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The relationship between burnout, coping strategies and stress management strategies in health care professionals

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Abstract. Burnout syndrome is lately more and more often encountered in national and even international scientific papers on different professional categories and hierarchical levels. In this research is targeted the medical staff of Medical-Social Care Unit, nurses, medical assistants and even doctors. Unit founded in 2007 that keeps the same staff since then, forming a familiar framework for both employees and beneficiaries and developing different skills for teamwork. Even since the pandemic, the rules became stricter and the entire staff was removed from their comfort zone which could lead to an imbalance in stress management and imprint on emotional state of the employees, therefore causing burnout. This research targets a single objective, specifically the relationship between burnout, cognitive-emotional coping strategies and professional stress management strategies, the hypotheses being formulated one by one considering the correlation of two variables.

Keywords. relationship, burnout, strategies, coping, management, stress, doctors

1. Burnout

According to the article “Burnout” by author Alfred Lange, “by burnout we understand a state of chronic work-conditioned exhaustion. This is the cardinal symptom and the omnipresent characteristic in burnout, from which all other symptoms flow. First, the state of exhaustion aims the physical condition, emotional disposition and thus directly influences the experience, thereafter the decisions, opinions, attitudes, and actions. Burnout affects both personally and socially. It contributes to a decrease in the quality of work and interpersonal relationships.” (1997, p. 3)

In the article “Burnout syndrome in medical personnel” by authors Schaufeli W.B. and Buunk B.P. (1996), a comparative analysis between occupational stress and burnout is described, as follows:

Occupational stress:

1. Represents the consistent state that occurs whenever workplace tasks are beyond the adaptability powers of the employees.
2. Affects the whole collective
3. Does not always lead to negative attitudes and behaviors.

Meanwhile burnout, the occupational exhaustion syndrome:

1. Represents “the final phase of inadaptation due to a long imbalance between requirements and resources.
2. Occurs often in people who started their career in a very enthusiastic way, with high expectations and goals, but not fulfilled afterwards.
3. It is always associated with negative feelings.” (W.B. and Buunk B.P., apoud. A. Groza, G. Liliana, p.172).

They also have different consequences:

1. Occupational stress deepens the feeling of lack of appreciation from others and burnout can be characterized by the presence of certain conflicts at the workplace.
2. Burnout is the professional dissatisfaction manifested by giving up or not being involved in work activities and occupational stress is characterized by the increased number of sick leaves or low initiative.

In the article “Characteristics of burnout syndrome in the activity of nurses”, the author Alina Comerzan describes the research done by Leiter M.P., Maslach C., Bakker, Demerouti, Euwema, in which they claim that burnout does not occur overnight, but is caused by a long process, influenced for years to the greatest extent by stress at work. This process can be defined by 4 preliminary phases:

1. “The ideal enthusiasm;
2. Inefficient stagnation
3. The feeling of frustration
4. The apathy full of disappointment” (C. Alina, 2019, p. 65).

On the other hand, she states that this syndrome can also be developed sequentially due to high demands and low resources. People’s stress response differs because of external reality elements and individual working mechanisms, as well as psychological particularities.

2. Strategies for stress management

In the book “Coping with stress at work”, author Teodora Gheorghevici defines stress at work as “a state perceived as negative by a group of employees, accompanied by discomfort or physical, psychological, and even socially disfunctions and is the consequence of the inability of the employees to meet the demands and expectations imposed on them by their situation at work” (T. Gheorghevici, 2006, p.7).

Stress management is designed to prevent the occurrence of stress in everyday life and to reduce and even eliminate its negative consequences.

In the article “Stress management – methods and techniques for combating stress”, Corina Ana Borcoși (2007, p. 147-148), described elements that can prevent or reduce the effects of stress, such as:

- A. Time management;
- B. Positive thinking: this element is essential for good functionality of everyday life. An optimistic outlook can be positive;
- C. Communication;
- D. Healthy lifestyle;
- E. Relaxation exercises.

In the above-mentioned article, the author states that “stress makes the individual physically ill: muscle pain, blood pressure, back pain, gastrointestinal and cardiovascular problems, cancer, diabetes etc. Stress affects the psyche by decreasing the ability to concentrate

and make effective decisions (IQ of 120 drops to 80 when we are angry) and mental illnesses arise that may include: depression, anxiety, panic attacks etc. (2007, p. 146).

