

Burnout education for volunteers in the opinion of medical volunteers

Rozwadowska E.,^{1*} Krajewska – Kułak E.,¹ Kropiwnicka E.,² Kaniewska K.,³ Krajewska – Ferishah K.,¹ Szyszko–Perłowska A.,¹ Kowalczyk K.,¹ Klimaszewska K.,¹ Van Damme – Ostapowicz K.,¹ Kondzior D.¹

1 Department of Integrated Medical Care, Medical University in Białystok, Poland

2 Medical University in Białystok, Poland

3 Department of Rehabilitation, Medical University in Białystok, Poland

ABSTRACT

Purpose: Main goal of study was to present the opinion of medical volunteers on volunteers training consideration about burnout statements.

Material and method: Research carried out a diagnostic survey method. Author's survey questionnaire consisted of two parts - general and basic were used. The study group included 210 active volunteers

Results: There was seen an apparent over-representation of women - as much as 82% of the

sample were women and only less than one of five respondents were male. The vast majority of respondents did not participate in training on the burnout.

Conclusion: We demonstrated that the volunteers see the need for training for those interested in volunteering in the field of burnout.

Key words: volunteer, medical care, burnout

***Corresponding author:**

Department of Integrated Medical Care

Medical University in Białystok

7a MC. Skłodowskiej str.

15 – 096 Białystok, Poland

Tel./Fax. + 48 85 748 55 28

E-mail: emilia.rozwadowska@umb.edu.pl (Rozwadowska Emilia)

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INTRODUCTION

Volunteerism, as a planned, organised and complete honour work is a basic aspect of non-government organisation, based on a non-profit rules, which are an alternative, but not a competition for nation services, because it is a supplement for social work [1].

Despite non-profit, volunteerism is really "profitable" for every subject included in its fulfillment. It creates, according to Ciepiel [2] basic human reaction, strengthen values systems, shows important problems of contemporary human been, inhumane animals treatment or ecological threat. Volunteerism allows for self-realization for those, who are looking for contacts with other people. It also might become a method for acquiring a respect for themselves [2].

Well, planned and accomplished voluntary programs are a proof that volunteers have it special role to realize on human services market – a role for which, according to its character, cannot be accomplished by salaried employers[3]. Volunteerism teaches communication between people, thus an ability used not only in future profession work, but also in private life [4].

Volunteerism, despite the variety of definitions, social and organized, is based on three common rules, which include: voluntariness; subsidiarity to non-volunteers sector; non-profit [1]

The fact that volunteers do not receive remuneration for their work, however, is not synonymous with receiving any money. It happens that volunteers receive monetary compensation for the fact that they are engaging in the voluntary activities they resigned from the well-paid full-time job or that they are working full-time [5]. According to above mention, free of charge can be viewed in two ways. In the broad sense (*sensu largo*), then the gratuity applies to all activities in the volunteer work, for which no payment may be required. In the strict sense (*sensu stricte*), according to the concept of gratuity, applies only to direct work for which the volunteer does not claim to compensation, but there is no basis for extending unpaid work on the costs associated with its implementation [1]. Even if the volunteers receive a gratuity in the form of pocket money, or in other forms (a phenomenon commonly found in particular in international voluntary service), it is a form of remuneration for work done [5].

The phenomenon of "burnout" syndrome is described in the literature for over twenty years. This term was introduced to science by Freudenberger, indicating that it is "a state of exhaustion unit, which appears as a consequence of experienced annoyance and frustration in difficult professional situations" [6-8].

According to Kamrowska [9] the sources of burnout should be localized in three levels:

- Individual - as an advantageous for personality traits - low self-esteem, dependency, passivity, perfectionism, a sense of external control, irrational beliefs, low self-remedial efficiency, the specific type of control consists in the avoidance of difficult situations;
- Interpersonal - between employees and patients - emotional involvement between superiors and colleagues, interpersonal conflicts, competition, lack of mutual trust, communication disorder, verbal aggression, mobbing, either intentional or unintentional contribute to the sense of lowering the value of workers by employers, such as questioning the competence and blocking professional activity;
- Organizational - the aims of the institution as a contrary to the values and standards preferred by the employee (eg. lack of time to conduct family life), stressors related with the physical environment (eg. noise, stressors related with the way of working, such as haste, monotony, work in the evenings and nights) stressors associated with the functioning of the worker as a member of the organization (eg. inability to express their opinions on important issues), stressors associated with professional development (career dissatisfaction, lack of career opportunities, lack of job stability), management style unsuitable for the tasks of post and needs of employees.

