

BURNOUT SYNDROME IN THE STATE OF EMERGENCY OF COVID -19 IN HEALTH CARE PERSONNEL

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ABSTRACT

Burnout Syndrome is produced by job burnout, it is a state of stress in which different circumstances lead to a constant exhaustion of the person. The work environment in hospitals is already demanding enough, between work schedules, providing care to the sick, family members in crisis caused by the illness or death of their loved ones, which demand immediate and effective care from the staff. All this dedication of responsibility that health personnel have to meet the needs of the sick produces work stress. In addition to this, the emergency situation currently being experienced at COVID-19 has had devastating effects indirectly on several sectors, such as the mental health of those who work in hospitals, clinics and all those related to health services. The massive arrival of patients to hospitals and clinics has increased the workload of staff, exposed to long shifts without sufficient rest with fear and fear of contagion. This article reviews the origin of burnout syndrome among health personnel, its importance in the context of COVID-19 and proposes suggestions to improve its occurrence.

Key words: syndrome, burnout, health care personnel, stress, COVID-19.

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INTRODUCTION

In December 2019, Hubei province in Wuhan, China, became the epicenter of a pneumonia outbreak of unknown causes. A group of patients presented to different hospitals with diagnoses of pneumonia of unknown etiology.

During December 18 and December 29, 2019, the first five cases were reported, of which four of these patients were hospitalized for presenting with acute respiratory distress syndrome and one of these patients died. (Koury & Hirschhaut, 2020)

Coronaviruses (CoV) are a large family of viruses that can cause a variety of conditions, from the common cold to more serious illnesses such as severe acute respiratory syndrome (SARS-CoV). (Pan American Health Organization , 2020)

The first case of Coronavirus in Panama occurred on March 8, a Panamanian woman, 40 years old, who entered the country on a flight from Barajas, Spain. This pathogen has shown from its beginnings its characteristic of rapid spread in the population worldwide.

On March 11, with 118,000 cases reported in 114 countries and 4,291 people dead, the World Health Organization (WHO) declares that the outbreak of Coronavirus 19 disease caused by SARS-CoV2, is considered a pandemic. (Koury & Hirschhaut, 2020)

SARS-CoV-2 (COVID-19) is not only a medical health problem, it is also a virus that aggravates the social situation to the point of exalting violence as a result of hatred and exclusion within the hospital institutions by the patient or family members, towards health workers and those who are in the first lines of defense against the advance of the infection, a situation generated as a result of impotence or rage due to the lack of supplies and medical and surgical equipment in hospitals that do not allow the staff to perform their medical act according to the situation generated by the pandemic. (Araujo, 2021)

Consequently, the health personnel faced with this situation had to take rapid measures, given the high hospitalization of patients, the little knowledge of this disease, the high stress how it affected the immune system and its forms of contagion. The fear of infecting themselves and their loved ones, seeing their sick colleagues and others who died because of the pandemic, created high levels of stress and anxiety that were difficult to control after so many months of struggle. The WHO, for its part, has confirmed that the impact of the pandemic on mental health is extremely worrisome and that health care workers who are on the front line of care for COVID-19 are

particularly vulnerable because of the high workloads, the risk of infection and the life and death decisions they have to make. (Huarcaya & Victoria, 2020)

It is here where Burnout syndrome becomes present, which is defined as a state of psychological and emotional stress, which is measured in three dimensions: reduced sense of personal accomplishment, emotional exhaustion and depersonalization. The pandemic has caused greater work saturation in its health personnel, who should not only be careful not to get infected but also to suffer Burnout syndrome that could have a negative impact, such as fatigue, stress, anxiety, depression, suicides, early retirements and unexpected resignations. (Garcia, 2020)

This syndrome is of utmost importance since it not only affects the quality of life and mental health of the professional who suffers from it, but, on many occasions, because of this syndrome, the health of patients is endangered; both those who suffer from it directly, as well as those who are cared for by someone who suffers from it. The frequency of this syndrome has been high, which led the WHO in 2000 to classify it as an occupational hazard. (Palmer, 2005)

