



**BURNOUT AND STRESS AMONG HEALTHCARE PROFESSIONALS. A SCIENTIFIC REVIEW.**

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**Abstract**

Stress is an intrinsic occurrence that is unavoidable, especially in a professional setting, and it negatively impacts the quality of one's existence. The disorder in question has a global impact, particularly among health professionals, and is caused by a multitude of factors. The aim of this review article are to study stress and burnout among health professionals in order to clarify the definition, identify possible causes and related factors, and identify coping strategies. This review article was performed through databases such as PubMed, Scopus and Web of Science. Stress affects individuals of any age and professional area. When it is caused by work complications, it is called occupational stress. This phenomenon results from the action of an agent stressor that can be physical, social, or even psychological. Another phenomenon is burnout syndrome, which is characterized by emotional exhaustion, a lack of professional accomplishment, and depersonalization. To mitigate the effects of stress, there are specific mechanisms of coping. Stress and burnout are quite prevalent phenomena among health professionals. As these professionals have a fundamental role in patient care, it is extremely important that they feel well physically and psychologically to fulfill their functions as caregivers. In this way, it becomes important to act in the relationship between the individual and the problem, improving the skills

of encouraging and using his social and personal resources to obtain control over the circumstances that induce stress.

**Keywords:** burnout syndrome; coping; health professionals; occupational stress; stress

## Introduction

The topic of stress has been the subject of the greatest variety of research. The earliest documented research can be traced back to the early 20th century; since then, this term has undergone significant development [1]. The classification of adaptive responses to the stress agent as either specific or general is a matter of consideration [2]. The perpetual development of dread served as the impetus for the subsequent issues: coping, burnout, and occupational stress. Presently, labor is a fundamental method of sustenance for individuals, as they dedicate a significant portion of their time to it [3]. Additionally, the development of interpersonal connections and self-realization are outcomes that can be attained via this endeavor [3]. However, the development of labor markets has led to heightened competition, which has a negative impact on economic pressure and worker demands. Furthermore, the health of these demographics is impacted by the changes that occur in the political, economic, and social spheres [4]. Consequently, occupational tension may result. This has implications for professionals across a range of domains [1]. This review article elucidates the impact of stress on diverse professional domains, with a particular focus on the health care industry. There has been an observed increase in the quantity of health sector employees who are afflicted with occupational illnesses [5]. Despite the potential for rewarding work in this field, it can also be extremely stressful at times due to a variety of factors, including suffering, death, and diseases [6]. In relation to Burnout Syndrome, which is also known as chronic labor stress, it is delineated as a state of mental and physical fatigue experienced by employees [5]. Comprising three discrete stages, this condition exhibits a similar impact across all age groups and professions [5].

## Methods

For the elaboration of this article of literature review, we consulted databases such as Pubmed, Scopus, Web of Science. In total, 38 articles were obtained, of which 19 were selected because their information corresponding to the inclusion criteria was properly planned. According to these inclusion criteria, articles were selected that presented the following descriptors: Burnout syndrome, coping, health professionals, occupational stress, and stress also used books and articles with dates ranging between 1987 and January 2022 and were accepted by those who were in Portuguese, English, and Spanish.

During the research, we took some care to check the dates of articles (for they had the most updated information possible) and guarantee their trustworthiness through the databases referred

to. The research was still based on keywords such as stress, burnout syndrome, coping, and occupational stress.

## Results

### Stress

The bodies are able to survive in a given environment since they maintain the balance or homeostasis that is constantly challenged by intrinsic or extrinsic factors, also called stress factors [2]. It is easily noticed that all events that an individual perceives as threatening or dangerous can be considered stress factors or stressors [2].

This is a problem that is becoming increasingly relevant and recognized by society [7]. For this reason, the research has undergone developments in order to minimize the consequences on human well-being [7].

