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ORIGINAL ARTICLE

Sociodemographic and occupational factors associated with Burnout Syndrome in Argentine healthcare professionals

Factores sociodemográficos y laborales asociados al Síndrome de Burnout en profesionales de la salud argentinos

Fatores sociodemográficos e laborais associados à Síndrome de Burnout em profissionais de saúde Argentinos

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ABSTRACT

Introduction: Burnout Syndrome is an occupational phenomenon characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Its prevalence is particularly high among healthcare professionals in Latin America. Objective: To analyze the relationship between sociodemographic and occupational factors and Burnout Syndrome among healthcare professionals in a private institution in 2024. **Methodology:** Observational, analytical, cross-sectional study, using a non-probabilistic convenience sample of healthcare professionals. A sociodemographic and occupational questionnaire and the Maslach Burnout Inventory-Human Services Survey (healthcare professionals' version) were administered. Data were analyzed using descriptive and analytical statistics with SPSS software. **Results:** A total of 214 healthcare professionals participated, including 38.3% nurses and 36.4% physicians. The sample was 65.9% female, with a mean age of 36.89 years. A total of 12.1% met the criteria for Burnout Syndrome, which was more prevalent among female professionals and those working an average of 49.90 hours per week, compared to those with fewer working hours. Additionally, high levels of

emotional exhaustion and depersonalization were more frequent among professionals working in inpatient care settings. **Conclusions:** Burnout Syndrome was present in 12.1% of healthcare professionals, with a higher prevalence among women and those working an average of 49.90 hours per week. No associations were found with age or length of employment. These factors should be considered when developing institutional strategies for professional well-being.

Keywords: Mental Health; Burnout; Psychological; Occupational Stress; Nursing Staff; Physicians.

RESUMEN

Introducción: El Síndrome de *Burnout* es un fenómeno ocupacional caracterizado por agotamiento emocional, despersonalización y baja realización personal, cuya prevalencia es mayor en profesionales de la salud de América Latina. **Objetivo:** Analizar la relación entre los factores sociodemográficos y laborales con el Síndrome de Burnout en profesionales de la salud de una institución privada en el año 2024. **Metodología:** Estudio observacional, analítico, transversal. Una muestra no probabilística por conveniencia de profesionales de la salud fue utilizada. Se aplicó un cuestionario sociodemográfico, laboral y el Maslach *Burnout Inventory-Human Services Survey* versión para profesionales de la salud. Los datos se analizaron con estadistica descriptiva y analítica con el programa SPSS. **Resultados:** Participaron 214 profesionales, el 38,3% enfermeros y el 36,4% médicos. El 65,9% de sexo femenino, la edad promedio fue de 36,89 años. El 12.1% cumplió los criterios para el Síndrome de *Burnout*, siendo más frecuente en los profesionales de sexo femenino y en aquellos que trabajaron en promedio 49,90 horas semanales en comparación con los que trabajaron menos horas. Además, el agotamiento emocional alto y la despersonalización alta fueron más frecuentes en los profesionales del área de atención médica con internación. **Conclusiones:** El 12,1% de los profesionales de la salud presentó Síndrome de *Burnout*, con mayor frecuencia en mujeres y en quienes trabajaban, en promedio 49,90 horas semanales. No se encontró asociación con la edad y la antigüedad en la institución. Estos factores deben considerarse en el diseño de estrategias institucionales para el cuidado profesional.

Palabras clave: Salud Mental; Agotamiento Psicológico; Estrés Laboral; Personal de Enfermería; Médicos.

