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Relationship between burnouts, coping strategies and stress management in health care professionals

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Abstract. The burnout syndrome is more and more common in scientific research in the country, but also at international level, in different professional categories and hierarchical levels. This research is aimed at medical staff in the Medical-Social Care Unit, nurses and even doctors. A unit established in 2007, which retains the same staff since then, forming a family framework over time, both for employees and beneficiaries, and developing different skills for teamwork. With the pandemic, the rules have become stricter and all staff have been taken out of the comfort zone, which could lead to an imbalance in stress management and put their mark on the emotional state of their employees, thus causing the scholarship. This research covers only one objective, namely the relationship between burnout, cognito-emotional cloning strategies and strategies to manage professional stress, the assumptions being drawn up in turn in the light of the correlation between two variables.

Key words: relationship, burnout, strategies, coping, management, stress, medics

1. Burnout

According to the article "Burnout" written by the author Alfried Lange, "by bout we mean a state of chronic work-related expansion. This is the cardinal symptom and the omnipresent characteristic in the burnout, from which all other symptoms arise. The state of extent is primarily of concern to physical condition, to the state of mind and thus directly influences living and subsequently to decisions, opinions, attitudes and deeds." (1997, p. 3)

The burnout affects both personally and socially. It contributes to a reduction in the quality of work and people-to-people relations.

In the Article 'Burnout syndrome with medical staff' a comparative analysis of the authors Schauffeli W.B. and Buunk B.P. (1996) between occupational stress and burnout is described as follows:

Occupational stress means:

1. consistent status that occurs whenever job tasks are above employees' adaptability powers;

2. It affects the entire collective;

3. It does not always lead to negative attitudes and behavior.

Whereas the burnout, the professional depletion syndrome is:

1. „Final phase of the disadaptation due to a long imbalance between requirements and resources;

2. Frequently occurs in people who have started their careers in a very enthusiastic manner, with high expectations and objectives but subsequently not fulfilled;

3. It is associated with negative experiences every time (W.B. și Buunk B.P., apoud. A. Groza, G. Liliana, p.172).

They also have different consequences:

1. The occupational stress deepens the sense of lack of appreciation on the part of others; the burnout may be characterized by the presence of certain conflicts in the workplace;

2. The burnout represents the professional dissatisfaction that is expressed by giving up or not being involved in professional activities, the occupational stress is characterized by the increase in the number of sick leave or the decrease in initiative.

In the Article "the particularities of burnout syndrome in nursing activity", author Alina Comerzan describes the research carried out by Leiter M. P., Maslach C., Bakker, Demerouti, Euwema, who claim that the burnout does not occur overnight, but is determined by a lengthy process, even years of days most affected by stress in the workplace. This process can be defined by 4 preliminary phases:

1. Ideal enthusiasm;
2. Inefficient stagnation;
3. Frustration feeling;
4. Disappointment apathy." (C. Alina, 2019, p. 65)

It States that, on the other hand, this syndrome can develop and sequentially due to high requirements and low resources. People's stress response differs by taking into account elements of the external reality, but also individual working mechanisms and psychological peculiarities.

2. Stress management strategies

In the book "combating stress in the workplace", the author Teodora Gheorghevici defines stress in the workplace as "a negatively perceived state, by a group of employees, accompanied by physical discomfort or dysfunction, psychic and/or social and which is the result of employees being unable to meet the requirements and expectations imposed on them by their situation at work." (T. Gheorghevici, 2006, p.7)

Stress management is designed to prevent stress from occurring in everyday life and to diminish or even remove its negative effects.

In the article „Stress managent – stress-control methods and techniques", Corina Ana Borcoși (2007, p. 147-148) describes elements that can prevent or mitigate stress effects, which are:

A. Time managemen;
B. Positive thinking, this element is essential for a good functionality of everyday life. An optimistic search can capitalize on positive aspects.
C. Communication;
D. Healthy life-style;
E. Relaxation exercises.

In the above Article the author States that "stress physically causes the individual to become sick: Muscle pain, blood pressure, back pain, gastrointestinal problems, cardiovascular

problems, cancer, diabetes, etc. Stress affects the psyche as follows: It decreases the ability to concentrate and make effective decisions (the IQ of 120 drops to 80 when we are nervous), there are mental illnesses that may include: Depression, anxiety, panic attacks, etc." (2007, p. 146)

In the Article "occupational stress and job satisfaction among nurses", the author States that occupational stress among health professionals is always up-to-date and implies a high level of physical cognitive and emotional demand.

„Field data studies suggest that this occupation is one of the most demanding, as it needs to meet the immediate needs of people in the population groups in acute or chronic physical (and psycho-emotional) suffering" (2014, p. 2)

Cognitive-emoțional coping strategies

Both of the burnout as well ast the stress, and stress management, are closely linked to cognitive-emotional coping processes. Thus, we define coping as "a cognitive and behavioral effort to reduce, master or tolerate internal or external demands that exceed personal resources". (Lazarus și Folkman, 1985, p. 150)

Aceștia prezintă 8 factori a-i structurii de coping:
1. Confrontation;
2. Distancing;
3. Self-control;
4. Searching for social support;
5. Taking responsability;
6. Escape - avoidance;
7. Problem solving planning;
8. Positive reassessment.

