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CLÍNICA

Prevalence of Burnout syndrome in nursing staff of a third level hospital Boyacá, Colombia

Prevalencia de desgaste profesional en personal de enfermería de un hospital de tercer nivel de Boyacá, Colombia

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Keywords: Burnout síndrome; emotional exhaustion; depersonalization, personal accomplishment

Palabras clave: Síndrome de Burnout; agotamiento emocional; despersonalización; realización personal

ABSTRACT

Objective: To determine the levels of burnout in the nursing staff of a tertiary hospital in Tunja, Boyacá in Colombia during the months of January to February 2012.

Method: A cross sectional study with 22 professionals from the hospital using the MBI (Maslach Burnout Inventory). Data was analyzed on SPSS version 19, looking for Spearman and Pearson correlations for sociodemographic variables, associated with the Burnout Syndrome.

Results: For the current study variables, working years in the health institution, hours of night work, rest of the professional in a month and type of employment contract, a (bilateral) significance of 0.05 to 0.01 was obtained for Spearman and Pearson correlations.

Conclusions: The current study of the professional could mean that the professional may suffer from depersonalization. It is evident that greater emotional exhaustion occurs within the first 10 years of work, with the increasing link up time the risk decreases. The night work schedule is a risk factor that determines the appearance of burnout. Professionals hired by Service Delivery Order suffer from emotional exhaustion.

RESUMEN

Objetivo: Determinar el grado de desgaste profesional en el personal de Enfermería de un hospital de tercer nivel de Tunja, Boyacá, Colombia durante los meses de Enero a Febrero del año 2012.

Método: Estudio de corte transversal con 22 profesionales del hospital utilizando el MBI (Inventario para Burnout de Maslach). Se analizó la información en el programa SPSS versión 19, buscando correlaciones de Spearman y Pearson para las variables sociodemográficas relacionadas con el Síndrome de Burnout.

Resultados: Para las variables de estudios en la actualidad, años de trabajo en la empresa, trabajo en horario de noche, descanso que recibe el profesional en un mes, y tipo de contratación se obtuvo una significancia (bilateral) a nivel de 0.05 y 0.01, para las correlaciones de Spearman y de Pearson.

Conclusiones: El hecho de que el profesional se encuentre estudiando en la actualidad hace que posiblemente presente despersonalización. Se evidencia que se presenta mayor agotamiento emocional en los primeros 10 años de trabajo, a medida que aumenta el tiempo de vinculación disminuye el riesgo. El trabajo en horario de noche es un factor de riesgo que determina la aparición de Burnout. El profesional contratado por Orden de Prestación de Servicios, sufre agotamiento emocional.

INTRODUCTION

The burnout syndrome is a state of fatigue or frustration, this is caused by the lack of expected reward after an effort dedicated to a life project, preceded by a stage of failure to state reasons, production and inefficiency, this is a main cause of deterioriation of working conditions. (1)

The nursing professional, finds itself exposed to different psychosocial risk factors that can generate work stress, this is reflected in the position he takes with himself and in his work and family (2). Situations such as patient care and job dissatisfaction are considered the main causes of stress within the profession. “The suffering or professional interpersonal stress is caused by identification with the anguish of the patient and their families, for the reactivation of his own conflicts and frustration of diagnostic therapeutic perspectives regarding patient's condition(3) Also situations as cooperation of patients, their recovery or death, the medical decisions and administrative decisions, bureaucratic procedures, lack of social supporting, conflicts with peers and doctors and the organizational structure increases the tension of the professional (4)

In response to this chronic work stress, the nursing professionals develop negative attitudes and feelings toward people with whom they work and onto his professional role, expressing itself emotionally exhausted, this is known as burnout syndrome or Burnout (5). “Subjects affected by this syndrome show disappointment, irritability and feelings of frustration are angry and suspicious attitudes develop. They become rigid, stubborn and unyielding. Also emerge psychosomatic symptoms as increased fatigue, respiratory distress, and gastrointestinal disorders, etc.” (6) Burnout Syndrome, affects the professional nursing for the many responsibilities that have been imposed and the changes that occur constantly in the health system which directly influences the quality of care delivered by professionals to their patients, since they are responsible for the direct care to individuals, spending most of the time working in contact with them and their families (7)

Nursing Burnout inversely affects the quality of care provided to patients, since the higher professional wear lower quality of care given to users, a situation that greatly affects the profession knowing that caring is the essence of it. Therefore, the assessment of burnout syndrome in nursing staff, leads to improve healthcare

processes through institutional strategies that reduce psychosocial risk factors present in the staff.

