

BURNOUT SYNDROME IN HEALTH CARE WORKERS IN THE SLOVAK HEALTH CARE SYSTEM

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ABSTRACT

Burnout is not specific to healthcare workers, but healthcare is one area that is increasingly affected by burnout. In the Slovak healthcare system, this fact is exacerbated by the practically uniform shortage of personnel in clinics, wards and in the ambulatory sphere. A similar picture can be found in social service facilities, or in components of the emergency health system. Failure to comply with the standards leads to an overload of personnel working in the healthcare sector and frequent manifestations of burnout syndrome.

Key words : burnout syndrome, health workers, prevention

INTRODUCTION

The exact definition of burnout is not a simple matter, and we understand burnout based on several models. The impact of chronic, uncompensated workplace stress appears to be key. We distinguish several subtypes of burnout syndrome, but they have similar symptoms, the key ones being fatigue and a negative attitude to work. The burnout syndrome is a problem for the individual who suffers from it, but also for the whole society, as society often loses experts in key sectors - healthcare, education and others (Caufield, M. 2019).

Means of primary, secondary and tertiary prevention of burnout syndrome are used very little or not at all. Since 2020, the healthcare system has been additionally burdened by the Covid19 pandemic. The pandemic was a source of additional pressure on the already overburdened healthcare system, requiring the declaration of an emergency regime with the order of work duty. Despite the significant pressure, the health system did not collapse, but the pressure took its toll on the state of health (both mental and physical) of health workers, especially those who were directly exposed to the onslaught of patients with Covid-19 disease - especially paramedics, emergency room staff, anesthetists, unit staff intensive care, infectious disease specialists and staff of infectious disease clinics. The increase in the number of health workers was noted by clinical psychology departments, and the problem was also written about

in the press (<https://www.webnoviny.sk/vzdravotnictve/slovenski-zdravotnici-coraz-castejsie-zazivaju-syndrom-vyhorenia-napor-pacientov-im-neprospiva/>) . The effect of the Covid19 pandemic on healthcare workers was maximal during the first year of the pandemic. However, very few measures have been implemented across the board. The effort to reward healthcare workers, both generally and especially those who are at increased risk of stress during the Covid19 pandemic, is also of some help. Such a measure gives workers the feeling that they are rewarded for their efforts and that the company values their work. However, other interventions and measures to prevent the occurrence of burnout syndrome were not implemented across the board. Individual workplaces proceeded with their own measures within their possibilities. These approaches were often based on empirical experience and adapted according to current needs and on the basis of the observed effects they achieved. A separate chapter was voluntary assistance to the public, which was implemented by organizations and individuals who supplied the busiest workplaces with mineral water and snacks, or directly participated in the work process, mainly in inpatient wards, thus compensating for the missing staff. The disease Covid19 often had a more difficult course in patients suffering from other diseases and often with a higher BMI, these patients are particularly demanding on nursing care. The help of volunteers at the beds with such patients was a significant help. In 2022, the Covid19 pandemic gradually receded, but its effects on the health of workers persist. Moreover, it is not clear whether the pandemic is over or whether other pandemic situations will come (www.who.int)

An important risk factor for burnout is inadequate financial compensation, the social status of the worker and the social credit of the work sector. In the long term, the financial evaluation of lower and middle medical staff is low, which certainly contributes to the risk of burnout. The situation with doctors is better, but even doctors often feel the disparity between the expected salary and reality, especially young doctors without certification. More interesting is the situation regarding the social status of medical workers and the credit of medicine as such.

Clinical psychology clinics, which were key for the rehabilitation of workers more significantly affected by burnout, also experienced a greater rush of health workers suffering from burnout.

THE SITUATION DURING THE COVID PANDEMIC

To evaluate the situation during the Covid pandemic, questionnaires were collected to evaluate the manifestations of burnout syndrome among healthcare workers. 17 healthcare workers in various positions anonymously filled out a questionnaire focused on the symptoms

of burnout syndrome. The questionnaire included questions focused on the impact of the Covid pandemic on the change in symptoms of burnout and the measures taken by workers or their superiors to limit the impact of the pandemic. The results of the questionnaire survey confirmed the assumptions presented on the previous pages of the work.

