

Stress, Burnout and Coping in Health Professionals: A Literature Review

Bárbara Roberta Cardoso da Costa and Isabel Cristina Jornal Freire Pinto

Abstract

Context: Stress is a phenomenon inherent to life and it becomes inevitable, particularly in a professional context, having consequences on life quality. This is a disorder that affecting several people worldwide, namely health professionals, and is originated by various factors.

Objective: The aims of this review article are studying, in the stress and burnout in health professionals in order to clarify the definition, identify the possible causes, related factors and identify the coping strategies.

Methods: This review article was performed through data bases such as b-on, PubMed and books. It was used articles in Portuguese, English and Spanish and that corresponded to established descriptors.

Results: Stress affects individuals from any age and professional area. When is caused by work complications is called of occupational stress. This phenomenon results of the action of an agent stressor that can be physical, social or even psychological. Other phenomenon is Burnout Syndrome, which is characterized by emotional exhaustion, lack of professional accomplishment and depersonalization. To mitigate the effects of stress, there are specific mechanisms of coping.

Conclusion: 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, as to fulfill its functions well as caregivers. In this way, it becomes important to act in the relationship between the individual and the problem, improving the skills of encouraging using his social and personal resources to obtain control over the circumstance inducer of stress.

Keywords: Burnout syndrome; Coping; Health professionals; Occupational stress; Stress

School of Health Sciences Polytechnic
Institute of Bragança, Portugal

Corresponding author:

Isabel Cristina Jornal Freire Pinto

 isabel.pinto@ipb.pt

School of Health Sciences Polytechnic
Institute of Bragança, Portugal.

Citation: da Costa BRC, Pinto ICJF. Stress, Burnout and Coping in Health Professionals: A Literature Review. J Psychol Brain Stud. 2017, 1:1.

Received: March 16, 2017; **Accepted:** March 24, 2017; **Published:** March 31, 2017

Introduction

Stress is a theme that has been the target of the most varied studies. It is known that the first research dating back to the beginning of the 20th century and that is a term which has been suffering evolution [1]. It is considered that the adaptive responses to the agent of stress may be classified as specific or general [2]. The constant progression of fear, was giving origin to the other: Occupational stress, Burnout and Coping. Work is currently one of the main means of survival of individuals as it is with this that occupy a large part of his time [3]. It is also through the work that the individual can achieve self-realization

and establish interpersonal relationships [3]. Even so, the evolution of labor markets has increased the competitiveness that adversely affects economic pressure and in the demands that are made to workers. In addition, the transformations that exist in the economic, political and social affect, likewise, the health of these [4]. This can give rise to occupational stress. This affects individuals of various professional areas [1]. In this review article clarifies how the stress affects the various professional areas, giving special emphasis to health professionals. It has been noted a growth as regards the number of health sector workers affected by the illness at work [5]. The work in this area can be rewarding, however, can become quite stressful due to

various factors such as, for example, the pain, the death and the diseases [6]. Regarding the Burnout Syndrome (also called labor stress chronic), this can be characterized as being a physical and emotional exhaustion of workers [5] and is composed of three distinct phases affecting, similarly, any professions and age groups [5].

Methods

For the elaboration of this article of literature review, were consulted databases such as the B-on, the Scielo and even if resorted to the selection of books from Polytechnic Institute of Bragança library.

In total, 48 articles were obtained of which 29 were selected because of their information corresponding to the inclusion criteria, properly planned. According to these inclusion criteria, it was selected articles that presented the following descriptors: Burnout syndrome, Coping, Health professionals, Occupational stress, Stress, it used also books/articles with dates ranging between 1987 and 2015 and were accepted those who were in the Portuguese, English and Spanish.

During the research, had some care as, check the dates of articles (for they had the most updated information possible) and guaranteed to its trustworthiness through the databases referred to. The research was based on still keywords such as: stress, Burnout Syndrome, Coping, 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 noticed, easily, that all events that an individual perfection as threatening or dangerous, can be considered, stress factors or stressors [2].

