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EVALUATION OF BURNOUT AMONG CONGOLESE HEALTHCARE WORKERS

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Abstract

Burnout is a syndrome resulting from chronic stress, combining physical and emotional exhaustion, disengagement (cynicism), and a loss of meaning at work. In this article, we contacted 166 subjects, all healthcare workers employed in several health facilities in the city of Kinshasa. We administered the MBI burnout assessment scale to them. This scale comprised 22 items exploring three dimensions: exhaustion, dehumanization (or detachment), and the degree of personal accomplishment at work. The data collected and analyzed revealed that the Congolese healthcare professionals contacted exhibited moderate burnout. However, they had a high level of depersonalization (lack of empathy, emotional distance) and low personal accomplishment (little job satisfaction). While the situation is not critical, it remains concerning. Burnout rates are on the rise, and no factor such as gender or experience explains these results.

Keywords: Burnout; healthcare staff; level of depersonalization; personal accomplishment.

Introduction

In the course of his existence, human beings are called upon to confront events, some of which are potentially stress-inducing. Nowadays, problems linked to the pressures of life are no longer isolated cases; they represent a major challenge for human resource management in most organizations.

Indeed, pressures are an integral part of our everyday life. Children as well as parents are subjected to all kinds of pressures in their daily lives. Very often, parents experience pressure because of the choices and decisions they have to make, especially for their offspring. Faced with professional realities, they are also under pressure when they try to reconcile the constraints of work with those of family life.

In the workplace, pressures are at the root of burnout. The latter is manifested by symptoms such as “irritability, fatigue, migraine, difficulties in managing emotions, gastrointestinal disorders, etc.” (Mikolajczak, Zech, and Raskam, 2020). Burnout manifestations resemble those of stress. Lazarus and Folkman consider that “stress consists in a transaction between the person and the environment, in which the situation is evaluated by the individual as exceeding his or her resources and potentially endangering his or her

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well-being. This conception describes stress as a dynamic process that includes stressors and the responses implemented by the subject, but it adds to this the relationship between the person and his or her environment. This process implies ongoing interactions (or negotiations) and adjustments called transactions" (Quintard, 2001).

According to another study carried out by the European Agency for Safety and Health at Work, burnout refers to an imbalance. Like a scale whose balance has been disrupted, the stress reaction occurs when there is a mismatch between a person's perception of the constraints imposed by his or her environment and the perception of his or her own resources to cope with them. Although the process of evaluating constraints and resources is psychological in nature, the effects of stress or burnout are not only psychological. It also affects the physical health, well-being and productivity of the person subjected to it" (European Agency for Safety and Health at Work, 2023).

In general, burnout occurs without warning. It is registered in a particularly intense way by the brain. We may say that no one is safe from burnout, given working conditions, the work environment and other constraints. That is why, regardless of the sector of activity, managers must be vigilant and must do everything possible to prevent it.

It is common knowledge that healthcare workers are confronted with various pressures in their work environment. Indeed, since their work requires a great deal of attention, dedication and time, they are exposed to several difficulties, notably occupational stress or burnout.

Occupational stress represents a permanent psychosocial risk in the workplace. A descriptive cross-sectional study carried out between July and September 2021 among employees of an oil company in Congo-Brazzaville found that "the overall prevalence of occupational stress was 39.4%. Workers under 30 years old, female workers, expatriates and those working in offices had respective prevalences of occupational stress of 57.1%; 52.6%; 52.6% and 46%. There was a significant correlation between the presence of occupational stress and the workplace. The conclusion of this study showed that the employees of this company suffered from occupational stress whose origin may be linked to certain socio-professional factors" (Ebatetou, 2023).

Methodological approach

Participants

In this study, participants are healthcare workers employed in health institutions in the city of Kinshasa. They are physicians and nurses working in Kinshasa. In terms of size, this study includes 166 participant subjects. These subjects were selected on the basis of their availability. Among them, men are more numerous than women. Roman Catholics are the most represented (37.9%), followed by members of revival churches (34.8%). The majority of the subjects are married (51.5%), followed by single people (27.3%), widows/widowers and divorced persons. Of them, 43.9% have less than 10 years of service, 40.9% have between 10 and 19 years of service, and 15.2% have more than 20 years of medical service.

Instrument

To collect data, we used the burnout level assessment scale known as the MBI. This scale comprises 22 items exploring three dimensions: exhaustion, dehumanization (or detachment) and the degree of personal accomplishment at work. As a valid measurement tool, the MBI is by far the most widely used and best mastered scale in the world, as it has now been translated into many languages. The MBI is a reliable instrument used in more than 90% of published research, which furthermore allows for comparisons.

