# الإحتراق الوظيفي لدى ممرضي مستشفى خليل عمران ببجاية
# Nurse'burnout of Khlil Amrane hospital in Bejaia(Algeria)

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**ملخص:** إن الإحتراق الوظيفي ناتج عن الإجهاد المستمر المتصل بالعمل والتوتر-إنها آخر مرحلة من اللا تكيُّف الناتج عن اختلال التوازن على المدى الطويل بين المتطلبات المهنية وموارد الفرد.من المهنيين الذين يتعرضون للإحتراق الوظيفي: والمهنيين الصحيين نجد الممرضات اللاتي يواجهن ظروف عمل مضنية أثناء ممارسة مهنتهن، يوصف عادة التمريض بأنها ممزقة بين ثلاث وظائف رئيسية: الأفعال الفنية والنظافة، علاقة العمل ووظيفة التنظيم والإدارة، وفي هذه المقام نريد أن نظهر تأثير الإرهاق على صحة الممرضات والسعي لإيجاد العلاج.

**الكلمات المفتاحية:** الإحتراق الوظيفي، ظروف العمل والمعيشة، التوتر، صحة الممرضات، العلاج.

**Abstract:** Burnout is a result of persistent work-related stress and ongoing tension - it is the final stage of an adaptation breakdown that results from a long-term imbalance between the professional demands and resources of the individual.

Professionals who could be exposed to negative effects of burnout we cite : nurses. These nurses who are supposed to work with a suffering population that requires adequate and immediate care could encounter binding working conditions during the exercise of their profession.. In this article, we want to show the impact of burnout on the health of nurses and seek to find the cure.

**Keys words**: Burnout, living and working conditions, stress, health of nurses, cure**.**

**Introduction :**

Since the beginning of the century, during the last decades and especially with the rapid evolution and mutations in different fields that our societies have known, new forms of malaise and pathologies have appeared and continue to lead to short and long term significant damages both physically and psychologically. These current forms of ill-health known as the diseases of civilization result from the combination of environmental and individual conditions.

In a psychosocial dimension, the individual's conception of work has also been subject to change in recent years. Undoubtedly, work requires all of us a great importance and is a priority to ensure continuity and individual well-being. It can ideally be the place of structuring knowledge and practices, of personal or social valorization, a place of fulfillment but which can become a place of concretizations of disappointments. The working conditions repercussions on the individuals' physical and psychological health have been raised by many researchers namely, exposure to all kinds of nuisances, work organization, communication, schedules ... etc. For instance,the constraints felt in the workplace also affect the well-being of individuals, by altering the quality of the work environment such as workload, cadences and the monotony of tasks as well as the degree of personal autonomy. Moreover, researchers such as Estryn-Behar (1997), Karasek, Dejours (Perréard & al., 2001,) have demonstrated through their studies the link between the role of health risk factors and nature and organization of the professional activity by emphasizing that certain working conditions can alter the physical and psychological functioning of individuals. Examples include shift work, lack of social support, autonomy, job insecurity, and the style of human resource management.

We are talking about the burnout syndrome resulting from persistent work stress and ongoing tension. It is the final stage of a break in adaptation that results from a long-term imbalance between the professional demands and the resources of the 'individual. The burn out exceeds the stress because it results from prolonged chronic tensions, contrary to the stress which is a process of temporary adaptation resulting from temporary tensions. (Elizabeth Grebot, 2008).

Among the professionals who could be exposed to the negative effects of burnout during the exercise of their profession: police officers, firefighters, managers, health professionals (doctor and nurse) but in particular nurses. It seems that they constitute a population at risk for psychological damage at work. These nurses who are supposed to work

with a suffering population that requires adequate and immediate care could encounter binding working conditions during the exercise of their profession. Nursing is commonly described as torn between three major functions cited: the technical and hygiene acts, the relational work and the function of organization and administration. These functions intermingle and collide during work.

In fact, the international literature does not cease to inform us about the pain and suffering caused by the stressful situations that nurses can endure in general and in their working environment, in particular, trying to put value on the impact of stress as well as the implementation of coping strategies to cope with it. (Grosjan & Lacoste, Dubert, by Loriol 2000).