In this context, this study presents the psychosocial risk factors directly influencing the occurrence of burnout syndrome in nursing staff of a Hospital of third level in the city of Tunja, Boyacá Department, Colombia, and the impact that this problematic has on the quality of care given to patients attending the institution.

MATERIALS AND METHODS

Study type: Transversal descriptive study, by applying the Maslach Burnout Inventory (MBI), Maslach and Jackson and demographic characterization.

Population and sample: The population was 32 nurses (as) professionals who currently work in the inpatient services of the institution. The sample corresponds to 22 professionals who met the inclusion criteria for the research and who agreed to participate in it.

Instruments: MBI questionnaire was used and a sociodemographic data sheet. The MBI measures the dimensions of emotional exhaustion, depersonalization and personal accomplishment, according to which to define the syndrome. This scale has high internal consistency and reliability of nearly 90%, consists of 22 items in the form of statements about feelings and attitudes of the professional in their work and towards patients and its function is to measure burnout. [8]

The emotional exhaustion subscale consists of 9 questions. Assesses experiences emotionally exhausted by the demands of work. Top score 54. The classification of this scale is to statements 1, 2, 3, 6, 8, 13, 14, 16, 20 [9]

The depersonalization subscale consists of 5 items. Assesses the degree to which each recognizes attitudes of coldness and detachment. Top score 30. The classification of this scale is to statements 5, 10, 11, 15, 22. [10]

The personal accomplishment subscale consists of 8 items. It evaluates the feelings of self-efficacy and personal accomplishment at work. Top score 48. The classification of this scale is to statements 4, 7, 9, 12, 17, 18, 19, 21 [11]

The instrument considers that MBI scores are low between 1 and 33. High scores on the first two and the third low define the syndrome. [12]

The survey was supplemented with demographic variables and work to establish the relationships proposed.

Statistical analysis: To analyze the data we created a database in Excel 2010, and analyzed with SPSS version 19. Frequencies and percentages were described for all sociodemographic variables. Pearson and Spearman correlations were established to determine statistical significance between psychosocial risk factors and dimensions of burnout syndrome.

RESULTS

We perform the characterization of the population with sociodemographic variables that are related to the occurrence of burnout syndrome in nurses, using a sociodemographic comprising 18 questions, which belong to a group of psychosocial factors contained within the classification of psychosocial risk factors according to the Technical Committee formed by the WHO and the ILO. This committee gathers psychosocial risk factors in personal, task-specific factors, factors related to the organization of working time and structure factors of the organization. In Table I show the results in terms of personal factors professionals, showing that of the 22 people selected the 86.4% were female and 13.6% were males. Regarding age obtained a minimum age of 24 years and a maximum of 56 with an average of 39.22. By age group, 36.4% of nurses are aged between 20-30 years, 22.7% are between 41 and 50 years of age, a percentage that is repeated for the age group between 51 and 60 years; finally 18.2% of the population is in the age group of 31-40 years. In terms of marital status 40.9% were married, and the same percentage corresponds to single marital status, 13.6% cohabiting and 4.5% are separated.

Regarding the number of people who are financially dependent on the professional obtained a minimum of 0 and a maximum of 4, with a mean of 1.45.

27.3% of the population don't have people who are financially dependent on them, while 31.8% of professionals have one person with economic dependence, 18.2% 2 persons, 3 persons 13.6% and 9.1% 4 people. With reference to the professional academic, 66.3% have undergraduate studies, 27.3% have completed specialization courses, master's and 9.1%, none of the professionals surveyed have conducted doctoral studies.

Furthermore 86.4% aren´t currently studying, while 13.6% develope a specialization and master today. As to whether the professional working in another company, 90.9% of nurses don't, while 9.1% additional work performed at the institution are working in another hospital entity.