In the article "Occupational stress and job satisfaction among nurses", the author points out that occupational stress among medical personnel is always topical and involves a high level of physical, cognitive, and emotional demand.

"Data from field research suggest that this occupation is one of the most demanding, as they most respond to the immediate needs of all type of people who are in acute or chronic physical (and psycho-emotional) distress.

Emotional-cognitive coping strategies

Both burnout and stress management are closely related to emotional-cognitive coping mechanisms. We define coping as "a cognitive and behavioral effort to reduce, master or tolerate internal or external demands that exceed personal resources" (Lazarus and Folkman, 1985, p. 150).

They present 8 factors of coping structure:

1. Confrontation;
2. Distance;
3. Self-control;
4. Seeking social support;
5. Taking responsibility;
6. Escape-avoidance;
7. Planning to solve the problem;
8. Positive reassessment;

Stress is represented by the relation between the subject and the situation (action-cognition-behavior); in the article "Adaptative mechanisms (of coping) and implications in medical practice", Ovidiu Popa-Velea described two essential premises of coping:

1. "coping requires conscious effort, directed at how the stressful situation is perceived, processed, stored;

2. Coping involves a certain process and exhaustion that concludes in:

- anticipating the situation (assessing the cost of confrontation);
- the actual confrontation and redefining the situation through the confrontation;
- the analysis of personal significance of the post-conflict situation." (1999, p.2).

Acting as managers of emotions, the main function of emotional control is to reduce negative stress. Lazarus stated that "Cognitive-emotional control strategies are considered much more effective than problem-based coping, because if nothing can be changed, problem-based strategy can fail or even become counterproductive. In such situations, problem-centered coping can be a better strategy." (1993, p. 140).

The author classifies coping as problem-centered or emotional-centered, direct, or indirect. The first one is represented by the analysis, solving, or minimalization of the stressful situation, determined by the strategies of accepting the confrontation with the stressor, while the second one is person-centered.

3. The purpose of the research

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

Being a medical professional involves a good level of adaptability, empathy, stress resistance and whether it is about doctors, medical assistants or nurses, the whole staff faces different cases and must adapt to the needs and requirements of every beneficiary, caregiver, or patient. In this case, each employee has different tasks and responsibilities, and stress is felt differently from one person to another.

In the 21st century, more and more people suffer from burnout, because of poorly stress management and coping strategies show us how prone we are to let burnout or stress affect our professional and personal life.

By this research, we want to find out if the staff of the Medical-Social Unit of Agigea demonstrates that there is indeed a relationship between burnout, coping strategies and stress management.

4. Objectives and hypotheses of the research

We started this research with the following objective:

1. Identifying the relationship between burnout, coping strategies and stress management;

Following the above objective, we have developed the next hypotheses:

1. It is presumed that there is a correlation between burnout and cognitive-emotional coping strategies;

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

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

5. The research sample

The subjects of the research were selected from the Medical-Social Unit of Agigea, including doctors, medical assistants, and nurses. Therefore, a group of 30 subjects was formed being divided in proportion of 10% of doctors (3 subjects), 17% medical assistants (5 subjects) and 73% nurses (22 subjects). These individuals are classified by gender: 3 males and 27 females; and areas of provenience: urban (50%) and rural (50%).

6. Methods and techniques used in research

Given the current situation of COVID-19, in order to make this research happen, we adapted to collect the answers by accessing online platforms. Therefore, we used the questionnaire as a research method for an easier and a more accurate collection, in addition to the limits imposed to us by the current pandemic. In this context, the tools chosen were:

1. Maslach Burnout Inventory – this questionnaire includes 25 items that measure the burnout level and 3 other subscales (emotional exhaustion, depersonalization and reduction of personal achievements);

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

3. Cognitive Emotion Regulation Questionnaire (CERQ) – consists of 36 items that measure self-blame, acceptance, rumination, refocusing, positive re-evaluation, outlook, catastrophe and blaming others.

7. Presentation, analysis, and interpretation of items

1st hypothesis: it is presumed that there is a correlation between burnout and cognitive-emotional coping strategies.

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

Table 1 – Test of burnout normality

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

Table 2 – Test of normality Cognitive-emotional coping strategies

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 we can see in the tables above, we have obtained a parametric distribution, therefore we will apply the Pearson correlation index.

