Burnout Syndrome in a Departmental Hospital in Colombia

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Abstract: This project determined the prevalence of Burnout syndrome in a public hospital in the Department of Bolivar. Its objective was to evaluate the work stress to which the company’s employees are exposed to generate recommendations that help them improve the work environment and working conditions. A descriptive study was carried out, with a population of 82 workers including administrative, medical and general welfare. This study was applied to the entire population of workers. Taking into account variables such as age, occupation, sex, economic stratum, stature, marital status, schooling, seniority in the company, public services, the Maslach method survey (Maslach Burnout Inventory) was used as an instrument. It is evident that 37 subjects (45.12%) scored high for emotional exhaustion, 8 subjects (9.75%) scored high for Depersonalization and 7 subjects (8.55%) scored low for personal fulfillment. Finally, an affection due to Burnout syndrome was detected in 17 subjects, corresponding to 21.14% of the total population, reflected in high levels of emotional exhaustion, depersonalization and low personal fulfillment, especially in exposed women.

Key words: Burnout syndrome, psychosocial risk, work stress, work environment, emotional exhaustion

INTRODUCTION

Stress has been defined as that psychological condition where an individual perceives demands and/or external demands imposed or created that exceed their ability to adapt and respond, but is also attributed significant influence on the occurrence of diseases of different etiology, thus acquiring epidemiological and socio-economic relevance (Wiegand et al., 2018).

For the evaluators, the first activities were distributed in different areas, related to the activities in the care of the institution that have been exposed to psychosocial danger, (O’Connor et al., 2018) referring to the content of the task, the responsibility of the position and the possible effects that they show psychosocial aspects, such as work shifts at night and rotation by assignment. These, by integrating the conditions of the task of attention to the public and the evaluation of performance (Azagba and Sharaf, 2012). The interaction in the work environment, the conditions of work organization and the needs, habits, capabilities and other personal aspects of the worker and their social environment, at a given moment can generate burdens that affect health, performance at work and the labor production (Joaquim et al., 2018). The hospital is no stranger to these conditions in different positions and responsibilities of its workers, for which when referring to a problem similar to stress, there are evident difficulties to recognize themselves in their work, confronting the quality of the activities carried out. The term stress is generally applied to the pressures that people have in their daily lives. It manifests as a discharge in our body product of the accumulation of psychological stress. In this process almost all the organs and functions of the body participate including the brain, nerves, heart, digestion, muscular function and others.

In the hospital there is no statistical report showing the incidence of stress on workers, but most of them have stated that at some point in their lives they suffered stress due to their work, overload of work, attention to people, the work schedules and the delay in the allowance.

In this order of ideas, it is pertinent to inquire about the degree of Burnout syndrome suffered by the workers of a public Hospital in Bolivar Colombia in the performance of their job function. To argue about the characteristics related to this phenomenon, reference is...
made to Freudenberger, who in 1974, describes for the first time this syndrome of a clinical nature. “A sense of failure and an exhausting experience that results from an overload due to demands of energy, personal resources or the spiritual strength of the worker” (Creus and Mangosio, 2011). Basically, this experience explains the process of displacement of care and professional services provided in the educational, health and social fields. Later Cristina Maslach in 1982 developed a study called “loss of professional responsibility”, thus from the psychosocial scope, described the syndrome without psychiatrically stigmatizing the person. For Maslach the Burnout syndrome can occur exclusively in the help professionals (for example in those who serve the public as teachers and health service). In this study she defines the excessive external and internal emotional demands impossible to satisfy those that produce the experience of personal failure (Bamber, 2006). The aforementioned circumstances justify the need to implement a Health and Safety at Work Management System as regulated by the Congress of the Republic of Colombia through Law 1562 of July 11, 2012 with respect to the Occupational Health Program, which successive will be understood as the Management System of Safety and Health at Work SG-SST. This System consists in the development of a logical and step-by-step process, based on continuous improvement and that includes the policy, the organization, the planning, the application, the evaluation, the audit and the improvement actions in order to anticipate, recognize, evaluate and control risks that may affect health and safety at work, within the hospital that also guides, executes, evaluates the actions aimed at ensuring the overall well-being of all its employees and allows to clearly identify if their workers suffer or they are in the initial stage of the syndrome. The research is viable, because the necessary resources are available to carry it out, such as collaboration with 100% population, personal information of said population and decisive information that would yield the evaluation methods such as the Maslach Burnout Inventory. When implemented, it will allow timely attention in occupational hygiene and prevent occupational diseases and work disabilities that may affect the health of employees.