This is a problem which 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 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 the stress as being a "general adaptation syndrome" [1] and subdividing it in 3 phases: phase of alarm, phase of resistance and 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, and through

this adaptation syndrome, the body tends to find again the homeostasis lost [1]. Other authors define stress, as a reaction of the organism to possible alterations (the psychophysiological effects), level that occur when the individual is confronted with situations that the negativity, confuse, excite or even that leave happy [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 the stress as a condition resulting from the person/environment transitions [10]. Thus, the subject 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 achieve manage them [2,3,10].

Phases of stress

Stress can be subdivided in three phases: the alert, resistance and exhaust [1,2,9]. With regard to the stage of alert, this happens when the individual is the source of stress and thus it unbalances (internally) and will present symptoms such as excessive sweating, tachycardia, body breathless and hypertension peaks of [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 to individual [2,9]. Already the second phase, the phase of resistance, is characterized for being 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, however, no longer be strong enough to be able to cause the death of the individual [2]. At this stage the Agency will try to adapt to that caused stress [2] and the characteristic signs of the first phase will be reduced or eliminated by [2,9]. If the body is not able to reestablish a 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 eventually overwhelm the energy reserves [2,9]. Here, the symptoms of phase of alarm come back, but now are irreversible and the individual will present a high degree of physical impairment, and may this situation culminate in death [1,9]. Despite the three phases as referred to above, can be considered another phase. This is called the almost-exhaustion that, as the name indicates, is loved the recovery phase and the exhaust ventilation. Here, the individual does not manage to adapt or support more of the stressor and possibly arise diseases that Iran weakens 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 ante at any time [2]. They may be considered to be several agents of stress such as: environmental factors, psychological (self-esteem or depression), sociological factors (deaths or unemployment), and still physiological [9]. The sources of stress are considered events that may cause

confusion, excite the person or terrify [1]. These are stimuli 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, anxiety, among other factors [1]. Already the external 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 affect negatively 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 perceiving. Are examples of this, the accelerated breathing, palmar sweating, tachycardia, headache and excessive gastric acidity. However, others are subtler and are not as easily recognized, such as the difficulty in interpersonal relationship and disinterest for various activities [1]. The emotional level, 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, decrease of the gums, psoriasis, lupus, obesity, cancer, depression, psychotic episodes, panic, among other diseases [1]. As regards the consequences, the social level you can check an insulation of human contact and interpersonal conflicts. Already the professional level, you can check if a drop in productivity, relationship problems, delay and low performance [1]. Psychosomatic symptoms, such as stomach and chest pains, headache, nausea and fatigue, seems to be more common than the psychological symptoms, such as depression, anxiety and irritation [11, 12].

Occupational stress

The stress may still be present in the professionals of 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 the Professionals [13]. Some authors defend that the occupational stress occurs when the workers feel that their resources are too low to face possible requirements of the respective labor activity [3]. The occupational stress, is also considered an uncomfortable emotional state [1,3].

In short, the occupational stress is the product of the relationship between the person and the environment [3]. This is caused by a set of agents 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 the labor activity, but also factors associated with individual [10]. Stress at work can be associated with factors such as the work environment, the excess or the 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 to the worker are so many, that this begins to feel unable to respond to all with efficiency [9,10]. With respect to the paper in the organization, there are major causes of stress: the 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 of these get little satisfaction at work [2]. The conflict in function mainly refers to situations in which the worker feels that what was requested, or does not correspond to the definition of its tasks, or which differs from the 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 on the extent of their responsibilities [8]. On the third point, career development, the 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 the 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 other considered, extra-organizational [8,10], such as for example: family crises, existential crisis, social conflicts and financial difficulties [10]. That is, the 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, should be considered all aspects already mentioned, including those that relate to the individual in his singularity.

