

## BURNOUT SYNDROME FROM A GENDER PERSPECTIVE IN HEALTHCARE WORKERS IN CALZADA

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**Abstract:** Burnout syndrome is extremely common among healthcare workers; however, it does not affect everyone in the same way. Certain factors, such as gender, influence the perception of this experience. To determine whether burnout syndrome (BS) differs according to gender among healthcare workers in Calzada. Basic, quantitative research with a non-experimental descriptive-comparative design. Two samples of 37 women and 27 men were calculated using G\*Power 3.1.9.7 software, to which Juan Carlos Vásquez Muñoz's adaptation of the Maslach Burnout Inventory was applied. It was found that burnout levels were high among female staff (73%), while among male staff they were average (48%). In both groups, a high level of exhaustion and depersonalization was identified, while the level of personal fulfillment was low; however, the difference in percentages was notable. Burnout and its dimensions were found to differ statistically between the two groups ( $p < 0.05$ ), with a higher prevalence in women. It was concluded that burnout syndrome differs according to gender among healthcare personnel in Calzada, corroborating the idea that certain factors, such as gender, intensify the experience of occupational burnout.

**Keywords:** professional exhaustion, psychological exhaustion, occupational stress, comparative study, gender identity

### INTRODUCTION

Anyone can develop burnout syndrome; however, those who work in the healthcare sector are more likely to suffer from it (Brower, 2022; Koppmann et al., 2021; Santibáñez Cárcamo et al., 2021). International studies prove this. In Colombia, its prevalence among staff at a healthcare facility was 65% (Salas et al., 2021). In Ecuador, its prevalence in a healthcare facility in Portoviejo and another in Riobamba was 42.5% and 52.31%, respectively (Anzules-Guerra et al., 2022; Lucero Tapia et al., 2022). Similarly, in Argentina, a burnout syndrome rate of over 16.5% was identified among healthcare workers, reaching as high as 53% in certain facilities (Pecci, 2021; Polacov et al., 2021).

At the national level, the prevalence of burnout syndrome in some cities in Peru was alarming (Choquecondo et al., 2023) and, in some cases, reached critical levels. In Huánuco, it exceeded 40.1%, while in Piura it was around 39.8%, almost 9% higher than the rate in previous years (Fossa Sánchez, 2023; López Flores, 2021; Pacheco-Venancio, 2022). Although this is worrying, it is worth noting that the most severe case occurred in Arequipa, where it was found that, in one of the city's largest public hospitals, the percentage of healthcare personnel with burnout syndrome exceeded 70% (Muñoz del-Carpio-Toia et al., 2022).

In the department of San Martín, research on burnout syndrome among healthcare workers is scarce. Information on its prevalence is only available for large cities such as Tarapoto, where the rate exceeded 18%, and Moyobamba, where it reached 53% (Fuentes Cubas, 2022; Torres Tuanama, 2024). However, no information on this topic has been found in other districts of San Martín, such as Calzada, despite the fact that they also have health facilities that serve a significant number of people each day.

Certainly, factors such as long hours and working under pressure, which characterize the work of healthcare personnel, contribute to its development (Porrás-Parral et al., 2024). However, some researchers have agreed that, in addition to these conditions, certain sociodemographic characteristics, such as gender, could alter and intensify their experience (Mena-Silva et al., 2022). Based on this idea, the question was asked: Does burnout syndrome differ according to gender among healthcare workers in Calzada?

Burnout syndrome can be described as a set of feelings of exhaustion and frustration that arise in response to work overload (Dávila et al., 2023). It constitutes an emotional, behavioral, and attitudinal response to the demands of the environment. It involves psychological and emotional exhaustion that occurs due to an imbalance between the demands of work, which are often excessive or difficult to control, and the personal resources available to cope with them (Banda Guzmán et al., 2021; Hernández Breña et al., 2022; Jiménez-Padilla et al., 2023; Universidad Cooperativa de Colombia et al., 2023). In this sense, it is reasonable to assume that these resources could vary according to certain personal characteristics such as gender and age, among other individual factors, which would cause burnout syndrome to manifest and impact individuals differently, especially those who work in demanding environments such as the healthcare sector (Avila et al., 2021; Nonnis et al., 2023; Vásquez Muñoz, 2020).

Based on this approach, research evaluating the level of burnout syndrome in healthcare personnel has been reviewed, taking into account differences according to certain sociodemographic characteristics, one of which is the gender of the participants.

In this regard, an international study showed that burnout syndrome differed according to country of origin, age, gender, specialty, and management of the health facility where more than 5,000 health professionals from six Latin American countries worked (Caldichoury-Obando et al., 2024). Similarly, research in Ecuador showed that 80% of female residents in a health facility had higher levels of burnout syndrome than men (Anzules-Guerra et al., 2022). Other studies showed that only some dimensions of burnout syndrome, such as depersonalization and personal fulfillment, differed according to the gender of the respondent (Quiróz et al., 2023; Yslado Mendez et al., 2024). However, as well as these studies, others reached a different conclusion: that gender was not a determining factor in burnout syndrome among healthcare workers (López Flores, 2021; Medrano Agama, 2021; Núñez & Colina, 2024; Pecci, 2021; Santos, 2024; Torres Toala et al., 2021). This variety of conflicting studies, coupled with the fact that no descriptive research on burnout syndrome has been found in Calzada, motivated the present study.

