Atena Editora
Ano 2020

Ezequiel Martins Ferreira
(Organizador)

INVESTIGAÇÕES CONCEITUAIS, FILOSÓFICAS, HISTÓRICAS E EMPÍRICAS DA PSICOLOGIA 2

Atena Editora

Ano 2020

Ezequiel Martins Ferreira
(Organizador)

INVESTIGAÇÕES CONCEITUAIS, FILOSÓFICAS, HISTÓRICAS E EMPÍRICAS DA PSICOLOGIA 2

Editora Chefe
Profª Drª Antonella Carvalho de Oliveira
Assistentes Editoriais
Natalia Oliveira
Bruno Oliveira
Flávia Roberta Barão
Bibliotecária
Janaina Ramos
Projeto Gráfico e Diagramação
Natália Sandrini de Azevedo
Camila Alves de Cremo
Luiza Alves Batista
Maria Alice Pinheiro
Imagens da Capa
Shutterstock
Edição de Arte
Luiza Alves Batista
Revisão
Os Autores

Atena Editora
Ano 2020

Atena Editora
Ano 2020

Atena Editora
Ano 2020

Atena Editora
Ano 2020

Atena Editora
Ano 2020

Atena Editora
Ano 2020

Investigações conceituais, filosóficas, históricas e empíricas da psicologia 2

Editora Chefe: Profª Drª Antonella Carvalho de Oliveira
Bibliotecária: Janaina Ramos
Diagramação: Maria Alice Pinheiro
Correção: Kimberlly Elisandra Gonçalves Carneiro
Edição de Arte: Luiza Alves Batista
Revisão: Os Autores
Organizador: Ezequiel Martins Ferreira

Dados Internacionais de Catalogação na Publicação (CIP)

I62 Investigações conceituais, filosóficas, históricas e empíricas da psicologia 2 / Organizador Ezequiel Martins Ferreira. – Ponta Grossa - PR: Atena, 2020.

Formato: PDF
Requisitos de sistema: Adobe Acrobat Reader
Modo de acesso: World Wide Web
Inclui bibliografia
ISBN 978-65-5706-622-5
DOI 10.22533/at.ed.225202311

1. Psicologia. 2. Filosofia. 3. História. I. Ferreira, Ezequiel Martins (Organizador). II. Título.

CDD 150.1

Elaborado por Bibliotecária Janaina Ramos – CRB-8/9166

Atena Editora
Ponta Grossa – Paraná – Brasil
Telefone: +55 (42) 3323-5493
www.atenaeditora.com.br
contato@atenaeditora.com.br

Atena Editora
Ano 2020

Ciências Humanas e Sociais Aplicadas

DECLARAÇÃO DOS AUTORES

Os autores desta obra: 1. Atestam não possuir qualquer interesse comercial que constitua um conflito de interesses em relação ao artigo científico publicado; 2. Declaram que participaram ativamente da construção dos respectivos manuscritos, preferencialmente na: a) Concepção do estudo, e/ou aquisição de dados, e/ou análise e interpretação de dados; b) Elaboração do artigo ou revisão com vistas a tornar o material intelectualmente relevante; c) Aprovação final do manuscrito para submissão.; 3. Certificam que os artigos científicos publicados estão completamente isentos de dados e/ou resultados fraudulentos.

Atena Editora
Ano 2020

APRESENTAÇÃO

A psique sempre esteve envolvida em articulações de vários campos de saber. De um lado, tivemos a Filosofia e a Teologia rondando, esclarecendo e mascarando os mistérios da interioridade humana. De outro, tivemos a medicina avaliando e medicalizando sofrimentos que não eram visíveis.

Mas tudo mudou com a virada para o século XX. Da Psicologia Experimental de Wundt à Psicanálise de Freud, o novo século abraçou a emergência de novos olhares para a interioridade humana.

Pensando nessa multiplicidade de olhares, a coleção “Investigações Conceituais, Filosóficas, Históricas e Empíricas da Psicologia” tem por objetivo reunir parte dessa diversidade e apresentar aos leitores a possibilidade de articulação que o saber psicológico estabelece nos dias atuais.

Contamos nesse 2º Volume com 15 capítulos. Abrimos a presente edição discutindo as relações de Gênero. Temos no Capítulo de 1 a 3 a representação da Saúde pública no atendimento à mulheres lésbicas, bissexuais, transexuais e travestis; aspectos patológicos em mães e companheiras de homem mantidos e cárcere; e mulheres que desempenham duplas funções na sociedade.

Os Capítulos de 4 a 7 investem em pesquisa sobre a educação. Desde o atendimento socioeducativo, o processo inclusivo de alunos com Transtorno do Espectro Autista, uma revisão dos principais transtornos psiquiátricos que marcam presença em estudantes universitários, até a abordagem do contexto escolar a partir de uma visão Bioecológica.

Nos Capítulos de 8 a 10 o enfoque recai sobre o mundo organizacional abordando o compromisso com a satisfação dos educandos, os riscos psicossociais e sua influência na cultura organizacional e da autopercepção de lideranças em sua relação com a qualidade de vida.

É com o Direito que os Capítulos de 11 a 13 vão articular a psicopatia, a violência contra a mulher e a alienação parental. E finalizamos esta edição com dois capítulos destinados ao tratamento da Síndrome de Burnout, por meio da flexibilidade psicológica e da alegria como ferramenta de enfrentamento.

Espero que apreciem a leitura e que esta lhes abra o horizonte para novas articulações.