In the literature, there are many reports about professional burnout syndrome among teachers [10-15]. As the main predisposing factors were included: a feeling of tension resulting from an excess of self-control, permanent opinions and comparing the actions of individual people. Moreover, were also mentioned: inappropriate interpersonal relations, disproportion between labor and earnings, low prestige of the profession, lack of success, the behavior of students and contacts with parents, minders.

Pyżalski [16] undertook an assessment of the rehabilitating educators groups and found that there was no differed in their level of burnout according to educators from public institutions. In contrast to other studies he noted that burnout in this group did not show any correlation with gender and seniority. Positive correlations were only between emotional exhaustion and frequency ($r = 0.29$) and intensity ($r = 0.19$) of somatic symptoms. There was also no significant relation between burnout and psychosomatic diseases, diagnosed by a doctor, and negative health behaviors of tested teachers. The results show, in the opinion of the author, that there is a sense of inclusion to the study new variables (eg personality, temperament) [16].

Gretekowski's [17] made a study included a group of 150 priests, from who's 91 of them were rectors and 59 - vicars, and proved that the burnout more frequently affected vicars than rectors.

Jabłkowska and Borkowska [18] tested 72 managers at the age of 27 – 55. Results obtained by the authors revealed a significant increase in the level of stress at work. The factors which were the biggest stressors were: psychological load of work, lack of rewards at work, social contacts and uncertainty at work. The greatest risk of the professional burnout syndrome was associated with symptoms of emotional exhaustion and depersonalization. As a result, it was found that the higher the levels of stress at work, the greater the severity of the burnout syndrome.

MATERIAL AND METHODS

The protocol was approved by the Ethics Committee at the Medical University of Białystok - number UMB- R-I-002/223/2009. We used out a diagnostic survey method. Author's survey questionnaire consisted of two parts - general and basic were used.

Eighty-two percent of respondents were female. 28% of the volunteers were pupils, 34% were students and 38% of respondents have worked professionally. Seventy-nine percent of them were from urban areas and only one in five respondents were from rural areas.

RESULTS

The present study included 210 active volunteers. There was seen an apparent overrepresentation of women - as much as 82% of the sample were women and only less than one of five respondents were male.

There were three age groups: where 37 (35%) of the sample were people under twenty, 36% (79) were people between twenty-one and thirty and 60 (29%) of volunteers over thirty.

The sample included 26% (52) of people who have worked as volunteers less than 1 year, 38% (76) of people with 2-3 years' experience and 36% (72) of respondents with more than 3 years of professional experience.

Studied population were also differed according to professional status. It was shown that 28% of the volunteers were pupils, 34% were students and 38% of respondents have worked professionally.

Taking into account another variable - the place of residence - in the studied population 79% of them were from urban areas and only one in five respondents were from rural areas.

The final variable under consideration in the analysis was the place of work as a volunteer. The study sample was highly diverse in this respect.

As a place of employment volunteers pointed out the following institutions: a hospital, a foundation, NGO's (Non-Governmental Organization), a hospice, an office, an orphanage, nursing home social/home support/for the homeless, scouting, psychological clinic, group, community center, kindergarten, library, school/university, other. Due to the very low abundance, the decoded variable to the three entities in order to do further analysis, which allowed us to demonstrate that 26% of respondents were working as volunteers in hospitals, hospices, orphanages, nursing homes, 38% for foundations, associations, and 36% in other locations (Fig. 1).

