

## PHYSICAL AND MENTAL HEALTH ASSOCIATED WITH THE DUTY REGIME

---

***Rafael da Silva Lemos***

Universidade Tiradentes, Aracaju

<http://lattes.cnpq.br/2972344057553679>

***Bruno José Santos Lima***

Universidade Tiradentes, Aracaju

<http://lattes.cnpq.br/6158584238563073>

***Ayla Gabriella Silva Ribeiro***

Universidade Tiradentes, Aracaju

<http://lattes.cnpq.br/8251096578944264>

***Gabriel Guimarães Mitidieri***

Universidade Tiradentes, Aracaju

<https://orcid.org/0000-0002-0032-0093>

***Mariana Dantas Mota***

Universidade Tiradentes, Aracaju

<http://lattes.cnpq.br/7775377285699905>

***Rafael Barros Fontes***

Universidade Tiradentes, Aracaju

<http://lattes.cnpq.br/5754752528123202>

***Eduardo Paulo de Souza***

Universidade Tiradentes, Aracaju

<https://orcid.org/0000-0002-6933-1583>

***Mário Augusto Ferreira Cruz***

Universidade Tiradentes, Aracaju

<https://orcid.org/0000-0002-9362-0131>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract: Introduction:** The doctor's routine with a duty regime is highly stressful and affects the professional and mental professional, leaving the doctor in situations favorable to diseases. **Goal:** To relate the regimen on duty and the workload carried out with mental and physical health and professional exhaustion. **Methodology:** This work was based on a bibliographic review of the national and international scientific literature on the descriptors defined by the BVS: "Medical Single", "Mental Health" and "Physical Health" in journals indexed in Google Academic databases, including the National Library Of Medicine (Medline) and Scientific Electronic Library Online (SciELO) from the year 2017, 92 results being found. Those who contributed to the selected theme, that is, articles whose approach dealt with medical health and class work format. **Results:** Authors of the revised articles advocate that work on a system on duty is the main cause of sleep deprivation and correlated disorders that, consequently, requires a greater demand of the professional, since it can be necessary to give up the physical and psychological rest ( As leisure), interfering in the physical, personal, family, marital and social cycle of this professional, being able to generate suicidal trends sometimes. It is mentioned that the main causes of occupational stress in physicians are: large amount of hours worked and large workload, commonly related to the status of the profession and the financial immaturity of young doctors. **Conclusions:** It is therefore evident, therefore, the influence of the duty regime chosen by the medical professional in the formation of physical and psychic sequelae in his life. In Brazil, this discussion is still very incipient, but it is important that doctors have clarity of the need for care in the sense of better preservation of their health, even when they are under the regime on duty. This includes financial

education, responsibility for the quality of the medical service offered and valorizing its own physical and mental integrity.

**Keywords:** Physical health, Mental health, Medical

## INTRODUCTION

Professions that require high level of stress on a day-to-day life are more susceptible to physical and mental wear, particularly in health professionals. Specifically in the area of medicine, the presence of this commitment is critical: worldwide, Burnout syndrome is present in 1 to every 2 doctors; One third of these is affected in a considerable way; and one tenth, seriously with irreparable aspects. According to the Federal Medical Council, in Brazil 23.1% of doctors present the high-grade syndrome in a sample of 7.7 thousand professionals from all states.

Approaching the work format of these professionals, it is observed that in Brazil the medical duty regimes are varied and the most common are the 24-hour weekly shifts. In many places, they begin at night after a normal day of work, which often leads the doctors involved in such a regime to remain working almost without sleep for more than 36 hours. The problem, however, is that prolonged journeys with night shuttles show a decline in the performance of doctors, with difficulty maintaining optimal performance for the tasks to be carried out, as well as frequent complaints of mood states with significant implications in professional life and work format.

Despite excessive, the duration of the working day is, for the most part, a professional decision. Among the motivations for both, the status of the profession, the market opportunity and the financial immaturity of the medical class are attributed. The first one occurs by medicine being an etelized area from graduation access, which encourages

a culture of financial prosperity responsible for excesses of work. This scenario added to the market opportunity that tends to be in the medical area, since this demand is still urgent, feedback the sequencing of medical downturns.

Studies made with the medical population are poorly numerous, but those carried out with the general population have brought important knowledge to understand the health status of individuals in work situations, both in daytime days, when they sleep at night and Situations of alternating shifts or shifts, when a desynchronization occurs between the wake / sleep cycle and other biological rhythms and the day / night cycle and other environmental cycles.

On financial immaturity, the medical area presents one of the highest indebted rates shortly after graduation - another consequence of the status of the profession. This strand is importantly causing a professional-on-board interdependence for funding resolution.

Other emotional factors are understood as triggering physician's health commitment, such as pain, fear and anguish, which can involve the professional at work with a serious patient or even with their relatives. Or, still, the feeling of frustration or impotence when negative evolutions of clinical picture of a patient with a serious involvement occur. Still, there are other work-related stress-related agents: the division of labor load by duty, unsatisfactory salary and the occupational environment of negative emotions. It is also added the high work of professionals, the small number of workers during the employee and the doctor's contact with biological, chemical and physical risks in the work environment.

Finally, the doctor's routine with duty is highly stressful and affects the professional and mental professional, leaving the doctor in situations favorable to diseases. This review objective to relate the system on duty and

the workload carried out with aspects of mental and physical health and with medical professional exhaustion.