Due to the relational and curative aspect that characterizes the nursing profession in general, nurses are exposed during the exercise of their profession, in addition to repetitive insoluble situations such as lack of means and staffs , are exposed to an overwork. In fact, many studies have highlighted the consequences of the implication to the stressful situations whose accumulations favor the appearance of new forms of pathologies and in particular burn out. This concept first appeared outside the problem of stress, its integration into the theoretical field was carried out following several researches . Standing in the tradition of stress studies, Hans Selye said: "Stress is the salt of life" (quoted by cleric & the bigot, 2001). This phenomenon is massively taken into account from the 1970s in the United States, it is considerably present in professions called "helping relationship". Its causes are multi factorial and most authors (Abaibeau, 1985,) emphasize the relationship between burnout and the accumulation of work stress, and recognize that burnout as a negative internal psychological experience . This is caused by the massive and irregular flow of patients that generates a strong physical and mental stress. The nurses deploy a double effort by performing several tasks at the same time, endangering the lives of patients, the management of the vacuum or massive filling of the service in a random, unpredictable way, leave the caregiver on alert. As well as the contact with the patients and their families sometimes seems disappointing besides ,not recognition, non-complacency and aggressiveness of the patient. Added to this , the contact with suffering and death as a source of stress. As Loriol points out: "*Because of these responsibilities and the constant contact with suffering, death and filth and a professional practice that relies on difficult skills with nurse objectivity is generally perceived as stressful and tiring*." (From Clerc & the Bigot, 2001).

**Characteristics of the study population:**

In our research, semi-structured interviews were conducted in addition to the Christina Maslach (M.B.I) scale to measure the degree of nurses' exhaustion. We will retain here the most known psycho technical tool, M.B.I. (Maslach Burn out Inventory), created in 1981 and which is based on three axes:

-Exploitation: when the work becomes too painful.

-The dehumanization of the relationship to the other: by giving less time to the patient or by decreasing the relationship that can be compared to abuse. (M.F. Becqué & M. Hans, What do I know ?: Mourning,)

-The diminution of personal fulfillment.

All MBI items are scored using a 7 level frequency scale from "never" to "daily." Initial development had 3 components: emotional exhaustion (9 items), depersonalization (5 items) and personal achievement (8 items). Each scale measures its own unique dimension of burnout. Scales should not be combined to form a single burnout scale. Scales include reverse-scored items. Maslach, Jackson and Leiter (1996) describe item scoring from 0 to 6. While a common convention is to avoid zeros for scales, one should be aware that altering the original 0-6 scores will not align with categories of each scale. There are score ranges that define Low, Moderate and High levels of each component/scale based on the 0-6 scoring. Using a 1-7 scale with the original category ranges will inflate the number of people in the upper 2 categories. Further, comparisons with existing literature may be misleading.

Never (0)

A few times a year or less (1)

Once a month or less (2)

A few times a month (3)

Once a week (4)

A few times a week (5)

Every day (6)

It can also be added the age factor and the person personality (A. Mauranges Manual for caregivers: stress, suffering and violence in hospital settings )

The sample of this research includes 30 nurses 10 men and 20 women, aged between 30 and 55 years old with experience, greater than or equal to 5. Nurses surveyed work sixty percent because it is important that they spend some time in the service. , a person working at sixty percent is more likely to catch a burn out than a person at forty percent.

**Definition of burn out**

**1**- the cessation of operation usually of a jet or rocket engine; *also* **:** the point at which burnout occurs.

**2-**exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration

**1**.Feeling of physical and emotional exhaustion, due to stress from working with people under difficult or demanding conditions. Burn out is followed by signs such as chronic fatigue, quickness to anger and suspicion, and susceptibility to colds, headaches, and fevers.

**2**.Extraordinary dilution of an investor's stockholding position due to a massive issue of new shares by the firm. Also called cram down.