Ezequiel Martins Ferreira

SUMÁRIO

CAPÍTULO 14

PSYCHOLOGICAL FLEXIBILITY, EMOTIONAL SYMPTOMATOLOGY AND BURNOUT SYNDROME IN NURSES

Data de aceite: 01/10/2020

Maria Blanca Cuenca
Universidad de Jaén (España)
https://orcid.org/0000-0001-6298-4955

Maria Belen Garcia Martin
Universidad de La Sabana, (Bogotá, Colombia)
https://orcid.org/0000-0001-8951-2501

Maria Jose Calero Garcia
Universidad de Jaén (España)

ABSTRACT: Nursing is a high-risk group especially susceptible to Burnout due to direct and close contact with patients. Psychological flexibility is a key element of mental health and has beneficial effects on psychological health. Study aim was to analyse the correlation between Burnout syndrome and psychological flexibility and between Burnout dimensions and emotional symptomatology and occupational stress in nurses. A correlational-comparative study was performed with 980 registered nurses working in southern Spain. Sociodemographic variables and the Spanish version of NSS, DASS-21, MBI, AAQ-II questionnaires were used. It was observed significant negative correlations between Emotional Exhaustion, Depersonalization and psychological flexibility [r= -.317, p< .01; r= -.276, p< .01], and between Personal Accomplishment and emotional symptomatology, and between Personal Accomplishment and occupational stress. Also, a significant positive correlation between Personal Accomplishment and psychological flexibility [r= .131, p< .01], between Emotional Exhaustion, Depersonalization and emotional symptomatology, and between Emotional Exhaustion, Depersonalization and occupational stress was observed. Psychological flexibility seems to explain a significant prevalence of Burnout in Spanish nurses.

KEYWORDS: Depression; Anxiety; Burnout Syndrome; Occupational Stress; Psychological Flexibility; Nurses

FLEXIBILIDADE PSICOLÓGICA, SINTOMATOLOGIA EMOCIONAL E SÍNDROME DE BURNOUT EM ENFERMEIROS

PALAVRAS - CHAVE: Depressão; Ansiedade; Síndrome de Burnout; Estresse Ocupacional; Flexibilidade psicológica; Enfermeiras

1 | INTRODUCTION

In the last forty years, Burnout syndrome has been recognized as a worldwide psychological problem that has serious consequences, not only for workers, but for the workplace. Burnout is defined as a prolonged response to chronic interpersonal and emotional stressors at workplace and refers to three dimensions: emotional exhaustion (EE), as a result of continuous interactions between workers and users; depersonalization (D), or cynical and indifferent attitudes and responses towards users, colleagues and the institution;

and low personal accomplishment (PA), or negative evaluation of workers towards themselves in relation to their work capacity (Maslach & Jackson, 1981a; Maslach et al., 2001).

Burnout especially affects workers who maintain a direct and constant healthcare relationship with users, as in the case of health professionals (Gómez & Estrella, 2015). Health workers are a high-risk group, and nurses are especially susceptible to Burnout, due to direct and close contact with patients (Pradas-Hernández et al., 2018; Adriaenssens et al., 2015).

Overwork and high levels of stress can lead to Burnout, causing job dissatisfaction and, consequently, intention to leave work (Lagerlund et al., 2015; Shoorideh et al., 2015; Gasparino, 2014).

According to literature, Burnout is associated with the presence of common mental disorders (CMDs), such as anxiety, depression and stress, which are considered risk factors (López-López et al., 2019; Ramírez-Baena et al., 2019; Colville et al., 2017; Da Silva et al., 2015). It has been shown that there is a positive correlation between Burnout and stress (Shoorideh et al., 2015; Karkar et al., 2015) and between Burnout, depression and anxiety (Ramírez-Baena et al., 2019; Vasconcelos et al., 2018; De la Fuente-Solana et al., 2017).

Depression and anxiety are considered CMDs, highly prevalent in the population and their prevalence is growing globally. High levels of depression are associated with a high risk of suicide. Worldwide, it is estimated that more than 300 million people suffer from depression, which is equivalent to 4.4% of the world population, and it is considered the third cause of years lived with disability (YLD) (WHO, 2017; GBD, 2018). Anxiety disorders represent one of the largest groups of disorders treated in psychiatry and are considered one of the ten causes of YLD, resulting in a total of 24.6 million people with YLD in 2015. High levels of anxiety have been associated with high risk of suicide, longer duration of illness and greater probability of non-response to treatment (WHO, 2017; Michael et al., 2007; Kupfer, 2015).

Globally, the growing demand of healthcare, added to a shortage of nurses, can lead to a high risk of mental disorders, such as anxiety, depression, and stress (Perry et al., 2015).

On the other hand, the most recent literature refers to psychological flexibility (PF) as a key element of mental health and it is defined as “the ability to fully contact the present moment and the thoughts and feelings it contains without needless defence and, depending upon what the situation affords, persisting or changing in behaviour in the pursuit of goals and values” (Hayes et al., 2006; p. 7). According to Hayes et al. (2006) PF includes two concepts, acceptance of experience and values-based behaviour. Psychologically flexible people cope with adverse experiences positively and do not try to avoid them, focusing their energy on fundamental values and goals (Ciarrochi et al., 2010; Hayes et al., 2006).

In recent years, scientific literature has shown beneficial effects of PF on psychological

health and the PF model appears to explain this relationship (Hayes et al., 2006). According to this model, experience avoidance (EA) is a key process in psychological disorders, and is defined as the attempt to control contact with undesirable experiences, disrupting the person's ability to achieve their goals and values. According to this concept, an open and flexible attitude towards positive or negative experiences, memories and thoughts, aimed to get proposed goals, favours the psychological well-being of the person (Hayes et al., 2004).

