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Case Report

The Burn Out of Health Professional: Case of the Tominian Health District

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Abstract: The health of the population is one of the priority sectors of the Malian state authorities. The implementation at the operational level of socio-health activities by health professionals remains a challenge given working conditions and societal realities. This situation in an unfavorable environment exposes these professionals to the development of burnout. ***Observation*:** It was a health professional, 48 years old, a civil servant for 10 years in the district, having consulted for insomnia, osteoarticular pain and anorexia. Mood disorders, nervousness, palpitations, physical asthenia persisting for 7 months had been observed. Several consultations and assessments carried out without success. The persistence of the symptoms and the negativity of the assessments made it possible to raise the hypothesis of a professional burnout syndrome. A treatment based on rest over 1 month combined with anxiolytics for 15 days allowed the symptoms to improve. Follow-up for 11 months was unremarkable. ***Conclusion*:** The workload, the insufficiency in the organization, the planning of activities and sometimes the failure of the patient to fulfill their duties in our structures are determining factors in the occurrence of burnout among health professionals. Sufficient recruitment of professionals at the operational level, health education and the implementation of an adequate work plan could reduce this risk.

Keywords: Burn Out, Professional burnout, Fatigue, Work, Csref.

INTRODUCTION

Burn-out or professional exhaustion is a syndrome that preferentially affects professions with a strong interpersonal emotional involvement.

In 1970, Herbert Freudenberger, psychiatrist and psychoanalyst, described burnout for the first time.

In 1976, Christina Maslach described it as: "A syndrome of the helping professions, an inability of the worker to adapt to a level of continuous emotional stress caused by the work environment"

The health of the population is one of the priority sectors of the Malian state authorities. The implementation at the operational level of socio-health activities by health professionals remains a challenge given working conditions and societal realities. This situation in an unfavorable environment exposes these professionals to the development of burnout.

It is appropriate to take a particular look at this syndrome which raises a set of factors potentially involved in the professional burnout of caregivers in general and particularly in rural areas.

Caregiver burnout is the subject of growing interest in the literature, reflecting a broader societal issue at the heart of scientific and political debates [1].

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The exhaustion syndrome challenges our current society and "[…] is taking on a worrying development, especially in the field of health" [1, 2].

The prevalence of burnout varies between 5 to 50% [9], while in a study carried out on a population of 60 nurses in the hospitals of Sousse and Monastir, 81.7% of the nurses questioned had high emotional exhaustion [10].

In large multidisciplinary structures or in urban areas, few caregivers present communication difficulties despite the load of activities, unlike in rural areas where isolation, workload and concern for compliance with national policy standards exposes treating them with this syndrome because they are reluctant to communicate about their discomfort.

No such study has been carried out in our district, yet the observation of caregivers on the job despite their very limited number motivated us to initiate this study in order to identify the determining factors to which they are exposed.

OBSERVATION

He was a health professional, aged 48, a civil servant in the reference health center, and a worker for around ten years and responsible for implementing several health programs. She had consulted for recurrent insomnia, osteoarticular pain and anorexia.

In its history, the beginning dates back to around 7 months, marked by the progressive and repetitive appearance of insomnia 2 to 3 days per week, mood disorders characterized by periods of refusal of activities to be performed and of commination with the rest of the staff, nervousness, palpitations and physical asthenia. Faced with these symptoms, she made several consultations at the district and regional level where the diagnosis of a pre-menopausal syndrome was raised and thyroid and cardiac assessments were carried out. The results of these assessments came back inconclusive and she was reassured then put on unspecified progestin. This slightly improved symptoms for 1 month. For 2 months, she noticed a resumption of symptoms with the persistence of mood disorders, a deterioration of interpersonal relationships at work and with patients, to whom a second hypothesis of professional burnout was raised. Tests including blood ionogram, brain scan and other infectious tests came back unremarkable. The patient was placed on leave for 1 month associated with the administration of an anxiolytic (Tranxene 10 mg) for 15 days. The 11-month follow-up was characterized by a clear improvement in mood disorders and relationships with patients.

DISCUSSION

Professional burnout syndrome is still underestimated among healthcare personnel in several socio-health structures in Mali. The assessment of the psychological state of active caregivers is insufficiently carried out in the Tominian Health District.

The caregiver-patient relationship undoubtedly remains a fundamental concern in a hospital environment [3].

According to Edey [4]. <<….Understanding the suffering of caregivers has undoubtedly become a real public health issue requiring a broad review of the working conditions of caregivers.

Female gender was correlated with a high emotional exhaustion score, this was identical to our observation as in the study by Catts *et al*., [11].