The stress is the relationship between the subject and the situation, Ovidiu Popa-Velea in the article „Coping adaptive mechanisms and implications in medical practice describes two coping essential premisses:

1. „coping involves conscious effort, focused on how the stressful situation is perceived, processed, stored;

2. coping involves a certain procedure, exhaustion, which results in:

- anticipating the situation (assessing the cost of confrontation);

- the actual confrontation and the situation redefined from the perspective of confrontatio;

- analysis of the personal significance of the post-confrontation situation." (1999, p.2)

Acting as managers of emotions, the main feature of emotional Regulation is reducing negative stress. Lazar says "cognitive-emotional Regulation strategies are considered much more effective than problem-based coping-ul, because if nothing can be changed, the problem-based strategy can fail or become counterproductive. In such situations, problem-centered copy can be a better strategy." (1993, p. 140)

The author classifies coping as problem or emotion centerd, directly and indirectly. The first is the analysis, resolution or minimization of the stress situation, determined by strategies to accept the stress-agent confrontation, while the second is centered on the person.

3. Research purpose

In order to carry out this research, we have applied three questionnaires to the medical staff of the Medical-Social Unit-Agigea in order to find out the relationship between burnout, the coping strategies and stress management.

Being a health professional involves a good level of adaptability, empathy, stress-resistance, whether it be doctors or nurses, the whole group has different cases and needs to adapt to the needs and requirements of each beneficiary, dependant or patient. In such a framework, each employee has different tasks, different responsibilities, and stress is felt differe

In the 21st century, more people are suffering from burnout because stress management is poor, and the coping strategies show us how predisposed or not to burnout, or to allow stress to influence not only our professional life, but also our personal life.

With this research, we want to find out whether the staff of the Agigea Medical and Social Unit demonstrate that there is a relationship between the burnout, the coping strategies and stress management.

4. Research objectives and assumptions

I`ve started this research from the following objective: *Identifying the relationship between burnout, coping strategies and stress management.*

In the light of this objective, I have developed the following assumptions:

1. It is assumed that there is a correlation between the burnout and cognito-emotional cloning strategies.

2. It is assumed that there is a correlation between cognitive and emotional coping strategies and stress management strategies.

3. It is assumed that there is a correlation between the burnout and stress management strategies.

5. Research sample

Research subjects were selected from the medical-social unit in Agigea, doctors, nurses and nurses. This formed a group of 30 subjects who are 10% of doctors (3 subjects), 90% of nurses (27 subjects). These are gender-classified 3 male and 27 female persons which 50% of them come from urban environment and 50% from rural environment

6. Methods and techniques used in research

In carrying out this research, considerring the current COVID-19 situation, we had to adapt our answer collection by accessing online platforms. Thus, we used the questionnaire as a research method, also for easier and accurate collection, not only due to the the limits imposed by the current pandemic situation. In this context, the following tools have been chosen:

1. Maslach Burnout inventory - this questionnaire includes 25 items that measure the level of burnout, as well as another 3 subscales (emotional exhaustion, de-personalization, reduction of personal achievements).

2. Professional stress management strategies – questionnaire consisting 24 items and measuring 5 dimensions (social support, avoidance - denial, positive attitude, passive waiting, pro-active attitude)

Cognitive Emotion Regulation Questionnaire (CERQ) – consists of 36 items, measuring self-blaming, acceptance, refocusing, positive reassessment, forward-looking, catastrophe, blaming others

7.Presentation, analysis and items interpretation

1st hypothesis. It is presumed that there is a correlation between the burnout and cognito-emotional coping strategies.

In order to be able to determine the type of correlation that will be used, we have performed the distribution normality test for each variable present in the hypothesis.

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
burnout	,120	30	,200[*]	,945	30	,125

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Coping strategies	,136	30	,165	,966	30	,437

a. Lilliefors Significance Correction

As it can be seen in the above tables, we have obtained a parametric distribution, so we will apply the Pearson correlation index..

Correlations

		burnout	Coping strategies
burnout	Pearson Correlation	1	,289
	Sig. (2-tailed)		,122
	N	30	30
Coping strategies	Pearson Correlation	,289	1
	Sig. (2-tailed)	,122	
	N	30	30

In the above table, we checked the correlation between the burnout and the cognito-emotional coping strategies, which resulted in a correlation coefficient of 0,289, which means that there is no correlation between the two.