There is evidence that PF acts as a statistically significant mediator in the effects of negative thoughts, difficult feelings, inadequate coping mechanisms, emotional response styles, cognitive reappraisals, and perceived control (Levin et al., 2012).

Scientific evidence reveals the correlation between PF and health, concluding that the PF absence or decrease, known as psychological inflexibility (PI) is related to some types of psychopathology (Kashdan & Rottenberg, 2010). EA appears as an essential factor in psychological vulnerability that influences psychological disorders (Kashdan et al., 2006; Plumb et al., 2004). A high degree of PI could act as a risk factor for mental health (Bond et al., 2011), and is related to high levels of Burnout syndrome, psychological distress, anxiety and depression (Puolakanaho et al., 2020; Sairanen et al., 2018; White et al., 2013). People with PI high levels, when facing work stressors, act avoiding undesirable experiences and developing avoidance strategies, making more difficult the proper work ability.

Although PF has been studied in relation to stress and Burnout in other professionals, its relationship with Burnout in nurses has been scarcely researched. Considering the aforementioned, and that the published Spanish studies about PF in nurses are scarce, the first purpose of this study was to analyse the correlation between PF and the Burnout syndrome in nurses. The second purpose was to analyse the correlation between occupational stress, emotional symptomatology and Burnout in these healthcare workers.

2 | METHODS

2.1 Design

This is a correlational comparative study.

2.2 Participants and procedure

The sample consisted of 980 registered nurses from different hospital areas and from 33 community healthcare centres (urban and rural areas), who agreed to participate and fully completed the questionnaires.

This study took place in Malaga (Spain) at the Regional University Hospital, made up of two buildings, Maternal and Child Hospital, Civil Hospital and "José Estrada" Specialty Centre, and in 33 healthcare centres (urban and rural areas). The data collection took place between September 1st and December 15th 2019, after obtaining the Ethics Committee of the Provincial Investigation of Malaga authorization (May 9, 2019). The inclusion criteria

were: “registered nurse”, “having more than 6 months´ work experience as a nurse” and “performing healthcare tasks”. The exclusion criteria were: “nurse students”, “having less than 6 months’ work experience”, “not performing healthcare tasks”, “in psychiatric treatment or drug intake related to psychological or psychiatric difficulties”. Potential participants, after a verbal explanation about the study, were given written information about the study, informed consent, and questionnaires at their workplace. The questionnaires were self-administered and physically collected.

2.3 Instruments

Age and gender data were used for the sociodemographic variable’s questionnaire.

2.3.1 Depression, anxiety and stress measuring

The DASS-21 (Depression Anxiety Stress Scales-21) questionnaire (Fonseca et al., 2010) is a self-administered 21-item scale that assesses the presence of anxiety, depression or stress, scored as mild, moderate, or severe. The Spanish version was validated by Ruiz et al. (2017). The DASS-21 questionnaire has three subscales, Depression (items 3, 5, 10, 13, 16, 17 and 21), Anxiety (items 2, 4, 7, 9, 15, 19 and 20) and Stress (items 1, 6, 8, 11, 12, 14 and 18). These items range on a scale of 4 levels of severity, from 0 (did not occur) to 3 (occurred a lot or most of the time). Each subscale can be evaluated by adding the scores or at a general level by adding all the items. The higher the score, the higher the degree of symptomatology. The DASS-21 scale has been shown to have good psychometric properties, showing high internal consistency in general population and in clinical samples (Randall et al., 2017).

2.3.2 Psychological flexibility levels measuring

The Acceptance and Action Questionnaire - II (AAQ-II) (Bond et al., 2011) is a general measure of experience avoidance and psychological inflexibility. It evaluates the ability to behave flexibly in certain stressful, problems or negative feelings. It is a self-administered 10-item questionnaire that was specifically developed to assess Acceptance Commitment Therapy results. The validation of the Spanish version of the questionnaire in Spain was carried out by Ruiz et al. (2013). It consists of 7 items that are answered using a 7-point Likert scale, ranging from “never true” to “always true”. The sum of the total score provides an indication of psychological flexibility. The higher the score, the higher the degree of experiential avoidance. The average scores of participants without clinical problems are usually around 18 and 23 points. Average scores of clinical participants are above 29 points. The AAQ is reported to be both reliable and valid in previous research (Bond & Bunce, 2003).

2.3.3 *Burnout syndrome measuring*

Burnout syndrome was measured using the MBI scale (Maslach & Jackson, 1981b) adapted to the Spanish population (Seisdedos, 1997). This scale consists of 22 items using a 7-point Likert scale from 0 (never) to 6 (daily). It refers to 3 dimensions: emotional exhaustion (EE) (items 1, 2, 3, 6, 8, 13, 14, 16, 20), depersonalization (D) (items 5, 10, 11, 15, 22) and personal accomplishment (PA) (items 4, 7, 9, 12, 17, 18, 19, 21). High level Burnout scores are defined according to the cut-off points established for the Spanish population: > 24 for EE, > 9 for D and < 33 for PA. High scores for EE and D and low scores for PA are indicative of Burnout. MBI is reported to offer Cronbach's alpha reliability criteria between 0.90 to 0.71 and validity.

2.3.4 *Occupational stress levels measuring*

Occupational stress levels and exposure to stressors were measured using the NSS (Nursing Stress Scale) questionnaire developed by Gray-Toft and Anderson (1981), adapted to the Spanish population and validated by Más and Escribá (1998). It is a self-administered questionnaire with 34 items which are classified into seven factors (subscales): factor I or "death and dying" (7 items), factor II or "conflict with physicians" (5 items), factor III or "inadequate preparation" (3 items), factor IV or "lack of support" (3 items), factor V or "conflict with other nurses" (5 items), factor VI or "workload" (6 items) and factor VII or "uncertainty concerning treatment" (5 items). Each item has a four-point scale ranging from 0 (never) to 3 (very frequently). The 7 subscales mean scores were calculated by obtaining the total scores. It has high internal consistency and construct validity (Más & Escribá, 1998).

