







## Coping Strategies used by nursing professionals to avoid Burnout Syndrome

### [Estrategias de Afrontamiento que usan los profesionales de enfermería para evitar el Síndrome de Burnout]

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#### Resumen

**Objetivos:** Determinar la estrategia de afrontamiento que aplican las enfermeras para evitar el síndrome de Burnout en los Servicios de Cirugía del 5to y 6to este del Instituto Nacional de Enfermedades Neoplásicas. **Metodología:** El presente estudio fue de enfoque cuantitativo, descriptivo, de diseño no experimental y de corte transversal. La población estuvo conformada por 50 profesionales de enfermería. Se utilizó el cuestionario de cope para identificar las estrategias de afrontamiento. Los resultados evidenciados que en su mayoría las enfermeras utilizan: afrontamiento centrado en el problema seguido en la emoción y el de menor porcentaje fue el centrado en la evitación cognitiva. Se concluye que la enfermera en su entorno laboral constantemente debe utilizar estrategias que permitan evitar el desgaste emocional. Asimismo, el entrenamiento de las habilidades blandas, así como las actividades de autocuidado son acciones preventivas que le permiten sentirse en bienestar.

**Palabras clave:** Estrategias de afrontamiento, enfermería y síndrome de burnout.

#### Abstract

**Objectives:** To determine the coping strategy applied by nurses to avoid Burnout syndrome in the 5th and 6th East Surgery Services of the National Institute of Neoplastic Diseases. **Methodology:** This was a quantitative, descriptive, non-experimental, cross-sectional study. The population consisted of 50 nursing professionals. The cope questionnaire was used to identify coping strategies. The results showed that the majority of nurses used: coping focused on the problem, followed by emotion and the lowest percentage was focused on cognitive avoidance. It is concluded that nurses in their work environment must constantly use strategies that allow them to avoid emotional exhaustion. Likewise, soft skills training, as well as self-care activities are preventive actions that allow them to feel well.

**Keywords:** Coping strategies, nursing and burnout syndrome.

## 1. Introduction

Burnout is associated with mental, emotional and physical exhaustion caused by work, he specified that burnout is not a "medical condition", and defines it as a "syndrome arising from chronic stress in the workplace that was not successfully managed" (López, 2017).

Stress arises as a result of poor management or lack of knowledge of coping strategies, with its manifestations being job burnout, which can lead to burnout syndrome, characterised by emotional exhaustion, a distant attitude towards work (depersonalisation), and can lead to the erosion of communication skills, lack of empathy and create interpersonal conflicts, while affecting the physiological part with musculoskeletal disorders, gastrointestinal symptoms, cardiovascular symptoms, symptoms at the level of the central nervous system, sexual dysfunction, etc. In terms of productivity, there is an increase in tardiness, absenteeism, low availability and a feeling of inefficiency (Elasquez et al., 2019).

There are more and more cases of work-related stress due to the arduous working hours and the strenuous demands that employers make on their employees, as people today are subjected to an extremely accelerated pace of life, where the demands of the individual, social and work spheres are very high (Maldonado, 2019; Aguilar et al., 2020).

In Peru, according to studies carried out by the Peruvian Ministry of Health (MINSA), there were cases of burnout syndrome in the health services, 31.4% in the age group 30-39 years, 79.3% in women and 47% in married people. Also, with regard to the profile of occupational groups, they indicate that the most vulnerable health workers are Nursing Technicians 37.2%, Nurses 19.5%, Obstetricians 18.9%, Doctors 14%, Laboratorians 4.9% and Dentists 4.3%. The increasing statistics reported by MINSA reflect the need to identify vulnerabilities in nursing staff to the continuous stressors to which they are exposed, determining emotional responses and behaviours that may have implications for their ability to care (MINSA, 2016).