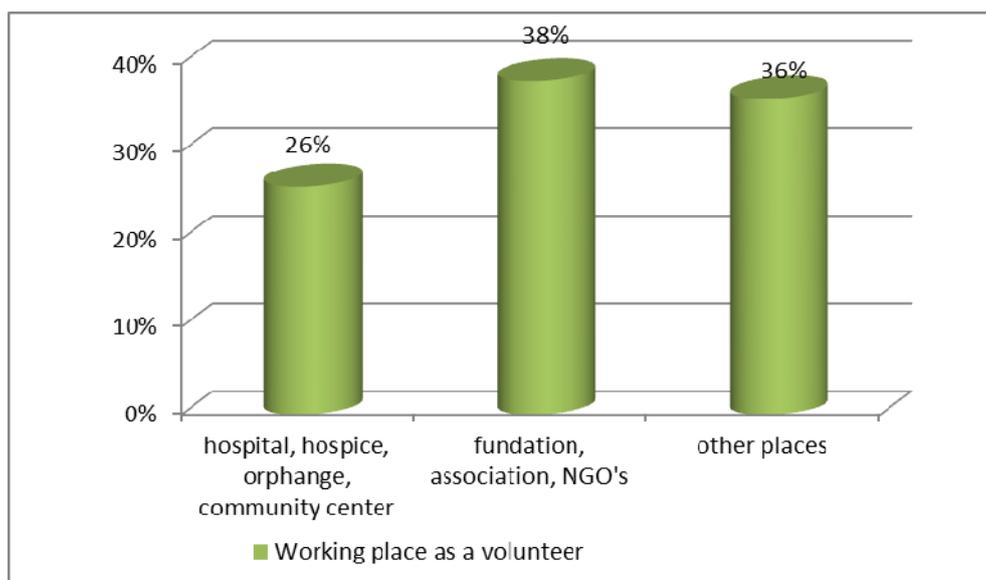


Figure 1. Working place as a volunteer.

From the population of volunteers covered by the study, nearly half of respondents (47%) identified their financial situation as good and 41% as the average. Only 3% of respondents felt that their standard of living is rather bad.

According to school, as many as 144 (72%) of students who participated in the study taught in high school. One-fifth went to secondary school.

The highest percentage of students was in class humanities (20%), mathematics and physical (17%) and biological-chemical (17%).

The largest portion of students volunteers participated in the study were nursing students

(32%), education (12%) and emergency medical services (8%).

On the other directions are not included in the chart due to the low number of indications (one person) studied 16% of the total student population.

Most of the students were from third (35%) or second (31%) year.

The only variable differencing opinion on susceptibility to burnout of volunteers was status ($p=0.004$). Volunteers working more often (27%) claimed, in contrary of pupils (11%) and students (7%), that volunteers could have bigger susceptibility to burnout than others.

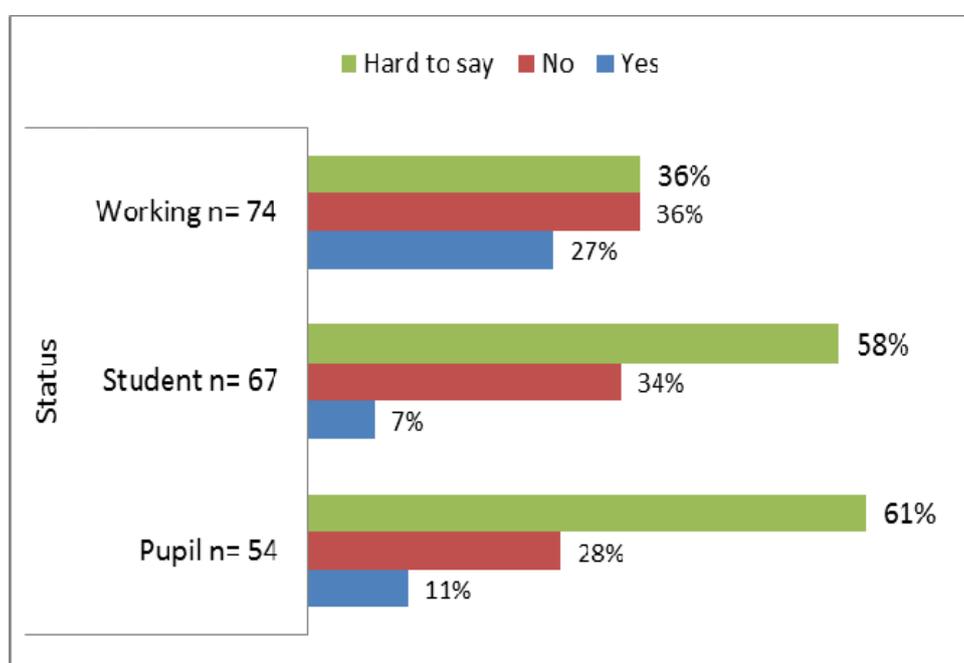


Figure 2. Susceptibility to burnout of volunteers.

The majority of population had no opinion on the above-mentioned question – 61% of pupils, 58% of students and 36% of working volunteers (Fig.2).