2.4 Data analysis

Descriptive and inferential statistical analyses were carried out using SPSS (Statistical Package of Social Sciences), version 25.0. Statistical significance was set at $p< .05$. Descriptive statistics such as frequency, mean value and standard deviation were used to analyse socio-demographic and psychological characteristics.

Pearson correlations were performed to determine significant differences between PF and Burnout, Burnout and emotional symptomatology (anxiety, depression and stress measured with DASS-21) and Burnout and exposure to stressors (measured by NSS). Student's *t* test was used to compare differences between Burnout dimensions and PF groups (no flexible, flexible).

2.5 Ethical Considerations

The study was approved by the Ethics Committee of Research of Malaga (May 9th, 2019), and the ethical considerations of the Declaration of Helsinki (Manzini, 2000) were complied with at all times. The data were processed in accordance with the provisions

of the Spanish Personal Data Protection Act (15/1999). In addition, the University Ethics Committee gave its approval for this study to be conducted.

3 | RESULTS

According to the descriptive statistical analysis, the mean age of the study participants was 44.7 years (SD= 10,952), 77.4% of them (n=759) were women and 22.6% (n=221) were men. Regarding the prevalence of emotional symptomatology, the moderate-very severe levels of depression, anxiety and stress were 17.6%, 29.9% and 23.3%, respectively. According to Burnout, the high levels prevalence of EE and D was 30.2% and 50.2% respectively, and low levels prevalence of PA was 61.3%. The mean scores of EE, D and PA were 21.29 (SD=7.545), 10.17 (SD=4.044) and 29.90 (SD=6.362), respectively.

A Pearson correlation analysis was carried out to analyse the relationship between Burnout and PF; Burnout and emotional symptomatology; and Burnout and exposure to stressors.

Items	EE	D	PA
Psychological Flexibility	-.317**	-.276**	.131**
DASS-21D	.428**	.358**	-.208**
DASS-21A	.454**	.360**	-.220**
DASS-21E	.565**	.433**	-.247**
DASS-21T	.552**	.422**	-.263**
NSS-1	.379**	.323**	-.092**
NSS-2	.462**	.403**	-.236**
NSS-3	.391**	.395**	-.250**
NSS-4	.419**	.385**	-.273**
NSS-5	.469**	.375**	-.265**
NSS-6	.563**	.397**	-.234**
NSS-7	.450**	.406**	-.246**
NSS-T	.577**	.470**	-.278**

Table 1. Pearson correlation coefficients between Burnout syndrome and psychological flexibility; Burnout syndrome and emotional symptomatology; Burnout syndrome and exposure to stressors.

EE=Emotional Exhaustion; D=Depersonalization; PA=Personal Accomplishment; **p< .01

According to Table 1, statistically significant and negative correlations of high and moderate magnitude have been found between EE, D dimensions and PF (r= -.317, p< .01; r= -.276, p< .01) and statistically significant and positive correlations of mild magnitude

between PA dimension and PF (r= .131, p< .01). Statistically significant and positive correlations of high magnitude between EE dimension and DASS-21D (r= .428, p< .01), DASS-21A (r= .454, p< .01), DASS-21E (r= .565, p< .01) and DASS-21T (r= .552, p< .01) variables were found. Similarly, statistically significant and positive correlations of high magnitude between D dimension and DASS-21D (r=.358, p< .01), DASS-21A (r= .360, p< .01), DASS-21E (r= .433, p< .01) and DASS-21T (r= .422, p< .01) variables were observed. On the other hand, statistically significant and negative correlations of moderate magnitude between the PA dimension and DASS-21D (r= -.208, p< .01), DASS-21A (r= -.220, p< .01), DASS-21E (r= -.247, p< .01) and DASS-21T (r= -.263, p< .01) variables were found.

On the other hand, statistically significant and positive correlations of high magnitude between the EE dimension and occupational stress and each stressor, specifically NSS-1 (r = .379, p< .01), NSS-2 (r = .462, p< .01), NSS-3 (r = .391, p< .01), NSS-4 (r = .419, p< .01), NSS-5 (r = .469, p< .01), NSS-6 (r = .563, p< .01), NSS-7 (r = .450, p< .01), NSS-T (r = .577, p< .01) variables were found. Likewise, statistically significant and positive correlations of high magnitude between D dimension and NSS-1 (r = .323, p< .01), NSS-2 (r = .403, p< .01) , NSS-3 (r = .395, p< .01), NSS-4 (r = .385, p< .01), NSS-5 (r = .375, p< .01), NSS-6 (r = .397, p< .01), NSS-7 (r = .406, p< .01), NSS-T (r = .470, p< .01) variables were observed. Similarly, statistically significant and negative correlations of mild and moderate magnitude between the PA dimension and NSS-1 (r = - .092, p< .01), NSS-2 (r = - .236, p< .01), NSS-3 (r = - .250, p< .01), NSS-4 (r = - .273, p< .01), NSS-5 (r = - .265, p< .01), NSS-6 (r = - .234, p< .01), NSS-7 (r = - .246, p< .01), NSS-T (r = - .278, p< .01) variables were also confirmed (Table 1).

The next analysis to be performed was Student's t test for independent samples to compare differences in Burnout dimensions between "PF" groups (no flexible, flexible).

