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EMOTIONAL EXHAUSTION IN HEALTH PROFESSIONALS

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Abstract: Emotional Exhaustion arises due to the stress that many health professionals are exposed to in their work environment and the high workload. Health professionals are those who are most susceptible. 60% of healthcare personnel in the health sector have daily work 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: Identify the prevalence of Emotional Exhaustion in health professionals. Methodology: Descriptive, cross-sectional and prospective study; 50 surveys were applied, 27 correspond to women and 23 to men to our selected sample who are health professionals. Results: Eight (16%) of the health professionals studied suffer from emotional exhaustion. Conclusions: Women present emotional exhaustion with a greater prevalence.

Keywords: Emotional exhaustion, Health Professionals, workload

INTRODUCTION

Emotional exhaustion refers to the chronic nature of work stress. This manifests itself through a state of physical and mental exhaustion that lasts over time and alters the personality and self-esteem of the worker. Emotional Exhaustion (EA), also known as Professional Burnout Syndrome (PDS), Psychic or Burnout Syndrome (QS), was described for the first time in 1961 in the publication "A burnout case" by Graham Greens (1). In 1974, psychiatrist Herbert Freudenberger conceptualized it as "the feeling of exhaustion, disappointment and loss of interest in work activity, which arises especially in those who are dedicated to service professions as a consequence of daily contact with their work."

In 1986, social psychologists Maslach and Jackson defined SB as "the process of gradual

loss of responsibility and disinterest among coworkers 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."

Experts in labor and health matters have demanded the recognition of this syndrome as an occupational disease.

From there, Mexico began its race to control the epidemic that little by little 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 approaching. seasonal influenza, which can become an additional risk.

Doctors, nurses, residents and interns join the team of health professionals where they participate in the medical care activities of hospitalized patients. Participates, in a supervised manner, in the preparation of clinical histories and invasive procedures in accordance with their competencies; He is also responsible for taking urgent laboratory studies and during on-call, as well as coordinating the scheduling of ordinary studies for patients.

In our environment, the overload presented by health professionals 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.

Against this we must add the conditions under which health professionals 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 to be 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 and 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 composed of severe progressive respiratory alteration, fever, myalgia and fatigue was reported for the first time in Wuhan, China, which would later be dominated 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 fear 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, they were exacerbated or, failing that, they began to be triggered.

Freudenberger (1974) used the concept of burnout syndrome to refer to a feeling of failure and an exhausted or worn-out existence that resulted from an overload due to demands on the worker's energy, personal resources or spiritual strength.

Thomaé (2006) states 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 which 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 exceed 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 the secondary effect of burnout syndrome, which not only affects the individual's organizational context, 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, pain, gastrointestinal disorders, tachycardia, among others.

In Mexico, a study that investigated the level of work exhaustion in a group of 450 doctors, nurses and paramedics from 12 hospital institutions, revealed the following data: 10.9% emotional exhaustion, 19.6% depersonalization and 74.9% low personal achievement. In turn, they determined a general prevalence of 44% of the syndrome in anesthesiologists; Work overload and value conflict were variables that influenced the presence of this syndrome. At the Mexican Social Security Institute, a study was carried out among family doctors, where the prevalence of burnout syndrome was 42.3%. Likewise, 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 to nurses without the syndrome.

Aranda Beltrán, in Guadalajara, surveyed 197 family doctors working in two health institutions, using the Maslach Inventory. She observed a prevalence of Workplace Burnout of 41.8%, especially in singles. 14.3% also reported being unmotivated to do their work. 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 this work medical assistants are included, since they are the ones who have first contact with patients in our institution. The prevalence figures of burnout syndrome reported by other studies carried out 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 was made up of Health professionals, who carry out their work at the General Hospital of Specialties, "Dr. Javier Buenfil Osorio". Respondents had to meet the inclusion criterion of being a health professional. 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, the MBI (Maslach Burnout Inventory) questionnaire was applied, developed to measure the frequency and intensity with which that burnout is suffered.

Results were collected from 50 health professionals 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 them, 50 (100%) are Health Professionals.

FINAL COMMENTS

SUMMARY OF RESULTS

The study population was made up of 50 Health Professionals.

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

In terms of 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 old are not very representative, with only one. The average 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 Doctors presented high emotional exhaustion, while 38% (19) presented an intermediate degree and 22% (11) I mention that it is never out of stock.

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

It was found that 14% (7) have a high degree of fulfillment, while 24% (12) have an intermediate degree and 62% (31) of the doctors have a low degree of Personal Fulfillment.

CONCLUSIONS

The results obtained show the presence of Emotional Exhaustion Syndrome on an intermediate scale and a high tendency to develop it in a high percentage among Health professionals of the "Dr. Javier Buenfil Osorio" General Specialty Hospital 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 study population was made up to a greater extent of women than men.

In relation to the previous characteristics the following can be said:

Women present emotional exhaustion with a greater prevalence; Men present depersonalization with a greater incidence.

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 are indicated that have an impact and that can help combat the causes of Burnout.

It is proposed as a recommendation for the well-being of health professionals, that research on this topic continue, and according to its results, programs to promote healthy lifestyles in the educational field are designed and implemented, so as 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 Emotional Exhaustion Syndrome.

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

- Avoid command or direction styles that are authoritarian.
- Identify the phenomenon since the syndrome is contagious and its spread must be avoided.
- Locate and resolve sources of tension.
- Working conditions must be reasonable, with schedules that allow health personnel to have sufficient rest.
- Provide health professionals with the necessary elements to carry out their activities, since in most cases they have to use their own instruments.
- The appointment of functions must be rotating to enrich the professional's experience.
- Programs must be designed keeping in mind the satisfaction of the psychological needs of health professionals.

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