The first part of the questionnaire consists of 28 questions, to which the respondent answered by indicating the frequency with which the given symptom of burnout syndrome is experienced by the worker. The frequency of occurrence of the symptom is scored on a scale of one to five, where one point means that the symptom never occurs and five points means that the symptom occurs all the time. The second part of the questionnaire consisted of five targeted questions to which the worker answered yes/no. The questions related to the changes brought about by the Covid pandemic in relation to the felt symptoms of burnout syndrome as well as the ways in which they deal with them. The questions in the second part were yes/no in nature. The anonymously completed questionnaires were subsequently processed and evaluated. The first part was evaluated based on the sum of points, while the minimum points achieved is 28, the maximum is 140. Respondents were divided into five bands according to the number of points obtained. The first band (28-38 points) includes workers without symptoms of burnout syndrome, short-time workers or significantly resistant workers, or workers who optimally manage their stress load. Not one of the respondents was placed in the first band. The second band (39-50 points) represents a group of workers with mild symptoms of burnout syndrome, workers of this group are not in an advanced stage of burnout syndrome nor are they in acute danger. The third band (51-70 points) includes workers who show multiple symptoms of burnout, this group is already at significant risk of developing advanced burnout. Workers in this zone should consider including relaxation activities, reduce workload, or seek help. The fourth zone (71-90) - workers who are placed in this zone show a high incidence of burnout symptoms and are highly likely to suffer from an advanced stage of burnout. Workers in this area should definitely actively look for a way to reduce the stress load associated with the work process, study the possibilities of relaxation activities and choose the alternative that is most suitable for them. In addition, it is advisable to consider seeking the help of a specialist and completing a general health check-up with a general practitioner. The final fifth band (91 points and above) is reserved for workers who experience dangerously high levels of stress and burnout symptoms. They are very likely already suffering from an advanced stage of burnout and should seek help as soon as possible, because if there is no change in their habits, their condition is likely to worsen. Among the respondents, not a single one was placed in this band.

