

# Burnout among Cuban Nurses: Out of the Shadows

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Burnout has common characteristics no matter where it is found: emotional exhaustion, depersonalization and lack of personal fulfillment on the job. It is most common among people who work in service professions,[1] but also in others, to the point that it is nearly universal in today's world—appearing in all countries, workplaces, and social, political and cultural contexts.

Evidence suggests nursing is one of the professions most prone to burnout. This is due to a) the relations developed socially and at work; b) stress factors related to the nature of the job (type of patients treated and type of interactions), and c) factors outside work (family and household responsibilities), the latter mainly associated with the women who make up 86.3% of the profession.

So questions arise in the Cuban context. What is the prevalence of burnout among nursing staff in Cuba? How is it manifested and why is it happening? There are no studies allowing us to gauge exact prevalence nationally, but research in specific institutions and regions suggests a figure between 25% and 40%. The most common symptoms are irritability, lack of motivation, a certain indifference to problems, marked emotional fatigue, anxiety, and to a lesser degree, depression. Physically, nurses with burnout suffer most frequently from muscular pains, headaches and colds. Among other afflictions, they also have problems in their personal relations, are often absent from work, rarely participate in scientific events, and have little interest in professional development.

Burnout has various underlying causes, which should be considered as a complex whole. Results of research among Cuban nurses indicate that contributing factors include: type of patients treated (those with poor prognosis, severe pain, prolonged suffering or close to death), a fast-paced work environment, interruptions, falling behind while waiting for others to complete their tasks, the high levels of concentration and mental effort needed, overwork, and excessive involvement with their patients and with their workplace. The condition is also worsened by multiple lines of supervision, little decisionmaking authority, dysfunctional roles, frequent interpersonal conflicts and poor social support from co-workers or supervisors. Undoubtedly the factors mentioned above also interact with other stressors in their personal lives.

Is burnout among nurses greater because there are more women in the profession? In part, yes. If a gender lens is applied, then we may infer that responsibilities culturally linked to women can increase stress already present on the job; these include household chores as well as attention to their spouses, children and other family members. It is noteworthy that society doesn't usually consider such responsibilities as "work," which means women receive little social recognition for carrying such weight, and consequently are more subject to low self esteem. Moreover, adding domestic responsibilities to professional ones leads to an accumulation of roles that can cause overwork and negative tension, exacerbating possible conflict between home and work.

Gender certainly has a hand in burnout, but is not sufficient to cause it. Many stress-producing factors can contribute to burn-

out, but first they must be perceived as "the last straw," unmanageable threats to the personal resources needed to effectively confront them.

Another question then arises: has burnout always affected Cuban nurses or is it a recent phenomenon? It has always existed, and not only among nurses. However, nurses themselves were not always aware they suffered burnout, nor were their supervisors or managers. It was only in the 1980s, with greater patient and public demands for improved quality of care that burnout emerged from the shadows. Now it's more visible—due to greater frequency, more precise diagnosis and to the real burden it has placed on institutional development and nurses' health, affecting their families as well.[2]


Today, nursing staff and decisionmakers alike should surely be aware of the toll burnout can take.

**Nurses cannot give their best to patients if they suffer physical, emotional and behavioral problems**

The final question is whether patient care is affected by burnout. Of course it is, along with many other factors that contribute to service quality. Nurses cannot

give their best to patients if they suffer physical, emotional and behavioral problems. These can lead to dysphoria, emotional coldness with patients and their families, unjustified errors, poor patient communication and other manifestations. Nurses' desire to maintain acceptable standards of care puts tremendous strain on their abilities and efforts, and comes at great emotional cost.

There is mounting evidence from research in Cuban health facilities on the psychosocial risk factors for workplace stress and eventual burnout among nursing staff. In fact, for the last 15 years, institutions such as the National Occupational Health Institute, the National Oncology and Radiobiology Institute and the National School of Public Health have been studying this problem.

However, my own view is that burnout still lingers in the shadows, "on the dark side of the moon," if judged by the limited interventions in our health care delivery system aimed at prevention and risk mitigation, or by the insufficient laws and regulations related to such risk factors in health personnel. It's time to shine more light on this growing problem and take action to effectively protect the health of our nurses and all health workers. They, after all, are the ones protecting ours. 

1. Maslach C. Burnout, the cost of caring. New Jersey: Prentice-Hall, 1982.
2. Chacón M, Grau J, Reyes MC. Prevención y control del estrés laboral y el desgaste: Guía para profesionales que trabajan con enfermos crónicos avanzados. La Habana: Editorial de Ciencias Médicas (ECIMED), 2012.

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