### The evolution of the term and its history

It is known that the pioneering studies on stress (in the health area) were performed around the year 1930 [1]. This has been the subject of investigation by researchers in the area of health, since there is a real concern with the consequences that may have on the quality of life of man [1]. The word stress is derived from Latin and means closer [8]. However, this term only from the XVIII century began to be used to express the boredom, suffering, and widespread consequences of a difficult life [8]. Some authors describe stress as a "general adaptation syndrome" [1] and subdivide it into 3 phases: the phase of alarm, the phase of resistance, and the exhaust phase [9]. Stress is thus a physiological response [8], and it is the result of the action of an agent that can be physical, social, or even psychological, called the stressor agent [8], and that is considered one that produces stress [9]. However, through this adaptation syndrome, the body tends to find the homeostasis lost [1]. Other authors define stress as a reaction of the organism to possible alterations (the psychophysiological effects), a level that occurs when the individual is confronted with situations that cause negativity, confusion, excitement, or even happiness [1]. It is therefore concluded that there are several settings for this term, making it difficult to find a single definition and definitive [9]. However, and although there are several future prospects for the analysis of the term, the current assessment is that which considers stress as a condition resulting from person-environment transitions [10]. Thus, if you are exposed to these transitions, you will feel a discrepancy between the demands of the situation and the features that you have (biological, psychological, or social) to manage them [2, 3, 10].

### Phases of stress

Stress can be subdivided into three phases: alert, resistance, and exhaust [1, 2, 9]. With regard to the stage of alertness, this happens when the individual is the source of stress, and thus it

unbalances (internally) and will present symptoms such as excessive sweating, tachycardia, breathlessness, and hypertension peaks [1]. The primary function of this phase is to bring together all the features of the body, being that, in the end, this is already prepared to face the stress agent [2]. If the stressor is extremely strong, it can also cause death in individuals [2, 9]. Already, the second phase, the phase of resistance, is characterized as a recovery attempt of the imbalance suffered in the initial phase. Here may arise excessive fatigue, memory problems, or even doubts in relation to him due to the expense of existing energy [1]. The stressor agent remains active, but will no longer be strong enough to cause the death of the individual [2]. At this stage, the agency will try to adapt to the stress caused [2], and the characteristic signs of the first phase will be reduced or eliminated [2, 9]. If the body is not able to reestablish balance, this process can continue to evolve, reaching the third phase, the phase of exhaust ventilation [1]. The stressful factor progressively weakens the immune system and eventually overwhelms the energy reserves [2, 9]. Here, the symptoms of the phase of alarm come back, but now they are irreversible, and the individual will present a high degree of physical impairment. May this situation culminate in death [1, 9]. Despite the three phases as referred to above, there can be considered another phase. This is called the almost-exhaustion phase, which, as the name indicates, is loved by the recovery phase and the exhaust ventilation. Here, the individual does not manage to adapt to or support more of the stressor, which may cause diseases that weaken it. Consequently, the productivity of the individual will be compromised [1].

### **Causes of stress**

Stress factors vary throughout life, but an individual may be subject to a stress situation at any time [2]. They may be considered to be several agents of stress, such as environmental factors, psychological factors (self-esteem or depression), sociological factors (deaths or unemployment), and still physiological factors [9]. The sources of stress are considered events that may cause confusion, excite the person, or terrify them [1]. These are stimuli that may be both internal and external to the individual [1]. Internal stimuli are all those factors that are part of the "interior" of the individual, of his way of seeing the world, their beliefs, their values, vulnerabilities, and anxiety, among other factors [1]. Already, external factors relate to events in the life of the person, such as death, disease, professional advancement, unemployment, and relationship problems in the workplace [1].

### **Consequences and symptoms of stress**

High levels of stress may negatively affect the physical and emotional welfare of individuals. This may generate problems of social adjustment, family, professional, and health [1]. Some of the symptoms of stress are easy to perceive. Examples of this are accelerated breathing, palmar sweating, tachycardia, headaches, and excessive gastric acidity. However, others are subtler and are not as easily recognized, such as the difficulty in interpersonal relationships and disinterest in various activities [1]. The emotional level of stress can cause apathy, discouragement, rages,

irritability, and anxiety [1]. In addition to the factors mentioned, stress is at the origin of some pathologies, such as arterial hypertension, decreased gums, psoriasis, lupus, obesity, cancer, depression, psychotic episodes, and panic, among other diseases [1]. As regards the consequences, at the social level, you can check the insulation of human contact and interpersonal conflicts. Already at the professional level, you can check for a drop in productivity, relationship problems, delay, and low performance [1]. Psychosomatic symptoms, such as stomach and chest pains, headaches, nausea, and fatigue, seem to be more common than psychological symptoms, such as depression, anxiety, and irritation [11, 12].