Field activities

We visited several health facilities in the city of Kinshasa to administer our scale. Concretely, administration was individual. We used a direct mode of administration, that is, we handed the MBI to those concerned and returned a few days later to collect the completed protocols. We distributed 200 protocols to respondents but collected only 166, corresponding to a mortality rate of 17%.

Data processing

To process the data collected, we used the statistical software SPSS, version 25.

Results

Table 1. Overall mean on the burnout scale (N = 166)

Mean		standard deviation	Variance	Skewness	Kurtosis
SEP	27,5000	10,76497	115,885	-,377	-,582
SD	13,5385	6,71769	45,127	-,056	-1,012
SAP	28,6667	10,67900	114,041	-,790	-,215

Legend: SEP (Professional Exhaustion Score), SD (Depersonalization Score), SAP (Personal Accomplishment Score).

The reading of Table 1 indicates the following:

- The average scores of subjects on professional exhaustion fall between 18 and 29, which shows that they have a moderate degree of professional exhaustion.
- The subjects obtained a score of 13 on depersonalization; this score places them beyond 13, which means they have a loss of empathy.
- The score of subjects on personal accomplishment is 28, which is lower than 33 and means that these subjects have a low score on this dimension.

Table 2. Influence of sex on scores obtained in personal accomplishment

Sex – N – Mean rank – Sum of ranks – Mann Whitney U – Asymp. Sig. (2 tailed)

SAP

Male: 135 – 34.36 – 1202.50 – U = 512.500 – p = .699

Female: 31 – 32.53 – 1008.50

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Total: 166

From Table 2, it appears that the probability associated with the Mann Whitney U test (.699) is greater than the critical probability of .05. Consequently, we conclude that the sex variable did not influence subjects' scores on personal accomplishment.

Table 3. Influence of sex on scores for professional exhaustion and depersonalization

Sex – N – Mean – Standard deviation – Standard error of mean – t – df – Asymp. Sig. (2 tailed)

SEP

Male: 135 – 26.2857 – 11.85097 – 2.00318 – t = 0.973 – df = 64 – p = .334

Female: 31 – 28.8710 – 9.39412 – 1.68723

SD

Male: 135 – 12.7143 – 6.75439 – 1.14170 – t = 1.070 – df = 63 – p = .289

Female: 31 – 14.5000 – 6.65790 – 1.21556

The results in Table 3 show that the sex variable did not influence scores on professional exhaustion or depersonalization, since the probabilities associated with Student's t test (.334 and .289) are greater than the critical probability (.05).

Table 4. Influence of marital status on scores for personal accomplishment

Marital status – N – Mean rank – Kruskal Wallis H – df – Asymp. Sig.

SAP

Single: 118 – 36.78 – H = 4.320 – df = 3 – p = .229

Married: 34 – 35.57

Widowed: 8 – 22.63

Divorced: 6 – 26.42

Total: 166

The reading of Table 4 indicates that the marital status variable did not influence subjects' scores on personal accomplishment, since the probability associated with the Kruskal Wallis H test (.229) is greater than the critical probability (.05).

Table 5. Influence of marital status on scores for professional exhaustion and depersonalization

Marital status – Sum of squares – df – Mean square – F – Sig.

SEP

Between groups: 433.291 – df = 3 – MS = 144.430 – F = 1.261 – p = .295

Within groups: 7099.209 – df = 162 – MS = 114.503

Total: 7532.500 – df = 165

SD

Between groups: 86.497 – df = 3 – MS = 28.832 – F = .628 – p = .600

Within groups: 2801.657 – df = 161 – MS = 45.929

Total: 2888.154 – df = 164

From Table 5, the analysis shows that marital status did not influence subjects' scores on professional exhaustion or depersonalization, since the probabilities associated with the analysis of variance (.295 and .600) are greater than the critical probability of .05.

Table 6. Influence of religious affiliation on scores for personal accomplishment

Religious affiliation – N – Mean rank – Kruskal Wallis H – df – Asymp. Sig.

SAP

Catholic: 125 – 35.00 – H = 1.034 – df = 4 – p = .905

Protestant: 7 – 32.79

Revival: 23 – 31.54

Kimbanguist: 4 – 28.75

Others: 7 – 38.00

Total: 166

From Table 6, it appears that the religious affiliation variable did not influence subjects' scores on personal accomplishment. Indeed, the probability associated with the Kruskal Wallis H test (.905) is greater than the critical probability (.05).