Table I. Personal Factors

Personal Factors	Category	f	%	% ()	M	Máx.	Mean	Des. Tip.
Age					24	56	39.2	11.53
	20-30	8	36.4	36.4				
	31-40	4	18.2	54.5				
	41-50	5	22.7	77.3				
	51-60	5	22.7	100.0				
	Total	22						
Gender	Female	19	86.4	86.4				
	Male	3	13.6	100.0				
	Total	22	100.0					
Marital status	Married	9	40.9	40.9				
	Unmarried	9	40.9	81.8				
	Separate	1	4.5	86.4				
	Free Union	3	13.6	100.0				
	Total	22	100.0					
Number of people who depend economically on the professional					.00	4.00	1.45	1.29
	.00	6	27.3	27.3				
	1.00	7	31.8	59.1				
	2.00	4	18.2	77.3				
	3.00	3	13.6	90.9				
	4.00	2	9.1	100.0				
	Total	22	100.0					
Studies conducted by the professional	Undergraduate	14	63.6	63.6				
	Specialization	6	27.3	90.9				
	Mastery	2	9.1	100.0				
	Total	22	100.0					
The currently studying professional	Yes	3	13.6	13.6				
	No	19	86.4	100.0				
	Total	22	100.0					
The professional working in another company	Yes	2	9.1	9.1				
	No	20	90.9	100.0				
	Total	22	100.0					

Source: sociodemographic record. Statistics are defined frequency (f), percentage (%), cumulative percentage (c%), minimum value obtained (M), obtained maximum value (Max), mean (μ o) represents the average values, standard deviation (Des. Tip) symbolizes the scattering data.

Moreover, the results obtained regarding the task-specific factors are demonstrated in Table II, Is that over the years of experience in the profession there is a minimum of 2 and a maximum of 33 years, with an average of 14.95. 45.5% of the population is between 1 and 10 years of experience, 36.4% between 21 and 30 years, 13.6% between 11 and 20 and 4.5% between 31 and 40 years of experience. With regard to length of service, we obtained a minimum of one year and a maximum of 33, with a mean of 11.4 years. 54.5% of the population is between 1 and 10 years of working in the hospital setting, 31.8% between 11 and 20 years, 9.1% are 21 to 30 years and 4.5% of 31-40 years at the company.

On the average patients seen in a day by professional obtained a minimum of 15 and maximum of 30 patients, with an average of 23.54. The 36.4% of nurses attend an average of 26-30 patients a day, 31.8% from 21 to 25 patients, 27.3% from 16 to 20 patients, and 4.5% of the attends population average of 10 to 15 patients in a day.

On the other hand, 72.7% of the nurses who participated in the study play the role of head nurses in the corresponding Hospital ward, while 27.3% are nurse's service coordinators. 22.7% of respondent's professionals working in the department of neurosurgery, 18.2% in Orthopedics, and the same percentage correspond to the Internal Medicine South, 13.6% work in the service of Pediatrics and Surgical same percentage, 9.1% in gynecology and obstetrics, and 4.5% holds office in North Internal Medicine.

Regarding the percentage of professional interaction with patients, 36.4% of nurses said between 80 and 60%, the same percentage is 60 and 40% of interaction, 18.2% spend more than 80% of their day interacting with patients and 9.1% between 40 and 20%.

Table II.
Factors specific to the task

Factors specific to the task	Category	f	%	% ( )	M	Máx.	Mean	Des. Tip.
Years of experience in the profession					2.00	33.00	14.95	10.04
	1-10	10	45.5	45.5				
	11-20	3	13.6	59.1				
	21-30	8	36.4	95.5				
	31-40	1	4.5	100.0				
	Total	22	100.0					
Years working in the company					1.00	33.00	11.44	10.113
	1-10	12	54.5	54.5				
	11-20	7	31.8	86.4				
	21-30	2	9.1	95.5				
	31-40	1	4.5	100.0				
	Total	22	100.0					
Average patients seen in a day					15.00	30.00	23.54	4.687
	10-15	1	4.5	4.5				
	16-20	6	27.3	31.8				
	21-25	7	31.8	63.6				
	26-30	8	36.4	100.0				
	Total	22	100.0					
Position	Head nurse	16	72.7	72.7				
	Nurse coordinator	6	27.3	100.0				
	Total	22	100.0					
Hospital Services	Gynecology and Obstetrics	2	9.1	9.1				
	Pediatrics	3	13.6	22.7				
	Ortopedia	4	18.2	40.9				
	Orthopedics	5	22.7	63.6				
	North Internal Medicine	1	4.5	68.2				
	South Internal Medicine	4	18.2	86.4				
	Surgical	3	13.6	100.0				
	Total	22	100.0					
Percentage of professional interaction with patients	Over 80%	4	18.2	18.2				
	Between 80 and 60%	8	36.4	54.5				
	Between 60 and 40%	8	36.4	90.9				
	Between 40 and 20%	2	9.1	100.0				
	Total	22	100.0					