**Nursing profession**

"The practice of the nursing profession includes the analysis, the organization, the realization of nursing care and their evaluation, the contribution to the collection of clinical and epidemiological data and the participation in actions ( Article R. 4311- 1) of the decree of competence of the nursing profession of July 29, 2004. Prevention, screening, training and health education ". In addition, this article that frames this profession also defines the rights and duties of nurses towards society.

The nursing profession is governed by decree of the law of July 29, 204 which stipulates all the rights and duties of this profession as well as by the decree n ° 93-221 of February 16, 1993 Relative to the professional rules of the nurses. The nursing profession is governed by decree of the law of July 29, 204 which stipulates all the rights and duties of this profession as well as by the decree n ° 93-221 of February 16, 1993 Relative to the professional rules of the nurses. During our studies, we refer very often to these decrees. Moreover, during our internships, we can see as a general rule that state-certified nurses also comply. In relation to the theme of this end-of-study work we note, article 10 of the decree n ° 93-221 of February 16th, 1993 relative to the professional rules of the nurses which indicates that "To guarantee the quality of the care which it exempts and the safety of the patient, the nurse or the nurse has the duty to update and perfect their professional knowledge.

**Attitudes that nurse must accomplish**

**1)"Breathe normally":**

The nurse will have to respond to this need by observing the patient and providing him with the medical care ordered by the doctor. It is also by installing in strategic positions that he will take care to keep the airway open or taking care not to exhaust the patient with gestures and unnecessary movements.

**2)"Drink and eat in the desired position":**

It is by assessing the tastes of each patient, by installing them as comfortable as possible during meals and by assessing the need for help from each of them that the nurse will respond to this need.

**3)"Eliminate**

To allow the evacuation of waste from the body, the nurse will provide the necessary assistance to each patient by assessing the various possible incontinences, the mobility of the patient to move to the toilet and the available technical means.

**4)"Move and stay in the desired position":**

The nurse must respect and preserve the autonomy of his patients by allowing them to perform the actions that are possible for them. He will evaluate the patient in each of his activities in order to readjust his care.

**5)«Sleep and rest »:**

Respecting patients' sleep is important to reduce and prevent fatigue. The nurse may, for example, group at best care to disturb his patients as little as possible. During the night and during the afternoon naps, he will take care not to make too much noise) "Choose appropriate clothes- get dressed and undressed": the nurse must respect the patient whatever his outfits clothing. If necessary, he will help his patients to dress and undress while respecting their intimity. Moreover, if the patients do not have clothes, he will provide them with hospital gowns.

**6)"Keep one's body temperature within normal limits":**

The nurse will take the temperature using a thermometer. He will ensure that the patient is dressed according to its temperature to maintain it in the norm or to bring it closer to the norm and so that the patient is neither too hot, nor too cold. In addition, he will ensure the correct temperature of the room by opening or closing the windows.

**7)"Keep one's body clean and neat, and protect one's integuments":**

Feeling, being clean, having healthy skin or receiving skin treatment in case of problems is a need of everyone. The nurse will assess the patient's skin condition and provide care if needed. He will help the patient in his hygiene care. Here too, he will respect the privacy of each patient

**8)"Avoid dangers and do no harm to others":**

Securing the patient by storing any obstacle that may be in his room is one of the roles of the nurse. In addition, he will evaluate the psychic state of the patient so that he cannot put himself in danger or endanger others.

**9)"Communicating with others":**

The nurse will evaluate each patient's ability to communicate and adapt oneself to each of them. In addition, it will involve interpreters when

needed. The nurse will be ready to listen to the emotions and needs of the patient.

**10)Take care to make yourself useful ":**

The nurse will be attentive to the occupations of patients to know the state of mind in which they are (anxiety, sadness, despair, good mood, etc ...), it will help his patients to practice the desired activity.

**How do Khlil Amrane's nurses perceive burnout?**

A feeling of emptiness experienced by a caregiver after having spent a lot of time physically and devotedly without recognition and valorization, who sees his physical strength diminished and his capital of understanding and self-sacrifice exhausted, dried up, it can still work for a while but, relying on his automatisms, because of his physical and psychological sufferings, the nurse becomes incapable of understanding and empathy.