Our patient was a young adult consistent with the literature where age less than 50 years and seniority less than 10 years were correlated with emotional exhaustion and a high level of burnout [12].

In our observation, the caregiver was subjected to permanent stress at the workplace in these terms **<<……** *Maintain our knowledge up to the quality of care, Manage and organize patient consultations, answer calls and sometimes go to the operating room and especially the behavior of certain patients which disturbs us……..*>>. These terms were also noted by other authors in the literature [5].

The package of activities at the Community Health Center level and at the reference health center is diversified and identified in 2 orders;

- **Technical Activities:**
  - Childbirth
  - Management of obstetric and surgical emergencies
  - Curative consultations and laboratory analyses,
  - Surgical interventions,
  - Guards and permanences;

- **Public Health Activities:**
  - Management of health programs (Malaria, Reproductive Health, HIV, Tuberculosis, Sickle Cell Disease, Diabetes, etc.)
  - Supervisions towards community centers and villages
  - Data management

The high workload of professionals, the disruptive and repetitive attitude of certain patients, sometimes even educated, which was mentioned several times seems to play a determining role in the occurrence of discomfort in our patient.

These activities were transversal, because the caregivers responsible for technical activities are the same ones carrying out public health activities, particularly technical and community activities. This is

an essential factor that can impact the quality of care and programs and therefore constantly keep the caregiver in a state of permanent stress at the workplace; as observed in our observation.

The number of qualified personnel in a structure is also important, because it makes it possible to design and guide an efficient description and distribution of tasks. When there are several agents, this makes it possible to lighten the load of work and tasks and ultimately obtain rest time for the worker (Caregiver).

In our case, the workload was high with little rest time, resulting in periods of repetitive insomnia with difficulties in interpersonal communication on the one hand and with patients on the other.

Our patient was on duty sometimes very busy and restrictive as observed in the study by Maaroufi [8], who found that more than 80% of caregivers were on call.

Empathy, as defined by Abric [5], as: understanding listening was degraded in our case, because the caregiver himself was in this need, this is all the more dangerous because it no longer guarantees the administration of care. quality to patients and consequently a reduction in attendance at the center by the population.

Even if burnout presents signs in common with depression, this distinction was clearly made after the advice of a Psychiatrist and confirmed our hypothesis given the disappearance of symptoms during periods of rest (Leave).

The assessment of the risk of burnout uses a psychotechnical tool, called Maslach Burn Out Inventory (MBI) (Maslach C, 1976). This scale alone makes it possible to detect and prevent the syndrome;

It is structured around three elements:

- Emotional exhaustion (EE) or psychological fatigue, with a feeling of despondency which makes one irritable and whose physical consequences are non-specific somatic disorders,
- Dehumanization or depersonalization of the relationship (DP) or loss of interest in patients, considered as impersonal objects.
- Decreased personal accomplishment (PA): experienced as a feeling of personal failure.

This scale was used in our observation with a risk assessed as Moderate, this was observed in the KANDE study [6], which found this in 46.9% of these caregivers.

The sources of stress among health personnel come from several factors, including:

- working conditions which are sometimes difficult given the undeveloped nature of the country and limited resources,

In the literature, in fact, it has been noted firstly that working conditions which are not the best contribute largely to generating significant stress.

- African social constraints in general and Malian in particular,
- external and internal management of activities and services.
- The behavior of certain patients which disturbs the peace of professionals,

Table 1: Factors influencing stress at work

Questions	Categories
High workload Little rest Many tasks executed at once, Insufficient staff Responsibility of at least 4 for 1 person	Work overload
Position and task description clearly defined and displayed Night guard Lots of movement to do Rest room/Guard room not very comfortable Lots of requests Limited means to relieve patients	Drudgery
Insufficient materials Old materials Insufficient premises	Lack of Means and Materials
Neglect Patient behavior Pressures Concern about not being up to par	Attitude of caregivers
Passivity of Managers facing the problem Problem of distribution of stains Socialization of actions	Lack of support from managers And Internal Management

The work overload in our context would be linked to the lack of staff in our district in general and in our structure in particular as noted by KANDE in his study [6].

The arduousness of the profession of caregivers (Nurses, midwives and Doctors) in our structures is very visible because these agents deploy a lot of energy to carry out their activities. This exposes them to not only infectious risks but also to lack of ideal rest time. These elements seem to have had a significant impact in the genesis of the symptoms in our patients.

Staff often work under great pressure when asked to obtain acceptable results in a structure with limited resources despite the pressing demands of patients as in the Senegalese study [6], and sometimes morally affected by suffering and/or the death of some of their patients.