In responding to the COVID-19 pandemic, health personnel face many challenges, among which we have identified the following as priorities: pandemonium, derived from the speed of the pandemic's advance and the initial chaos in responding to the emergency; the precariousness of the health system to respond to a public health problem of great magnitude, and the paranoia derived from the social response of fear of the unknown; Health personnel is made up of all persons involved in activities aimed at improving health and includes those who provide occupational profile services. (Berro, 2020)

Because of its importance in context we will address the point from: The Health Care Workforce Challenge: The Three "P's". Pandemonium, Precarity and Paranoia in greater depth to describe their impact on the development of burnout syndrome.

The objective of this article was to briefly analyze the effects that lead to Burnout syndrome in health professionals during the COVID-19 pandemic and its importance as an indicator for secondary prevention.

MATERIALS AND METHODS

A review of the literature available in digital format in the period from July to November 2021 was carried out, which covered the bibliographic databases Pubmed, Medline, Redalyc and SciELO, through Google Scholar, using the terms burnout syndrome, COVID-19, health personnel,

consulting a total of 59 bibliographic sources.

The data collected will be strictly for research use, supported by the Executive Decree N°1843, of December 16, 2014 that regulates the National Research Bioethics Committee of Panama.

PANDEMONIUM, RESPONSE OF HEALTH CARE PERSONNEL

In effect, the personnel working in the different hospitals and clinics, including doctors, nurses, administrative personnel and others, are the ones who receive people with symptoms, test them, rule out or confirm contagion, and channel them to hospitals if necessary. Every day, they have to give encouragement to people whose symptoms make it very difficult for them to survive the pandemic.

In addition to this, at the end of their work they must return to their homes where they put their families at risk, or face the reality that many are infected or have died from COVID-19.

Health personnel are affected by uncertain labor contracts, low salaries, and deteriorated health (diabetes, hypertension, obesity, stress, among others); to which is added the discouragement for years and years of work that they should already be retired, receiving a pension.

The long struggle against this global emergency situation has left the health personnel “exhausted, deteriorating the health of the personnel, who are already very old”.

The pandemic demands, for their care, young and healthy health personnel, who have fewer risk factors, “*but the burden has fallen on a very small group of workers*” who, for the most part, do not have those characteristics. (Parallel, 2021)

Stories of the courage and sacrifice of medical personnel have been seen globally, such as cases of retired physicians who had to return to service to meet the demand for patient care, senior health science students who have had to come to the support of the pandemic. (The Hospital, 2020).

The challenge for healthcare personnel is in addressing the COVID-19 pandemic directly. Health care personnel face many challenges, the uncertainty, the stress that comes with difficulties in medical care during an epidemic outbreak such as COVID-19, demands special attention to the emotional support needs of health care personnel. Taking care of oneself and encouraging others to take care of themselves maintains the ability to care for patients.

HEALTH CARE SYSTEM PRECARIOUSNESS

Health systems face the challenge of contributing to improve hygiene and sanitary health conditions, occupying a place of priority importance in middle and low income countries, given that the absence or precariousness of health systems has a negative impact on the expected health outcomes. Likewise, due to the direct relationship between programs and systems, either due to the absence or weakness of both, this will impact on a consequent failure in public health and in the execution of the programs themselves. (Erazo, 2015)

Panama does not escape from this reality, in hospitals there is a shortage of personal protective equipment (masks, gowns, etc.) that meet the standardized quality and safety criteria to be able to care for patients affected with COVID-19, in addition to a lack of supplies and medicines. The professionals complained about the *“lack of adequate care and follow-up”* for healthcare workers affected by COVID-19, as well as the absence of *“updated information”* on the subject and the *“low coverage of serological tests among healthcare workers”*. (UP, 2020)

This situation meant that medical personnel and all health system personnel often had to acquire the necessary equipment on their own to protect themselves from the pandemic.