### **Occupational stress**

The stress may still be present in professionals in the most diverse areas, and, therefore, this takes the name of occupational stress [1]. Having a negative impact on the physical and mental well-being of professionals [13]. Some authors argue that occupational stress occurs when workers feel that their resources are too low to meet the possible requirements of their respective labor activities [3]. Occupational stress is also considered an uncomfortable emotional state [1, 3]. In short, occupational stress is the product of the relationship between the person and the environment [3]. This is caused by a set of agents and stressors that arise within the scope of labor and that can be interpreted as a threat to the integrity of the subject [14].

### **Occupational stress-generating factors**

It can be stated that the concept of occupational stress is complex, since this term covers specific factors of labor activity as well as factors associated with individuals [10]. Stress at work can be associated with factors such as the work environment, the excess or lack of this, and the interface family/work [8]. As regards the nature of the causes of occupational stress, these causes may be intrinsic to work, role in the organization, career progression, affinities at work, structure, and organizational climate [10]. In the first case (intrinsic causes), there are two groups of factors: the physical conditions of work (noise, temperature, ventilation, and lighting) [2, 10], which relate to your environment [9]. And the requirements of the job tasks (shift work, night work, work overload, exposure to risks and dangers, and monotony at work) [10]. The overload of work arises when the demands that are made on the worker are so many that they begin to feel unable to respond to them all with efficiency [9, 10]. With respect to the paper in the organization, there are major causes of stress: conflict in function, ambiguity of roles, conflicts of limit, and degree of responsibility [9, 10]. In this sequence, in relation to the conflict in the function, it is important to emphasize that all the subjects who face a situation like this get little satisfaction at work [2]. Conflict in function mainly refers to situations in which the worker feels that what was requested does not correspond to the definition of its tasks or differs from its beliefs and values [8, 10]. The ambiguity of roles, on the other hand, relates to the lack of clarity about the role of the subject at work [8, 10] and the extent of their responsibilities [8]. On the third point, career development, insufficient promotion, insecurity, or the fear of losing the job

are often causes of stress [10]. In the fourth point, affinities at work become causes of stress factors such as inappropriate relationships between workers and their superiors or between colleagues [10]. Finally, aspects such as the absence of a feeling of integration in the organization, the policies of the organization, and the expulsion of decision-making refer to structure and organizational climate [10]. Despite the causes already mentioned, there are others that are considered extra-organizational [8, 10], such as, for example, family crises, existential crises, social conflicts, and financial difficulties [10]. That is, occupational stress should not be evaluated in isolation of factors related to the everyday life of the subject [10]. In short, in cases of occupational stress, all aspects already mentioned, including those that relate to the individual in his singularity, should be considered.

### **Occupational stress and gender**

Occupational stress reaches both women and men; however, some studies have tried to ascertain if the triggering factors of stress affect men and women similarly [3]. One of the first studies on the influence of gender in steps of reaction to stress was Gender and Stress by Barnet, Biener, and Baruch [3]. Stoney et al. argued that males respond in a more energetic manner to stress factors than females [15]. But some studies reveal that women have a lower voltage increase in their arterials during a moment's nerve-wracking flight [15]. Thus, there are differences in relation to gender in response to a stressful time factor and in this role in the development of diseases [1]. The gender can determine the response to a moment of injurious stress and, consequently, the effect of this response on the individual's health [15]. The roles played by different genders have a great influence on inducing stress factors. Women, as a general rule, have a role that is more exhausting at the family level because they play different roles that entail a lot of responsibility, such as caring for the house and children, in parallel with the labor market [3, 5, 16]. The energy expenditure in these tasks can divert part of the energy that would be directed to the execution of the functions at work, resulting in professional failure [3]. The women that centralize your life at work acquire a feeling of guilt toward your family, i.e., the high concern and centralization in the job takes that many times these cease to hand your family [3]. The association between the use of social support strategies and the variable female suggests that there is an influence of culture that favors the woman to have greater ease in dealing with suffering and talking about her feelings. So the woman presents a greater readiness to share experiences aimed at the achievement of social support for the problems that are emerging [3].