RESUMO

Introdução: A Síndrome de *Burnout* é um fenômeno ocupacional caracterizado por exaustão emocional, despersonalização e baixa realização pessoal, cuja prevalência é maior em profissionais de saúde na América Latina. **Objetivo:** Analisar a relação entre fatores sociodemográficos e ocupacionais e a Síndrome de Burnout em profissionais de saúde de uma instituição privada no ano de 2024. **Metodologia:** Estudo observacional, analítico e transversal. Foi utilizada uma amostra de conveniência não probabilística de profissionais de saúde. Foram aplicados um questionário sociodemográfico e ocupacional e o Maslach *Burnout Inventory-Human Services Survey* versão para profissionais de saúde. Os dados foram analisados com estatísticas descritivas e analíticas usando o software SPSS. **Resultados:** Participaram 214 profissionais, dos quais 38,3% eram enfermeiros e 36,4% médicos. A média de idade foi de 36,89 anos, sendo 65,9% do sexo feminino. 12,1% preencheram os critérios da Síndrome de Burnout, sendo mais frequente em profissionais do sexo feminino e naqueles que trabalhavam em média 49,90 horas por semana em comparação com os que trabalhavam menos horas. Além disso, a alta exaustão emocional e a alta despersonalização foram mais frequentes em profissionais de saúde internados. **Conclusões:** 12,1% dos profissionais de saúde apresentaram a Síndrome de Burnout, com maior frequência em mulheres e naqueles que trabalhavam, em média, 49,90 horas por semana. Não foi encontrada associação com idade e tempo de serviço na instituição. Esses fatores devem ser considerados na elaboração de estratégias institucionais para o atendimento profissional.

Palavras-chave: Saúde Mental; Esgotamento Psicológico; Estresse Ocupacional; Recursos Humanos de Enfermagem; Médicos.

INTRODUCTION

Occupational Health Psychology aims to improve the quality of work life, as well as enhance safety, health, and well-being among workers across all occupations.[1] Occupational health is defined as "a complete state of physical, mental, and social well-being in the context of work, and not merely the absence of work-related illness or infirmity."[2] The World Health Organization (WHO) defines mental health as “a state of mental well-being that enables individuals to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community.”[3]

Work is a social determinant of mental health, and prolonged exposure to poor working conditions can lead to its deterioration. Several of these conditions—identified as psychosocial risks to mental health in the workplace—are associated with the nature of the work (e.g., lack of variety or high uncertainty), workload (e.g., time pressure), working hours (e.g., long shifts, night work), control (e.g., low participation in decision-making), the physical work environment (e.g., poor environmental conditions), organizational culture (e.g., poor communication, lack of support for problem-solving and professional development), interpersonal relationships (e.g., isolation, conflict), ambiguous roles within the organization, career development (e.g., stagnation, professional uncertainty, lack of promotion), and work-home interface (e.g., conflict between job and family demands).[3]

Recently, the WHO included Burnout Syndrome (BS) in the latest revision of the International Classification of Diseases (ICD-11), as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. It is characterized by feelings of energy depletion or exhaustion, increased detachment, negative thoughts, cynicism regarding the job, and reduced professional efficacy.[4] This concept was originally defined by Maslach and her team as a "syndrome related to emotional exhaustion, depersonalization, and reduced personal accomplishment that may occur in individuals who work with people."[5] They also developed the inventory used to measure this syndrome, which is currently applied primarily among physicians and nurses.[6]

Regarding its prevalence, before the COVID-19 pandemic in 2019, a multicenter study involving 11,530 healthcare professionals from various Spanish-speaking countries reported a general prevalence of 11.4%, with higher rates observed in Spain (14.9%) and Argentina (14.4%).[7] Another study involving 483 Argentine physicians found a prevalence of 16.5%.[8] Additional research conducted in the same period and country reported higher prevalence rates (26.5% and 35%), although these focused on medical residents and had smaller sample sizes (83 and 48, respectively).[9,10]

A systematic review and meta-analysis of 29 studies involving 32,724 healthcare professionals, conducted during the COVID-19 pandemic, reported a pooled prevalence of 52% (95% CI: 40%–63%). Burnout Syndrome was more common among physicians and nurses (66%) compared to other healthcare professionals (40%).[11] Another systematic review and meta-analysis of 250 studies with 292,230 participants found a combined prevalence of 43.6% (95% CI: 36.3%–51.2%), with no significant differences based on profession or gender.[12] In the same period, a multicenter study of 5,437 healthcare professionals from Latin America reported an overall prevalence of 59.8%, with higher rates in Argentina (44.3%) and Chile (43.1%).[13]

Several studies have linked BS to sociodemographic factors such as female gender and younger age,[7-8,13-16] as well as occupational characteristics such as profession,[13-14,16,17] employment in public

institutions,[8,13] shorter professional experience,[14,18-19] longer weekly working hours,[8,18,20] and specific work settings (more prevalent in emergency departments).[17] However, other studies do not support associations with gender,[12,14, 16-18,20] profession,[8,12,20,21] or area of work.[14,20]