This study is therefore justified from a theoretical standpoint because it provides new information on the levels of burnout syndrome in a population constantly exposed to high levels of work-related stress. From a methodological standpoint, the research may be useful as a reference for future studies seeking to understand this phenomenon, as it offers a general idea of how to approach it and what tools to use. From a practical standpoint, having identified the extent to which burnout syndrome varies according to gender, mental health teams and human resources departments will be able to implement more specific and effective prevention measures. Finally, on a social level, the findings contribute to a deeper understanding of burnout, which favors the creation of strategies aimed at preventing, reducing, and managing emotional exhaustion in healthcare workers.

That is why the objective of this research was to determine whether there were significant differences in burnout syndrome according to the gender of healthcare personnel in Calzada.

## MATERIAL AND METHODS

Basic, quantitative study with a descriptive comparative design. The unit of analysis consisted of healthcare professionals in the Calzada district of Moyobamba. Only qualified professionals in active practice were considered.

The sample was calculated using G\*Power, configured with a statistical power ( $1 - \beta$ ) of 0.85, an effect size ( $d$ ) of 0.45, and an alpha error ( $\alpha$ ) of 0.05. As a result, a sample size of 144 participants was obtained, distributed non-proportionally into two groups: 72 men and 72 women. The sample included various professional categories: 28% were medical personnel, 22% were nurses, 18% were obstetricians, 12% were psychologists, and 20% were administrative staff. The average age ( $M$ ) of the participants was 35.6, with a standard deviation ( $SD$ ) of 3.56.

The technique used was a survey. The instrument used was the Peruvian-validated version of the Maslach Burnout Inventory (MBI), originally developed by Christina Maslach and Jackson and adapted by Juan Carlos Vásquez Muñoz in the city of Trujillo. The instrument was designed to be applied in different professions, including healthcare personnel, making its use in this research relevant.

The inventory has a total of 22 items distributed across three dimensions: emotional exhaustion, depersonalization, and personal accomplishment. Responses are collected using a 7-point Likert scale ranging from 0 (never) to 6 (every day). This tool can be applied both individually and in groups, and its use is valid in clinical and work settings and for research purposes. It comes with a manual and an application protocol, and it takes between 10 and 15 minutes to complete.

In terms of its psychometric properties, the original version showed convergent validity, as it was subjected to a correlation analysis alongside other instruments and found significant correlations. The item-test correlation was also analyzed, finding significant associations between the items and the scale. It also achieved a reliability of 0.90 in the emotional exhaustion dimension, 0.79 in the depersonalization dimension, and 0.71 in the personal accomplishment dimension. Regarding the psychometric properties of the validation, adequate content validity was found (Aiken's  $V$  between 0.97 and 1.00), and it also presented adequate construct validity, as the fit measures were satisfactory ( $AGFI/NFI/RFI > 0.90$ ). On the other hand, the reliability of the dimensions was greater than 0.80 ( $\omega$ ) (Vásquez Muñoz, 2020).

For this research, the instrument was first evaluated by judges to determine its content validity, and after data collection, an internal consistency analysis was performed with the responses from the total sample to estimate its reliability. An Aiken  $V$  of 1.00 was identified, as well as a 95% CI of 0.70 to 1.00, and omega coefficients that exceeded the value of 0.70.

This article comes from a thesis project approved by resolution of the ethics committee of César Vallejo University. Within this framework, the guidelines of the university's Code of Ethics in Scientific Research were followed, which is based on international documents such as the Declaration of Helsinki and national standards such as the CONCYTEC Code of Ethics. Informed consent was guaranteed, and the confidentiality and anonymity of the data were protected, limiting its use to research purposes only. Privacy was respected

in accordance with current regulations. In addition, the principle of non-maleficence was considered, and finally, scientific integrity was maintained by reporting the results objectively and citing sources.

## RESULTS

Table 1 shows that among female staff, the burnout syndrome variable, as well as two of its dimensions called exhaustion and depersonalization, prevail at a high level, while the dimension called depersonalization fulfillment prevails at a low level. Among male staff, there is a slight difference in the level of burnout syndrome, as it predominates at medium levels, but also at high levels. The behavior of burnout syndrome and its dimensions in both groups is similar. However, if these results are analyzed in greater detail, female staff exceed male staff by more than 10 percentage points in the dimensions of exhaustion and depersonalization. even in the personal fulfillment dimension, it exceeds it by 8 percentage points, which means that women experience greater exhaustion and depersonalization and less personal fulfillment than male staff.