Occupational stress and gender

The occupational stress reaches both women and men, however some studies tried to ascertain if the triggering factors of stress affect similarly men and women [3]. One of the first studies on the influence of gender in steps of reaction to stress was the Gender and stress of Barnet, Biener and Baruch [3]. Stoney et al. argued that male sex responds in a manner more energy to stress factors than the females [15]. But some studies reveal that women have lower voltage increase arterial in 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, to determine the effect of this response in the individual's health [15]. The roles played by different genders have great influence in inducing factors of stress. Women, as a general rule, have a role more exhausting the family level, because these play different roles that entail a lot of responsibility such as: care with 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 providing professional failure [3]. The women that centralize your life at work acquire a feeling of guilt face to his 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 strategy and the variable female suggests that there is an influence of culture that favors the woman to have a greater ease in dealing com the suffering and talk about their feelings. So the woman presents a greater readiness to share experiences aimed at the achievement of social support front to the problems that are emerging [3].

Occupational stress in health professionals

Cherishing their neighbor, the professionals of the health area have the ability to resist the adversities that are in this his work. This improves also, the capacity of this 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 subordinated to this environment [6]. The technicians of the Health Act, in accordance with their specializations, in various sectors (for example, nursing, rehabilitation and labs) [1]. These technicians are subject to stimuli, considered nerve-wracking flight [1]. Thus, the health professionals have an extreme risk of curable of 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 a dirty worrying since the factors referred to can change, negatively, the health and well-being of the health professionals that 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 greater tendency to problems of occupational stress. You can check also that there is a greater tendency of nurses more new, submit this type of problems [16,18,19]. The nurses newer presented higher prevalence of occupational stress, that are related to the excess of work, the professional career and the Salary [16,18,19]. These professionals have also increased probability of Burnout, professional 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 Heim nurses 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, are followed by conflicts of team or work overload, insecurity and lack of autonomy [20]. According to the nurses, the sources which provide greater occupational stress are: bad physical and technical conditions, lack of material resources [6,22], technical and human, excessive number of patients per nurse [21] And inability to respond to the demands of the patients. These five sources are identified by descending order, i.e., of that present a higher frequency to the least frequent [12]. The participants newer (up to 30 years of age) reflect the attitudes of higher stress related to the excess of work, the professional career remuneration received. Thus, the health professionals more new present the greatest difficulties when the initiation of a labor project in the field of health [16].

The diseases that most affect the health professionals

Diseases coming from stress that most affect the health professionals are related with the muscle system- skeletal muscle, because there is an overload the muscle level, i.e. the health professional exerts an excessive force on the paravertebral muscles [20]. The greatest cause of morbidity in healthcare professionals, in particular of the elements that work in emergency services, is the low back pain (example of musculoskeletal dysfunction). This type of pathology can cause labor absenteeism. This injury can trigger the increase of stress among health professionals [20]. Stress is present in several diseases, ontogénesis is as a contributing factor, either as a triggering of the same, we can mention: arterial hypertension, retraction of the gums, ulcers visualization, ulcerous colitis, cancer, psoriasis, lupus, obesity, depression, panic, psychotic episodes, voltage pre- menstrual disorders, headache, herpes simplex, immunological diseases and respiratory diseases [1]. Thus, it is important to emphasize that the stress is not the cause of the diseases, but has an action aggravating or triggering factor of the same [1].

Burnout Syndrome

The Burnout has been referred to as one of the areas of negative impact on the well-being, the physical and mental level, in healthcare professionals [18]. The term Burnout is a term that English is the result of the junction of two words, burn and out. This term forwards to a significance which implies burn something to exhaustion, i.e. until it is consumed throughout the power available [23]. The Burnout syndrome can be characterized as a self-perceiving the emotional exhaustion, lack of professional success of the individual and depersonalization [5,23].

