Metadados

Doutorando: Magno Conceição das Merces

Síndrome de Burnout e Síndrome Metabólica entre Profissionais de Enfermagem da Atenção Primária à Saúde: estudo transversal de base populacional

Burnout Syndrome and Metabolic Syndrome among Primary Health Care Nursing Professionals: a cross-sectional population-based study

Resumo

Introdução

Estudos longitudinais apontam fortes evidências entre Síndrome de *Burnout* (SB) e diabetes tipo 2, obesidade, adiposidade abdominal, hipertrigliceridemia, hipercolesterolemia, hipertensão arterial, hospitalização por doença arterial coronariana e outros. Até onde sabemos, na população de profissionais de Enfermagem da Atenção Primária à Saúde (APS) a associação entre SB e Síndrome Metabólica (SM) não foi investigada. Nosso principal objetivo foi avaliar a associação entre SB e SM entre Profissionais de Enfermagem da APS de um estado brasileiro.

Método

Foi realizado um estudo transversal, confirmatório, multicêntrico e de base populacional, conduzido no estado da Bahia, Brasil, com 1125 profissionais de Enfermagem da APS. *Burnout was measured using the Maslach Burnout Inventory* e a SM foi avaliada segundo os critérios da *National Cholesterol Education Program's Adulat Treatment Panel III*. Procedeu-se análise descritiva, bivariada e multivariada estratificada por sexo.

Resultados

As prevalências da SB e SM corresponderam a 18,3% e 24,4%, respectivamente. Entre as mulheres a prevalência da SB foi de 16,4% e da SM 23,7%, nos homens foram 31,6% para SB e 29,4% para SM. Na análise bivariada, no grupo das mulheres, percebeu-se maior exposição à SM, estatisticamente significante, entre aquelas: com idade ≥ 36 anos (RP_{bruta}= 1,77; IC95%= 1,40-2,24), Técnicas de Enfermagem (RP_{bruta}= 1,65; IC95%= 1,28-2,13), que não realizavam atividade física (RP_{bruta}= 1,39; IC95%= 1,11-1,75) e usavam bebida alcoólica (RP_{bruta}= 1,9; IC95%= 1,20-3,00). No grupo dos homens, não foram encontradas associações

estatisticamente significantes. Os homens com SB apresentam 3,23 vezes maior probabilidade de desenvolver SM, e as mulheres 1,48 vezes mais.

Conclusão

A SB foi associada entre homens e mulheres e exibiu um bom poder discriminatório para predizê-la. Dessa forma, os achados sinalizam para uma contribuição de fatores laborais na trilha causal da SM no grupo estudado. Assim, considerando a alta prevalência de SB nesses indivíduos, parece claro que estratégias voltadas a atenuar os efeitos adversos do trabalho em profissionais de Enfermagem podem ter um efeito positivo na prevenção à SM.

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Palavras-chave: 1. Esgotamento Profissional; 2. Síndrome Metabólica; 3. Atenção Primária à Saúde; 4. Trabalho; 5. Enfermagem.

Abstract

Background

Longitudinal studies show strong evidence between the Burnout Syndrome (BS) and type 2 diabetes, obesity, abdominal adiposity, hypertriglyceridemia, hypercholesterolemia, arterial hypertension, hospitalization for coronary artery disease, and others. To our knowledge, in the population of Primary Health Care Nursing (PHC) professionals, the association between BS and Metabolic Syndrome (MS) has not been investigated. Our main objective was to evaluate the association between BS and SM among PHC Nursing Professionals from a Brazilian state.

Methods

A cross-sectional, confirmatory, multicenter, population-based study was conducted in the state of Bahia, Brazil, with 1,125 PHC nursing professionals. A descriptive, bivariate and multivariate analysis stratified by sex was performed.

Results

The prevalence of BS and MS corresponded to 18.3% and 24.4%, respectively. Among women the prevalence of BS was 16.4% and of MS 23.7%, in men 31.6% for BS and 29.4% for MS. In the bivariate analysis, in the group of women, a higher statistically significant exposure to MS was observed among those: aged ≥ 36 years (PR_{raw} = 1.77; CI95% = 1.40-2.24), nurse technicians (PR_{raw} = 1.65; CI95% = 1.28-2.13), who did not perform physical activity (PR_{raw} = 1.39; CI95% = 1.11-1.75) and consumed alcohol (PR_{raw} = 1.9; CI95% = 1.20-3.00). In the group of men, no statistically significant associations were found. Men with BS are 3.23 times more likely to develop MS, and women 1.48 times more.

Conclusions

BS was associated between men and women and exhibited good discriminatory power to be predicted. Thus, the findings indicate a contribution of labor factors in the causal pathway of MS in the studied group. Therefore, considering the high prevalence of BS in these individuals, it seems clear that strategies aimed at mitigating the adverse effects of work on nursing professionals may have a positive effect on MS prevention.

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Keywords: 1. Professional exhaustion; 2. Metabolic Syndrome; 3. Primary Health Care; 4. Work; 5. Nursing.

Table 1. Sociodemographic, occupational and lifestyle characteristics according to variables of importance for the predictive model, stratified by sex, Bahia, Brazil, 2018, (n = 1125).