Given the complex relationship between people and their work—where each organization reflects a unique reality, especially in the Latin American context characterized by poverty, job insecurity, and informality—it is recommended that this concept is studied in depth to improve the quality of life of the workforce.[22]

Based on the above, this study seeks to generate knowledge about Burnout Syndrome in the local post-pandemic context, with the aim of designing timely preventive interventions. Therefore, the objective of this research is to analyze the relationship between sociodemographic and occupational factors and Burnout Syndrome in healthcare professionals at a private institution in 2024. The hypothesis is that Burnout Syndrome is more prevalent among female professionals, younger individuals, those with greater seniority, and those with a higher weekly workload.

METHODOLOGY

Research Design

This study follows a quantitative approach, employing an observational, analytical, and cross-sectional design.

Sample

The sample consisted of healthcare professionals from a private healthcare institution in Entre Ríos, Argentina. A non-probabilistic convenience sampling method was used. Inclusion criteria were: being a practicing healthcare professional and providing informed consent to participate in the study. Professionals on holiday, medical leave, or other types of leave during data collection were excluded, as well as those who expressed a desire to withdraw. The sample size was estimated based on the prevalence of BS reported in a previous study conducted before the pandemic in Argentina,[8] which included 483 physicians and used the same instrument. A prevalence of 16%, a 95% confidence level, and a 5% margin of error were assumed. An additional 3% was added to account for potential attrition, yielding a final sample size of 214 healthcare professionals.

Data Collection Instruments

For sociodemographic and occupational variables, participants completed a self-report questionnaire developed by the researchers. It included questions on gender, age, and profession (nurse, physician, psychologist, dietitian, technician, or other). Regarding work area, participants could select more than one option, which included: operating room (surgeon, anesthesiologist, surgical technician), outpatient care (clinic, dentistry, chaplaincy), inpatient care, diagnostics (laboratory, medical imaging, pathology), emergency and intensive care, and other (sterilization, infectious diseases, pharmacy). Participants were also asked about their seniority at the institution (in years) and the average hours worked per week.

To measure Burnout Syndrome, this study used the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), in its version for healthcare professionals. This instrument consists of 22 items rated on a Likert scale from 0 (never) to 6 (every day) divided into three dimensions: Emotional Exhaustion (EE, 9 items: 1, 2, 3, 6, 8, 13, 14, 16, 20), which assesses feelings of being emotionally overextended and exhausted by work; Depersonalization (DP, 5 items: 5, 10, 11, 15, 22), which measures an unfeeling and impersonal response toward recipients of care, service, treatment, or instruction; and Personal Accomplishment (PA, 8 items: 4, 7, 9, 12, 17, 18, 19, 21), which evaluates feelings of competence and success in working with people.[5] Scoring categories are as follows: EE

– low (0–18), moderate (19–26), high (27–54); DP – low (0–5), moderate (6–9), high (10–30); PA – low (0–33), moderate (34–39), high (40–48). Burnout Syndrome is defined by high scores in EE and DP and low scores in PA. In its Argentine adaptation, the instrument demonstrated composite reliability coefficients of ω = 0.90 for EE, ω = 0.70 for DP, and ω = 0.75 for PA.[23]

Data Collection Period

Data collection took place between October and December 2024.

Data Collection Strategy and Ethical Considerations

Participants were contacted via digital platforms. The Department of Teaching and Research distributed the invitations by email, while the researchers promoted participation in person across various departments. Informed consent and data collection instruments were administered using a Microsoft Forms questionnaire. Participants provided their consent before accessing the instruments. The data were stored in the institutional cloud system with restricted access. This project was reviewed and approved by the institution's Ethics Committee for Care and Research under resolution No. 005/24.