Pines and Aorson, propose a broader definition, not restricted to helping professionals: “It is the state of mental, physical and emotional exhaustion, produced by the chronic involvement in work in situations with emotional demands (Pines and Anorson, 1988). The excessive psychological demands are not only given in direct service to the public, but can also occur in other work areas, such as managerial positions, commercial work, politics, etc. It emphasizes the importance, from the prevention of the quality of the interpersonal relationships in the work, of the way of supervision and of the opportunities of continuous learning and development of the career with which the worker counts.

Family medicine, in addition to being one of the majority groups in health institutions in the first level of care, represents the initial contact with users of medical services in this area, where the problems posed by the growing needs are more evident. In view of the limited resources of the institutions, a situation that harms the family doctor in his individual and work environment, in the biopsychosocial aspects, which cause the Burnout syndrome (Aguilera et al., 2010).

In a study on the Burnout syndrome in doctors of the hospital of the Argentine city of Corrientes, a high incidence of this condition is found in the doctors of public hospitals, observing a wide predominance in the category of emotional fatigue, in terms of age and years of practice, there was a higher incidence in younger doctors with less work experience (Adriana et al., 2005).

Psychosocial risks can be defined, such as those conditions present in the work, related to the organization, content and performance of the work that can affect both the well-being and the health (physical, psychological or social) of the workers and the development of the work as well as business productivity. The main negative consequences on the person are stress and job dissatisfaction and are observed in parameters such as the quantity and quality of work performed, job rotation or absenteeism.

The term stress is understood as a complex dynamic process triggered by the perception of threat to the integrity of the individual and the quality of their significant relationships, which aims to recover the lost homeostatic balance, enable the development of individual competence and improve the quality of the adaptation of the environment, on the other hand, is the provisions of the Ministry of Social Protection Resolution 2646 of 2008, which in its 22 articles clearly defines the concepts necessary for the identification of psychosocial risks and clearly explains what the obligations are that companies must continue to establish provisions and define responsibilities for the identification, evaluation, prevention, intervention and permanent monitoring of exposure to psychosocial risk factors at work and for the determination of the origin of pathologies caused by occupational stress. Burnout syndrome or syndrome of being burned by work is characterized by emotional exhaustion, depersonalization and low personal fulfillment, which can occur among individuals who work in direct contact with clients or patients (Bosqued, 2005).

This research is based on evaluating the work stress to which hospital officials are exposed, where the psycho-occupational risks existing in the hospital are identified through a matrix, work stress conditions are evaluated with the Burnout Inventory method, Maslach. The data and information obtained in the evaluations are also analyzed to generate a diagnosis and make recommendations on the conditions and organization of work in the hospital for the
management of Burnout syndrome and easily diagnose their risk situation in order to advise and recommend actions for the reduction of psychosocial risks in organizations.

MATERIALS AND METHODS

A descriptive study was developed in which each of the study variables were detailed. The socio-demographic information was collected through direct surveys to the study subject. The psycho-occupational risks existing in the hospital were identified through an evaluation matrix which will allow establishing which charges are affected by this syndrome. On the other hand, work stress conditions will be evaluated with the Maslach Burnout Inventory (MBI) method (Stodel and Stewart-Smith, 2011). In the present study 82 people were approached between men and women between the ages of 20 and 60 years. They were taken into account as criteria for inclusion that the evaluated had current contract with the hospital, performance of care work and attention to the public in the hospital’s own care activities, were included professionals, specialists and technicians, belonging to different social strata and seniority in their charges between 2 and 11 years. Their access to basic public services was evaluated. Those without a direct or temporary contract with the hospital were excluded, as were the administrative workers and those with less than one year of service.

The Maslach Inventory Burnout (MBI), questionnaires were distributed to 82 health care workers from a public hospital in the department of Bolivar Colombia, who met the inclusion criteria between January 1, 2016 and December 31, 2017. The questionnaire is self-explanatory and takes less than half an hour to complete. The anonymity of the participating workers was maintained between the medical matters, the nurses and the support staff, the registration of socio-demographic data, the specifics of the work and the seniority of the position. The completed questionnaires were evaluated and classified using the score key of (MBI) that qualifies the participants in each of the three sub-scales (Au et al., 2018). The tests were analyzed to directly relate to burnout levels and determine that workers suffer from this syndrome (Geurts et al., 2005).