### **Occupational stress among health professionals**

Cherishing their neighbor, the professionals in the health area have the ability to resist the adversities that are in this work. This also improves its capacity to deal with the obstacles of everyday life [17]. The work in a health unit can become quite stressful and cause suffering, to which they are subordinate in this environment [6]. The technicians of the Health Act, in accordance with their specializations, work in various sectors (for example, nursing,



rehabilitation, and labs) [1]. These technicians are subject to stimuli, considered nerve-wracking flight [1]. Thus, health professionals have an extreme risk of experiencing occupational stress [4, 8]. These have to deal daily with factors such as deficiencies, deaths, work overload, and the contact with suffering and pain, which help in the increase of stress, thus favoring the likelihood of suffering from occupational stress [4]. This becomes dirty worrying since the factors referred to can change, negatively, the health and well-being of the health professionals, who eventually make complaints about the psychological and physical level [4]. By literature review, it was found that groups such as women, professionals who work in shifts, and nurses [18] are those that present a greater tendency to problems of occupational stress. You can also check that there is a greater tendency among nurses to submit this type of problem [16, 18–19]. The newer nurses presented a higher prevalence of occupational stress that is related to the excess of work, the professional career, and the salary [16, 18, 19]. These professionals have also increased the probability of burnout, professional burnout, and depersonalization [19].

### **Stress-inducing circumstances in healthcare professionals**

The categories most mentioned as potential that generate stress in health professionals are: employment [20] (number of hours of work) [16,19,21,22,31], the salary which is not in accordance with the responsibilities inherent in the performance of the functions [22]; the structure and the climate of the organization where work [19,20]; the lack of autonomy [21,22], i.e. the non- involvement in decision-making and the lack of communication between people [20], the career development [20] (difficulties of promotion [16] and the threat of unemployment [20]), the role within the organization [20] (liability in relation to people) and the working relations with superiors [16], colleagues and subordinates [20]. Second-home nurses are crossing conditions of stress even more intense than the doctors [20]. Although the nurses provide care for the sick, continuously what is already a reason for stress generator is followed by conflicts of team or work overload, insecurity, and a lack of autonomy [20]. According to the nurses, the sources that provide greater occupational stress are: bad physical and technical conditions, lack of material resources [6, 22], technical and human factors, and an and an excessive number of patients per nurse [21]. And inability to respond to the demands of the patients. These five sources are identified in descending order, i.e., from the most frequent to the least frequent [12]. The participants younger (up to 30 years of age) reflect attitudes of higher stress related to the excess work and professional career remuneration received. Thus, the health professionals who are more new present the greatest difficulties when the initiation of a labor project in the field of health [16].

### **The diseases that most affect health professionals**

Diseases coming from stress that most affect health professionals are related to the skeletal muscle system because there is an overload on the muscle level, i.e., the health professional exerts an excessive force on the paravertebral muscles [20]. The greatest cause of morbidity



among healthcare professionals, in particular among the elements that work in emergency services, is low back pain (an example of musculoskeletal dysfunction). This type of pathology can cause labor absenteeism. This injury can trigger an increase in stress among health professionals [20]. Stress is present in several diseases, and ontogénese is a contributing factor. Either as a triggering of the same, we can mention: arterial hypertension, retraction of the gums, ulcer visualization, ulcerous colitis, cancer, psoriasis, lupus, obesity, depression, panic, psychotic episodes, voltage-pre-menstrual disorders, headaches, herpes simplex, immunological diseases, and respiratory diseases [1]. Thus, it is important to emphasize that stress is not the cause of the diseases but has an aggravating or triggering factor of the same [1].