Variable	Group	N (Percentage)	Mean (SD)	t	p value	95% CI
EE	No flexible	167(17.04%)	26.57 (7.899)	9.663	.000	[5.067, 7.663]
	Flexible	813(82.96%)	20.21 (6.997)			
	Total	980(100%)				
D	No flexible	167(17.04%)	12.63 (4.007)	8.754	.000	[2.295, 3.629]
	Flexible	813(82.96%)	9.67 (3.864)			
	Total	980(100%)				
PA	No flexible	167(17.04%)	28.06 (5.821)	-4.128	.000	[-3.204, -1.222]
	Flexible	813(82.96%)	30.27 (6.406)			
	Total	980(100%)				

Table 2. Student's *t*-test differences in Burnout syndrome between the "psychological flexibility" groups

EE=Emotional Exhaustion; D=Depersonalization; PA=Personal Accomplishment; CI= Confidence

It was observed that the “no flexible” group scores were significantly higher than the “flexible” group at EE (26.57 ± 7.899 vs 20.21 ± 6.997) and D (12.63 ± 4.007 vs 9.67 ± 3.864) dimensions and significantly lower at PA dimension (28.06 ± 5.821vs 30.27 ± 6.406) (Table 2).

4 | DISCUSSION

This study confirms statistically significant and negative correlations between “emotional exhaustion” and “depersonalization” dimensions and psychological flexibility, and statistically significant and positive correlations between “personal accomplishment” dimension and psychological flexibility. This indicates that the higher the PF level, the lower the EE and D levels and the higher the PA level in nurses. According to the Student’s *t* test, the “psychologically flexible” nurses reported lower EE and D levels, and a higher PA level than the “psychologically no flexible” nurses. These results support other studies conducted in other countries about PF and Burnout. Vilardaga et al. (2011) observed that EA was positively related to Burnout, in a sample of addiction counsellors in the U.S.A. In the longitudinal study by Puolakanaho et al. (2020), Burnout, stress and psychological symptomatology levels of Finish professionals decreased after an intervention program to improve PF levels. Similar results were observed in the Lloyd et al. (2013) study with UK employees from a government department. The results of the current study support other studies about the negative correlation between PF and psychological distress (depression, anxiety and stress) in other countries (Fledderus et al., 2013; Masuda et al., 2014; White et al., 2013; Masuda & Tully, 2012). Scientific evidence shows that PF has a great influence and acts as a mediator in the development of psychological distress and Burnout, protecting individuals from developing other psychological disorders (Sairanen et al., 2018; Swash et al., 2017; Lloyd et al., 2013; Masuda et al., 2011). Therefore, PF is considered a protective factor of mental health and EA a robust predictor of psychological symptomatology such as anxiety, depression, stress, and Burnout. (Sairanen et al., 2018; Bryan et al., 2015).

In this study, the prevalence of EE and D high levels and PA low level was 30.2%, 50.2% and 61.3%, respectively, results which are similar to other Spanish studies (Portero de la Cruz et al., 2020; Ríos-Rísquez & García-Izquierdo, 2016). The EE, D and PA mean scores were 21.29 (SD = 7.545), 10.17 (SD = 4.044) and 29.90 (SD = 6.362), results in line with other Spanish studies (Cañadas-De la Fuente et al., 2015; Ramírez-Baena et al., 2019; Navarro-González et al., 2015). These results must be taken into account by Administration, since Burnout syndrome is a significant predictor of physical, psychological and occupational consequences (Salvagioni et al., 2017; Khamisa et al., 2016; Karkar et al., 2015) and affects

patient safety as it is related to a reduction of the quality of nurse healthcare, an increase of patient falls, mistakes in administration of medication and decision-making, and an increase of infections (Nantsupawat A. et al., 2016; Hall et al., 2016; Chana, et al., 2015).

Another purpose of this study was to analyse the possible associations between Burnout, emotional symptoms and work stress. Statistically significant and positive correlations of high magnitude between EE and D dimensions and emotional symptomatology was observed, as well as statistically significant and negative correlations of moderate magnitude between PA dimension and the same variables. This indicates that the higher the levels of emotional symptomatology, the higher the EE and D levels, and the lower the PA levels. These results are in line with other Spanish studies (Ramírez-Baena et al., 2019) and with previous studies in other countries (Vasconcelos et al., 2018; Da Silva et al., 2015).

On the other hand, statistically significant and positive correlations of high magnitude between EE and D dimensions and occupational stress have also been observed, as well as statistically significant and negative correlations of mild and moderate magnitude between PA dimension and occupational stress. This indicates that, the higher the work stress level, the higher the EE and D levels, and the lower the PA level. These results support the López-López et al. (2019) metanalysis, as well as other previous studies developed in other countries (De Looff et al., 2018; Karkar et al., 2015; Chana et al., 2015).

In conclusion, this study confirms that Andalusian Health Service nurses, working in different work areas face high levels of stress, depression and anxiety, which can lead to a high level of Burnout. PF seems to explain a significant prevalence of Burnout in Spanish nurses. It should be considered that the results from this study indicate that this research line is of great importance in the health system context, taking into account the high prevalence of Burnout in nursing staff, and that it could explain the variability of Burnout in nurses regardless of occupational and psychological variables. These findings are especially relevant considering the scarcity of research on PF in nursing staff. Future research with longitudinal studies on the association between PF and Burnout in nurses would be recommended, aimed at multilevel research, comparing different work areas and countries.

Conflicts of interests

None

Funding resources

No external funding.

