 participants (1,7%)
- wards:	medical oncology = 68 participants (53,7%);
	radiotherapy = 37 participants (30,6%);
	diagnostic = 11 participants (9,1%);
	surgery = 8 participants (6,6%)

Thus, maximal score was 57 points for the "permanently" category while the other categories' maximal scores were 37, 19 and 0 points. Answers below 19 points describe no stress category; between 19-37 points "compensated" stress category; and 37 points "extreme" stress category. Participants were stratified according to scoring system in three categories:

no stress experience 69 participants (57%); under "compensated" stress 52 participants (42,9%); under "extreme" stress 2 participants (1,6%).

Also, answering the question about personal feeling of stress, participants claimed to be or not under the stress. Seventy four percent felt to be under the stress, 18,2% did not feel under stress, while 7,4% did not know the answer.

In the statistical significance testing (chi quadrate test) the only, but highly significant difference (p<0,005) was identified between participants that have no chief position compared to those on the chief position, i.e. the former participants experienced burn-out syndrome in more cases!?

The other chi quadrate analysis, testing sex, profession, age and ward, showed no significant difference. Also testing between doctors, and between nurses on the different wards showed no significant difference.

In the symptoms of professional stress analysis, only the prominent complains were considered. We defined prominent complains if these symptoms were present often and permanently in 25% or more participants.

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Using that definition, six symptoms appeared to be prominent in decreasing order: tiredness 73,5%; self-criticism 49,5%; spinal problems 43%; painful syndromes 31,4%; unsatisfied with profession 28,1%; insomnia 28,9%;

Borderline prominent was irritability 23,9%, while often and permanent thoughts about changing profession independent of wages have 23,1% of participants.

Eighty six point eight percent of participants, for all the reported complains, blamed their work.

Answers considering stress solution, pointed ″accomplishing and pricing work well done″ as potentially the most successful measure, by opinion of 43% participants. Second potentially most efficient measure was ″organization of duties to suit best to individual capacities″ according to the opinion of 24% of participants. As it was expected, the most unpopular measure was ″punishment and tight discipline policy″ (86,8%).

Only 4 participants find their work to be nice, while the majority found it to be very hard but humane.

DISCUSSION

Dealing with dying and suffering patients is unavoidable in oncology as a part of profession, but constant presence of death and sufferings also have unavoidable consequences on the medical staff. No one can indefinitely be dedicated to oncology care without some kind of emotional and physical stress. Symptoms of stress are heterogeneous, and oftein can mimic various other conditions. Some of the symptoms are easy to manage, while the others, that are fortunately rare, require professional help. Alteration in mental health, with loss of motivation along with all the other symptoms listed can, in the extreme situations, cause departure from professional practice, alcoholism, drug dependence, depression or even suicide. Nevertheless, it is very important to make difference between stress from overwork and stress from lack of motivation. Both syndromes should be treated but in different ways. Luckily, those who first recognized the burn-out syndrome also offered the potential solutions for that problem. Some of the solutions are of administrative type, and cannot be conducted without official cooperation, like shortening of duty hours, and more free days, but some can be easily conducted by simple inside ward reorganization (Table 2).

Table 2. Measures to alleviate burn-out syndrome

1. Arrange the different duties so as to suit best the individual capabilities
2. Establish a well run and fair rotative system of duties and shifts.
3. Stimulate goals of high quality in the work.
4. Organize a system of “breaks” during duties to diminish fatigue and tension.
5. Create protocols, a well define code, including an ethic committee, which Will serve as a guide in taking difficult vital decisions.

This type of investigation was never performed before in our country thus the presented results are the first and, let us hope, just preliminary. It seems that stress is very well tolerated among the oncology medical staff, hence only the minority of participants seems to be under the extreme stress. The others find their own way to confront all the difficulties not only at the working place, but also in life generally. Nevertheless, more sophisticated investigation could have achieved some different results. Also, the investigated population was rather young, median 37,7 years. None of the complaints should be ignored, and more attention should be pointed to working conditions. Oncology education is a long and hard process and it is certainly cheaper to improve some of the working conditions, than to let unsatisfied medical staff leave the profession.

It is said that recognition of the problem is the first step in problem solution. It is also said that one can be only a part of the problem or a part of the solution. Let us be always a part of a solution.

QUESTIONNAIRE

Sex:
Age:
School degree:
Chief position:
How many years do you work at this Institute?
Previous working experience
Do you directly participate in the treatment of severely ill patients?

*How often do You recognizes next symptoms:

Symptom	Never	Sometimes	Often	Permanent
1. Irritability				
2. Debility				
3. Self-criticism				
4. Insomnia				
5. Fatigue				
6. Spinal problems				
7. Lack of organization				
8. Depressive states				
9. Feelings of failure				
10. Painful symptoms				
11. Poor concentration				
12. Poor performance				
13. Less-caring attitudes				
14. Problems with the rest of the team				
15. Unsatisfactoriness with work				
16. Have You failed to choose right profession?				
17. Would You change this profession no matter the wages?				
18. How often do You consuming analgesics?				
19. How often do You consuming sedatives?				
20. Named some other symptoms.				

* Are those symptom consequences of the work?

* Which symptom especially?

* Do you feel being under the stress?

* How would You describe the Yours work?
1. Nice
2. Human
3. Necessary
4. Very hard
5. None of the mentioned

* Do you think that next propositions would help in the decrement of professional stress?
1 Arrangement of different duties so as to suit best the capabilities of each team member
2 Establishment of well run, fair rotate system of duties.
3. Stimulate goals of high quality in the work.
4. System of “breaks” during duties to combat fatigue.
5. Creation of protocols which will serve as a guide in taking difficult decisions.
6. Tighten of the discipline and punishment system.
7. Possibility to contribute in the working process with your own ideas.

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SESSION 1

CHEMOTHERAPY OF BREAST CANCER IN SERBIA DURING THE FIVE-YEAR PERIOD (1995 - 2000) - A RETROSPECTIVE ANALYSIS

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