The burnout syndrome and its coping strategies in the intensive care service by nurses is prevalent and focused on the problem. This syndrome can generate work and/or family problems and it is necessary to establish or determine coping strategies in order to maintain the balance and guarantee the well-being that mitigates the burnout syndrome. Having knowledge and making use of coping strategies, the nursing professional could regulate stressful situations and their symptoms, which leads to a decrease in the risks of morbidity and mortality of the health professional (Villamizar-Novoa et al., 2015; Méndez, 2019).

On the other hand, coping strategies are differentiated between coping modes or coping strategies and coping resources. Coping strategies are what people do in reaction to a specific stressor occurring in a specific context, they are the behaviours that take place after the occurrence of the stressor, they are the ways in which coping resources are used, they are the different ways in which available resources are used to cope with stressful demands (Aldetre et al., 2015).

In this sense, coping resources act as reaction possibilities that the subject does or does not put into operation, they act as a buffering factor because they affect the interpretation of events or the response to them, they act as precursors of behaviour, they are characteristics that enable individuals to handle stressors more effectively, experience few or less intense symptoms on exposure to the stressor, or recover more quickly from that exposure, they are material (money, health insurance, etc.) and non-material (personality characteristics, social relationships, etc.). They can also be classified into internal or personal resources and external or social resources. The former refer to facets of the personality that can increase the individual's potential to deal effectively with stress, developing a mediating role between stress and health (Berrio et al., 2018).

The classification of Lazarus and Folkman, who make a typological differentiation with two clear aspects: problem-focused coping, emotion-focused coping and cognitive avoidance coping. Problem-focused coping strategies are aimed at resolving the situation or carrying out behaviours that modify the source of stress; they try to modify the present circumstances or modify oneself; they are implemented when the individual appreciates that the conditions of the situation may be susceptible to change and include defining the problem, generating alternative solutions, weighing and choosing the alternatives according to costs and benefits and implementing them; in other words, planning for the resolution of the problem and confrontation. It is about seeking information, trying to eliminate the causes, it is direct coping. The problem lies in the fear of direct confrontation and consequences, it translates into the subject's ability to modify the current conditions that may have destabilised his or her equilibrium (Viñas et al., 2015).

Emotion-directed coping strategies aim to reduce or manage the emotional distress associated with or caused by the situation by changing the way in which one deals with or interprets what is happening, attempts to modify the cognitions that alter the meanings that the events possess, the subject considers that there is nothing he/she can do to modify the threatening environment, includes seeking social support for emotional reasons, distancing, escape-avoidance, self-control, acceptance of responsibility and positive reappraisal (Teixeira et al., 2016).

They are aimed at reducing or eliminating emotional reactions triggered by the stressful source and include: Searching for social support for emotional reasons: This consists of seeking moral support, empathy and understanding from other people, with the aim of reducing the negative emotional reaction. Positive reinterpretation and growth: The individual evaluates the problem in a positive way, recognising or attributing favourable qualities to the stressful experience in itself that is, rescuing the favourable aspects of the adverse situation and assuming it as a learning experience for the future. Acceptance: It comprises two aspects: firstly, accepting that the stressful situation really exists and occurs during the primary evaluation phase, and secondly, during the evaluation phase, accepting the reality as a fact with which one will have to live. (Piñeiro, 2013).

Focusing on and releasing emotions: Occurs when the individual focuses on unpleasant emotional consequences; openly expressing these emotions. Turning to religion: This is the tendency to turn to religion in stressful situations with the intention of reducing existing tension. Cognitive avoidance coping strategies according to Theodore Millon, referring to cognitive avoidance strategies, he mentions that this is a "protective constriction" that is associated with mechanisms that repress present events that may give rise to additional coping styles that focus on the individual's act of avoiding the stressful situation by replacing it with activities that are not related to or aimed at resolving it (Berrio et al., 2018).