The availability of material resources in a structure constitutes an indicator of quality and assurance for patients, in our context in a rural environment, these resources are limited as stated by certain people and patients interviewed in the community who had stated in these terms << ……. *When you are in the hospital, you are not neglected, the technical facilities are good but when you are here in a rural environment, it is very different……>>*.

The need to surpass oneself, to obtain respect and trust from the hierarchy denotes an individual performance which seems to be the logical continuation of organizational performance as demonstrated in Abderrahmane's study [7].

Other researchers have demonstrated the importance of individual performance and the balance between processes in achieving organizational performance. One proposes that the measurement of organizational performance must present a balance between efficiency, sustainability, the value of human resources and legitimacy with external groups while the other as the measurement of organizational performance is based on the search for balance between internal efficiency and external effectiveness.

The new reforms of the health system in Mali could be an outline of a solution to alleviate the conditions of healthcare practice because they could improve the organizational aspect of the system and the mobilization of several human and material resources.

This analysis allows us to raise 2 hypotheses:

- In centers with limited resources, the quality of care and services is conditioned by organizational performance which itself guarantees individual performance.
- Burnout among healthcare professionals seems to occur earlier among caregivers who are naturally emotional on the one hand, and on the other hand, among those subjected to unrelaxing working conditions and subject to external pressures.

Finally, the behaviors and attitudes of patients tending to disrupt the care procedure is an indicator that does not guarantee the quality of care and exposes caregivers to permanent stress.

CONCLUSION

The workload, the insufficiency in the organization, the planning of activities and sometimes the failure of the patient to fulfill their duties in our structures are determining factors in the occurrence of burnout among health professionals. Sufficient recruitment of professionals at the operational level, health education and the implementation of an adequate work plan could reduce this risk.

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REFERENCE

1. Véronique, S., Philippe, D., & Marie, Carmen-Castillo. (2020). Defining and understanding burnout among caregivers working in gerontology. *published by Elsevier*. This manuscript is made available under the Elsevier user license *https://www.elsevier.com/open-access/userlicense/1.0*
2. Fournier, P. (2004). Suffering from caring : the burn-out of doctors working in palliative care. *The Cancerologist's Letter, 13*(2), 64-75.
3. Stanislas Kande Nsenda Wetu Good: Determinants of the poor quality of caregiver-caregiver relations in health facilities, case of the tshikapa General Reference Hospital. *International Journal of Social Sciences and Scientific Studies (2023) https://ijssass.com/index.php/ijssass/index*
4. Edey, G. C., & Moisson-Duthoit, V. (2017). Professional burnout of private general practitioners in France and work-family conflict, a literature review, 8. *https://hal.archives-ouvertes.fr/hal-01528826.*
5. Thierry, B., Jean-Marc, S., Éric, G. (2023). Evaluation of the Effect of a Daily musical break on professional stress among caregivers. *End of IUD memory. Presented and publicly supported on November 24*.
6. KANDE Ndèye Mariama Angèle: Burnout among health personnel, a hidden reality: case of Senegalese midwives and nurses. ISSN 2728-0128 Volume 4: Number 4; *French Journal of Economics and Management. www.revuefreg.f*
7. Abderrahmane, A. E., Mr. Olivier, B., & Ms. Florence, N. Study of perceived organizational injustice and its effects on psychological health and individual performance at work in local authorities

in Morocco. *Medicine Thesis No. NNT: 2021LYSE3030, Defended on 05/07/2021*. *http://www.theses.fr/2021LYSE3030*.
8. Maaroufi, N., Rzeigui, J., Ayari, L., & Abid, Z. (2015). Burn-out du soignant aux urgences. *European Scientific Journal*, *11*(12).
9. Kalemoglu, M., & Keskin, O. (2002). Evaluation of stress factors and burnout in the emergency department [in Turkish]. *Ulus Travma Derg*, *8*, 215-9.
10. Amamou, B., Bannour, A. S., & Nasr, B. (2014). High prevalence of Burnout in the Tunisian units that support terminally ill patients. *The Pan African Medical Journal*, *19*, 9-9.
11. Martins Pereira, S., Fonseca, A. M., & Sofia Carvalho, A. (2011). Burnout in palliative care: a systematic review. *Nursing ethics*, *18*(3), 317-326.
12. Embriaco, N., Azoulay, E., Barrau, K., Kentish, N., Pochard, F., & Loundou, A. (2007). High level of burnout in intensivists: prevalence and associated factors. *Am J RespirCrit Care Med*, *175*(7), 1209-10.

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