Table 7. Influence of religious affiliation on scores for professional exhaustion and depersonalization

Religious affiliation – Sum of squares – df – Mean square – F – Sig.

SEP

Between groups: 414.283 – df = 4 – MS = 103.571 – F = .888 – p = .477

Within groups: 7118.217 – df = 161 – MS = 116.692

Total: 7532.500 – df = 165

SD

Between groups: 161.416 – df = 4 – MS = 40.354 – F = .888 – p = .477

Within groups: 2726.738 – df = 161 – MS = 45.446

Total: 2888.154 – df = 165

From the data in Table 7, it emerges that religious affiliation did not influence subjects' scores on these two dimensions of burnout, since the probabilities associated with the analysis of variance (.477 and .477) are greater than the threshold (.05).

Table 8. Influence of length of time in the profession on scores for personal accomplishment

Length of time in the profession – N – Mean rank – Kruskal Wallis H – df – Asymp. Sig.

SAP

Less than 10 years: 129 – 30.24 – H = 1.728 – df = 2 – p = .421

From 10 to 19 years: 27 – 35.13

More than 20 years: 10 – 38.55

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Total: 166

From Table 8, it appears that the length of time in the profession did not influence subjects' scores on personal accomplishment. Indeed, the probability associated with the Kruskal Wallis H test (.421) is greater than the critical probability (.05).

Table 9. Influence of length of time in the profession on scores for professional exhaustion and depersonalization

Length of time in the profession – Sum of squares – df – Mean square – F – Sig.

SEP

Between groups: 251.710 – df = 2 – MS = 125.855 – F = 1.089 – p = .343

Within groups: 7280.790 – df = 163 – MS = 115.568

Total: 7532.500 – df = 165

SD

Between groups: 79.789 – df = 2 – MS = 39.895 – F = .881 – p = .420

Within groups: 2808.365 – df = 162 – MS = 45.296

Total: 2888.154 – df = 164

From the data in Table 10, it appears that the length of time in the profession did not influence subjects' scores on these two dimensions of burnout, since the probabilities associated with the analysis of variance (.343 and .420) are greater than the threshold (.05).

Discussion of results

In this section devoted to the discussion of results, we compare our findings with our hypotheses in order to determine whether they are confirmed or refuted. We also compare our results with those of previous studies on burnout among healthcare workers. The results of our study indicate that respondents' scores on professional exhaustion in general and on its dimensions, namely depersonalization and personal accomplishment, are respectively 27.5, 13.5 and 28.6.

From the standpoint of professional exhaustion, this score (27.5) places our respondents in the moderate burnout zone, and shows that our subjects have a level of burnout typically linked to their relationship with their work, which they experience as difficult, tiring and stressful. Nevertheless, this professional exhaustion is not highly alarming. Thus, although the healthcare workers surveyed are confronted with long working days and with stress related to their profession, they display moderate burnout.

With regard to depersonalization, our subjects' score is higher than 13, namely 13.5. Indeed, this high level of depersonalization or loss of empathy observed among our subjects shows that they have a reduced level of positive regard for others (patients, colleagues, etc.) and also display an attitude characterized by considerable emotional distance. This is observed through cynical, disparaging discourse, and even indifference. They run the risk of dehumanization as a defense mechanism in their daily contact with illness, suffering and death (Tavares, 2009; Vermeiren, 2010).

Finally, our subjects' low scores on personal accomplishment show that their working conditions do not provide them with fulfillment at work or a positive view of their professional achievements. They therefore do not develop a "safety-valve" feeling that could ensure balance in the event of professional exhaustion and depersonalization. Although our subjects display a moderate level of burnout, they show clear signs of depersonalization and low personal accomplishment.

Far from being an isolated observation, recent studies suggest that professional exhaustion has tended to increase over recent years (Duquette and Delmas, cited by Canoui, 2003). According to Vermeiren (2010), this is a worrying reality that no longer needs to be demonstrated.

Differential analysis revealed that the variables in our study (sex, marital status, religious affiliation and length of time in the profession) did not influence our results. Indeed, this shows that our subjects' scores on the three dimensions of burnout do not depend on any of the study variables.

Conclusion

At the end of this study, we can note that burnout is now a major occupational health problem that affects not only the well-being of caregivers but also the quality of care provided to patients. Indeed, difficult working conditions, work overload, lack of medical resources, low pay and insufficient institutional support strongly expose Congolese healthcare professionals, particularly those in Kinshasa, to physical, emotional and mental exhaustion.

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