Scale of emotional exhaustion: Constituted by questions that value the experience of being emotionally exhausted by the demands of work (Table 1). This dimension demonstrates the effects and damages inherent to the overload of effort (both work, personal, sentimental plus the responsibilities of assuming conflicts, emotional and cognitive stimuli). This process has been generated by a prolonged and slow exposure to the previous effects, to the point where an emotional debacle is generated, finally breaking the mood of the affected one, resulting in a depression or chronic illness. In general, since the hospital context is highly demanding, with high physical and psychological demands, it represents considerable sacrifices for the worker, added to the pressures, the high risk of dismissal and added to this the surrounding problems that they demand attention by individual departure, understanding that each patient is different.

Table 1: Scales of Burnout syndrome

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
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<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>&lt;15</td>
<td>15-24</td>
<td>&gt;24</td>
</tr>
<tr>
<td>Depersonalisation</td>
<td>&lt;4</td>
<td>4-9</td>
<td>&gt;9</td>
</tr>
<tr>
<td>Personal achievement</td>
<td>&gt;39</td>
<td>33-39</td>
<td>&lt;33</td>
</tr>
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Scale of depersonalization: Constituted by 5 questions that value the degree to which each one recognizes attitudes of coldness and distancing. This dimension makes it possible to identify the feeling of indifference and distant attitudes regarding the objectives of their task and the usefulness of the work performed at the time, together with the absence of positive feelings in the process of the task performed. The above is even more evident when the worker accused apathy, loss of attention, decreased automatic activity and loss of the sense of being a person, a very unpleasant symptom in the context of work.

Scale of low personal fulfillment: Constituted questions that evaluate the feelings of self-efficacy and personal fulfillment at work. The presence of Burnout syndrome determined by the representation of any of the dimensions of depersonalization, emotional exhaustion and personal realization. This test was designed to be evaluated on a Likert scale; where each item must be answered according to these options and according to the sub-scale, the sum of the scores given by the evaluated.

Once after obtaining all the information regarding the applied instrument, we proceed to tabulate each of the data, in order to obtain the scores corresponding to each of the sub-scales, in order to perform the classification according to their scores. In positive cases or not for Burnout syndrome through the scale of values given by the MBI. Similarly, with each one of the variables of the MBI test, a correlation was made between them, determining those of greater correspondence and incidence to acquire the Burnout syndrome. It is important to consider for the sub-scales of emotional exhaustion and depersonalization; the high rates correspond to high levels of being burned, in the sub-scale of personal realization; the low correspondences to feelings of burning. Sub-scales must be qualified separately to maintain that amount. And in general; the consequences in the first two sub-scales and in the third fall, detect an individual affected by this syndrome (Rajan and Engelbrecht, 2018). Although, it must take into account the implication of the three fundamental aspects of the Maslach scale, it is also essential to take into account a clinical picture; which is its first two stages is reversible, but in the following
periods; an intervention is essential (Erkorkmaz et al., 2018). These phases are presented progressively, through symptoms where the worker perceives imbalance between the demands assigned by their bosses and the material and human resources assigned to such work, being the workloads that exceed the resources. Another stage characterized by temporary over-exertion, for imposed demands and once again in which the worker is affected on a psychological level and on a physical level, becoming a danger rather than an aid for the recipients of services (Alfuqaha and Alsharah, 2018). It is important to consider for the sub-scales of emotional exhaustion and depersonalization; the high rates correspond to high levels of being burned, in the sub-scale of personal realization; the low correspondences to feelings of burning. Sub-scales must be qualified separately to maintain that amount (Liebenberg et al., 2018). And in general; the consequences in the first two sub-scales and in the third fall, detect an individual affected by this syndrome (Marques et al., 2018). Although, it must take into account the implication of the three fundamental aspects of the Maslach scale, it is also essential to take into account a clinical picture; which is its first two stages is reversible, but in the following periods; an intervention is essential. These phases are presented progressively, through symptoms where the worker perceives imbalance between the demands assigned by their bosses and the material and human resources assigned to such work, being the workloads that exceed the resources (Taris et al., 2006). Another stage characterized by temporary over-exertion, for imposed demands and once again in which the worker is affected on a psychological level and on a physical level, becoming a danger rather than an aid for the recipients of services.

