

PREVALENCE OF BURNOUT SYNDROME IN UNDERGRADUATE MEDICAL INTERNS (MIP) DURING THE PANDEMIC

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Abstract: The Burnout Syndrome arises because of the stress to which many professionals are exposed in their work environment and the high workload. Health professionals are those who are most susceptible. 60% of healthcare personnel in the health sector work daily shifts between 9 and 12 hours and face situations in their duties such as caring for seriously ill people, making decisions that involve saving lives or inevitably facing death. **Objective:** Determine the prevalence of Burnout Syndrome in Undergraduate Internal Physicians (MIP), during the Pandemic. **Methodology:** Descriptive, cross-sectional and prospective study; 50 surveys were applied, 27 correspond to women and 23 to men to our selected sample, which are undergraduate internal doctors. **Results:** Eight (16%) of the Undergraduate Internal Physicians (MIP) studied suffer from Burnout Syndrome. **Conclusions:** Women have a higher prevalence of emotional exhaustion. **Keywords:** Burnout Syndrome, Stress, Pandemic, Undergraduate Internal Physicians (MIP)

INTRODUCTION

Burnout Syndrome (SB), also called Professional Burnout Syndrome (SDP), Psychic or Burnout (SQ), was described for the first time in 1961 in the publication “A burnout case” by Graham Greens (1). In 1974, the psychiatrist Herbert Freudenberger conceptualized it as “the feeling of exhaustion, disappointment and loss of interest in work activity, which arises especially in those who dedicate themselves to service professions as a consequence of daily contact with their work.”

In 1986, social psychologists Maslash and Jackson defined SB as “the process of gradual loss of responsibility and disinterest among co-workers in their field of training.” One of the most accepted definitions among researchers

on the subject is the one provided by these authors, who specified it as: “emotional exhaustion that leads to a loss of motivation and that usually progresses towards feelings of inadequacy and failure”.

Labor and health experts have called for the recognition of this syndrome as an occupational disease.

On February 27, the first suspect was to be confirmed as positive for the PCR test to detect the SARS-CoV-2 virus. The news was released by the authorities of our country.

From there, Mexico began its race to control the epidemic that gradually spread throughout the country and now, according to health authorities, it is declining, although the alerts are on because the arrival of the season is near. seasonal flu, which can become an additional risk.

The Intern joins the medical team of a hospitalization sector where he participates in the medical care activities of hospitalized patients. Participates, under supervision, in the preparation of clinical histories and invasive procedures according to their powers; He is also responsible for taking urgent laboratory studies and during shifts, as well as coordinating the scheduling of ordinary studies for patients.

In our environment, the overload presented by the Undergraduate Internal Physician has not been evaluated as an important psychosocial risk factor, even considering the existing normal loads according to the Official Mexican Standard, where 24-hour work shifts are considered. very far from the work shifts of health personnel assigned to hospitals.

Faced with this, it will be necessary to add the conditions under which undergraduate interns have been working in hospitals in these times of Covid-19; where the risk of contagion is high and where they do not have a comprehensive health service and an economic income to support any eventuality.

The mental health that comes equated with the syndrome is the last thing that is studied. It is somewhat naive because the health personnel take care that the patients are healthy, however, they are often not there due to the constant pressure plus external factors that may arise, in the state of Campeche no studies have been presented that give us a precedent how it has been increasing in the health sector because we must remember that they are the most susceptible.

In December 2019, a clinical picture consisting of severe progressive respiratory alteration, fever, myalgia and fatigue was reported for the first time in Wuhan, China, which would later be controlled by COVID-19, caused by a new coronavirus (SARS-Cov-2). The health security crisis frequently generates stress and even panic in the general population, as well as in health professionals, as they feel fear of acquiring the disease and dying as a result of the infection.

Starting with the contextualization of what we are going through, the mental health of society has been one of the most notable repercussions, that is to say that they were exacerbated or, failing that, they began to be triggered.

Freudenberger (1974) the concept of Burnout syndrome to refer to a feeling of failure and an exhausted or spent existence that resulted from an overload due to energy demands, personal resources or spiritual strength of the worker.

Thomaé (2006) refers that it is a multi-causal and highly complex phenomenon whose incidence can be modulated by some personal factors that would increase vulnerability to it, such as age, sex, or family situation.

Maslach and Jackson (1981) defined it as a psychological syndrome of emotional exhaustion, depletion of one's own emotional resources, and the presence of feelings of being very emotionally and psychologically

exhausted; depersonalization, the negative, insensitive and excessively cold response, objectivity towards the other who is usually the beneficiary and reduction in personal fulfillment that refers to the decline in feelings of competence and good results in one's own work.

Maslach, Seisdedos, and Jackson (1997) analyzed the presence of three distinctive symptoms of family, social, or work situations that can overwhelm people's emotional endurance and reduce their ability to adapt: emotional exhaustion, depersonalization, and lack of fulfillment staff.

In the same sense, Montoya and Moreno (2012) explain that the chronic stress caused by a demanding work environment has burnout syndrome as a secondary effect, which not only affects the organizational context of the individual, but also extends to a personal level. López-Elizalde (2004) describes some behaviors and physical symptoms that frequently occur in people with burnout syndrome, such as: nervousness, restlessness, difficulty concentrating and a low tolerance for frustration, as well as headaches, insomnia, algias, gastrointestinal disturbances, tachycardia, among others.