Source: sociodemographic record. Statistics are defined frequency (f), percentage (%), cumulative percentage (c%), minimum value obtained (M), obtained maximum value (Max), mean (μ o) represents the average values, standard deviation (Des. Tip) symbolizes the scattering data.

As for the factors related to the organization of working time in the variable work evening hours are obtained half of 3.04 which indicates that on average nurses working in the hospital institution evening hours a few times a month, corresponding to 36.4% of the total sample, while 27.3% work in night time almost always, 22.7% never, 9.1% and 4.5% always almost never. Regarding the rest than the professional takes in the month, evidenced an average of 2.9, indicating that on average hospital nurses have only a few times a month break, which corresponds to 40.9% of the sample, followed by 18.2% of professionals who rarely have days or weekends of rest and the same percentage equals almost always, ultimately always rests 13.6%, while 9.1% never do.

In the variable time spent on professional with family and friends is very little obtained an average of 2.3 which is evidence that most of the participants believe that the time spent with their family and friends is *almost always* very little, with a percentage of 63.6%, compared to 18.2% with *some times*, and 4.5% for the answers *seldom* and *never* respectively.

Regarding the fact that the professional still thinks in his work even when he's home, most answered *sometimes* with half corresponding to 2.77 and a percentage of 45.5%, followed by 27.3% who consider that *almost always* still think of their work, while 13.6% almost never do. Similarly, 9.1% *always* think in their work when they are home while 4.5% never do. The results are demonstrated in Table III.

Table III. Factors in the organization of working time

Factors in the organization of working time	Category	f	%	% ( )	M	Máx.	Mean	Des. Tip.
The professional works at night time					1.00	5.00	3.04	1.29
	Always (1)	2	9.1	9.1				
	Almost always (2)	6	27.3	36.4				
	Sometimes (3)	8	36.4	72.7				
	Almost never (4)	1	4.5	77.3				
	Never (5)	5	22.7	100.0				
	Total	22	100.0					
The professional has weekends or days off per month					1.00	5.00	2.9091	1.15
	Always (1)	3	13.6	13.6				
	Almost always (2)	4	18.2	31.8				
	Sometimes (3)	9	40.9	72.7				
	Almost never (4)	4	18.2	90.9				
	Never (5)	2	9.1	100.0				
	Total	22	100.0					
For work, the professional time spent with family and friends is very little					1.00	5.00	2.3182	.893
	Always (1)	2	9.1	9.1				
	Almost always (2)	14	63.6	72.7				
	Sometimes (3)	4	18.2	90.9				
	Almost never (4)	1	4.5	95.5				
	Never (5)	1	4.5	100.0				
	Total	22	100.0					
The professional still thinks in his work when he's home					1.00	5.00	2.7727	.972
	Always (1)	2	9.1	9.1				
	Almost always (2)	6	27.3	36.4				
	Sometimes (3)	10	45.5	81.8				
	Almost never (4)	3	13.6	95.5				
	Never (5)	1	4.5	100.0				
	Total	22	100.0					

Source: sociodemographic record. Statistics are defined frequency (f), percentage (%), cumulative percentage (c%), minimum value obtained (M), obtained maximum value (Max), mean (μ o) represents the average values, standard deviation (Des. Tip) symbolizes the scattering data.

Within the factors related to organizational structure variables are defined as the type of recruitment, and interlocking time or full time. The results obtained are shown in Table IV.