Acknowledgement

The authors of this paper wish to acknowledge the contributions of all nurses who participated in this study, as well as the head nurses from healthcare centres and from every hospital department.

Strengths and limitations

Some limitations must be taken into account. First, the sample used was not

randomized. Second, this study relied only on self-administered measures, which can generate potential bias, as participants may overestimate or underestimate their Burnout levels. Third, the data was collected at a specific point in time.

This study has important strengths. This was the first study focused on investigating how PF can influence Burnout levels in Spanish nurses. Furthermore, it was a study conducted with a wide sample of nurses in different hospital work areas and in 33 health centres, both in rural and urban areas, which provides a realistic panorama.

REFERENCES

Adriaenssens J., De Gucht V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International Journal of Nursing Studies, 52*(2), 649-661. https://doi.org/10.1016/j.ijnurstu.2014.11.004

Bond, F. W., & Bunce, D. (2003). The role of acceptance and job control in mental health, job satisfaction, and work performance. *Journal of Applied Psychology, 88*, 1057-1067 doi: 10.1037/0021-9010.88.6.1057

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire – II: A revised measure of psychological inflexibility and experiential avoidance. *Behavioural Therapy, 42*,676-688

Bryan C., Ray-Sannerud B., & Heron E. (2015). Psychological flexibility as a dimension of resilience for posttraumatic stress, depression, and risk for suicidal ideation among Air Force personnel. *Journal of Contextual Behavioural Science, 4* (4), 263-268 http://dx.doi.org/10.1016/j.jcbs.2015.10.002

Cañadas-De la Fuente, G. A., Vargas, C., San Luis, C., García, I., Cañadas, G. R., & De la Fuente, E. I. (2015). Risk factors and prevalence of burnout syndrome in the nursing profession. *International journal of nursing studies, 52*(1), 240-249. https://doi.org/10.1016/j.ijnurstu.2014.07.001.

Chana, N., Kennedy, P., & Chessell, Z. J. (2015). Nursing staffs' emotional well-being and caring behaviours. *Journal of clinical nursing, 24*(19-20), 2835-2848. https://doi.org/10.1111/jocn.12891

Ciarrochi, J., Billich, L., & Godsell, C. (2010). Psychological flexibility as a mechanism of change in acceptance and commitment therapy. In R. Baer (Ed.), Assessing mindfulness and acceptance processes in clients: Illuminating the theory and practice of change (pp. 51e75). Oakland, CA: Context Press/New Harbinger Publications.

Colville, G. A., Smith, J. G., Brierley, J., Citron, K., Nguru, N. M., Shaunak, P. D., Tam, O., & Perkins-Porras, L. (2017). Coping with Staff Burnout and Work-Related Posttraumatic Stress in Intensive Care. *Paediatric critical care medicine: a journal of the Society of Critical Care Medicine and the World Federation of Paediatric Intensive and Critical Care Societies, 18*(7), e267–e273. https://doi.org/10.1097/PCC.0000000000001179

Da Silva, J. L., Soares, R., Costa, F., Ramos, D., Lima, F. B., & Teixeira, L. R. (2015). Psychosocial factors and prevalence of burnout syndrome among nursing workers in intensive care units. *Revista Brasileira de terapia intensiva, 27*(2), 125-133. https://doi.org/10.5935/0103-507X.20150023

De la Fuente-Solana, E. I., Gómez-Urquiza, J. L., Cañadas, G. R., Albendín-García, L., Ortega-Campos, E., & Cañadas-De la Fuente, G. A. (2017). Burnout and its relationship with personality factors in oncology nurses. *European journal of oncology nursing: the official journal of European Oncology Nursing Society, 30*, 91-96. https://doi.org/10.1016/j.ejon.2017.08.004

De Looff, P., Nijman, H., Didden, R., & Embregts, P. (2018). Burnout symptoms in forensic psychiatric nurses and their associations with personality, emotional intelligence, and client aggression: A cross sectional study. *Journal of Psychiatric and Mental Health Nursing, 8*, 506–516.

Fledderus M., Bohlmeijer E., Fox J. P., Schreurs K. M. G., & Spinhoven P. (2013). The role of psychological flexibility in a self-help acceptance and commitment therapy intervention for psychological distress in a randomized controlled trial. *Behaviour Research and Therapy, 51*(3),142-51 http://dx.doi.org/10.1016/j.brat.2012.11.007

Fonseca, P. E., Paino, M., Lemos-Giraldez, S., & Muñiz, P. (2010). Psychometric properties of the Depression Anxiety and Stress Scales-21 (DASS-21) in Spanish college students [Propiedades Psicométricas de la Depression, Anxiety and Stress Scale-21 (DASS-21) en universitarios españoles]. Ansiedad y Depresión, 16, 215-226.

Gasparino, R. N. (2014). Burnout syndrome in the nursing team of a teaching hospital. *Cogitare de Enfermagem, 19(*2), 210-216.

GBD 2017. Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet.* Doi: https://doi.org/10.1016/S0140-6736(18)32279-7

Gómez, L., & Estrella, D. (2015). Síndrome de Burnout: Una revisión breve. Ciencia Humanismo Salud, 2, 116-122.

Gray-Toft, P., & Anderson, J. G. (1981). The Nursing Stress Scale: Development of an instrument. *Journal of Behavioural Assessment, 3,* 11–23 https://doi.org/10.1007/BF01321348

Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. *PloS one, 11*(7), e0159015. https://doi.org/10.1371/journal.pone.0159015

Hayes S.C., Luoma J., Bond F., Masuda A., & Lillis J. (2006). Acceptance and Commitment Therapy: model, processes, and outcomes. *Behaviour Research and Therapy, 44*, 1–25.