**RESULTS**

**Identification of psychosocial risks:** Through an evaluation matrix it was possible to establish charges affected by the Burnout syndrome (burned by work) and to identify the psycho-occupational risks existing in a Hospital in the department of Bolivar-Colombia. The first area to be recognized was the consulting area, whose main activity is the external consultation; in this activity you can find the following tasks: delivery of appointments, medical consultation, dental consultation, clinical laboratory, cytology, youth programs, essential medicines, family planning, pre-natal control, growth and development, vaccination, hypertensive program, cancer prevention, oral hygiene, delivery of medical test results; All these tasks are routine. The first psychosocial danger that was found is the content of the task, responsibility of the position, possible effects: fatigue, headache and work stress. For which there are no existing controls, number of people exposed a total of 56 officials.

**Possible solution to train in stress management:** The second danger that is identified is the organizational management (payment and hiring) possible effects: depression, despair, anxiety, irritability, stress for which there are no controls, number of people exposed, acceptable solution: timely payment of meals, recreational activities and implement an epidemiological surveillance system for psychosocial danger (Joaquim et al., 2018).

The second area is related to medical emergencies: Whose only activity is the 24 h medical attention, it fulfills the following tasks: emergency consultation, hospitalization, delivery care, basic healthcare transport, all of a routine nature. After the analysis of this activity there are 4 psychosocial dangers: in the first place there are work days (night, task rotation, overtime) possible effects: anxiety, changes in behavior, aggression, work stress, for which no There are existing controls, with 38 people exposed. Possible solution: rotation of work shifts. The danger number two is organizational management (payment and contracting) possible effects: depression, despair, anxiety, irritability, stress for which there are no controls, with the same number of people exposed. Acceptable solution: punctual payment of allowances, recreational activities and implement an epidemiological surveillance system for psychosocial danger. The third identified danger is characteristic of the social group of work (relationships and teamwork). Possible effects: despair, depression, anxiety, aggressiveness, aggressiveness, irritability and stress, with 38 exposed. Possible solution: training the working population in stress management and implement an epidemiological surveillance system for stress management, understanding that the Burnout syndrome has become an increasingly common issue in the staff that serves people with problems, it is necessary to establish protocols that detect these concerns, because feeling “burned” at work makes the job performance affect, evidenced in the increase in absenteeism, disability and even attrition, which can be avoided with an early detection of this illness. The last danger found in this activity was: content of the task, attention to the public, possible effects: fatigue, headache and work stress for which there is no control, number of people exposed, 56 possible solution: train personnel in the stress management considering crucial factors to attend and train the assistance personnel, along with the promotion of sensitive culture and education that complements the specific training very necessary to counteract the symptoms of the syndrome that may affect the performance of the same. It is also to be understood that the attrition damages the care workers in all the professional categories of the hospital staff. Therefore, the application of instruments and measurements together with longitudinal analyzes should be directed to all those exposed, consolidating reliable figures for the psycho-occupational epidemiological surveillance system (Marques et al., 2018).
The next area under study is the administration: whose activity is to run the organization fulfills the following functions or tasks: hiring staff, keep accounts, have resources, plan, organize and coordinate all activities of the company. The first danger that was identified was: organizational management (payment and contracting) for which there are no controls, possible effects: depression, despair, irritability. Number of people exposed 28. Possible solution: timely payment of the allowance and training in stress management. The following danger: mental load task conditions, possible effects: fatigue, headache, work stress, number of people exposed, possible solution to train personnel in stress management and implement an epidemiological surveillance system for psychosocial danger. It is emphasized that the clarity of the roles, in terms of what to do and delegate, a sense of professional autonomy with criteria and determination plus fair treatment and access to regular clinical supervision are, as a whole, protective factors that prevent the appearance of Burnout syndrome. Teamwork is fundamental in the prevention of this condition, because this action decreases the volume of work that alters the worker’s routine (O’Connor et al., 2018).

The last area that was found is the maintenance and general services area, which is dedicated to the following activity: maintaining order and cleanliness and maintenance of all areas, the tasks performed by this maintenance area consists of: cleanliness to all areas carry out the disposal of hospital waste, keep all the elements of each area in good condition, all of a routine nature. The only danger that could be identified here in this area was: organizational management (payment and hiring). Possible effects: depression, despair, anxiety, irritability, work stress. The 6 people exposed, there are no controls for this danger. Possible solutions: punctual payment of meals and training in stress management (Azagba and Sharaf, 2012).

**Evaluation of working stress conditions Burnout by the Maslach method:** In the hospital, the total population was men and women between 20 and 60 years of age with 69.51% belonging to the female gender and 30.49% to the male gender.