## **Burnout Syndrome**

Burnout has been referred to as one of the areas of negative impact on the well-being, both physical and mental, of healthcare professionals [18]. The term burnout" is the result of the junction of two words, burn and out. This term has a significance that implies burning something to exhaustion, i.e., until it is consumed throughout the power available [23]. The burnout syndrome can be characterized as self-perceiving emotional exhaustion, a lack of professional success, and depersonalization [5, 23]. This syndrome affects individuals of any age range and in any professional category. However, this is a disorder that affects mainly people whose occupations involve interpersonal contact [5]. Burnout is accompanied by symptoms, both physical and mental, that are originating from a poor adaptation and may be accompanied by frustration in relation to himself and to work [5]. This syndrome includes emotional exhaustion, depersonalization, and a lack of professional achievement by the individual worker [5, 23, 24]. As regards emotional exhaustion, this is considered the basic point of stress and is characteristic of burnout. It refers to an extent to the physical and mental level and the lack of forces to achieve the day-to-day tasks [5]. The depersonalization, in turn, affects the state in which an individual becomes more cold, cynical, and always has a negative attitude toward all the people around them, becoming even more distant from them [5]. Finally, the lack or reduced professional achievement represents a negative attitude of an individual toward himself. He reflects low self-esteem, dissatisfaction, and the feeling of failure in relation to his work [5]. It is considered that in the presence of burnout syndrome, individuals are no longer capable of performing professional functions, both at the emotional level (exhaust) and physiological level (sleep disorders) [25]. These professionals may deviate from its functions since the symptomatology tends to worsen [25].

## **Burnout among health professionals**

The same can happen with health professionals when, for example, they feel the need to increase family income [5]. In the case of doctors, they choose, a great part of the time, to provide care at a private level or in hospitals in addition to having an attendant on the basic unit. This can increase family income, but it also generates situations of extreme tiredness, ultimately affecting

all these labor activities [5]. In the case of nurses, they are under intense emotional involvement and, in addition, are subject to work overload, the difficulty of communication, and a high psychological and affective load. All this can lead to a state of exhaustion for professional nurses [24].

### **Causes of Burnout Syndrome**

Is the fact that the development of burnout is multicausal (involving individual and labor factors) [5]. The emotional exhaustion, in the case of women, is often visible due to a load of bidirectional work that involves the care of the home and performance in professional life [5]. In men, there are cases of depersonalization, because these are subject to pressures and demands on the part of society with regard to the performance of certain functions considered male [5]. Emotional exhaustion refers to feelings of excessive emotional stress [26], which can be physical or psychic. Initially, the individual feels tired and has enormous difficulty dealing with the emotions of others [26]. This difficulty is latent in such a way that it often becomes very difficult to work with the sick. In view of this difficulty, the professional can assume an appearance of coldness and disinterest toward the patient [23]. There are several psychological factors that may lead to the emergence of emotional exhaustion. These factors relate essentially to the concept of work, to the sense of vocation, to the attempt to conserve an image of himself, and to the search for realization on a social and personal level. These behaviors are crucial to the type of response to stress and the appearance of the syndrome of professional exhaust [24]. The exhaust ventilation at the professional level is often accompanied by other symptoms that may prove painful for the individual. Initially, the professional has the feeling of a loss of vitality, along with a feeling of discouragement. Then it installs the feeling of indifference, leading to boredom as well as deconcentration and disorientation [24]. Sometimes the professional exhaustion is triggered by the feeling of lack of achievement on the part of the professional, i.e., that the profession is already not competent in its functions and therefore feels frustration concerning the direction that was once attributed to the profession. From the moment that the professional acquires the feeling of no longer being to the height of the proposals, this starts autodescalarizing your work, casting blame-if [24]. The consequences of this autodesvalorização can lead to absenteeism with or without justification, a leak to the work, or the change of the same. In doctors, the most frequent reaction is hyperactivity. The doctor increases their availability of work, but their efficiency decreases. The reduction in professional capacity, associated with the feeling of incompetence in the performance of its functions, leads to a low personal realization [24]. This phase of the burnout syndrome is characterized by a valuation of the negative role itself [26]. The depersonalization is manifested by an attitude of coldness and indifference to others, leading to negative attitudes and inappropriateness and irritability [5, 23, 26]. It is believed that emotional exhaustion and the age variable are related, as is the relationship between the age factor and depersonalization. Younger individuals present a higher index of emotional exhaustion and depersonalization [19]. The burnout syndrome in health professionals is associated with a low level of security of the same [26], increasing the economic burden and