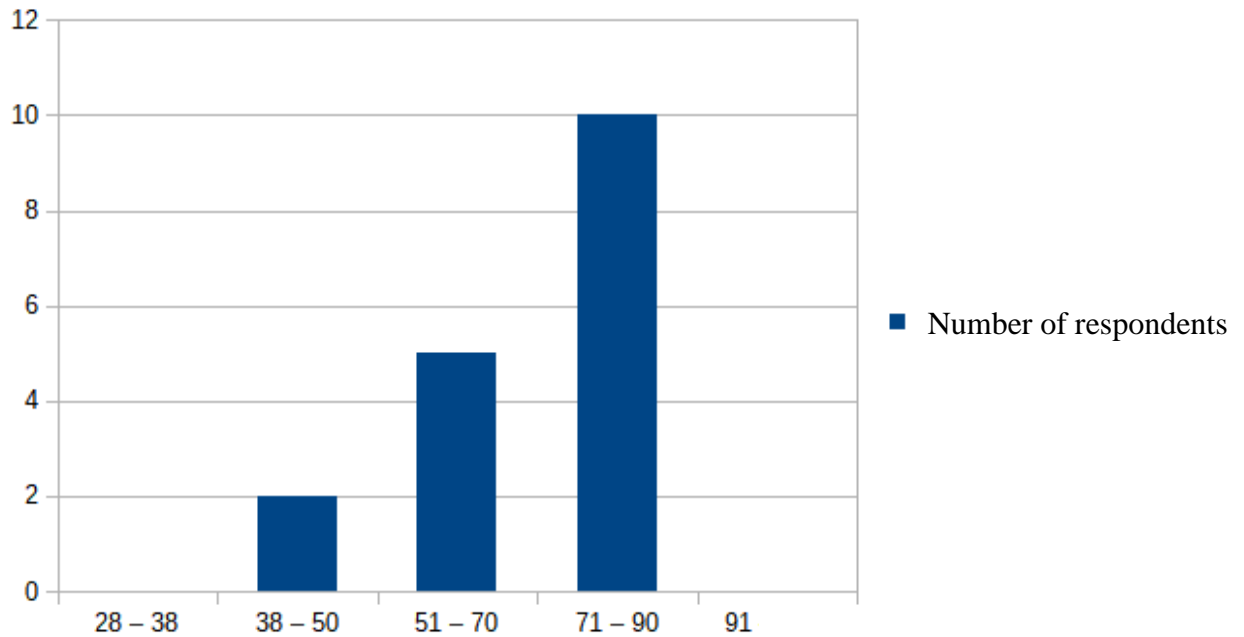


Table no. 1: Number of respondents in bands

Source: own processing

In addition to the points part of the questionnaire, the respondents also answered the following yes/no questions:

"Do you feel that your performance has deteriorated or do you feel more tired after a work shift during the Covid19 pandemic?" 12 respondents answered positively, which is approximately 71%.

"Do you feel that your employer/supervisor has made changes to prevent burnout during the Covid19 pandemic?" 2 respondents answered in the affirmative, representing approximately 12%.

"Do you feel that in connection with the Covid19 pandemic, your health has worsened or that you have been forced to seek medical help more often?" 5 respondents answered positively, which is approximately 29%.

"Were you forced to seek help in connection with symptoms of burnout syndrome (fatigue, cynical approach to work, professional inefficiency)?" Not a single respondent answered positively.

"Have you implemented any changes of your own to alleviate the symptoms of burnout syndrome (relaxation exercises, yoga, physical training, other...)" 9 respondents answered positively, which is 53%.

DISCUSSION

The results from the collected questionnaires reflect the expected rising incidence of burnout syndrome among health workers, who in the conditions of the Slovak Health Service are confronted with an increasingly acute shortage of personnel caused both by the outflow of workers of retirement age and the outflow of young workers abroad. The Covid19 pandemic was and still is another significant stressor that worsens the situation. Given the above, it cannot be considered surprising that the majority of respondents were placed in the fourth band (10 respondents) and the second largest group was placed in the third band (5 respondents). Only two respondents were placed in the second band. Thus, it seems that the majority of workers in the Slovak healthcare system suffer from a certain stage of burnout syndrome and feel the effects of work-related stress.

The second part of the questionnaire shows that the majority of workers felt a decrease in performance in connection with the Covid19 pandemic, and 71% of respondents felt more tired after the work shift. The feeling of more demanding work and more pronounced fatigue after a shift is undoubtedly associated with a specific work assignment and will probably be most pronounced for workers who work in Covid19 wards directly with infectious patients and in protective clothing. Due to the high percentage, however, it is clear that workers from other departments and clinics also felt a decrease in performance and a greater degree of fatigue during the pandemic. It is necessary to note that only a small part of the respondents worked in the Covid19 department, and among the respondents there were workers from different clinics and departments. Although Covid19 arrived in Slovakia with a significant delay, healthcare facilities were slow to implement measures to protect staff from infection and to prevent the spread of the Covid19 infection. With the increase in the number of infected people, the application of protective equipment and the screening of Covid19 in emergency rooms, the stress caused by the new situation to health workers was also manifested, however, only 12% of respondents recorded measures taken by the employer or superior to prevent the occurrence of burnout syndrome or to prevent the worsening of its symptoms. It is therefore obvious that the measures were not implemented or were implemented but the workers did not feel them. In this regard, the interest and commitment of the management of medical facilities was not sufficient, which may in the future be manifested by a decrease in performance and a deterioration in the health status of workers. At the same time, this problem cannot be considered an acute matter connected with the Covid19 pandemic, rather it is a chronic lack of interest of the management in the prevention of burnout syndrome, which became a more significant problem during the Covid19 pandemic. More than a quarter of respondents said that they experienced a deterioration in their health during the Covid19 pandemic, which is not