Data Analysis Strategy

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 26. An initial descriptive statistical analysis was performed for all study variables. Fisher's Exact Test was used to analyze the association between Burnout Syndrome, gender, and work area. The effect size was measured using the phi coefficient. Additionally, the Chi-square test (X^2) was employed to examine its relationship with profession. Since the variables age, seniority, and weekly workload did not follow a normal distribution, the Mann-Whitney U test was applied to analyze their relationship with BS. The *r* statistic was used to assess effect size. Finally, the Chi-square test was used to explore the relationship between each Burnout dimension and the professionals' work area, along with Cramér's V to measure the strength of the associations. All analyses were conducted with a 95% confidence level, and Cohen's criteria were followed to interpret the magnitude of associations.[24]

RESULTS

A total of 214 healthcare professionals participated in the study, 65.9% (n = 141) of whom were female. The mean age was 36.89 years (SD = 10.81; Mdn = 33.50), with a minimum age of 22 and a maximum of 70 years. Regarding profession, 38.3% (n = 82) were nurses and 36.4% (n = 78) physicians. Technical staff, psychologists, dietitians, and others accounted for 25.2% (n = 54).

In terms of work, the average length of service at the institution was 8.76 years (SD = 8.09), ranging from 0.08 to 33 years. The average number of weekly working hours was 40.90 (SD = 18.41), with a minimum of 4 and a maximum of 120 hours. The most common work area was inpatient medical care (40.2%), followed by surgery (30.8%) and outpatient medical care (20.1%) (see Table N°1).

A total of 12.1% (n = 26) of respondents met the criteria for BS. Regarding the dimensions of the syndrome, 49.1% (n = 105) had high emotional exhaustion, 36% (n = 77) had high depersonalization, and 34.1% (n = 77) had low personal accomplishment. Burnout Syndrome was more frequent among female professionals (15.6%; n = 22) than male professionals (5.5%; n = 4), although with a small effect size (p = 0.04, *phi* = -0.147). Professionals with BS were also younger (M = 34.50; SD = 9.45, Mdn = 30.50) compared to those without BS (M = 37.22, SD = 10.96; Mdn = 34), but this difference was not statistically significant (p = 0.307). No significant association was found between BS and profession (p = 0.232).

Table N°1: Distribution of professionals by area of work (n = 214).

Employment Area	n	%
Inpatient medical care	86	40.2%
Operating theatre	66	30.8%
Outpatient medical care	43	20.1%
Emergency and intensive care	36	16.8%
Another	31	14.5%
Diagnosis	21	9.8%

% = percentage; n = frequency.

Source: Created by the authors.

Regarding the relationship between BS and work area, the highest proportion of professionals with BS was found in diagnostic departments, including laboratory, imaging, and pathology (23.8%), followed by emergency and intensive care (16.7%), and surgery (surgeons, anesthetists, surgical technologists) (15.2%) (see Table N°2). However, no statistically significant differences were found in the proportion of professionals with BS across departments ($p > 0.05$).

Table N°2: Proportion of Burnout Syndrome according to area of work (n = 53).

Employment area	n	%	p*
Diagnosis	5	23.8%	0.148
Emergency and intensive care	6	16.7%	0.401
Operating theatre	10	15.2%	0.373
Inpatient medical care	10	11.6%	1.00
Outpatient medical care	4	9.3%	0.612
Another	2	6.5%	0.385

%= percentage; n = frequency; *Fisher´s exact test.

Source: Created by the authors.

When analyzing by dimensions, the proportion of professionals with high emotional exhaustion (61.6%, n = 53) was significantly higher among those working in inpatient medical care ($p = 0.002$), with a small effect size (Cramér's V = 0.242) (see Table N°3). Similarly, the proportion of professionals with high depersonalization (46.5%, n = 40) was also significantly higher in this group ($p = 0.016$), with a small effect size (Cramér's V = 0.197) (see Table N°4). As for low personal accomplishment, it was more frequent among professionals working in diagnostic departments (52.4%, n = 11) and in emergency and intensive care (41.7%, n = 15), but these proportions were not statistically significant ($p = 0.165$ and $p = 0.216$, respectively) (see Table N°5).

Concerning length of service, professionals with BS had a mean of 6.41 years (SD = 5.43; Mdn = 5), while those without BS had a mean of 9.08 years (SD = 8.35; Mdn = 6). However, the Mann-Whitney U test showed no statistically significant differences ($p = 0.231$). On the other hand,

professionals with BS worked approximately fifty hours per week (M = 49.90; SD = 26.72; Mdn = 45), while those without BS worked around forty hours (M = 39.66, SD = 16.67; Mdn = 40). This difference was statistically significant (p = 0.04), although with a small effect size (r = 0.139).