Table IV: Factors organization structure

Factors organization structure	Category	f	%	% ( )
Type of contract	Service Delivery	12	54.5	54.5
	Undefined term	10	45.5	100.0
	Total	22	100.0	
Hiring part time or full time	Service Delivery	21	95.5	95.5
	Undefined term	1	4.5	100.0
	Total	22	100.0	

Source: sociodemographic record. Statistics are defined frequency (f), percentage (%), cumulative percentage (c%).

It is observed that 54.5% of professionals are hired by Servicing Order while 45.5% have a contract for an indefinite period.

Similarly 95.5% of nurses have the employ of the institution full time, while only 4.5% are part-time.

Furthermore, regarding the burnout syndrome, it was found that of the 22 professionals who participated in the study, only 2 have burnout syndrome, corresponding to 9.1% of the population, the remaining 90.9% did not have, however most of nurses show involvement in any of the dimensions for the syndrome. Table V shows the frequencies obtained for each of the categories and the corresponding percentages. It is evident that for the variable of emotional exhaustion is the highest percentage in the middle with 40.9%, followed by 36.4% low and 22.7% for the highest category; this means that 63.6% of professionals with emotional exhaustion are either medium or high.

On the other hand, in terms of variable Depersonalization, we found that 68.2% of professionals are in the category of low, 18.2% had high depersonalization and 13.6% are half depersonalization. Regarding the fulfillment of the nurse of the hospital institution, found that 72.7% have high levels of personal achievement, followed by 18.2% with medium and 9.1% low levels of personal accomplishment.

Table V: Dimensions of Burnout Syndrome

Dimensions of Burnout Syndrome	Category	f	%	% ( )
Burnout Syndrome	Yes	2	9.1	9.1
	No	20	90.9	100.0
	Total	22	100.0	
Emotional exhaustion	Low	8	36.4	36.4
	Medium	9	40.9	77.3
	High	5	22.7	100.0
	Total	22	100.0	
Depersonalization	Low	15	68.2	68.2
	Medium	3	13.6	81.8
	High	4	18.2	100.0
	Total	22	100.0	
Personal realization	Low	2	9.1	9.1
	Medium	4	18.2	27.3
	High	16	72.7	100.0
	Total	22	100.0	

Source: Maslach Burnout Inventory. Statistics are defined frequency (f), percentage (%), cumulative percentage (c%).

After obtaining data about sociodemographic population under study, correlational analysis was performed to acquire information relevant to psychosocial risk variables (as classified by the Technical Committee formed by the WHO and the ILO) directly related to the occurrence of burnout syndrome and dimensions that define it.

For this purpose, we used the Spearman and Pearson correlations, allowing the identification in each of psychosocial risk factors statistical significance and the correlation with variables Burnout.

Thus, within the psychosocial risk factors, belonging to personal factors, we found that the only variable related to the occurrence of burnout syndrome is the fact that the professional is currently studying, which is significant for depersonalization, both Pearson correlation and Spearman. In other variables gender, age, marital status, dependents economically professional studies, and additional work in the professional institution working in another company, statistical significance was not obtained. Table VI show Pearson correlations and Spearman for Personal factor currently studying professional, variables related to the syndrome. The value obtained on the Pearson correlation as depersonalization is - .423 with a .050 bilateral significance, for the correlation of Spearman correlation coefficient is - .508 with a .016 bilateral significance. The data obtained show that the fact that the professional is now studying possibly makes this depersonalization, and therefore vulnerable to suffer burnout.

Table VI.Pearson and Spearman correlations currently studying for the professional

VARIABLES	CORRELATIONS	CURRENTLY STUDYING	A.E	D.P	R.P	S.B
CURRENTLY STUDYING	Correlation of Pearson	1	-.422	**-.423***	.187	.335
	Sig. (bilateral)		.051	**.050**	.404	.127
	N	22	22	**22**	22	22
	Correlation of Spearman	1.000	-.413	**-.508***	.294	.335
	Sig. (bilateral)	.	.056	**.016**	.184	.127
	N	22	22	**22**	22	22
A.E	Correlation of Pearson	-.422	1			
	Sig. (bilateral)	.051				
	N	22	22			
	Correlation of Spearman	-.413	1.000			
	Sig. (bilateral)	.056	.			
	N	22	22			
D.P	Correlation of Pearson			1		
	Sig. (bilateral)					
	N			22		
	Correlation of Spearman			1.000		
	Sig. (bilateral)			.		
	N			22		
R.P	Correlation of Pearson				1	
	Sig. (bilateral)					
	N				22	
	Correlation of Spearman				1.000	
	Sig. (bilateral)				.	
	N				22	
S.B	Correlation of Pearson					1
	Sig. (bilateral)					
	N					22
	Correlation of Spearman					1.000
	Sig. (bilateral)					.
	N					22