The crisis triggered by SARS-CoV-2 has exposed the precariousness of some of the world's many health systems, even in economically powerful countries. The COVID-19 crisis has also revealed the deficiencies in diagnostic capacity and public health surveillance that make the world very vulnerable to threats, exemplifying how technological dependence on foreign producers can hinder the prevention and control of diseases with high epidemic impact. (MISALUD, 2020)

One of the problems evidenced in the health sector is the inefficient management of public resources. According to the study *“Better Spending for Better Lives”* published by the Inter-American Development Bank (IDB), the countries of Latin America and the Caribbean only spend around 4 % of GDP on public health, below the 5 % subscribed by all the countries of the region, through the Pan American Health Organization (PAHO). But that is not all. The money destined to solve health needs ends up being used to eradicate minor problems, postponing management crises such as the current one (Conexion ESAN, 2020)

This precariousness was not only in supplies, implements, but also in the number of personnel available in hospitals and health centers, it was necessary to hire more staff to cope with the situation. These personnel are not only affected by the tense work environment due to the pandemic, but also by the lack of benefits, salary, vacations and all the necessities that come with the development of

these tasks.

PARANOIA IN THE POPULATION

Paranoia is a primary disorder characterized by the presence of very persistent delusions that do not interfere with general logical reasoning, nor do they disturb the patient's behavior in many aspects of his or her life, except if such behavior is directly related to the delusional belief. However, there is a marked sense of self-reference that turns many events, insignificant for most people, into extremely significant facts. (Garcia, 2008).

It is in the face of this definition that the population manifests its fear of the unknown through aggressive and discriminatory behavior towards health professionals. Society requires clear, precise and understandable information about the importance and value of health personnel in the face of the pandemic (IDB, 2020).

Thus, the coronavirus pandemic has also increased the uncertainty of the real world, so that with it, the cases of paranoia in the population have grown (VIDA, 2021).

The population's anxiety created a condition of social paranoia, where any health situation presented by the person went to the nearest health center, creating a saturation in the health care system. It also brings with it an increase in the contagion of COVID-19 cases. Health personnel were among the most affected, bringing with them innumerable losses to the different sectors and health care facilities.

The main cause of these deaths is the shortage of personal protective equipment (PPE) in 63 of 79 countries. In addition to the above, there is a shortage in the production of such medical supplies; furthermore, trade restrictions for some countries and massive purchases by nations with greater financial resources, which opens a gap of inequality with the less advantaged peoples at the time of purchase and acquisition of supplies by manufacturing companies (Amnesty International Global, 2020).

CONCLUSIONS

After reviewing different references, including articles, journals and databases, we have understood the need to prepare health personnel and institutions for a global health emergency.

- To provide the personnel with all the necessary implements in the precaution of contact with biological agents.
- Maintain constant monitoring of the mental health of workers, promoting the reduction

of sources of stress.

- Increased training of personnel in terms of new skills and existing skills, encouraging initiative in the autonomy of task design management.
- To have a greater penetration in the labor market to opt for greater participants where empowerment and autonomy in decision making is promoted.

Síndrome de Burnout



¿Qué es?

También llamado 'síndrome del trabajador quemado', es un trastorno de agotamiento extremo y crónico producido por el estrés laboral y las malas condiciones de trabajo



¿Cómo es?

Se suele manifestar en forma de falta de motivación en el trabajo, decaimiento, alteraciones del carácter, y malestares físicos

¿Qué lo causa?

- Sobreexigencia laboral
- Remuneración insatisfactoria
- Problemas personales
- Privación del sueño



¿Qué consecuencias tiene?

- Ausentismo
- Bajo rendimiento laboral
- Trastornos emocionales
- Merma en las defensas
- Riesgo de adicciones
- Trastornos físicos relacionados con el estrés



¿Qué se puede hacer?

- Prestar atención a los factores de riesgo
- Fomentar un entorno sano de trabajo
- Cambios periódicos de ambiente
- Comunicación asertiva
- Técnicas de relajación



Fuente: Naturopatia.

elEconomista

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