Low Burnout among Intensive Care units?

Re: Burnout and depressive symptoms in intensive care nurses: relationship analysis

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Dear Editor,

We read with great interest the article of Vasconcelos et al. in a recent issue of the journal[1]. The authors performed a cross sectional study to analyze the existence of a relationship between burnout and depressive symptoms among intensive care unit nursing staff. They demonstrated that burnout was present in 14.29% of the nurses and 10.98% had symptoms of depression and concluded that nurses with burnout have a greater possibility of triggering depressive symptoms. The authors should be congratulated for performing a study in an important topic in nursing and medical practice[2-3]. The need to identify specific workplace settings at risk for high burnout rates is an innovative concept that needs to be further explored[4-5].

Although the study of Vasconcelos et al. was well designed and conducted, there are questions regarding the study that need to be clarified to confirm the author's findings. The authors reported a much lower rate of burnout than expected. We believe that the authors strict definition of burnout (high emotional exhaustion, high depersonalization and low personal accomplishment) was very strict and likely did not match the prior literature on nursing workforce. The authors did not provide any association with factors that have been commonly related to burnout (e.g., working hours, control over professional life). It would be important to elaborate why the rate of burnout in Brazilian nurses is much lower than previously reported in the world literature. Lastly, it would be important to exclude response bias by comparing respondents with non-respondents of the survey.

We would welcome comments to address the aforementioned issues as they were not discussed by the authors as this would further validate the findings of this important study.

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AUTHORS'S ANSWER

Dear Dr. Lucas J. Castro Alves and Dr. Mark C. Kendall

The creators of MBI - HSS emphasize the need to evaluate the instrument as a three-dimensional construct. Gil-Monte and Peiró reinforce the importance of evaluating the three dimensions, independent of the instrument. When an individual with the syndrome presents a change in one or two dimensions, some dimensions may also be found in depressive disorders. The analysis of the possible predictive factors of burnout was published in the annals of an international congress[1]. The reason why the burnout index in Brazil is lower than the world literature was not included in the study objective. From the sample design, a sample with 90 individuals allowed a 95% confidence interval to estimate a Pearson linear correlation coefficient with an accuracy of 0.176 (emotional exhaustion score × Beck Depression Inventory overall score) and 0.187 (depersonalization score × Beck Depression Inventory overall score) in a context of moderate association, and a coefficient of 0.201 (career score × Beck Depression Inventory overall score) in a context of association weak, proving that the study sample had enough people. Finally, there is no reason to speak of bias, since among the non-respondents are the individuals who refused to participate in the study, and for this reason, nothing is known about them. The authors are grateful for the careful reading of the manuscript and for the honor of receiving these valuable comments.

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