

Burnout Syndrome in the Health Human Resource as a consequence of COVID-19

Alan Suresh Vázquez Raposo^{*1}, Luis Rey García Cortés², Oscar Venegas Noyola³, Oscar Jiménez Jalpa⁴ and Araceli Gil Sánchez⁵

¹Medical Assistant Coordination for Health Research, IMSS, State of Mexico, Eastern Delegation

²Medical Assistant Coordination for Health Research, IMSS, State of Mexico, Eastern Delegation

³General Hospital of Zone No. 68, IMSS, State of Mexico, Eastern Delegation

⁴Family Medicine Unit No. 180, IMSS, State of Mexico, Eastern Delegation

⁵Family Medicine Unit No. 78, IMSS, State of Mexico, Eastern Delegation

*Corresponding author

Alan Suresh Vázquez Raposo, Regional Delegation State of Mexico Oriente, Head of Medical Services, Coordination of Planning and Institutional, Liaison, Medical Assistant Coordination of Health Research, Mexico

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Abstract

Society is undergoing abrupt changes, the latest pandemic (COVID-19) has hit society in such a way that it is important to consider its effects. The medical world is facing a new virus; hospitals are becoming more crowded every day. The case of Mexico is one of many that exemplify the health emergency. The effect of the new coronavirus COVID-19 is such that it directly affects health promoters. Health workers are forced to intervene, and in order to mitigate or control the spread of the virus, they must be exposed to longer working hours. The objective is to elucidate how the excess work of the Health Human Resource directly caused by the new coronavirus COVID 19 can cause Burnout Syndrome in health promoters.

Keywords: COVID-19, Burnout Syndrome, Human Resource Health, Medicine, Stress, Work

It is necessary to reflect on the effects that the new coronavirus is generating since we cannot ignore something that affects us completely, from the economy to social engineering in terms of new forms of care.

The first necessary link is to know what a Coronavirus is and especially COVID-19. The World Health Organization (2019) broadly defines a Coronavirus as “a large family of viruses that can cause disease in both animals and humans. In humans, several coronaviruses are known to cause respiratory infections that can range from the common cold to more serious diseases such as the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes the coronavirus disease COVID-19.” Focusing on the new coronavirus, the WHO itself (2019) comments that “COVID-19 is the most recently discovered infectious disease caused by the coronavirus. Both this new virus and the disease it causes were unknown before the outbreak in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries around the world.”

The COVID-19 according to the Mexican Government arrived shortly before February 29, 2020. Hugo López-Gatell Ramírez,

Under-Secretary of Health, commented in a press conference that. “This situation we see with the four Mexican citizens who originally arrived from Italy and one of them, is the first confirmed case of COVID-19, of infection by the disease, by coronavirus 2019, and one of them has the virus in his throat, but has no symptoms, he has no.” The report highlights the asymptomatic nature of the disease and the response of the health authorities in Mexico.

The reflection is not centred on enabling a fight over opinions on how the presidency and the secretariats act to resolve the contingency, the objective is to elucidate whether the excess work in the Human Resources of Health caused by the care of patients with COVID - 19 is a risk factor for these personnel to develop Burnout Syndrome.

To say, “Overwork is considered to be work done in such a way that it goes beyond the individual’s ability to recover; this fact may represent a risk, as some people may demand a lot from their body and have difficulties in recovering”. (Cruz et al. 2010, p. 53). As stated, we can infer that the current situation in Mexico demands a certain amount of excess, since to mitigate the spread of the virus the staff can work longer hours to attend not only patients who have recurrent illnesses but also patients with the symptomatic

COVID-19 conditions as well as patients who assume they have the virus.

The demand can present different factors, from the employer who does not provide adequate facilities and materials, to the worker who is experiencing emotional problems that directly affect his or her practice, when a traumatic event occurs, Rivera (2017) takes on the task of highlighting the psychosocial risk factor as he states that it appears when a psychosocial factor and a workplace factor are inconsistent with each other, noting that “It is important to emphasize, that the psychosocial risk factors are a trigger of psychosocial factors, exposed in the workplace and become unmanageable in certain conditions that may occur frequently, such as role conflict, difficulty in executing the task, when you do not have the skills in the workplace, and other activity, altering the health of workers, on the other hand the psychosocial risk factors do not cause the same consequences to the staff of the organization, are due to personal characteristics of each individual.” (p. 8). The relevance of this information lies in weaving a direct effect between the ravages of COVID-19 and the doctors who are treating the pandemic.