According to the questionnaire user manual, 'cognitive-emotional cloning strategies are represented as cognitive strategies for adjusting emotions, at stable styles of dealing with negative events in life. Cognitive and emotional coping strategies are defined as cognitive strategies to regulate emotion, which means cognitive regulation of emotional responses to events that aggravate individual emotions" (Thomson, 1991).

On the other hand, Farber believes that emotional and professional depletion is in line with the individual and the environment of working life. The sense of frustration that can occur in employees is also closely linked to social problems, age, professional experience, working

conditions inside or outside the organization, as well as the support received from colleagues in the organization and the hierarchical superior (Karodia, 2007, p. 15).

The study subjects are the employees of the unit, in the year the medical-social center was established, 2007. So the coping mechanisms were developed in time, and the burnout, even after a pandemic period, didn`t put his mark on the emotional state of the staff.

The employees benefit from psychological counselling, every 6 months (group advice, but also psychological testing), the management maintains the unit and a permissive framework of activity, the work is carried out according to "team work".

2nd hypothesis. It is presumed that there is a correlation between cognitional and emotional coping strategies and stress management strategies.

In order to be able to determine the type of correlation to be used, we have performed the distribution normality test for the variable stress management strategies.

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Stress management	,125	30	,200[*]	,971	30	,568

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

As we have obtained a parametric distribution in the table above, we will apply the Pearson correlation index.

Correlations

		Coping strategies	Stress mangement
Coping strategies	Pearson Correlation	1	,434[*]
	Sig. (2-tailed)		,016
	N	30	30
Stress management	Pearson Correlation	,434[*]	1
	Sig. (2-tailed)	,016	
	N	30	30

*. Correlation is significant at the 0.05 level (2-tailed).

In the table above it is noted that we have achieved a correlation between cognitional-emotional coping strategies and stress management strategies.

Stress management strategies are five dimensions:

1. Social support – in which, for a good management of the stress experienced in the workplace, employees talk to colleagues or family about their professional problems.

2. Avoidance - denial – employees avoid how much they can focus on professional issues through self-deceit, involvement in pleasant activities or consumption of substances.

3. Positive attitude – a factor that brings together optimism and positive reframing as a stress management strategy.

4. Passive waiting – employees are on the wait to see how the situation is evolving.

5. Pro-active attitude – employees try to manage stress by influencing others or organizing work more efficiently.

On the other hand, cognito-emotional coping strategies measure:

1. Self- blaming;

2. Acceptance;

3. Rumination;

4. Positive refocalization;

5. Refocus on planning;

6. Positive reassessment;

7. Perspective thinking, or thoughts by which we minimize the severity of the event;

8. Catastrophysics;

9. Blaming others.

In the case study made by Calina Cavet, the test subjects "often resort to hobbies and entertainment, try to look at the situation objectively, they do not let themselves influenced by their affective states, solve the problems in order of their importance and urgency, and sometimes talk to friends, they widen their interests and activities outside their workplace, try to sit back and think well about the situation and seek as much social support as possible." (2014, p. 58)

According to the manual, coping strategies refer to stable styles of dealing with negative life events, people use situation-specific cognitive strategies.

Thus, a good functionality of the coping strategies in different situations, even for the medical staff involved in this study, does not influence stress management, each acquiring an ability to maintain a balance between these two variables.

3rd hypothesis. It is presumed that there is a correlation between the burnout and stress management strategies.

Correlations

		burnout	Stress management
burnout	Pearson Correlation	1	,051
	Sig. (2-tailed)		,788
	N	30	30
Stress management	Pearson Correlation	,051	1
	Sig. (2-tailed)	,788	
	N	30	30

In the correlation table between the burnout and stress management strategies above, we can see that there is no link between the two variables.

Stress management and poor management can lead to professional depletion, thus creating the burnout syndrome. For the subjects in this study, it appears that the burnout syndrome is not in line with stress management strategies, there is no significant correlation between them.

Efficient time management, positive thinking, communication both in the family and in the professional world, a healthy lifestyle, both in food, physical and mental life, keep the feelings of frustration and exhaustion as far as possible, so the burnout cannot make its presence felt.

Conclusions

The relationship between professional stress management strategies and cognitional-emotional coping strategies either influences the emergence of the burnout or not. In the case of the subjects at hand, it appears that the two personality characteristics keep the emergence of the burnout under control.

We wanted to check the relationship between the variables and it seems that two hypotheses were not validated:

The burnout and the cognito-emotional coping strategies, as well as the burnout and stress management strategies, are not linked, as the subjects who responded to the questionnaires of this study are not predisposed to the burnout syndrome.

Due to the efficiency of cognito-emotional coping strategies and professional stress, developing these skills over time, going through different situations in the workplace, both with management and with the beneficiaries of the unit, it now seems that both mental capacity, but also the cognitive and emotional one, to make decisions, to report as such to new issues, to new requirements employees are not so prone to professional exhaustion.

The professional environment in which the health professionals involved in this research are active, the comfort trained in these years has led to the stability of the Coping strategies in a productive way.

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