According to Freudenberger (1974), burn-out is a state of distress. It has been defined by Maslach (1998) as "a syndrome of physical and emotional exhaustion, which leads to the development of an inadequate self-image, negative attitudes at work with loss of interest and feelings for patients. "(Quoted by Canouï, 1998). Delbrouck (2003). This pathology affects all professions in fact, it is estimated at 20% of the active population (Chevrier & Renon-Chevrier, 2004, ). However, Barbier (2004) argues that burn-out is more relevant to caregivers because they are the direct witnesses of suffering, misery, unhappiness, illness and death. The analysis of the factors favoring this exhaustion revealed that, this syndrome is mainly linked to chronic stress, the origin of which can come from constant stress at work. "By doing the same job for 30 years and staying in the rank, believe me it kills "[Mouloud 50 years old nurse] Given the figures indicating a large percentage of nurses burnout, and knowing its symptoms, we can ask ourselves the question: how professionals affected by this pathology can they assume their responsibilities ? Indeed, according to the Code of Ethics of the International Council of Nurses [CII] (2005) , the nurse has four essential responsibilities: to promote health, prevent illness, restore health and relieve suffering. "But unfortunately, the impact of the stress of the caregivers is perceived by the patients" [Radia 47 years old]. According to C. Maslach (1998), the six characteristics that can lead a person to burnout are: workload, sense of control, recognition, community, justice, respect and values.

The authors are also interested in the different modes of prevention existing: Truchot (2004) distinguishes three levels of prevention: First,

the primary prevention, consisting in eliminating or reducing the sources of burn-out, then intervenes the secondary prevention which relies on relieving the tensions that the individual can feel. Finally, the tertiary prevention mode concerns the treatment of burnout symptoms. At this last stage it is not strictly speaking of prevention but rather a sort of remedy. At each of these levels of prevention we can have an action on the individual (Bouquet, 2006).

In addition to personal and professional damage, burn-out also has a financial impact. It is interesting to note that in the United States, according to Chevrier & Renon-Chevrier (2004), 54% of absenteeism days are due to mental health problems. Financially, there is a big impact on the economy since the cost is several billion francs a year. (Peters & Mesters, 2007). At the organizational level, this pathology reduces job satisfaction, involvement in the organization and performance; it increases the desire to change jobs as well as absenteeism.

**Causes of burnout among nurses**

**1- Psychological causes:**

High expectations of oneself for perfectionism and achievement of set goals. The low sense of belonging and self-esteem can result in a nurse with repetitive guilt. "*The chronicity (monotony) of certain situations leads to an extreme adaptation of the suffering resulting in psychological aftermaths'*." [Mrs. Baya, Chief Nurse, 52 years old] Stress (according to Cary Cherniss's transactional vision) stems from an imbalance between the requirements of work and the resources of the individual. It leads to a state of tension, anxiety, emotional fatigue, then a reduction of the initial goal, an idealization of the situation, detached, mechanical attitudes. The author considers this as defensive coping that can lead to burnout. The motivation, according to Ayala Pines, if it is crushed by external pressures, contradictory demands, an unfavorable environment, leads to the impossibility of achieving objectives. For Herbert Feudenberger burnout is "*the loss of motivation for his work*".

**2- Environmental causes:**

They are related to individual health, family and social relationships, places of life, personal and professional values, beliefs and commitments (Walter Hesbeen, Bernard é, Honor 2002.) "*I have problems with coping, hospital is a place of dirt germs, I cannot find a trick to protect my children from diseases that I am exposed to all the time and accept my work as a nurse* "[Mariam, nurse 32 years].