*. Correlation is significant at the 0.05 level (bilateral).Source: Questionnaire and Maslach Burnout Inventory sociodemographic record. Showing Spearman and Pearson correlations for Emotional Exhaustion (AE), depersonalization (DP), personal accomplishment (RP) and Burnout Syndrome (SB)

This situation is probably due to the 13.6% of the professionals who are currently studying and having depersonalization scales in medium and high, to assume different responsibilities, increase the level of stress handled, and seek release emotions assuming negative attitudes of alienation and cynicism with the people that they relate in your workplace. Also focus their attention on other activities such as distance method, resulting in a low interest in professional work activities, plus the fact that as a coping strategy, they put an affective barrier that can sometimes be the subject of abuse in care. [13,14]

Table VII are disclosed the Spearman correlation coefficients and Pearson, for the variable of years working in the company, identifying the Pearson correlation value of -0.442 with a significance of 0.040 and Spearman correlation yielded a coefficient of -.533 with a significance of 0.011. For dimensions of depersonalization, and personal accomplishment Burnout statistical significance was not obtained.

Table VII.Correlations for working years in the business

VARIABLES	CORRELATIONS	AÑOS L.	A.E	D.P	R.P	S.B
Years working in the company	Correlation of Pearson	1	-.442*	-.070	.093	.243
	Sig. (bilateral)		.040	.757	.680	.276
	N	22	22	22	22	22
	Correlation of Spearman	1.000	-.533*	-.033	.134	-.033
	Sig. (bilateral)	.	.011	.884	.553	.884
	N	22	22	22	22	22
A.E	Correlation of Pearson	-.442*	1			
	Sig. (bilateral)	.040				
	N	22	22			
	Correlation of Spearman	-.533*	1.000			
	Sig. (bilateral)	.011	.			
	N	22	22			
D.P	Correlation of Pearson			1		
	Sig. (bilateral)					
	N			22		
	Correlation of Spearman			1.000		
	Sig. (bilateral)			.		
	N			22		
R.P	Correlation of Pearson				1	
	Sig. (bilateral)					
	N				22	
	Correlation of Spearman				1.000	
	Sig. (bilateral)				.	
	N				22	
S.B	Correlation of Pearson					1
	Sig. (bilateral)					
	N					22
	Correlation of Spearman					1.000
	Sig. (bilateral)					.
	N					22

*. Correlation is significant at the 0.05 level (bilateral).

Source: Questionnaire and Maslach Burnout Inventory sociodemographic record. Showing Spearman and Pearson correlations for Emotional Exhaustion (AE), depersonalization (DP), personal accomplishment (RP) and Burnout Syndrome (SB)

The above data, disclosed that presents greater emotional exhaustion in the first 10 years of work, with increasing bonding time decreases the risk of emotional exhaustion and therefore Burnout, which according to the literature is explained by an inverse relationship between age and burnout syndrome or Burnout. (15). It has been suggested that this pattern would be related to learning throughout life of effective coping strategies and the acquisition of more realistic expectations about the profession [16, 17].

Table VIII shows the results obtained in terms of the variables of the professional works at night time and the professional has weekends or days off per month factors belonging to the organization of working time related to the size of syndrome (emotional exhaustion, depersonalization, personal accomplishment). For these variables are obtained statistical significance level of the emotional dimension of exhaustion. For the variable of the professional works at night time, in the Pearson correlation yielded a correlation coefficient of - 0.470 with a significance of 0.27. For the Spearman correlation coefficient was obtained - 0.470 with a significance of 0.25. (See Table IX). With the data obtained, it appears that if the professional working at night probably present emotional exhaustion, conditioning it to suffer burnout syndrome.