The population mentioned is shown below as follows: 10 vaccinators, 4 counters, 5 general services, 2 billing officers, 2 dental assistants, 12 doctors, 4 chief nurses, 1 secretary, 1 physiotherapist, 1 X-ray technician, 1 pharmacy technician, 1 systems engineer, 1 consultant, 15 nursing assistants, 2 bacteriologists, 4 administrative technicians you, 6 dentists, 1 maintenance manager, 2 drivers, 4 promoters, 4 laboratory assistant for a total of 82 staff. Regarding the level of studies, we have Table 2:

<table>
<thead>
<tr>
<th>Level of studies</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>28</td>
<td>34.15</td>
</tr>
<tr>
<td>Specialist</td>
<td>3</td>
<td>3.66</td>
</tr>
<tr>
<td>Technician</td>
<td>40</td>
<td>48.78</td>
</tr>
<tr>
<td>1-2 years</td>
<td>40</td>
<td>48.78</td>
</tr>
<tr>
<td>3-6 years</td>
<td>11</td>
<td>13.41</td>
</tr>
<tr>
<td>7-10 years</td>
<td>18</td>
<td>21.95</td>
</tr>
<tr>
<td>11 years and up</td>
<td>13</td>
<td>15.85</td>
</tr>
</tbody>
</table>

Of these 82 workers, 100% have electricity and natural gas in their homes, only 36.58% have Internet service, in terms of telephone service 91.46% have a fixed or cellular telephone line, on the other hand 85.36% of the officers have cable TV while 14.64% do not have this service. In the analysis of the service of aqueduct and sewage it was evidenced that only a minimum amount of 18.29% possess this service in comparison with the alarming sum of 81.71% that do not have this service in their homes.

**Table 3** shows 37 subjects (45.12%) with high levels of Emotional exhaustion (AE), 32 subjects (39.02%) have medium levels and 13 subjects (15.85%) have low levels. The 54 subjects (65.85%) have low Depersonalization (DE), 20 subjects (24.39%) have medium levels and 8 subjects (9.75%) have high levels. The 48 subjects (58.53%) presented high Personal Performance (RP), 27 subjects (32.92%) presented a medium level and 7 subjects (8.55%) presented low levels. It is evident that 37 subjects (45.12%) scored high for emotional exhaustion, 8 subjects (9.75%) scored high for depersonalization and 7 subjects (8.55%) scored low for personal fulfillment. Finally, an affection due to Burnout syndrome of 17 subjects was detected, corresponding to 21.14% of the total population, reflected in high levels of emotional exhaustion, depersonalization and low personal fulfillment.

The most affected positions were nurses with 70.5% (12 of 17), doctors and nursing assistants with 11.7% (2 of 17) respectively (Table 4).

Women suffered greater affection with this syndrome, representing 94.1% of the total (16 of 17) and only 5.87% of men (1 of 17) was affected.
Table 4: Most affected and genders positions

<table>
<thead>
<tr>
<th>Gender positions</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>13</td>
<td>76.47</td>
</tr>
<tr>
<td>Doctors</td>
<td>2</td>
<td>11.76</td>
</tr>
<tr>
<td>Nursing assistants</td>
<td>2</td>
<td>11.76</td>
</tr>
<tr>
<td>Women</td>
<td>16</td>
<td>94.12</td>
</tr>
<tr>
<td>Men</td>
<td>1</td>
<td>5.88</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Being consistent with Freudenberger’s study which describes it as a sense of failure and an exhausting experience that results from an overload due to energy demands, which is not far from the reality found in this study, where those affected especially from the healthcare area demonstrated this circumstance in their performance, affirming that they feel at times with a high degree of frustration and fatigue.

Relating what was cited at the time by Pines and Aronson (1988), who indicate that Burnout is an affectation if n exclusivity for health professionals and confidentially to them, the damage that triggers this syndrome also affects administrative and health workers. Support in organizations as well could be demonstrated in the relationship of the results with the evaluated workers, this also affirmed in a categorical way by the postulates of Castaneda and Garcia de Alba, where it is expressed that the interaction with users of the services doctors can generate more problems related to the syndrome.

Contrary to what was affirmed by the study by Adriana et al., who indicated in their study in the hospital of currents, it indicates that Burnout is present and has a high incidence in the doctors of public hospitals, while they found nurses more affected and nursing assistants.

Within the visualized characteristics it is possible to contrast that the level of emotional exhaustion as well, the high depersonalization and the low personal fulfillment are factors related to the professional dimensions of the burnout syndrome that stood out in this study demonstrating that the level of stress related to the work has been related to stress and unfavorable levels of job satisfaction (Stodel and Stewart-Smith, 2011), where training in self-management techniques and stress management is promoted to strengthen optimism and self-esteem, useful to prevent burnout syndrome (Au et al., 2018).