## **METHODOLOGY**

This work was based on a bibliographic review of the national and international scientific literature on the descriptors defined by the BVS: "Medical Single", "Mental Health" and "Physical Health" in journals indexed in Google Academic databases, including the National Library Of Medicine (Medline) and Scientific Electronic Library Online (SciELO) from the year 2017, 92 results being found. Of these, those contributed to the selected theme, that is, articles whose approach dealt with medical health and class work format.

## **DISCUSSION**

Commitment to the physical and mental health of physicians submitted to duty regimes is significant. Studies have revealed high suicide rates between physicians, higher than those of other professions (MELEIR, 1998).

As for physical health, shifts constitute a greater overload with increased heart rate, great activity of the sympathetic nervous system and a considerable decrease in the voluntary contraction force of the hands, observing that a decrease is more accentuated in this item in younger doctors, because they, when they start a day of work, have well greater indexes than those found in physicians over the age of 40 years.

Several studies with the non-medical population have demonstrated the deleterious effects of sleep deprivation, evidencing the presence of two different factors: acute fatigue and chronic effects that produce a desynchronization of biological rhythms. Samkoff & Jacques<sup>1</sup> cite a decline in the results of psychological and performance tests after a night of sleep loss; This decline is higher with the chronicity of this reduction.

The same authors also cite that performance may be good at people's private people, due to increased mental effort, particularly in interesting issues; If they involve motor skills or if incentives are provided, however, more prolonged, boring or repetitive tests may be more sensitive to sleep deprivation.

In addition, recent research carried out by the Union of Pernambuco (2001) points out that, despite, on average, Pernambuco doctors have two jobs, 35.0% have three jobs or more. Multiple working ties and the consequent long journey serve as compensation for low salaries, especially in the public health network, being source of category dissatisfaction.

Thus, Gaspar et al. (1998) affirm that much of the physicians Plantonists reaches more than 36 hours in a row, almost sleepless, alerting that prolonged journeys of night shifts would, even, to frequent complaints of changes in humor states, with significant losses to personal life and the professional.

In addition, the conditions of medical work, as deprivation of sleep and work overload, in addition to the stress of dealing with disease, pain and death daily, have been pointed out as a risk factor for their mental health (Nogueira-Martins, 1991; Kovács, 1992; Mightier, 1998). In addition, doctors work 15 hours a week to more than other professionals, a greater number of years and take less vacations (Nogueira-Martins, 2002). Aspects that together are promoters of medical exhaustion.

In this sense, the authors of the revised articles advocate that work on a system on duty is the main cause of sleep deprivation and correlated disorders that, consequently, requires a greater demand of the professional, since it can be necessary to give up rest Physical and psychological (like leisure), interfering in the physical, personal, family, marital and social cycle of this professional, being able to sometimes generate suicidal

trends. It is mentioned that the main causes of occupational stress in physicians are: large amount of hours worked and large workload, commonly related to the status of the profession and the financial immaturity of young doctors.

## **CONCLUSIONS**

The accumulation of shifts with few recovery opportunities aggravates the effects in a dimension that is not always perceptible by the individual. It is known today that chronic exposure to irregular work schedules affects biological rhythmicity, with diverse consequences, from humor disorders and sleep problems, to gastrointestinal and cardiovascular disorders (hypertension). It is therefore evident, therefore, the influence of the duty regime chosen by the medical professional in the formation of physical and psychic sequelae in his life.

At a time when it is very discussed the quality of the products and services, it is critically thought about scheduling schedules and frequencies of health services. In Brazil, this discussion is still very incipient, but it is important that doctors have clarity of the need for care in the sense of better preservation of their health, even when they are under the regime on duty. This includes financial education, responsibility for the quality of the medical service offered and valorizing its own physical and mental integrity.

## REFERENCES

1. BARROS, Dalton de Souza et al. Médicos plantonistas de unidade de terapia intensiva: perfil sócio-demográfico, condições de trabalho e fatores associados à síndrome de burnout. **Revista Brasileira de Terapia Intensiva**, v. 20, p. 235-240, 2008.
2. BIANCHESSI, Jessica Vargas; ABREU, Adriana Leal. A escassez do trabalho médico e os desafios no setor público. **Revista de Administração em Saúde**, v. 19, n. 74, 2019.
3. CABANA, Maria Cristina F. et al. Transtornos mentais comuns em médicos e seu cotidiano de trabalho. **Jornal Brasileiro de Psiquiatria**, v. 56, p. 33-40, 2007.
4. GASPAR, S.; MORENO, C.; MENNA-BARRETO, Luiz. Os plantões médicos, o sono e a ritmicidade biológica. **Revista da Associação Médica Brasileira**, v. 44, p. 239-245, 1998.
5. LIMA, Raitza Araújo dos Santos et al. Vulnerabilidade ao burnout entre médicos de hospital público do Recife. **Ciência & Saúde Coletiva**, v. 18, p. 1051-1058, 2013.
6. MOREIRA, Hyan de Alvarenga; SOUZA, Karen Nattana de; YAMAGUCHI, Mirian Ueda. Síndrome de Burnout em médicos: uma revisão sistemática. **Revista Brasileira de Saúde Ocupacional**, v. 43, 2018.
7. SANCHEZ, Hugo Machado et al. Avaliação da qualidade de vida de médicos clínicos e cirurgiões. **Revista Brasileira em Promoção da Saúde**, v. 31, n. 3, 2018.