Table VIII.Correlations for professionals working in night hours

VARIABLES	CORRELATIONS	NIGHT WORK	A.E	D.P	R.P	S.B
Professionals working in night hours	Correlation de Pearson	1	**-.470***	-.115	.076	.262
	Sig. (bilateral)		**.027**	.610	.735	.238
	N	22	**22**	22	22	22
	Correlation de Spearman	1.000	**-.476***	-.148	.236	.312
	Sig. (bilateral)	.	**.025**	.512	.291	.158
	N	22	**22**	22	22	22
A.E	Correlation de Pearson	**-.470***	1			
	Sig. (bilateral)	**.027**				
	N	**22**	22			
	Correlation de Spearman	**-.476***	1.000			
	Sig. (bilateral)	**.025**	.			
	N	**22**	22			
D.P	Correlation de Pearson			1		
	Sig. (bilateral)					
	N			22		
	Correlation de Spearman			1.000		
	Sig. (bilateral)			.		
	N			22		
R.P	Correlation de Pearson				1	
	Sig. (bilateral)					
	N				22	
	Correlation de Spearman				1.000	
	Sig. (bilateral)				.	
	N				22	
S.B	Correlation de Pearson					1
	Sig. (bilateral)					
	N					22
	Correlation de Spearman					1.000
	Sig. (bilateral)					.
	N					22

*. Correlation is significant at the 0.05 level (bilateral).

Source: Questionnaire and Maslach Burnout Inventory Sociodemographic tab. Showing Spearman and Pearson correlations for Emotional Exhaustion (AE), depersonalization (DP), personal accomplishment (RP) and Burnout Syndrome (SB)

Table IX.Correlations for rest of profesional

VARIABLES	CORRELATIONS	REST	A.E	D.P	R.P	S.B
The professional has weekends or days off per month	Correlación de Pearson	1	**.573****	.155	-.109	**-.447***
	Sig. (bilateral)		**.005**	.492	.630	**.037**
	N	22	**22**	22	22	**22**
	Correlación de Spearman	1.000	**.546****	.109	-.291	**-.442***
	Sig. (bilateral)	.	**.009**	.629	.188	**.039**
	N	22	**22**	22	22	**22**
A.E	Correlación de Pearson	**.573****	1			
	Sig. (bilateral)	**.005**				
	N	**22**	22			
	Correlación de Spearman	**.546****	1.000			
	Sig. (bilateral)	**.009**	.			
	N	**22**	22			
D.P	Correlación de Pearson			1		
	Sig. (bilateral)					
	N			22		
	Correlación de Spearman			1.000		
	Sig. (bilateral)			.		
	N			22		
R.P	Correlación de Pearson				1	
	Sig. (bilateral)					
	N				22	
	Correlación de Spearman				1.000	
	Sig. (bilateral)				.	
	N				22	
S.B	Correlación de Pearson					1
	Sig. (bilateral)					
	N					22
	Correlación de Spearman					1.000
	Sig. (bilateral)					.
	N					22

**. Correlation is significant at the 0.01 level (bilateral).
*. Correlation is significant at the 0.05 level (bilateral).
Source: Questionnaire and Maslach Burnout Inventory Sociodemographic tab. Showing Spearman and Pearson correlations for Emotional Exhaustion (AE), depersonalization (DP), personal accomplishment (RP) and Burnout Syndrome (SB)

The shift work, and work at night time, raises a set of problems that focus on the consequences resulting from the changing of times the impact on family and social life has the afternoon session, and the direct impact on health is night work, as it is known to affect circadian rhythms [18], eating habits, sleep also affects both quantity and quality, and of course the aforementioned changes in family life and social [19] reasons why it is clear that the professional will be affected in the dimension of emotional exhaustion.

Regarding the professional has weekends or days off a month, about the Pearson correlation coefficient was obtained 0.573 with a significance of 0.005, in Spearman correlation evidenced a correlation coefficient of 0.546 with significance of 0.009 for emotional exhaustion. As for the burnout syndrome, a positive correlation was obtained with the variable has the professional weekends or days off a month, demonstrating a Pearson correlation coefficient of - 0.447 with a significance of 0.37,

in the Spearman correlation shows a coefficient of - 0.442 with a significance of 0,039. (See Table X). With these results, we show that the fact that the professional can´t take weekends or days off a month is directly related to the burnout syndrome and emotional exhaustion dimension.