Hayes, S. C., Strosahl, K., Wilson, K. G., Bissett, R. C., Pistorello, J., Toarmino, D., Polusny, M., Dykstra, E., Batten, S., Bergan, J., Stewart, S., Zvolensky, M., Eifert, G., Bond, F., Forsyth, J., Karekla, M., & Mccurry, S. (2004). Measuring experiential avoidance: A preliminary test of a working model. Psychological Record, 54, 553-578.

Karkar, A., Dammang, M. L., & Bouhaha, B. M. (2015). Stress and burnout among haemodialysis nurses: a single-centre, prospective survey study. *Saudi journal of kidney diseases and transplantation: an official publication of the Saudi Centre for Organ Transplantation, Saudi Arabia, 26*(1), 12–18. https://doi.org/10.4103/1319-2442.148712

Kashdan, T. B., Barrios, V., Forsyth, J. P., & Steger, M. F. (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with coping and emotion regulation strategies.

Behaviour Research and Therapy, 44(9):1301±20 https://doi.org/10.1016/j.brat.2005.10.003

Kashdan, T. B., & Rottenberg J. (2010). Psychological flexibility as a fundamental aspect of health. Clinical Psychology Review, 30(4), 865–878 doi: 10.1016/j.cpr.2010.03.001

Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, B. (2016). Work related stress, burnout, job satisfaction and general health of nurses: A follow-up study. *International Journal of Nursing Practice, 22*(6), 538-545. doi:10.1111/ijn.12455

Kupfer D. J. (2015). Anxiety and DSM-5. *Dialogues in clinical neuroscience, 17*(3), 245–246.

Lagerlund, M., Sharp, L., Lindqvist, R., Runesdotter, S., & Tishelman, C. (2015). Intention to leave the workplace among nurses working with cancer patients in acute care hospitals in Sweden. *European Journal of Oncology Nursing, 19*(6), 629–637. https://doi.org/10.1016/j.ejon.2015.03.011

Levin M., Hildebrandt M., Lillis J., & Hayes S. (2012). The Impact of Treatment Components Suggested by the Psychological Flexibility Model: A Meta-Analysis of Laboratory-Based Component Studies. *Behaviour Therapy, 43*(4), 741-756 doi: 10.1016/j.beth.2012.05.003

Lloyd, J., Bond, F. W., & Flaxman, P. E. (2013). The value of psychological flexibility: Examining psychological mechanisms underpinning a cognitive behavioural therapy intervention for burnout. *Work & Stress: An International Journal of Work, Health & Organisations, 27*(2), 181–199. https://doi.org/10.1080/02678373.2013.782157.

López-López, I. M., Gómez-Urquiza, J. L., Cañadas, G. R., De la Fuente, E. I., Albendín-García, L., & Cañadas-De la Fuente, G. A. (2019). Prevalence of burnout in mental health nurses and related factors: a systematic review and meta-analysis. *International journal of mental health nursing, 28*(5), 1032-1041. https://doi.org/10.1111/inm.12606

Más R., & Escribà V. (1988). La versión castellana de la escala «The Nursing Stress Scale». Proceso de adaptación transcultural. *Revista Española de Salud Pública, 72*, 529-538

Maslach, C., & Jackson, S. E. (1981a). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2, 99-113. https://doi.org/10.1002/job.4030020205

Maslach, C., & Jackson, S.E. (1981b). MBI: Maslach Burnout Inventory. Manual, 1st ed.; *Consulting Psychologists Press*: *Palo Alto*, CA, USA

Maslach, C., Schaufeli, W., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397-422.

Masuda, A., Anderson, P. L., Wendell, J. W., Chou Y.Y, Price, M., & Feinstein A. B. (2011). Psychological flexibility mediates the relation between self-concealment and negative psychological outcomes. *Personality Individual Differences, 50*, 243-247 https://doi.org/10.1016/j.paid.2010.09.037

Masuda A., & Tully E. C. (2012). The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *Journal of Evidence-Based Complementary & Alternative Medicine, 17*, 66–71. http://dx.doi.org/10.1177/2156587211423400

Masuda, A., Mandavia, A., & Tully, E. (2014). The role of psychological inflexibility and mindfulness in somatization, depression, and anxiety among Asian Americans in the United States. *Asian American*

Journal of Psychology, 5 (3), 230-236 doi: 10.1037/a0034437

Michael, T., Zetsche, U., & Margraf, J. (2007). Epidemiology of anxiety disorders. *Psychiatry, 6* (4), 136-142 doi: 10.1016/j.mppsy.2007.01.007

Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L. (2016). Nurse Burnout, Nurse-Reported Quality of Care, and Patient Outcomes in Thai Hospitals. *Journal of nursing scholarship: an official publication of Sigma Theta Tau International Honour Society of Nursing, 48*(1), 83–90. https://doi.org/10.1111/jnu.12187

Navarro-González D., Ayechu-Díaz A., & Huarte-Labiano I. (2015). Prevalencia del síndrome del burnout y factores asociados a dicho síndrome en los profesionales sanitarios de Atención Primaria. *Semergen, 41* (4), 191-198 doi: 10.1016/j.semerg.2014.03.008

Perry, L., Lamont, S., Brunero, S., Gallagher, R., & Duffield, C. (2015). The mental health of nurses in acute teaching hospital settings: a cross-sectional survey. *BMC Nursing, 14,* 15 doi: 10.1186/s12912-015-0068-8

Plumb, J. C., Orsillo, S. M., & Luterek, J. A. (2004). A preliminary test of the role of experiential avoidance in post-event functioning. *Journal of Behaviour Therapy and Experimental Psychiatry, 35*, 245-257 doi: 10.1016/j.jbtep.2004.04.011