Although this study does not propose it, diverse studies manage to propose the improvement in the use and use of working hours and the best treatment of the personnel is another very useful alternative for the increase of the performance, seen with a focus in the medium and long term (Liebenberg et al., 2018), with the aim of increasing resilience among workers, which could improve the working environment.

On the contrary, it has been found that the wear affects all the professional categories of the hospital staff, without distinction of rank or gender, even though in the current evaluation the women were the most affected (Marques et al., 2018).

**CONCLUSION**

Psycho-occupational risks existing in the hospital were identified, among which the content of the task was highlighted due to the repetition and routine of the shifts since it is characteristic of the health service, being normal to stay up late in the shift, which predisposes them to certain features of irritability, inaccuracy and difficulties for concentration in delicate tasks such as health care, where mistakes can be disastrous. In the same way, the tasks with positions of responsibility which can predispose the worker to situations of difficult handling and affectations for his work performance, the previous for the effects that can possibly be generated and make a dent in the health of the worker as fatigue, headache and irritability, for these manifestations there is no control implemented in the hospital, making the worker more prone to suffer the syndrome.

When evaluating the conditions of work stress with the Maslach Burnout Inventory method, it was determined that the most outstanding characteristics are gender where 69.51% are women and 30.49% are men while the age range is between 20 and 60 years, respectively, where 17 subjects, corresponding to 21.14% of the total population, reflected high levels of emotional exhaustion, depersonalization and low personal fulfillment, definitive sign of the affection by this syndrome.

Health professionals have a moral and professional commitment to their work activities, since they involve a direct relationship with other people, therefore they are also part of the emotional burdens of their patients. Interpersonal relationships, bring with them multiple variants, so that their management is complex for both parties; patient and server.

The implications of the Burnout syndrome, are not only somatic or psychological, they also have an economic component, since the emotional instability to carry out their daily activities, feeling comfortable in their work place, leads to the decision of labor absenteeism or the definitive labor desertion. This causes a chaos at the administrative level, since vacancies must be filled, because ultimately, the institution as a provider of a health service can not disregard the correct functioning of its production process, which in this case is the care of patients.

On the other hand, these feelings of dissatisfaction can lead to situations of physical risk both to the patients themselves and to the population served, since at any time a work accident can be generated that will have negative consequences for the hospital’s corporate image. due to the possible demands and affectations at the administrative and assistance level. Hence, the importance of a good organization of work.
RECOMMENDATIONS

Currently, to combat Burnout, interdisciplinary intervention processes are developed with doctors or psychiatrists, psychologists and social workers. Professionals interact to achieve individual, group (support between co-workers) and work organization adjustments. Regarding individual treatment, it is necessary to develop an educational task in order to modify and/or develop attitudes and skills in the worker that allow him to improve his capacity to face the demands of his employment. In this sense, the importance of carrying out external activities outside the work area, to cultivate personal, family and social relationships, is emphasized. On the other hand, self-control is reinforced against pressure at work, so that the person learns to put limits to the overload of tasks through the organization of time, take days off or vacation after a prolonged effort and consult the ideal professional when you begin to perceive the symptoms of fatigue.

As strategies at work level, the importance of varying and making tasks more flexible is emphasized, forming teams where the personnel participate in the organization processes and in turn have an adequate recognition for the work they perform. Care must be taken to prevent the onset of emotional fatigue through rest and recovery times among affected personnel, since socio-demographic variables may offer little significance, it is understood that social support and interpersonal relationships are the main triggers for the onset of the syndrome. of burnout among workers, making it clear that the emotional component is more marked among people exposed to emotional pressure in the care environment. It is necessary that in the future it be deepened in larger populations to develop longitudinal analyzes that clearly indicate more categories data on specific aspects of the professional and auxiliary categories with equal exposure.

Contemplating the agreed results, it is recommended to implement an action plan with the hospital administration to control the levels of stress, professional exhaustion and job satisfaction, seeking the improvement of the participation and the communication between the professionals and the management, where the overload is avoided constant work generating stress and anxiety. The promotion of healthy habits being favorable food and physical activity as a key to health and become aware of the balance of activities, customs and nutrition establishing agreements with sports clubs or gyms so that their employees they can make use of the facilities at preferential costs.

REFERENCES