Table X.Correlations for type of contract

VARIABLES	CORRELATIONS	TYPE OF CONTRACT	A.E	D.P	R.P	S.B
Type of contract	Correlation de Pearson	1	**-.559****	.000	-.052	.289
	Sig. (bilateral)		**.007**	1.000	.819	.193
	N	22	**22**	22	22	22
	Correlation de Spearman	1.000	**-.554****	-.018	.074	.289
	Sig. (bilateral)	.	**.007**	.938	.744	.193
	N	22	**22**	22	22	22
A.E	Correlation de Pearson	**-.559****	1			
	Sig. (bilateral)	**.007**				
	N	**22**	22			
	Correlation de Spearman	**-.554****	1.000			
	Sig. (bilateral)	**.007**	.			
	N	**22**	22			
D.P	Correlation de Pearson			1		
	Sig. (bilateral)					
	N			22		
	Correlation de Spearman			1.000		
	Sig. (bilateral)			.		
	N			22		
R.P	Correlation de Pearson				1	
	Sig. (bilateral)					
	N				22	
	Correlation de Spearman				1.000	
	Sig. (bilateral)				.	
	N				22	
S.B	Correlation de Pearson					1
	Sig. (bilateral)					
	N					22
	Correlation de Spearman					1.000
	Sig. (bilateral)					.
	N					22

**. Correlation is significant at the 0.01 level (bilateral).
Source: Questionnaire and Maslach Burnout Inventory Sociodemographic tab. Showing Spearman and Pearson correlations for Emotional Exhaustion (AE), depersonalization (DP), personal accomplishment (RP) and Burnout Syndrome (SB)

It shows a highly significant correlation at the level of emotional exhaustion, which shows that the working conditions of nurses of the hospital institution, due to the type of recruitment make them highly vulnerable to submit Syndrome. The fact that the professional can not have weekends or days off per month, represents a dangerous situation, as the stress level increases handled by professional remarkably, making the professional feel exhausted not only emotionally but physically, risking their physical and mental health, reducing their quality of life, which has negative consequences not only for him but also for the organization and directly to the patient care subject.

The work schedule structure greatly lifestyle professionals. The number of days which is split between this overall duration of working time, the number and importance of breaks each day and the type of schedule significantly influence the fatigue felt by the employee. [20,21, 22]

The correlations for the variable type of contract, for which we obtained a significance level of 0.01 (bilateral) for emotional exhaustion, to the Pearson correlation coefficient is - .559 with a significance of 0007. For Spearman correlation yielded a correlation coefficient of - 0.556 with a significance of 0.007. The results show that professional hospital, contracted Servicing Order, suffers emotional exhaustion and is conditioned to submit Burnout Syndrome.

It is noteworthy that this situation represents an issue of great importance to the quality of life and professional care given to patients, since the conditions offered to professionals who are hired to provide services are unstable and produce in the professional a high level of stress, which threatens the physical and mental health staff. The Professional Service Fees hired, in addition to working in night hours, no weekends or days off per month, plus the fact that you do not have job security, or any kind of benefits, in addition to compensation as economic incentive to the work done in the institution does not meet professional expectations.

CONCLUSIONS

- The fact that the professional is currently studying possibly makes this depersonalization, and therefore vulnerable to suffer burnout.
- Gender, age, marital status, dependents economically, professional studies, and additional work in the professional institution working for another company, related to personal factors do not influence the occurrence of burnout syndrome in professional Hospital Nursing.
- It provides further evidence that emotional exhaustion in the first 10 years of work, with increasing bonding time decreases the risk of emotional exhaustion and therefore Burnout.
- The variables belonging to the group of factors in the task such as the position, years of experience in the profession, average patients seen by the professional in a day, and percentage of professional interaction with patients, there are constraints Syndrome Burnout in nurses of the hospital institution.
- Working night hours is a risk factor for the organization of working time that determines the appearance of Burnout in professionals of the hospital institution.
- The professional tertiary hospital in the city of Tunja, Colombia, contracted Servicing Order, suffers emotional exhaustion and is conditioned to submit Burnout Syndrome.

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