TABLE 1 Descriptive analysis of the research variable

Género	Level	SB		D1		D2		D3	
		F	%	F	%	F	%	F	%
Female	High	27	73%	28	76%	28	76%	3	8%
	Medium	6	16%	2	5%	2	5%	10	27%
	Low	4	11%	7	19%	7	19%	24	65%
	Total	37	100%	37	100%	37	100%	37	100%
Male	High	11	41%	14	52%	14	52%	1	4%
	Medium	13	48%	4	15%	3	11%	11	41%
	Low	3	11%	9	33%	10	37%	15	56%
	Total	27	100%	27	100%	27	100%	27	100%

Note. SB: burnout syndrome, D1: exhaustion, D2: depersonalization, D3: personal fulfillment, F: frequency

Table 2 shows the hypothesis test to determine whether there are significant differences in burnout syndrome and its dimensions in the groups analyzed. Upon inspecting the values presented, it can be seen that the significance level is less than 0.05, which demonstrates that there are statistically significant differences between male and female healthcare personnel in Calzada. This difference can be observed by inspecting both means, as the mean for female employees was 76.270 and for male employees was 66.815. By dimension, the means were similar: higher in women except in the personal fulfillment dimension.

TABLE 2 Burnout syndrome, comparative analysis by gender

Variables	Groups	M	M1-M2	T	p	TE
Burnout syndrome	Female	76.27	9.455	2.17	0.033	0.333
	Male	66.815				
Exhaustion	Female	32.162	2.273	2.041	0.046	0.517
	Male	30.889				
Depersonalization	Female	14.432	2.877	1.247	0.027	0.316
	Male	11.556				
Personal fulfillment	Female	29.676	2	423.5*	0.036	0.161
	Male	31.37				

Note. M = mean; M1-M2 = difference between means; T = Student's t-statistic; p = significance; TE = effect size; \* = U de Mann Whitney

## DISCUSSION

Burnout syndrome progressively and silently alters people's mental health. Characterized by leading to a state of chronic emotional exhaustion, it has become one of the main causes of deterioration in the work environment, absenteeism, and staff turnover in various organizations, not only locally but also globally (Oliveras-Nadal et al., 2019; Vásquez Muñoz, 2020; Yslado Mendez et al., 2024; Zambrano Chumo & Cueva Noboa, 2023).

Based on the idea that this problem does not affect everyone in the same way and those certain sociodemographic factors determine its presence, it was decided to analyze whether there were significant differences in this syndrome according to the gender of Calzada's healthcare personnel. As a result, it was shown that female healthcare workers experienced higher levels of exhaustion and depersonalization and, at the same time, a lower level of personal fulfillment than male healthcare workers.

These results are consistent with a study that analyzed the factors associated with burnout syndrome in a

sample of more than 5,000 healthcare professionals from six countries and concluded that burnout can differ depending on the country of origin, age, gender, specialty, and management of the healthcare facility (Caldichoury-Obando et al., 2024). They also agree with research that identified that in a sample of 380 healthcare professionals in Ecuador, women had higher levels of exhaustion and depersonalization (Torres Toala et al., 2021).

This partially agrees with a study in Ecuador, which showed that in more than 900 health professionals, only the dimension of depersonalization differed according to gender (Quiróz et al., 2023). It also agrees with a study conducted in Ancash with 300 healthcare workers from two public hospitals, which showed that only the dimension of depersonalization and low personal fulfillment showed significant differences by gender (Yslado Mendez et al., 2024).

Now, there are also studies with which it totally disagrees, such as a study conducted in Argentina, where, when analyzing burnout syndrome levels in a sample of 272 medical residents, it found that there were no significant differences by gender in any of the dimensions (Pecci, 2021).

The differences in exhaustion may be due to the fact that many women not only face demanding workdays at the health center, but also bear responsibilities at home, such as childcare, housework, or other family obligations. This double burden makes physical and emotional fatigue accumulate more easily, as they do not have enough time or space to recover (Villalba, 2025).

Differences in depersonalization may be associated with the fact that many workers, being in constant contact with difficult situations, such as patient suffering, continuous complaints, or medical emergencies, have developed a cold or distant attitude so as not to become emotionally overwhelmed. Therefore, it is common for some to act with a certain indifference towards users, even in front of their colleagues (Grant, 2024; Kim et al., 2022).

As for female staff feeling less fulfilled, this may be because, despite their efforts, their work is often not recognized as it should be. Positions such as nursing, midwifery, or administrative roles, which are often held by women, are not always valued as highly as others within the healthcare system. This can make them feel that their work does not carry the same weight or impact, which affects their motivation and how they perceive their own professional growth or achievement (Chesak et al., 2022).

## CONCLUSION

It was concluded that there are significant differences in burnout syndrome depending on the gender of healthcare personnel in Calzada. Female healthcare personnel experience greater emotional exhaustion, accompanied by fatigue, a more distant attitude toward patients and colleagues, and a lower sense of personal fulfillment compared to male personnel, who show a more positive outlook on their work.

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