INTRODUCTION

Burnout is characterized by physical and psychological exhaustion, usually related to work stress and dedication to a cause that does not match the person's expectations. Burnout has been frequently reported among health professionals who are involved in the assistance of patients with chronic diseases. The care of a patient suffering from chronic diseases represents a significant challenge, especially in an advanced stage of the disease. HaGaNi et al described significant proportions of burnout levels among oncology professionals. The increasing need for palliative care related to the high prevalence of chronic diseases often exposes the health professionals to live stressful and emotional aspects. The variation of burnout in professionals working in palliative care was varying according to the studies[13].

AIM

With this work, the authors have two main objectives. The first aim was to examine the risk of burnout in a sample of health professionals working in a tertiary hospital dedicated to cancer patients. The second objective of this study was to explore the relationship between attachment style and burnout.

METHOD

The authors conducted a cross-sectional descriptive and correlational study, carried out at the Portuguese Institute of Oncology Coimbra. The studied group was composed of 337 health professionals working in a tertiary hospital dedicated to oncology patients. After authorization by informed consent, the data were collected through an evaluation protocol designed for this purpose. The protocol included a sociodemographic questionnaire, two Burnout level assessment questionnaires (Copenhagen Burnout Inventory - CBI; Maslach Burnout Inventory - MBI) and attachment questionnaire (Adult Attachment Scale). The CBI consists of three dimensions (Emotional Exhaustion, Depersonalization, Personal Accomplishment). In this case, burnout is defined as a combination of high levels of emotional exhaustion and depersonalization and low levels of personal accomplishment. The AAS-R consists of three dimensions (Anxious/Disoriented, Confused/disorganize and Secure/comfort). Statistical analysis was performed by IBM SPSS Statistics version 25. The tests were performed at a significance level of 5%.

RESULTS

Sociodemographic characteristics of the sample and comparative analysis between working or not in palliative care (Burnout and Attachment scales)

In the sample, there is a predominance of professionals working in oncology services (n= 268). There are no significant differences between professionals working in oncology and palliative care, especially in gender, marital status, number of children, weekly workload and professional category (Table 1). Although, the two groups differ in terms of the mean age (on average those working in palliative care are two years younger) (Table 1). They also differ in terms of number of years working in the hospital (p<0.001) (Table 1).

Comparing professionals who work in oncology services and palliative care, it appears that just over half have high levels of personal burnout. However, the groups do not differ significantly in the work-related burnout. Personal, work and patient-related burnout is observed less frequently in about a quarter of participants (p=0.672).

In this study, it was found that higher levels of personal, work, patient-related burnout, exhaustion and depersonalization are associated with higher levels of emotional exhaustion and lower levels of personal accomplishment. (Table 1).

Starting with the correlations between the three dimensions of Burnout CBI (as in Table 2), it appears that they are all positive and significant. Now considering the correlations between the MBI dimensions (as in Table 2), it appears that high levels of exhaustion are related to high levels of depersonalization (positive correlation, in Adult Attachment scale, higher levels of anxiety are related to lower levels of comfort with closeness and comfort with dependency (negative correlation). Correlating the two Burnout scales, it is observed that high levels of personal, work, and patient-related burnout are associated with higher levels of emotional exhaustion and depersonalization, as well as lower levels of personal accomplishment.

In the population of health professionals working in palliative care, it is observed that high levels of personal and work-related burnout are associated with higher levels of emotional exhaustion and lower levels of personal accomplishment. However, high levels of patient-related burnout is associated with higher levels of exhaustion (Table 2).

CONCLUSIONS

In this study, it was found that higher levels of personal, work, patient-related burnout, exhaustion and depersonalization are associated with higher levels of anxiety. The authors acknowledge some limitations of the present research. Firstly, the design of the study does not allow us to make causal inferences. The heterogeneous sample did not allow us to differentiate the burnout severity among the different professional groups. Although, our study has considered all the professionals working in multidisciplinary health care team. Secondly, our study did not evaluate possible interventions in the prevention of burnout. Our findings indicate indeed that attachment style domains contribute to explain burnout symptoms among oncology and palliative care professionals. Burnout is a complex process that depends on the work environment and personal factors. The absence of significant differences between groups leads us to conclude that working in palliative care does not increase the risk of burnout, as described in other studies. This work brings the advantage of using two burnout assessment scales (particularly CBI scale), in addition to trying to correlate the level of burnout and attachment in professionals exposed to suffering.

REFERENCES