Almost half of respondents (46%) agreed with statements that training of volunteers should include content connected with burnout. Only 7% of respondents was against it. Every fifth of them claimed that those statements should be included from time to time. 29% of respondents did not have an opinion on this matter. Respondents who agreed that statements about burnout should be included in

trainings of volunteers mostly argued this fact by need of protection from burnout (42 people) and useful of it (12 people). Opponents argued that volunteerism is voluntary and it is a conscious. The only variable which arrangement had a statistically important differences according to question about allowance statements about burnout was domicile ($p=0.015$). Citizens from cities more often (48%) than from villages (37%) claimed that on trainings of volunteers should be statements about burnout (Fig. 3)

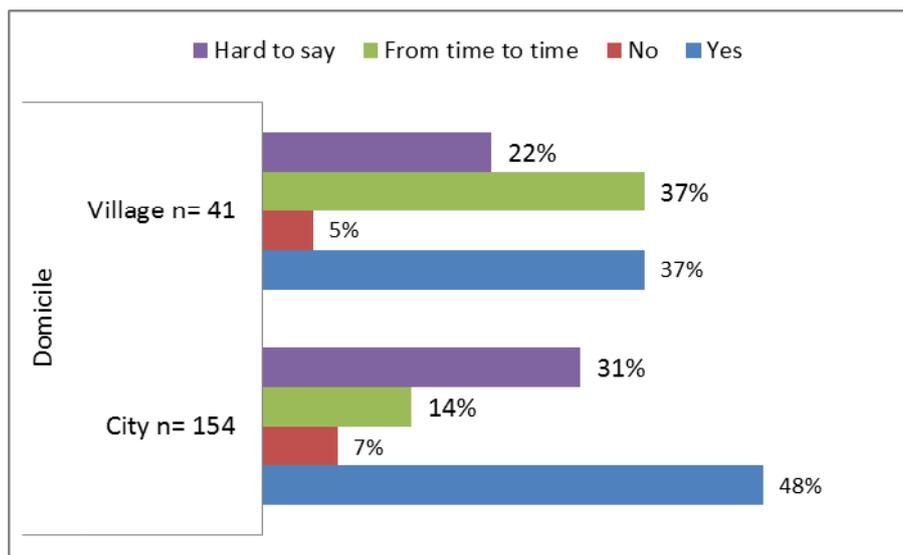


Figure 3. Allowance statements about burn out in trainings of volunteers.

Only 6% of volunteers, which were tested, participated in training about burn out, whose organizer was hospice (3 people), clinic (person) and volunteerism centre, school (each one person). Volunteers were also asked which statements they would like to have during trainings. 166 people of them responded that: volunteerism, stress and emotion dealing (24%), how to prevent burnout (18%), how to deal with burnout (18%),

general knowledge about burnout (16%) and burnout symptoms (16%). According to 85% of volunteers, the most appropriate person to conduct training on the burnout was a psychologist. Every fourth respondent stated that it could be another volunteer. While every fifth respondent pointed to the doctor, one in ten respondents mentioned the nurse (Fig. 4)

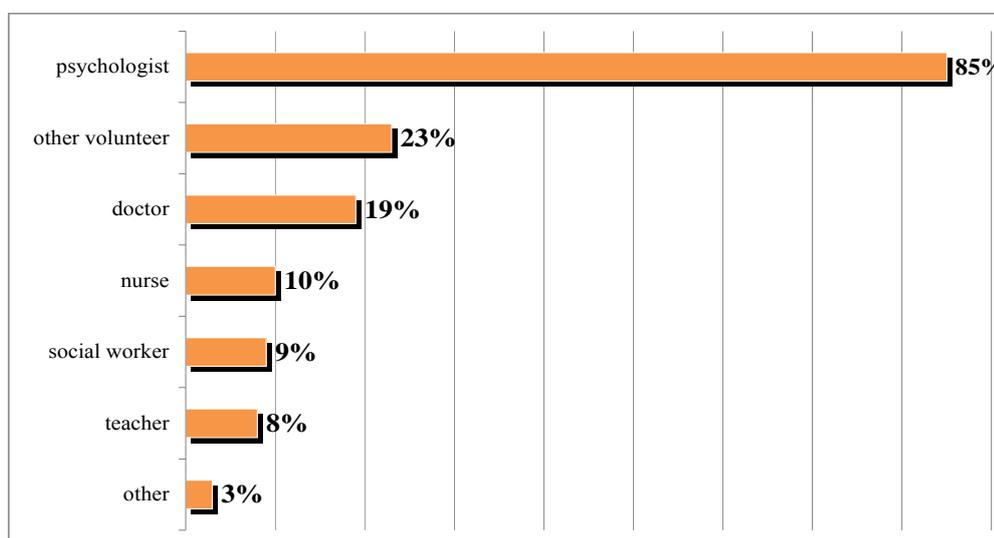


Figure 4. The most appropriate person to conduct training on the burnout.

According to respondents, the most appropriate time to carry out training on burnout, it was a period before the start working as a volunteer (48%).