Portero de la Cruz, S., Cebrino, J., Herruzo, J., & Vaquero-Abellán, M. (2020). A Multicentre Study into Burnout, Perceived Stress, Job Satisfaction, Coping Strategies, and General Health among Emergency Department Nursing Staff. *Journal of Clinical Medicine, 9*, 1007. doi:10.3390/jcm9041007

Pradas-Hernández, L., Ariza, T., Gómez-Urquiza, J., Albendín-García, L., De la Fuente, E., & Cañadas-De la Fuente, G. (2018). Prevalence of burnout in paediatric nurses: A systematic review and meta-analysis. *PLoS ONE, 13* (4) doi: 10.1371/journal.pone.0195039

Puolakanaho, A., Tolvanen, A., Kinnunen, S., & Lappalainen, R. (2020). A psychological flexibility -based intervention for Burnout: A randomized controlled trial. *Journal of Contextual Behavioural Science, 15*, 52-67 doi: 10.1016/j.jcbs.2019.11.007

Ramírez-Baena, L., Ortega-Campos, E., Gómez-Urquiza, J., Cañadas-De la Fuente, G., De la Fuente-Solana, E., & Cañadas-De la Fuente, G. (2019). A Multicentre Study of Burnout Prevalence and Related Psychological Variables in Medical Area Hospital Nurses. *Journal of Clinical Medicine, 8* (1), 92 doi: 10.3390/jcm8010092

Randall, D., Thomas, M., Whiting, D., & McGrath, A. (2017). Depression Anxiety Stress Scales (DASS-21): Factor Structure in Traumatic Brain Injury Rehabilitation. *Journal of Head Trauma Rehabilitation, 32*(2), 134–144 doi: 10.1097/HTR.0000000000000250

Ruiz, F. J., García-Martín, M. B., Suárez-Falcón, J. C., & Odriozola-González, P. (2017). The hierarchical factor structure of the Spanish version of Depression Anxiety and Stress Scale - 21. International Journal of Psychology and Psychological Therapy, 17, 97-105

Ruiz, F. J., Langer-Herrera, A. I., Luciano, C., & Cangas, A. J. (2013). Measuring experiential avoidance and psychological inflexibility: The Spanish version of the Acceptance and Action Questionnaire – II. Psicothema, 25(1), 123-129 doi: 10.7334/psicothema2011.239

Ríos-Rísquez, M., & García-Izquierdo, M. (2016). Patient satisfaction, stress and burnout in nursing

personnel in emergency departments: A cross-sectional study. *International Journal of Nursing Studies, 59*, 60-67 doi: 10.1016/j.ijnurstu.2016.02.008

Sairanen, E., Lappalainen, P., & Hiltunen, A. (2018). Psychological inflexibility explains distress in parents whose children have chronic conditions. *PLoS ONE 13*(7): e0201155 https://doi.org/10.1371/journal.pone.0201155

Salvagioni, D., Melanda, F.N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PloS one, 12*(10), e0185781. https://doi.org/10.1371/journal.pone.0185781

Seisdedos, N. (1997). MBI. Inventario Burnout de Maslach: Manual, 1st ed.; *TEA Ediciones*: Madrid, Spain

Shoorideh, F. A., Ashktorab, T., Yaghmaei, F., & Alavi Majd, H. (2015). Relationship between ICU nurses' moral distress with burnout and anticipated turnover. *Nursing ethics, 22*(1), 64–76. https://doi.org/10.1177/0969733014534874

Swash B., Bramwell R., & Hulbert-Williams N. (2017). Unmet psychosocial supportive care needs and psychological distress in haematological cancer survivors: The moderating role of psychological flexibility. *Journal of Contextual Behavioural Science, 6* (2), 187-194 doi: 10.1016/j.jcbs.2017.02.005

Vasconcelos, E. M., Martino, M., & França, S. (2018). Burnout and depressive symptoms in intensive care nurses: relationship analysis. *Revista Brasileira de Enfermagem, 71*(1), 135–141. https://doi.org/10.1590/0034-7167-2016-0019

Vilardaga, R., Luoma, J. B., Hayes, S. C., Pistorello, J., Levin, M. E., Hildebrandt, M. J., & Bond, F. (2011). Burnout among the addiction counselling workforce: The differential roles of mindfulness and values-based processes and worksite factors. *Journal of Substance Abuse Treatment, 40*(4), 323–335. https://doi.org/10.1016/j.jsat.2010.11.015

White, R., Gumley, A., McTaggart, J., Rattrie, L., McConville, D., Cleare, S., & Mitchell, G. (2013). Depression and anxiety following psychosis: Associations with mindfulness and psychological flexibility. *Behavioural and Cognitive Psychotherapy, 41* (1), 34-51 doi: 10.1017/S1352465812000239

WHO (2017). Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO

ÍNDICE REMISSIVO

Atena Editora
Ano 2020

www.atenaeditora.com.br
contato@atenaeditora.com.br
@atenaeditora
www.facebook.com/atenaeditora.com.br

INVESTIGAÇÕES CONCEITUAIS, FILOSÓFICAS, HISTÓRICAS E EMPÍRICAS DA PSICOLOGIA 2

Atena Editora
Ano 2020

www.atenaeditora.com.br
contato@atenaeditora.com.br
@atenaeditora
www.facebook.com/atenaeditora.com.br

INVESTIGAÇÕES CONCEITUAIS, FILOSÓFICAS, HISTÓRICAS E EMPÍRICAS DA PSICOLOGIA 2