This syndrome affects individuals of any age ranges and which are in any professional category. However, this is a disorder that affects mainly people whose occupations involve interpersonal contact [5]. The Burnout is accompanied by symptoms, both physical and mental that are originating from a poor adaptation may be accompanied of frustration in relation to himself and to work [5]. This syndrome includes emotional exhaustion, depersonalization and lack of professional achievement/staff

by the individual worker [5,23,24]. As regards the emotional exhaustion, this is considered as the basic point of stress, characteristic of Burnout. It is referring 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 with a negative attitude toward all the people that surrounds, becoming even distant them [5]. Finally, the lack or reduced professional achievement, represents a negative attitude of an individual to himself. Reflects a 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, the individuals are no longer capable of you perform feats professional functions, both the emotional level (exhaust), presenting both physiological (sleep disorders) [25]. These professionals may have that deviate from its functions since the symptomatology tends to worsen [25].

Burnout in 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, great part of times, by providing care to a private level or in hospitals in addition to an attendant on the basic unit. This can increase the family income, however generates situations of extreme tiredness, ultimately affect all these labor activities [5]. In the case of nurses, these are under an intense emotional involvement and in addition, be subject to a work overload, the difficulty of communication and a high load of psychological and affective. All this can lead to a state of exhaustion in professional nurses [24].

Causes of Burnout Syndrome

Is the fact that the development of Burnout is a multicausal (involving individual and labor factors) [5]. The emotional exhaustion, in the case of women, many times, is visible due to a load of bidirectional work that involves the care of home and the 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]. The emotional exhaustion refers to feelings of excessive emotional stress [26] and can be physical or psychic. Initially, the individual feels tired and with an enormous difficulty in 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 face to the patient [23]. Several are the psychological factors that may lead to the emergence of emotional exhaustion. These factors relate essentially to the *conceção* work, to the sense of vocation, to attempt to conservation of an image of himself and the search for the realization of the social and personal level. These behaviors are crucial as to the type of response to stress and the appearance of the syndrome of professional exhaust [24]. The exhaust ventilation at professional level is often accompanied by other symptoms that may prove painful for the individual. Initially, the professional has the feeling of loss of vitality joint with a feeling of discouraged workers. Then installs the feeling of indifference, leading to boredom, as well

as the deconcentration and disorientation [24]. Sometimes the professional exhaustion is triggered by the feeling of not achievement on the part of the professional, i.e. this feels that already is not competent in its functions and therefore feel frustration concerning the direction which 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 autodesvalorizar your work, casting blame-If [24]. The consequences of this autodesvalorização can lead to absenteeism with or without justification, leak to the work or the change of the same. In doctors the reaction most frequent is the hyperactivity. The doctor increases its 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 professional [26].

The depersonalization is manifested by an attitude of coldness and indifference to the others, leading to negative attitudes and inappropriate and irritability [5,23,26]. It is believed that the emotional exhaustion and the age variable are related, as well as the relationship between the age factor and the depersonalization. Younger individuals present 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 feelings and emotions various, potentially stressful, to the extent that healthcare professionals are inevitably affected by the suffering of the people who provide these care [23]. The repeated contact with death is, according to various authors one of the factors that provides the development of the syndrome of burnout, especially when the mechanisms of coping strategies adopted are ineffective [23]. The coping strategies of 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 the stress) requires a redefinition of the mechanisms for individual and collective of workers, being that sometimes it will be essential to revise certain values and concepts [5]. Thus, the prevention requires therapeutic actions at the social level, individual, group and organizational, but also requires educational actions [5]. It is still extremely important that, once this syndrome appears, whether recognized by those who suffers from it and in that sequence, look for help for the treatment. As for the various institutions, they shall adopt mediated essential to the prevention of exhaustion, how to renew the work environment and create different strategies to combat stress [27].

Symptoms of Burnout Syndrome

The Burnout may be accompanied by symptoms and distressing feelings. First, can arise feelings such as loss of vitality and the

hopelessness, staying after the indifference, the boredom, the cynicism, as well as the disorientation and deconcentration. Even so, situations contrary can happen, as is the case of the subjects that demonstrate omnipotence [24]. As regards the symptoms, these can be classified as: physical symptoms (insomnia, lack of energy, back pain, loss of appetite, ulcer, migraine 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].