Table 3 – Table of correlation between burnout and cognitive-emotional coping strategies

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

According to the questionnaire’s user manual, “cognitive-emotional coping strategies are represented as cognitive strategies for regulating emotions, to stable coping styles in life. Cognitive-emotional coping strategies are defined as cognitive strategies for regulating

emotions, which involves cognitive regulation of emotional responses to events that result in worsening individual emotions” (Thomson, 1991).

On the other hand, Farber believes that emotional and professional exhaustion is consistent with the individual and the professional environment. The feeling of frustration that can also occur in the employees is also related to social problems, age, professional experience, intrinsic or extrinsic working conditions, but also the support received from colleagues or superiors (Karodia, 2007, p.15).

The subjects of the study are employed at this unit since it was founded, in 2007, thus the coping mechanisms were developed with the passage of time, and the burnout, even after a pandemic, did not put its mark on the emotional state of the staff. The employees of the unit benefit from psychological counseling, every 6 months (group counseling, but also psychological testing), the management maintains a solid team and a permissive atmosphere at the workplace, the activity is based on “teamwork”.

2nd hypothesis: It is presumed that there is a correlation between cognitive-emotional coping strategies and stress management strategies. In order to determine the type of correlation to be used, we conducted the test of normality distribution for the variable of stress management strategies.

Table 4 – Test of normality 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

In the table above we obtained a parametric distribution therefore we will apply the Pearson correlation index.

Table 5 – Table of correlations between cognitive-emotional coping strategies and stress management strategies

		coping.strategies	Stress management
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).

The table above shows that we have achieved a correlation between cognitive-emotional coping strategies and stress management strategies.

Stress management strategies consist of five dimensions:

1. Social support – in which, for a good management of the stress felt at work, employees discuss with colleagues or family about their professional problems;
2. Avoidance-negation – employees avoid focusing on professional problems as much as they can through daydreaming, self-deception, involvement in pleasant activities or substance consumption;
3. Positive attitude – a factor that brings together optimism and positive relapse as a stress management strategy;
4. Passive waiting – employees wait to see how the situation evolves
5. Pro-active attitude – employees try to manage their stress by influencing others or by organizing work more efficiently.

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

1. Self-blame;
2. Acceptance;
3. Rumination;
4. Positive refocusing;
5. Refocusing on planning;
6. Putting in perspective or thoughts by which we minimize the severity of the event;
7. Catastrophe
8. Blaming others

In a case study made by Calina Craveț, the subjects “often resort to hobbies and amusements, try to look at the situation objectively, they do not let themselves be influenced by their affective states, solve their problems by their importance and urgency and sometimes discuss with understanding friends, they broaden their interests and activities outside of the workplace, try to stand aside and think the situation through really well 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 specific cognitive strategies according to situations.

Therefore, a good functionality of coping strategies in different situations, even for the medical staff who participated 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 burnout and stress management strategies.

Table 6 – Table of correlations between burnout and stress management strategies

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

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

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

Poorly stress management can lead to professional exhaustion, thus creating burnout syndrome. For the subjects of this study, it appears that burnout syndrome is not consistent with stress management strategies, there is no correlation between them.

Effective time management, positive thinking, communication within the family, but also at the workplace, healthy lifestyle regarding eating habits, physical and psychological can keep as far as possible feelings of frustration and exhaustion, so the burnout has no way to make its presence felt.

Conclusions

The relationship between professional stress management strategies and cognitive-emotional coping strategies either influences the occurrence of burnout or not. In the case of these subjects, it seems that these two personality characteristics control the appearance of burnout.

Through this research we wanted to verify the relationship between variables, and it seems that two hypotheses have not been validated:

Burnout and cognitive-emotional coping strategies, as well as burnout and stress management strategies, are not correlated because subjects who answered to this study's questionnaires are not prone to burnout syndrome.

Due to a good efficiency of cognitive-emotional coping strategies, but also of professional stress management strategies, developing these skills over time, going through different situations in the workplace, both with the management staff, but also with the beneficiaries in the unit, now it seems that both the psychological capacity and the cognitive and emotional capacity, the one that makes decisions, that relates to new problems, to new requirements, employees are not so prone to professional exhaustion.

The environment at these subjects' workplace from this research and the comfort built all over the years has led to the stability of coping strategies in a productive way.

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