Table N°3: Distribution of emotional exhaustion according to levels and area of work (n = 214).

Employment area	Emotional Exhaustion						p*
	Low		Medium		High		
	n	%	n	%	n	%	
Inpatient medical care	19	22.1%**	14	16.3%	53	61.6%***	0.002
Operating theatre	23	34.8%	11	16.7%	32	48.5%	0.892
Outpatient medical care	20	46.5%	8	18.6%	15	34.9%	0.114
Emergency and intensive care	13	36.1%	4	11.1%	19	52.8%	0.760
Diagnosis	8	38.1%	2	9.5%	11	52.4%	0.763
Another	16	51.6%	3	9.7%	12	38.7%	0.140

* X^2: ** Adjusted Standardized Residual > +1.96; *** Adjusted Standardized Residual < -1.96; %= percentage; n =frequency.

Source: Created by the authors.

Table N°4: Distribution of depersonalization according to levels and area of work (n = 214).

Employment area	Depersonalization						p*
	Low		Medium		High		
	n	%	n	%	n	%	
Inpatient medical care	27	31.4%**	19	22.1%	40	46.5%***	0.016
Operating theatre	30	45.5%	13	19.7%	23	34.8%	0.771
Outpatient medical care	23	53.5%	10	23.3%	10	23.3%	0.126
Emergency and intensive care	13	36.1%	10	27.8%	13	36.1%	0.597
Diagnosis	10	47.6%	4	19.0%	7	33.3%	0.858
Another	12	38.7%	11	35.5%	8	25.8%	0.125

* X^2: ** Adjusted Standardized Residual > +1.96; *** Adjusted Standardized Residual < -1.96; %= percentage; n =frequency.

Source: Created by the authors.

Table N°5: Distribution of personal accomplishment according to levels and area of work (n = 214).

Employment area	Personal Accomplishment						p*
	Low		Medium		High		
	n	%	n	%	n	%	
Inpatient medical care	23	26.7%	28	32.6%	35	40.7%	0.170
Operating theatre	25	37.9%	16	24.2%	25	37.9%	0.603
Outpatient medical care	10	23.3%	11	25.6%	22	51.2%	0.093

Emergency and intensive care	15	41.7%	6	16.7%	15	41.7%	0.216
Diagnosis	11	52.4%	5	23.8%	5	23.8%	0.165
Another	11	35.5%	7	22.6%	13	41.9%	0.716

* X^2: %= percentage; n =frequency.

Source: Created by the authors.

DISCUSSION

This study analyzed the relationship between sociodemographic and occupational factors and Burnout Syndrome (BS) among healthcare professionals at a private institution. The prevalence of BS was 12.1%, which is lower than the figures reported in previous studies, ranging from 18.7% to 82%.[8-10,13,14,17,19-20,25-26] Only one local study reported a lower prevalence (6.45%), although it was based on a small sample of 62 physicians.[18]

When compared to pre-pandemic local studies, the current prevalence remains lower, though closer to figures reported in a study involving 483 physicians (16.5%)[8] and another that included 7,503 Argentine healthcare professionals (14.4%).[7] These comparisons should consider a limitation found in the literature: the heterogeneity of results, which may be partly due to the different cut-off points used for determining the presence of BS.[6]

Concerning sociodemographic factors, BS was more frequent among female professionals, although with a small effect size. These findings partially align with existing literature, as a study involving 5,437 healthcare professionals from six Latin American countries found that women had a higher risk of experiencing this syndrome.[13] However, other studies did not support this association.[12,14,16-18, 20] A possible explanation for the higher proportion of BS among women may lie in the multiple roles they perform. Several studies indicate that female professionals often face a "double workday": the paid labor associated with their profession and the unpaid labor related to household tasks and childcare.[27,28]