surprising given the fact that advanced burnout syndrome is regularly associated with deterioration of physical health. Deterioration in health often causes additional downtime in the workforce due to doctor visits, sick leave and sick leave. Such outages increase the burden on the remaining personnel in the workplace. Likewise, a worker who remains at the workplace despite his poor health is exposed to a greater degree of stress and a higher risk of burnout. Among the respondents, not a single one was forced to seek professional help (e.g. a psychologist) in connection with the symptoms of burnout syndrome. On the one hand, this fact can mean that the symptoms were not so serious that the worker needed to seek professional help, but it can also mean that professional help is not available or the worker does not know about the possibility of professional help, or he doesn't know how to look for her. Approximately half of the respondents applied their own changes to cope with the increased level of workload and the symptoms of burnout syndrome. Given the low interest in solving the situation on the part of superiors, it is logical that workers who experience symptoms of burnout try to find a way to handle work situations with dignity and maintain good physical and mental health (Aamodt, M.2016).

CONCLUSION

The reduced performance of a worker suffering from burnout is a burden on the economy, as is the worsened general state of health associated with burnout. Okech, Victor O.- Neszméry, Š. - Mačkinová, M. say that the deterioration of the general state of health also represents a burden for the health care system. This is true because prevention is not only better, but also cheaper than treatment. Despite this, all efforts to prevent it take place only at the national level or at the level of the individual worker. Employers and managers practically do not deal with the problem and close their eyes to it. The procedures described in the section on primary disease prevention are therefore only performed if the worker seeks them out himself. Slovak health care has suffered from a lack of employees for a long time, non-observed standards create pressure on workers and expose them to a higher risk of burnout. In addition, the financial evaluation of workers is lower compared to Western countries, while the same quality of services is expected from them, this discrepancy of expectations and evaluation is another source of stress. Last but not least, the low social status of healthcare workers also applies in Slovakia, which is also one of the factors that increases the risk of burnout. Virtually all of these impacts have worsened during the Covid19 pandemic. During the Covid19 pandemic, there was another departure of employees, for example some doctors and nurses of retirement age left (for fear of Covid19 infection). Likewise, during the Covid19 pandemic, there was a noticeable

increase in the salary of healthcare workers in the surrounding countries (Czech Republic, Hungary, Poland), but nothing similar happened in Slovakia. Although in the first months of the pandemic the population applauded the health workers on the balconies in the evening, later there were relatively frequent and aggressive insults of health workers not only in vaccination centers. Claims about corrupt health professionals, insidious pharmaceutical companies, vaccinations that "kill" everyone, and the like were widely spread. Based on the questionnaire survey, it can be concluded that the majority of healthcare workers felt the negative impact of the Covid19 pandemic and the majority also suffer from symptoms of burnout syndrome, a certain part also feels the deterioration of their health status in connection with the Covid19 pandemic. Despite this, only a small part of the respondents noticed an effort on the part of the superior to prevent burnout syndrome or to improve the situation at the workplace. Among the respondents, not a single one sought professional help in connection with the symptoms of burnout syndrome. However, it is likely that this is due to insufficient education of workers about burnout, its prevention, and treatment options. But also due to insufficient availability of help – few experts dedicated to the issue, absence of support groups, etc. However, half of the respondents stated that they had made individual changes aimed at alleviating the symptoms of burnout. In general, it can therefore be said that a Slovak worker with burnout syndrome is dependent on himself and on the measures he can take himself and the help he can seek on his own. The only positive that can be perceived is the effort to educate about the issue of burnout at the national level, which has been developed by specific groups of experts through websites and magazines. It is questionable to what extent the information presented in this way reaches the workers for whom it can be beneficial, which is a good tip for the next questionnaire survey.

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