Variables	Women n= 989		Men n= 136	
	N	%	N	%
Age				
Up to 35 years old	512	51.8	75	55.1
36 years old or older	477	48.2	61	44.9
Professional category				
Nurse	391	39.5	64	47.1
Nursing Technician	598	60.5	72	52.9
Ethnicity *				
Not black	213	22.1	33	24.6
Black People	571	77.9	101	75.4
Night shift				
No	805	81.4	89	65.4
Yes	184	16.6	47	34.6
Work conditions				
Satisfactory	607	61.4	91	66.9
Unsatisfactory	382	38.6	45	33.1
Work bond				
Stable	761	76.9	105	77.2
Precarious	228	23.1	31	22.8
Physical activity practice				
Yes	554	56.0	85	62.5
No	435	44.0	51	37.5
Smoking habit				
No	897	90.7	95	69.8
Yes	92	9.3	41	30.2
Consumption of alcoholic beverage				
No	963	97.4	120	88.2
Yes	26	2.6	16	11.8

* Lost Data

Table 2. Sociodemographic, occupational and lifestyle characteristics associated with Metabolic Syndrome, stratified by sex, Bahia, Brazil, 2018, (n = 1111).

Variables	Metabolic Syndrome*					
	Women			Men		
	P(%)[a]	PR[b]$_{raw}$ (CI95%)[c]	p-value[d]	P(%)[a]	PR[b]$_{raw}$ (CI95%)[c]	p-value[d]
Age						
Up to 35 years old	87 (17.3)	1.00		23 (30.7)	1.00	
36 years old or older	144 (30.6)	1.77 (1.40 – 2.24)	<0.01	17 (27.9)	0.91 (0.54 - 1.54)	0.72
Professional category						
Nurse	66 (17.0)	1.00		14 (21.9)	1.00	
Nursing Technician	165 (28.1)	1.65 (1.28 – 2.13)	<0.01	26 (36.1)	1.65 (0.95 - 2.88)	0.06
Ethnicity *						
Not black	42 (19.7)	1.00		06 (18.2)	1.00	
Black People	187 (25.4)	1.29 (0.95 – 1.73)	0.08	33 (32.7)	1.80 (0.85 – 3.90)	0.11
Night shift						
No	183 (23.0)	1.00		23 (25.8)	1.00	
Yes	48 (26.7)	1.16 (0.88 – 1.52)	0.29	17 (36.2)	1.40 (0.83 – 2.35)	0.20
Work conditions						
Satisfactory	135 (22.7)	1.00		27 (29.7)	1.00	
Precarious	96 (25.3)	1.11 (0.88 – 1.40)	0.35	13 (28.9)	0.97 (0.56 – 1.69)	0.92
Work bond						
Stable	188 (25.1)	1.00		32 (30.5)	1.00	
Precarious	43 (18.9)	0.75 (0.56 – 1.01)	0.06	08 (28.8)	0.85 (0.44 – 1.64)	0.61
Physical activity practice						
Yes	110 (20.2)	1.00		20 (23.5)	1.00	
No	121 (28.1)	1.39 (1.11 – 1.75)	0.01	20 (39.2)	1.67 (0.99 – 2.78)	0.05
Smoking habit						
No	203 (23.0)	1.00		25 (26.3)	1.00	
Yes	28 (30.4)	1.32 (0.95 – 1.94)	0.11	15 (36.6)	1.40 (0.82 – 2.35)	0.22
Consumption of alcoholic beverage						
No	220 (23.2)	1.00		35 (29.2)	1.00	
Yes	11 (44.0)	1.90 (1.20 – 3.00)	0.01	05 (31.2)	1.07 (0.49 – 2.33)	0.99*

*Lost data; **Fisher's Exact Test; [a]P: prevalence of outcome between exposed and unexposed; [b]PR: raw prevalence ratio; [c]CI95%: confidence interval OF 95%; [d]Pearson's chi-square test.

Table 3. Final models of the association between Burnout Syndrome and Metabolic Syndrome, stratified by sex.

MODEL 1 (Men) *	**RP[a]**	**CI (95%)[b]**	**p-value[c]**
Raw	2.93	1.75-4.88	< 0.01
Adjusted	3.23	1.86-5.61	< 0.01
Adjustment Measures ROC curve[d] = 0.76			
Goodness-of-fit test[e] = 0.72			
AIC[f] = 1.299			
VIF[g]: 1.90			
MODEL 2 (Women)*			
Raw	1.57	1.22-2.02	< 0.01
Adjusted	1.48	1.15-1.89	< 0.01
Adjustment Measures ROC curve[d] = 0.71			
Goodness-of-fit test[e] = 0.73			
AIC[f] = 1.148			
VIF[g]: 1.84			

*Adjusted by age, professional category, ethnicity, night shift, working conditions, work bond, physical activity practice; [a]PR: prevalence ratio; [b]CI95% : 95% confidence interval; [c]Pearson's chi-square test; [d]Receiver Operating Characteristic; [e]Hosmer-Lemershow; [f]Akaike Information Criteria; [g]Variance Inflation Factor.