reducing the quality of service provided [29]. The health professionals that exercise functions in palliative care are very susceptible to various feelings and emotions that are potentially stressful, to the extent that healthcare professionals are inevitably affected by the suffering of the people who provide these services [23]. The repeated contact with death is, according to various authors, one of the factors that contributes to the development of the syndrome of burnout, especially when the mechanisms of coping strategies adopted are ineffective [23]. The coping strategies concern the cognitive and behavioral mechanisms that are used by the human being to deal with the occurrences that generate stress [6, 20].

### **Prevention of Burnout Syndrome**

The prevention of burnout syndrome (or stress) requires a redefinition of the mechanisms for individuals and collectives of workers, being that sometimes it will be essential to revise certain values and concepts [5]. Thus, prevention requires therapeutic actions at the social level (individual, group, and organizational), but also educational actions [5]. It is still extremely important that, once this syndrome appears, whether recognized by those who suffer from it or not, they look for help with the treatment. As for the various institutions, they shall adopt measures essential to the prevention of exhaustion, learn how to renew the work environment, and create different strategies to combat stress [27].

### **Symptoms of Burnout Syndrome**

Burnout may be accompanied by symptoms and distressing feelings. First, can arise feelings such as loss of vitality and hopelessness, staying after the indifference, boredom, cynicism, as well as disorientation and deconcentration. Even so, situations contrary can happen, as is the case with the subjects that demonstrate omnipotence [24]. As regards the symptoms, they can be classified as: physical symptoms (insomnia, lack of energy, back pain, loss of appetite, ulcers, migraines, and nausea) and psychological symptoms (cynicism, irritability, denial of failures, loss of the sense of humor, indifference, insecurity, disinterest, indecision, reduction of self-esteem, and loss of memory) [24].

The syndromes of burnout and depression seem to have the same meaning; however, there are differences between them. Although the first is able to suffer changes and lead the second, a subject who is really depressed presents a state of excessive weakness that affects all variants of his life. A depressed individual will feel guilty for everything that happens, while the person with burnout just feels fury [24].

### **Coping strategies**

The term coping has the meaning of dealing with, facing, overcoming, coping, reacting, or adapting to adverse circumstances [7]. This is a term that emerged in the mid-19<sup>th</sup> century. This

time, it was believed that this term was a synonym for defense; however, from the 20th century on, researchers began to admit that the coping strategies for emotional reactions to stressful situations [7]. When individuals see stress in contexts, they try to mitigate it, using coping mechanisms [2]. These individuals often observe a disparity between the requirements to which they are submitted and the resources that have to respond to these demands. Thus, these mechanisms are dynamic processes that help them try to administer or reduce this disparity [2]. The literature review also allows you to say that coping involves a set of behavioral and cognitive strategies used to relieve the circumstances of nerve-racking work [6, 28, 29]. It also allows us to conclude that the types of coping most commonly referenced are: social support (the individual attempts to find support to confront situations of stress), troubleshooting, self-regulation, expulsion (look for the detachment of the situation's nerve-racking flight), confrontation, positive revaluation (the individual reorganizes the situation to mitigate the emotional charge of problems), and finally acceptance of responsibility, where the subject assumes responsibility for the situation in the attempt to resolve it [28]. The strategies of adaptation to stress have two main goals: to try to change the dilemma that causes stress and control the emotional response to this dilemma [2].