In which the person approaches their situation in a dis-adaptive way, focusing on other ways of avoiding the situation by means of a quick way out, i.e. they adopt adaptive responses to adapt to new schemes. The indicators found in this dimension are: Self-distraction: This consists of the individual creating his or her own distractions to avoid thinking about the stressor, trying to escape, to get out of the situation that is oppressing him or her, by doing exercises, sports, walks, etc. In the case of mental disengagement: The individual allows himself to distract himself with multiple activities unrelated to the stressor, in order to avoid the evaluation of the state of the problem or the goal that may be interfering (Viñas et al., 2015).

Also, the individual Humor evaluates the stressful situation in a comical way, making jokes about the state in which he/she is. On the other hand, behavioural disengagement: The individual enters a state of reduced behavioural and cognitive effort directed at the stressor and withdraws everything that has been used to deal with the stressful situation, giving up on it and renouncing

the goals that would have been interfered with. In addition, substance use: The individual resorts to the use of drugs or alcohol to experience a state where the negative emotions produced by the problem are diminished (Ramírez, 2016).

The stressors in the work context that mostly affect nursing professionals are noise, work overload, among others. Stress coping measures were activities such as listening to music, reading, walking and relaxation techniques. Likewise, the adaptive coping mechanisms for work-related stress used by nursing professionals depend on the level of predisposition of the affected personnel, with the most affected ones being more predisposed to seek adaptive therapies. Meanwhile, León et al. highlight that emotional exhaustion and impatience due to not having equipment in good condition for nursing care. In terms of coping mechanisms, concentration on the problem stands out as the one most used by the respondents (León et al., 2017).

Teixeira et al., (2016) expresses that the nurse uses problem-focused strategies, mostly religious practices and other forms are social support and emotion-focused coping strategy. In this sense, Burnout syndrome in nursing professionals mostly feel tired at work. The coping strategies, prefer avoidance, seek guidance, prefer problem solving. The conclusions were that although the nurses have a high workload, they also have good coping practices despite being in delicate situations, their knowledge makes them good problem solvers.

Finally, the nursing professional in charge of oncology patient care faces various stressful situations on a daily basis, which places the staff at risk of triggering burnout syndrome, so oncology nurses must be provided with strategies to deal with this syndrome and be able to continue with a good quality of patient care, favouring the mental health of the nurses of the National Institute of Neoplastic Diseases and therefore aligning with the vision of the institution which is to ensure comprehensive care of the oncology patient. Research is relevant not only for mental health, but also for physical health, preventing occupational diseases such as heart disease, among others.

## 2. Materials and methods

A quantitative, descriptive, non-experimental, cross-sectional, non-experimental design study. The population consisted of 50 nursing professionals working in the Surgery Services of the 5th and 6th East Floor of the National Institute of Neoplastic Diseases, using non-probabilistic convenience sampling. For the study, the cope questionnaire was used as an instrument to measure the coping strategies applied by the nurse to avoid burnout syndrome, Likert scale type. This instrument was validated and of international application for this purpose a pilot test will be carried out to verify the stability of the results through Cronbach's Alpha ( $>0.5$ ), thus ensuring the quality of the results. For data processing, a database was created which was coded and processed in the SPSS version 26 programme. The results were presented in tables and/or graphs throughout the research process and the respective ethical principles were applied.

## 3. Results

Most of the nurses working in the surgical services on the 5th and 6th East Floor, i.e. 93.9%, are female, 40.8% are married, 53.1% of the nurses have one to two children. In addition, 67.3% of the nurses are appointed, while 83.7% have been working at INEN for 4 years or more. See table 1.