Burnout syndrome appears when the worker is overtaken not only by the contextual conditions in which he or she finds him or herself, as Rodríguez and de Rivas (2011) will say, which is “when the person is perceived as totally exhausted, worn out, overflowing, as a consequence of a process of attrition, which describes burnout syndrome. Nowadays, the word professional wear and tear is used as an adaptation to the Spanish meaning of the word burnout, since the same term of wear and tear implies the reference to this dysfunctional process of deterioration. In this sense, professional burnout also refers to the process of slow but considerable loss of commitment and personal involvement in the task at hand”. (p. 74) making clear the definition we have to make the difference between the burnout syndrome and the different types of stress.

The American Psychological Association (2020) breaks down the three types of stress with their specific characteristics, stating that “Stress management can be complicated and confusing because there are different types of stress: acute stress, acute episodic stress, and chronic stress. Each has its own characteristics, symptoms, duration, and treatment approaches” lists three types: acute stress, which is characterized by emotional agony combining irritability, depression and anxiety, muscle problems, stomach problems, and over-excitement. Acute episodic stress is characterised by prolonged over-agitation causing tense headache, hypertension, migraine, heart disease. And chronic Stress, which acquires a completely excessive character, because it generates depression, causes suicide, heart attacks and even cancer since its main characteristic is unitive as they are demands from the person towards himself, penetrates the belief and ideological system, moulds a way of perceiving life since the situations they live are thought to be endless.

Now, unlike the types of stress, the Burnout Syndrome is different in its construction. Initially, posing what is a syndrome is essential, Reverand (2000) comments that. “The syndrome comes to be a phenotypical structure that brings together the manifestations or phenomena of the alteration of a system, without being characteristic of a particular cause; that is, the syndrome can be

produced by different causes, nor are they capable of generating the mechanism to which the typical symptoms and signs are related”. (p. 241) continues. “The system is, schematically, a set of integral elements or parts, linked by a physical or chemical mechanism to achieve a functional purpose. None of the parts can fulfil the function by itself; but the total system, which is a superstructure, can”. (p. 241) so that each system builds its own functions to give a certain performance, a failure is that which does not comply with the established function.

Said this way, Burnout Syndrome is not the same as stress however the relevance of stress in the process and development of Burnout Syndrome is not denied, but “it is currently recognized as a multicausal and very complex process, where (besides stress) variants such as boredom, crisis in career development, poor economic conditions, work overload, lack of stimulation, poor career guidance and isolation are involved”. (Saborio and Hidalgo, 2015, p. 3), although in stress there are direct implications with the activities when Burnout Syndrome occurs, these implications are usually totally neglected, stress generally presents an exacerbation in all areas with Burnout appearing wear and tear and disinterest.

The consideration of the syndrome is totally linked to work activities, since emotional, physical and mental exhaustion are seen, as we have already mentioned, as opposed to work spaces, to the demands of the worker that are not rewarded and to the strategies to face work problems; highlighting the component of reward in the worker is essential, Díaz and Gómez (2016) state that “The dimension of feeling of inefficiency and lack of achievements represents the self-evaluation component of the burnout; this dimension accounts for the feelings of incompetence and lack of achievements and productivity at work. This diminished sense of self-efficacy is exacerbated by a lack of work, as well as a lack of social support and opportunities to develop professionally, leading to negative considerations of oneself and others”. (p. 115)

Burnout syndrome makes the worker unable to give an effective response to a certain demand, emotional, behavioural and physical problems start to deteriorate due to the stressful tasks, this implies a total collapse in all the factors that encompass the worker, from emotions, family environment, work, hobbies, etc. The indifference that the worker presents is totally detrimental to his or her practices.

Why talk about Burnout in the presence of COVID-19?