**3-Organizational Causes:**

Adverse effects on mental health can be observed if certain occupational situations persist: overwork "*when I work beyond my limits (type 3.8), I become tired which generates exhaustion I cannot manage* "[Malak, 37 years]. Difficulties in communication" *by dint of staying long hours and sometimes at night, we develop a reluctance to talk to others - people outside the medical sphere* "[Nouara 54 years old]. The nurses have no more happiness to work. It is no longer an accomplishment. Work becomes synonymous with constraint. *"If you do not like what you do, you have a hard time loving yourself*" [Ali, 40years]. Poorly defined responsibilities, an imbalance between the efforts made and the recognition obtained "*because nurses in burn out situations often have difficulty concentrating. they find that their attention is more fluctuating. It is a possible manifestation of exhaustion at work* "[Mona, 42].

These situations generate forms a chronic or less intense stress depending on the person and can lead to somatization such as obesity and cardiovascular disease. Moreover, with regard to the nursing population, W. Hesbeen explains that "*every professional, in order to be able to exercise his*" *caring art* ", *needs a space of freedom to be able to be in a quality service*" (Walter Hesbeen , Bernard, Honor 2002) .This type of operation is quite devaluing because these tasks to be performed must be achievable by all. This generates a feeling of loss of professional identity and therefore a real decrease in motivation.

Over time, their work becomes boring, especially if people have had the same professional function for a long time and there are no opportunities to evolve in their function. Boredom can cause wear. This is quite surprising, but a lack of work to do can also lead to burnout. The work is supposed to provoke the feeling of being useful within the service at the hospital. Nurses who work below their potential all the time feel like they are wasting their time and end up being very frustrated. Behaviors that are out of sync with their own personality may result. Nurses feel that the time of the day will not allow them to treat drugs, phone calls ... They can end their day with the feeling of having done nothing. They become more sensitive to the advancement of time. For example, the day can go too fast (*I could not cure everything).* They can no longer plan and organize their work consistently. They can no longer distinguish between priority actions and secondary ones.

Nurses perceive a gap between the controlled behavior of their colleagues and their own internal state. It pushes them to isolate themselves otherwise or think that the problem comes from themselves.

Sometimes nurses do not want to go to work anymore. At the weekend, they may feel anguish at the thought of starting the week again. At an advanced, they cannot get up in the morning, they have probably already reached a stage of exhaustion to take into account quickly.

The nurses also feel signs that may be different, lack of sleep, loss of appetite, back pain, stomachaches .... (Delbrouck, M. 2003).

**Strategies against burn out:**

If we consider the idea that burn-out signifies the existence of major social dysfunctions, then prevention actions are in essence the most effective. However, whether it is established preventively or a posteriori, the treatment of burn-out pursues the same objectives: eliminate the negative and build instead something positive. In other words, the treatment of burn-out aims to reduce the imbalances noted between the individual and his work, but also to promote professional commitment because it is this commitment that alone will improve the energy, the involvement and effectiveness of the professionals and, consequently, of the private or public enterprise which employs them. Admittedly, the implementation of such strategies is at the moment very expensive and requires on the part of all-employees and employers-patience, investment and mutual respect but it is, for sure, an excellent investment in the medium and long term not only as for the efficiency and profitability of the company but also, and above all, for the well-being of all!

**Conclusion:**

Sociology has been very interested in the world of work and the world of health. So health is an important factor that allows workers to be and stay in work. "*Risk has become a concern for sociology*" (MarcMormont, 2009), It is fairly well established that adverse work conditions can be harmful and tragic for the health of workers in their workplaces, where there are multiple constraints they suffer and which threaten their state of health one cites in the first place the burnout(M. Lanane and al, 20015)

Burnout is a socio professional phenomenon, characterized by a feeling of loss of control and inability to achieve concrete results at work.

Anyone who is involved daily in a relationship of help with others and is subject to chronic occupational stress, may one day be suffering from burnout syndrome, particularly nurses (Manoukian.A, 2009). Several factors are likely to be at the origin of the development of burnout, namely age, work experience, family situation, not to mention the factors specific to the profession itself, such as type, work overload, and climate. relational, and working condition in general. (Lefebvre, M., Poirot.M, 2011). Our study showed that all nurses on whom we applied MBI scale

suffer from a serious burnout , but every one of them reacts differently . This encourages us to explore other paths of research in which this medical phenomenon can occur and in what domain?

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