**Table 1.**

*Socio-demographic characteristics of INEN's 5th E and 6th E nurses*

		<b>Nurses</b>	<b>% of Nurses</b>
<b>Sex</b>	Female	46	93,9%
	Man	3	6,1%
	Total	49	100,0%
<b>marital status</b>	Married	16	32,7%
	Cohabitant	12	24,5%
	Divorced	1	2,0%
	Single	20	40,8%
	Total	49	100,0%
<b>How many children do you have</b>	Three or more	7	14,3%
	Two	9	18,4%
	None	16	32,7%
	One	17	34,7%
	Total	49	100,0%
<b>Employment Status</b>	Contracted (a)	16	32,7%
	Appointed (a)	33	67,3%
	Total	49	100,0%
<b>Length of service</b>	1year to 3 years	4	8,2%
	4 years to more	41	83,7%
	Less than 1 year	4	8,2%
	Total	49	100,0%

It is observed that nurses apply some kind of problem-focused coping strategy either by expressing their feelings, help from a friend or looking for something good out of the bad that may be happening. See table 2.

**Table 2**

*Nurses applying the problem-focused coping strategy.*

<b>Problem-focused coping strategy</b>	<b>Nurses</b>	<b>Percentage</b>
Applies	46	93,9
No applies	3	6,1
<b>Total</b>	49	100,0

The statistical results in table 3 shown the nursing professionals of the 5th and 6th Floor East surgery services apply some kind of emotion-focused coping strategy by trying to get help, accepting the reality of what has happened and dealing with the problem by taking the good and positive out of it and learning to live with it.

**Table 3**  
*Nurses applying the emotion-focused coping strategy.*

They apply the emotion-focused coping strategy	Nurses	Percentage
Applies	46	93,9
No applies	3	6,1
<b>Total</b>	<b>49</b>	<b>100,0</b>

The statistical results in table 4 shown 32,7% of nursing professionals applies the cognitive avoidance coping strategy and 67,3% of nursing professionals does not applies the cognitive avoidance coping strategy.

**Table 4**  
*Nurses applying the cognitive avoidance coping strategy.*

They apply the cognitive avoidance coping strategy.	Nurses	Percentage
Applies	16	32,7
No applies	33	67,3
<b>Total</b>	<b>49</b>	<b>100,0</b>

#### 4. Discussion y conclusions

The findings show that the majority of nursing professionals are female (93.9%) and that 53.1% have 1 to 2 children, increasing their roles and making them susceptible to chronic stress.

Also, the general objective found that the most used coping strategy is problem-centred coping mostly by seeking information and eliminating the causes, with alternative solutions i.e. most of the nursing professionals seek direct coping. In addition, when applying the problem-centred coping strategy when they perceive a certain degree of stress because they prefer to cope and adapt to the situation engulfing a resilient structure in their lives through patience, positive thinking and attitude towards adversity to regulate their emotions (Arrogante, 2017).

In this sense, the coping with burnout syndrome applied by nursing professionals has a series of important clinical implications, since adaptive coping strategies constitute a relevant personal resource for the improvement of their usual clinical practice. Coping strategies can be clinically intervened (both individually and in groups), as they are modifiable factors, by means of specific interventions for their improvement and development. Likewise, training in these strategies helps nursing professionals to cushion and minimise the negative consequences of work-related stress, the most damaging of which is the appearance of burnout syndrome (Aldrete et al., 2015).

On the other hand, according to the emotion-focused coping strategy was mostly used so that nurses are more aware of this strategy by seeking social support for emotional reasons, accepting

responsibility and positive reappraisal. The study showed that nurses apply the emotion-focused coping strategy to avoid stress because they prefer to express themselves and seek emotional support from their loved ones, as well as to distance themselves from the stressor by means of self-distraction, mental disengagement from work and humour (Elasquez et al., 2019).

As for the coping strategy focused on cognitive avoidance was applied to nursing professionals have little knowledge regarding the adaptive responses that are used in this strategy to reduce the level of stress at work due to ignorance of other coping strategies, ignoring problematic situations through flight and denial. The use of cognitive avoidance coping strategies, in the face of Burnout Syndrome, nursing professionals think carefully about the steps to follow by resorting to some distraction activity and thus prevent the problem from worsening by taking the necessary measures to try to improve their situation (León et al., 2017).

Finally, it is important that coping strategies are applied on an ongoing basis to avoid emotional exhaustion due to the high demand on care services.

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