As the different media and the Health Cabinet of the Government of the Mexican Republic have made known, there are some problems in dealing with the growing pandemic of COVID-19, this implies taking extreme measures to control the health situation. It is not difficult to infer that there are few doctors attending to the situation. Dr. Alejandro Svarch Perez, head of the National Medical Coordination of the Health Institute for Welfare and Director General of International Relations of the Ministry of Health on January 20 declared in a program “Popular insurance failed to solve the quantitative problem of human resources for health because it not only involves doctors, but also nurses and health promoters. It is very important not only to bring up the issue of doctors because we are not going to achieve the levels of health we want as a country if we do not understand this trinomial of doctor-nurse-health promoter; the whole team, we call it in

the health model the wise team, the health model for well-being. The deficit of human resources in the country is serious, with a profound problem in distribution, that is, we have a nominal deficit, we lack doctors, the diagnosis we have made is established and the diagnosis reported by international organizations corroborates it”, this statement, although it was made shortly before the outbreak in Mexico, is important to point out that the date is not far from the first contagion in the Mexican Republic, because as the media pointed out the confirmation of the first case was on February 28, 2020 where the Undersecretary of Prevention and Health Promotion, Dr. Hugo López-Gatell Ramírez declared “Now, what is new is that at the Institute of Respiratory Diseases we detected a new case that in the course of the last hours of the night we were informed that there was a reactive test - this at the time we were informed via twitter, we contacted the media - and it was pending the second test that is for confirmation by the National Reference Laboratory, InDRE, this was an all-night process and at almost six o'clock in the morning the result was already out and confirmed as well. So we now have a confirmed case of Coronavirus, which we would consider to be the index case”, the declarations are practically a little more than a month apart, which indicates that the data provided by Dr. Svarch are highly relevant.

In the same interview, Dr. Alejandro Svarch Pérez affirms the conversion he is faced with regarding the fact that for every three doctors needed in the IMSS, there is only one, and he says “it is like this, totally, the problem, it is a problem of the sector, it is not an exclusive problem of the population without social security and it is not an exclusive problem of our country, we have to recognise it, it is a problem of all the countries that generate - let's say - greater incentives for doctors to stay in some region and not go to another region. The importance of having human resources for health is that it is the main element to be able to access health services, we cannot have access to health services if we do not have a professional prepared to attend to health problems”, following what has been said, the calculation of doctors per thousand inhabitants is made, and it is commented that. “The average that OECD countries have is not Denmark, it is the average of all OECD countries, it is between 3.2 and 3.4 per thousand people”. The important thing to know is that at the national level the number of doctors does not correspond to what is indicated by international organisations, as Dr. Svarch states “there are 1.5 doctors per thousand people, which reflects a structural deficit of doctors”.

The clarity with which the urgency of the Human Resource for the care of the pandemic is specified reflects a problem that, as Dr. Svarch mentions, the Human Resource is the main element for health, this implies that doctors who attend a certain number of patients in health centres, institutions and even privately have to intervene and leave aside the daily work. This statement focuses on the very statement that there is saturation in hospitals and few doctors. An example of this is the INER, which, according to President Andrés Manuel López Obrador, reported in a press conference on May 1st 2020 that “this institute can no longer receive any more patients”.

As it has been specified that the excessive workload eventually generates psychological conflicts, this leads to certain disorders or syndromes, in this case Burnout. The concern is centred on the direct attention of the Human Resource Health to avoid generating

such health problems in the health person himself.

There are very clear indications that doctors at work leave certain activities to attend to the health situation, for example the Director of Medical Benefits of IMSS, Dr. Víctor Hugo Borja Aburto, who said at a press conference on 6 April 2020 that “all the institutions are preparing to make more space in the hospitals to attend to COVID patients, for which we have freed up some spaces, we have deferred some surgeries that can wait, that do not put life at risk, surgeries for example in orthopaedics and we have also, in some cases, rescheduled outpatient consultations, we have also made spaces through medical guidance by telephone or through a reusable prescription, but there are some areas that are important not to defer”. Immediate hiring by the Federal Government is another example of the lack of Human Resources for Health, which makes it possible for doctors to extend their working hours or postpone their daily activities.