As for age, professionals with BS were younger (M = 34.50; SD = 9.45; Mdn = 30.50) compared to those without BS (M = 37.22; SD = 10.96; Mdn = 34), although this difference was not statistically significant. These findings contrast with previous studies that associated the syndrome with younger age.[7-8,13-16] A possible explanation for this discrepancy is that in prior research, age was transformed into a categorical variable, whereas in the present study, it was maintained as a continuous variable. In those studies where age was grouped and a higher risk was found among younger professionals, the age cut-off points were ≤ 39 years,[13] up to 38 years,[15] or between 20–29 years.[8]

No association was found in this study between profession and the prevalence of BS. These findings are consistent with previous literature.[8,12,21] However, among the studies that did support this association—particularly in the context of the COVID-19 pandemic—three studies reported that BS was more prevalent among physicians, medical residents, and respiratory physiotherapists.[14,16,17]

Regarding the area of work, although the highest proportions of professionals with BS were found in diagnostic departments (23.8%), emergency and intensive care (16.7%), and operating rooms (15.2%), no statistically significant association was observed. These results partially align with prior research, which identified a higher prevalence of BS in professionals working in emergency services.[17] However, other studies did not support this association.[14,20] It is important to note that comparisons across studies are complex, as work areas are categorized based on the specific context of each institution, the researcher's criteria, and the fact that professionals may simultaneously work in multiple departments. Nevertheless, these particular areas may involve high cognitive and

emotional demands, along with rapid decision-making, which could contribute to the development of BS. Therefore, future research should explore this occupational factor further.

On the other hand, professionals with BS worked an average of 49.90 hours per week (SD = 26.72; Mdn = 45), while those without BS worked an average of 39.66 hours (SD = 16.67; Mdn = 40); this difference was statistically significant. These findings are in line with previous studies.[8,18,20] At the institution where this study was conducted, work hours vary depending on the profession: nursing staff work thirty hours per week, physicians between forty and fifty hours, and other health professionals typically forty hours per week.

Finally, it is noteworthy that the low prevalence of BS in this sample does not imply an absence of distress among healthcare professionals, as 49.1% exhibited high levels of emotional exhaustion, 36% showed high levels of depersonalization, and 34.1% reported low professional achievement. These results emphasize the need to design strategies aimed at preventing this syndrome, as its presence is a significant predictor of consequences for healthcare professionals, including physical issues (such as hypercholesterolemia, type 2 diabetes, coronary heart disease, pain, headaches, premature mortality before the age of 45, among others), psychological problems (such as insomnia, depressive symptoms, hospitalization for mental health disorders, among others), and occupational challenges (such as absenteeism, job dissatisfaction, work demands, among others).[29,30] Furthermore, burnout also affects the quality of care, as it doubles the number of incidents related to patient safety.[31]

The interpretation of findings should consider some limitations found in this study. Firstly, its cross-sectional design does not allow for the establishment of cause-and-effect relationships. Secondly, the non-probabilistic nature of the sampling method limits the generalizability of the results to other populations and introduces selection bias. Lastly, other variables not included in this study, in addition to sociodemographic and occupational factors, may also influence the observed levels of SB.

It would be beneficial for future research to explore how other characteristics of professionals, and their work environment impact this construct. Aspects such as psychological capital, job satisfaction, continuous education or professional training, resilience, and work commitment could influence the development of this syndrome. Furthermore, it is important to focus on homogeneous groups of professionals, as this will allow for a more specific characterization of BS and its dimensions, contributing to a better understanding of its relationship with the particularities and demands specific to each profession.

CONCLUSION

Among the healthcare professionals in the sample, 12.1% exhibited Burnout Syndrome, with a higher prevalence among women and those working an average of 49.90 hours per week. No association was found with age or seniority.

The presence of Burnout Syndrome in healthcare professionals, along with associated sociodemographic and occupational factors such as female gender and weekly working hours, should be considered when designing institutional care and wellness strategies. Future studies addressing the characteristics of the work environment, and the impact of these strategies could help identify additional factors involved in the prevalence of this syndrome. On the other hand, in cases where the criteria for burnout are not met but high levels of emotional exhaustion and depersonalization are observed—such as in professionals working in inpatient care—it is important to design preventive strategies to mitigate its consequences and contribute to patient care safety.

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FB: Conceptualization, Investigation, Writing – Original Draft Preparation, Writing -Review & Editing.

YB: Conceptualization, Investigation, Writing – Original Draft Preparation, Writing -Review & Editing.

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