However, according to 46% of them training should be systematic. Every fourth participant took the view that such meetings should be convened at the request of the volunteer (Fig. 5).

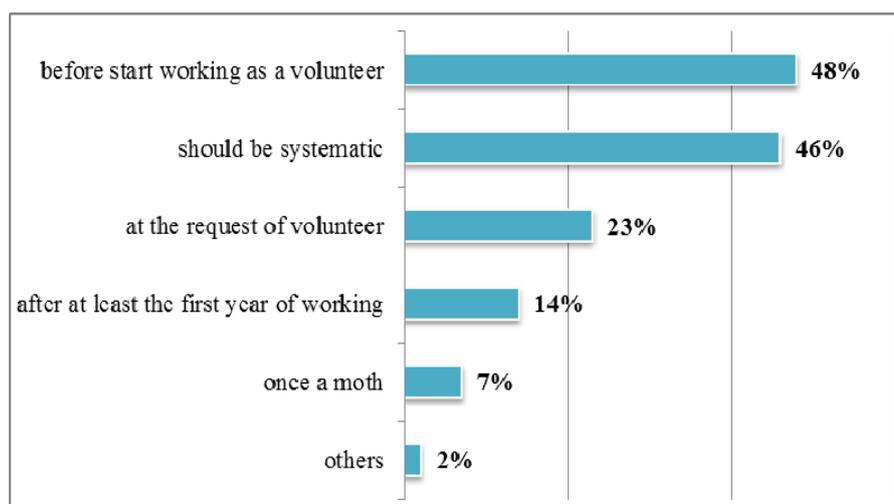


Figure 5. The most appropriate time to carry out training on burnout.

DISCUSSION

According to Moroń [5], volunteering is a personal performance of work, activities, services provided to others. Therefore, a volunteer person supplying the money or who ordered the work to its employees should not be called a volunteer, the necessary conditions in this case are personal direct involvement and work for others [5].

In the present study, only 6% of volunteers have participated in training on burnout. Nearly half of respondents (46%) agreed with the statement that in the training of volunteers should be included content related to the professional burnout syndrome. Only 7% of those surveyed are opposed. According to 85% of them the most appropriate person to carry out training on burnout would be a psychologist. Every fourth respondent stated that it could be another volunteer, every fifth respondent pointed to the doctor, and every tenth nurse. According to respondents, the most appropriate time to carry out training on burnout, it was a period before start working as a volunteer (48%). However, according to 47% it should be a systematic training. Every fourth participant took the view that such meetings should be convened at the request of the volunteer.

Last years in Poland, according to Kromolicka [19], revealed the scale of social problems with which faced both individuals and groups in society. Solving these problems requires the inclusion of the non-governmental sector, and its main strength is the people actively working in the service of another person on a voluntary basis.

It thought and the idea of volunteering reflects priest Tischner's words [20, 21], "*the man is connected with the other man to take care of this, who needs care. I am with you, you are with me – we are together - for him.*"

Any kind of help, in the opinion of Trempała [22], is an important part of life (support) of social, manifesting itself in the support received. As a genuine exchange of helping behaviors, in support of perceived stress, which is a subjective belief that the aid from loved ones will realize in time of need and a sense of social cohesion, a sense of rootedness described by the characteristics of social support networks.

Planaki and Trost [23,24] emphasize that in order to recruit and maintain volunteers coordinators must understand the motivations of volunteers. They should know and evaluate motivation of candidates for volunteers (potential and current). They should also consider candidate's emphasis on compassion for the neediest and realize the importance of supporting the hospice volunteer, not only as a science, but also the opportunity to build social contacts within the hospice volunteerism.

In this regard, the conduct of large-scale systematic studies on the motivation to take up work as a volunteer, should be one of the purposes of scientific research in Poland. It is also important to promote widely the idea of volunteerism and encourage to voluntary work for others.

The advisability of such action confirms results from the CBOS report of 2001, concerning social activities Poles, numbering 1,052 people representative random sample of adult Poles [25]. They showed that only 6% of Poles surveyed by CBOS involved in volunteering within the organization. Most of them were young people aged 18-24 (15%) particularly students (20%). Other group was involving people with higher education (12%), especially managers and senior professionals (16%).

CONCLUSIONS

1. The vast majority of respondents did not participate in training on the burnout.
2. It was demonstrated that the volunteers see the need for training for those interested in volunteering in the field of burnout.
3. In the opinion of respondents the most appropriate person to carry out training on burnout was a psychologist.

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