Burnout syndrome in this sense of urgency is an imminent possibility in Health personnel, since the demand for personnel is totally focused on mitigating the pandemic in the country. It is not unreasonable to say that the occupational effects on the Health Human Resource generated by the mitigation of the Burnout Syndrome to provide care.

Are there means to prevent the cause of Burnout in the Health Human Resource?

It is not debatable that excessive workloads generate changes in cognition, mood, emotions and thoughts, Serrano and Ibáñez (2015) state that “For a long time emotions were ignored in the work environment, since it was seen as a rational and cold place where emotions had no place. This view has gradually faded as it has been shown how emotions in the workplace can help explain important individual and organisational phenomena”. (p. 467). In the binomial between overwork and psychological problems the prevention of the syndrome can be thought of as direct strategies within an institution, no matter whether it is private or public.

Lazarus and Folkman (1986), cited by Guerrero and Rubio (2005), comment that the authors “have reported on the use of coping strategies and both behavioural and cognitive efforts made by the individual to master, reduce or tolerate the demands created by stressful transactions, and state that coping responses can be adaptive, reducing stress and promoting long-term health, or maladaptive, in which case although they may reduce stress in the short term they can have serious long-term consequences”. (p. 29)

The burnout syndrome has its cohesion and intervention at three specific levels, individual, social and organizational, as Morín (2014) states “At the individual level, strategies are focused on increasing the personal resources of the worker through the development of labour competences. At the group and interpersonal level, the use of intervention strategies is based on the promotion of social support by peers. Through social support individuals obtain new information, acquire different skills or improve those they already possess, obtain social reinforcement, and get emotional support, advice, or other types of help that is always valuable. At the organisational level, interventions can focus on two lines of action, on the one hand to reduce stressors at work, such as overloading or emotional demands, and on the

other hand to increase work resources, such as: work autonomy or social support, already mentioned. Usually interventions at the organizational level are effective when they directly address the source of the problem, i.e. the factors that generate work stress and Burnout, for which it will be important to have good identification tools". (p. 39), which allows a certain institution to reduce the manifestations of burnout syndrome, since by expanding the forms of intervention, a larger population is covered, which generates (within spaces of direct coexistence) harmonious spaces [1-17].

Specifically, in the health sector, many studies have been carried out to identify burnout, to intervene and to prevent it, and as an example, Díez (2015) carried out a study in which he suggested certain actions at the three levels of manifestation of burnout to prevent or mitigate the syndrome:

at the individual level:

- Execution of physical exercise
- Relaxation techniques, such as yoga, pilates, music therapy.
- Cognitive restructuring techniques, which consist of the evaluation of situations with the aim of redirecting these experiences so that they do not once again become an impediment to the individual.
- Self-regulation techniques, how to manage time effectively, correct delegation of tasks.
- Preparation in skills, as the subject is given a series of physical and psychological skills that will help him/her to express his/her feelings and thoughts.

at the social level:

- Support groups, the recognition or feeling of belonging to such groups makes the subject feel valued and accepted by his peers.
- Social skills, respect for others is a fundamental factor in positive relations with others.

and at the organizational level:

- Establishment of clear objectives, with which an improvement in productivity would be obtained.
- Encouraging the participation of professionals.
- Empowerment of autonomy, maintaining a certain degree allows the person to develop their activity with greater security.
- Promotion of teamwork.
- Provide support programmes.
- Improved communication between the boss and the employee.
- Time flexibility.

Within the list, the positive development of the Human Resource for Health makes it possible to develop better activities, an ideal production of work without too many complications in the Human Resource itself, the generation of cognitive, behavioural and emotional tools, as well as improving spaces and methods of communication are protective factors that decrease the generation of the syndrome, because as Díez states "The health of a company's workers can be represented through the quality of the services it offers. Quality services will indicate that the company has a motivated and healthy workforce, while poor quality of services offered may be a sign that the satisfaction of professionals is not good and that their health may be affected". (p.22)

The importance of raising awareness of the potential for a worker to become ill "through work" is urgent. As the current global situation may collapse the health Human Resource through COVID-19, efforts to mitigate or control the pandemic need to revert equally to the Human Resource that is caring for the patients. Finally, the probability of developing Burnout Syndrome (or any other disease) from overwork caused by lack of human and material resources exists.

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