In Mexico, a study that investigated the level of Burnout in a group of 450 doctors, nurses, and paramedics from 12 hospitals revealed the following data: 10.9% emotional exhaustion, 19.6% depersonalization, and 74.9% low personal accomplishment. In turn, they determined a general prevalence of 44% of the syndrome in anesthesiologists; work overload and conflict of values were variables that influenced the presence of this syndrome. At the Mexican Institute of Social Security they carried out a study among family doctors, where the prevalence of Burnout syndrome was 42.3%. Similarly, they found that, of 236 nurses studied, 92 (39%) had data compatible with it, with statistically significant differences

in terms of age and seniority in the position when compared with nurses without the syndrome.

Aranda Beltrán, in Guadalajara, surveyed 197 family doctors who worked in two health institutions, using the Maslach Inventory. She observed a prevalence of Burnout of 41.8%, especially in singles. 14.3% also reported being unmotivated to do their job. In the state of Campeche of 1,232 people evaluated, 20% presented work stress.

There are numerous studies on the prevalence of this syndrome in different health professionals, but in the present work the medical assistants are included, since they are the ones who have the first contact with the patients in our institution. The prevalence figures for burnout syndrome reported by other studies conducted in Mexico among medical personnel range from 42.3% and 44% to 50%; in this research the prevalence was lower and the dimension of emotional exhaustion is the most affected.

METHOD DESCRIPTION

Descriptive, cross-sectional and prospective study. The sample consisted of the Undergraduate Internal Physician, belonging to the Faculty of Medicine of `` Universidad autonoma de Campeche``; who are doing their internship at the General Hospital of Specialties, "Dr. Javier Buenfil Osorio". The respondents must have met the inclusion criteria to be Undergraduate Intern Physicians, belonging to the Faculty of Medicine of `` Universidad autonoma de Campeche`` and having completed their Internship in times of pandemic by Covid-19 They were given an informed knowledge format, and the collection instrument which includes the identification sheet, as well as the characteristics within the working conditions, these being the variables studied, were The MBI (Maslach Burnout Inventory)

questionnaire was applied to them, developed to measure the frequency and intensity with which burnout is suffered. The questionnaires were applied through Google online forms, since, due to the times of the pandemic, no access to hospitals is allowed without a duly justified cause.

The survey was distributed through social networks such as Whatsapp, Instagram, to our sample from which we collected results from 50 Internal Physicians since given the pandemic situation we are facing, it is impossible to go to a Hospital where we are highly exposed; with the purpose of knowing the prevalence of Burnout Syndrome.

In total, 50 completed surveys were collected, so that the study sample is $n = 50$. Of these, 50 (100%) are Undergraduate Internal Physicians.

FINAL COMMENTS

SUMMARY OF RESULTS

The study population consisted of 50 Undergraduate Internal Physicians. In rotating work, whose ages ranged from 21-25 years, with a mean age of 23 years

The totality of interviewees corresponds to 50 people. Where twenty-six people correspond to women and twenty-four are men.

Regarding the age of the people analyzed, it was observed that the majority of the interviewed population is between 23-25 years old, followed by those interviewed aged 22 years, people under 21 years of age are not very representative, with only one. The mean of the studied population was 23 years old and the median was 24.

When analyzing the items corresponding to the Emotional Exhaustion subdimension, it shows that 40% (20) of the Undergraduate Internal Physicians presented high emotional exhaustion, while 38% (19) presented an intermediate degree and the and 22% (11)

mentioned that it is never out of stock.

In the items corresponding to the Depersonalization subdimension, 66% presented a high degree of depersonalization, with men showing the highest value with 34%.

It was obtained that 14% (7), a high degree of achievement is observed, while 24% (12) have an intermediate degree and 62% (31) of the Internal Undergraduate doctors, a degree prevails. under Personal Fulfillment.

CONCLUSIONS

The results obtained show the presence of Burnout Syndrome on an intermediate scale and a high tendency to develop it in a high percentage among Undergraduate Internal Physicians of the General Hospital of Specialties "Dr. Javier Buenfil Osorio" of the Municipality of Campeche.

The tendency to develop it is manifested in a relative percentage between women and men (40 and 34% respectively).

It must be clarified that the sample, in terms of sociodemographic pattern, presents a bias, since the population under study was made up to a greater extent of women than men.

In relation to the above characteristics, the following can be said:

Women have a higher prevalence of emotional exhaustion; men have a higher incidence of depersonalization.

Therefore, it must be taken into account that the confinement due to the Covid-19 pandemic has influenced the way in which Undergraduate Internal Physicians relate and interact in their work area, creating a space of greater tension than They were already exposed.

RECOMMENDATIONS

The main recommendations are those described in the sheets referring to high demands, role conflict, lack of control over

work and lack of social support. However, some recommendations that have an impact and that can help combat the causes of Burnout are indicated.

It is proposed as a recommendation for the well-being of the Undergraduate Internal Physician, that research on this subject continue to be carried out, and according to its results, programs to promote healthy lifestyles in the educational field are designed and implemented, in order to contribute to the improvement of the well-being and quality of life of the Inmates and the prevention of risk factors for the management of exhaustion and the subsequent development of Burnout Syndrome.

In our opinion, some considerations are suggested, which arise from conversations held with some Internal Physicians interviewed.

- Avoid commanding or directing styles that are authoritarian.
- Identify the phenomenon since the syndrome is contagious and its spread must be avoided.
- Locate and solve the sources of tension.
- The working conditions must be reasonable, with hours that allow the Undergraduate Internal Physicians to have enough rest, as well as the rest of the health personnel.
- Provide Internal Physicians with the necessary elements for the development of their activities, since in most cases they have to use their own instruments.
- The designation of functions must be rotating to enrich the experience of the professional.
- Programs must be designed keeping in mind the satisfaction of the psychological needs of Undergraduate Internal Physicians

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