## Discussion

Stress has been seen as a factor that affects the individuals of the current society [7]. Principally affects individuals that fall daily in the labor market of the most varied areas [1]. This is replaced, thus, by occupational stress. It can be considered that this type of stress is, in a general way, characterized by the product of the relationship between the person and the environment where it is [3]. The symptoms of occupational stress, present in every individual, will be associated with the various factors that go from the desktop to the relationship with family and work [8]. Of the professionals who presented symptoms of stress, the large majority are at the stage of resistance. This is the intermediate stage in the process of stress and is characterized by difficulty with memory, high physical fatigue and emotional fatigue, and a greater vulnerability to developing diseases [17]. The professionals with more years of experience have lower stress levels because they have probably already developed coping strategies that allow them to better cope with the situations that generate stress [21]. Especially for nurses, the increase in workloads is related to the quantity of professionals in care, either by the shortage of nurses or by the innovation of new technologies or substances that increase the volume of work without grouping more professionals [21]. The mechanisms or coping strategies have emerged subsequently to try to alleviate these situations of stress and all that it implies for the health of the individual [2, 7]. The capacity of professionals in the management of new equipment or protocols and their professional autonomy contribute to greater satisfaction in the workplace and consecutively decrease stress levels [21]. Leisure, an important mediator of stress, can boost the satisfaction of the psychological needs of professionals, potentiating their wellbeing both physically and mentally [21]. Following the evolution of stress, new terms have emerged, as in the case of

burnout syndrome. This syndrome is characterized by emotional exhaustion, a lack of professional success, and depersonalization [5, 23], and can affect individuals in any professional category and age group [5]. Even so, the burnout syndrome has a greater incidence among young workers, especially those who have not yet reached the age of 30 and whose experience is almost zero. In these cases, the young face realities that do not meet their expectations, becoming insecure. The burnout syndrome is often stimulated by excessive motivation or expectations that these young people deposit in your future, since these cannot be reached [5]. Anxiety was considered a predictor of great significance in the burnout syndrome, affecting all its dimensions except the personal realization of the job [29]. Thus, individuals with high levels of anxiety are more vulnerable to occupational stress and burnout [19, 21]. Another predictor of burnout is the support of leadership. The support and the support of the head were related to burnout in several studies. These indicate that the nurses who wedlock supported their heads showed higher levels of burnout in the in the Netherlands. Thus, it becomes important to provide support between heads and subordinates to promote competence, self-esteem, and the realization of the professional [21]. The health professionals who have not presented burnout indicated low levels of depersonalization when compared with the professionals who have presented burnout, whose levels of depersonalization were high [23]. Although the proportion of health professionals with burnout is low, the high levels of depersonalization can compromise the way these professionals perform their functions, thus compromising their care for patients. The attitudes misidentified fit behaviors of coldness, indifference, and cynicism. The depersonalization can be singled out as a source of non-ethical behavior on the part of these professionals. These results are particularly worrying because the health professionals have a preponderant role in the lives of the patients and, in any way, their care may be affected [23].

## Conclusions

With the present review article, it was concluded that the term stress has swallowed quite with the passing of time, and that is a phenomenon that develops malaise between the individuals who present. All people have already experienced stressful situations; however, it is up to each one of them to manage them.

Stress can arise due to several factors that may range from individual and personal factors to factors related to work. In the latter case, there could be considerable occupational stress. This is characterized as a malaise of emotion resulting from labor complications. In this sequence, when the subject presents three characteristics: emotional exhaustion, depersonalization, and the lack of professional accomplishment, is faced with a situation of burnout syndrome. The stress also involves a discrepancy between the requirements of a given situation and the resources that each individual has to respond to these demands. Therefore, mechanisms of coping arise. These help, then, to manage these discrepancies so as to reduce the stress and all the consequences that it involves.

Whereas the health professionals have direct contact with the sick and their suffering, it is necessary that they provide a good quality of life so as to provide a good environment both at the hospital and in the community, for which good care is provided. Thus, it is essential that health professionals maintain a good physical condition and have good control over the factors that nerve-wracking flight entails in order to positively influence its performance. The continuous evaluation of mental health professionals may contribute to the establishment of strategies of care aimed at preventing and minimizing the occurrence of situations that generate stress.

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