Syndrome of burnout and depression seems to have the same meaning, however there are differences between them. Although the first be able to suffer changes and lead the second, a subject really depressive presents a state of excessive weakness that affects all variants of his life. A depressive individual you will feel guilty for everything it happens, while, the person with Burnout just feel fury [24].

Coping strategies

The term coping has the meaning of dealing, face, overcome, cope, react or adapt to adverse circumstances [7]. This is a term that has emerged on the mid-19th century. This time, it was believed this term, as a synonym of defense, however, from the 20th century began to admit that the coping strategies for emotion reaction to situations of stress [7].

When the individuals if they see in contexts of stress, try to mitigate it, using for this, coping mechanisms [2]. These individuals, often observed 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 to try to administer/reduce this disparity [2]. The literature review allows you to say also that the coping involves a set of behavioral and cognitive strategies, used to relieve the circumstances nerve-wracking flight of work [6,28,29]. It also allows us to conclude that, the types of coping most referenced are: the social support (the individual attempts to find support to confront situations of stress), troubleshooting, self-regulation, expulsion (look for the detachment of the situations nerve-wracking flight), confrontation, positive reevaluation (the individual reorganizes the situation to mitigate the emotional charge of problems) and finally the acceptance of responsibility, where the subject assumes the responsibility for the situation in the attempt of its resolution [28]. The strategies of adaptation to stress have two main goals: to try to change the dilemma that cause stress and control the emotional response to this dilemma [2].

Discussion

Stress has been seen as a factor that affects increasingly 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, to designate to 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 relation family/work [8].

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 a difficulty with the memory, high physical fatigue and emotional and a greater vulnerability to develop diseases [17]. The professionals with more years of experience have lower stress levels, because probably already developed coping strategies that allows them to better cope with the situations that generate stress [21]. Especially in the nurses, the increase of workloads is related to the quantity of professionals in care, either by the shortage of nurses, either by innovation of new technologies or substances, which increase the volume of work without grouping more professional [21]. The mechanisms or coping strategies have emerged, subsequently, to try to alleviate these situations of stress and all that it implies in the health of the individual [2,7]. The capacity of professionals in the management of new equipment or the protocols and the professional autonomy contribute to a greater satisfaction in the workplace and consecutively decrease stress levels [21]. Leisure is an important mediator of stress can boost the satisfaction of psychological needs of professionals, potentiating their wellbeing both physical and mental [21]. Following the evolution of the stress, new terms have emerged, as is the case of Burnout Syndrome. This syndrome is characterized by emotional exhaustion, lack of professional success and depersonalization [5,23], and can affect individuals in any professional categories and age groups [5]. Even so, the Burnout Syndrome has greater incidence among the young workers, especially those that have not yet reached the age of 30 years, and whose experience is almost zero. In these cases, the young face realities which are not those which 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]. The anxiety was considered a predictor of great significance in the burnout syndrome, affecting all its dimensions except the personal realization with the job [29]. Thus, the individuals with high levels of anxiety are more vulnerable to occupational stress and burnout [19,21]. Another predictor of Burnout is the support of headship. The support and the support of the head were related with the Burnout in several studies. These indicate that the nurses that wedlock did more support their heads, showed levels of burnout Netherlands. Thus, it becomes important to support between heads and subordinated to promote competence, self-esteem and the realization of the professional [21]. The health professionals that have not presented burnout indicated low levels of depersonalization when compared with professionals who 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 the care with patients. The attitudes misidentified fits behaviors of coldness, indifference and cynicism. The depersonalization can

be singled out as sources 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 life 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 swallow quite with the passing of time, and that is a phenomenon developer of malaise, between the individuals who present. All people have already experienced situations of stress, however, it is up to each one of them, namely manage them.

Stress can arise due to several factors that may go from individual and personal factors, up to factors related to work. In the latter case, could be considerable occupational stress. This is characterized as being a malaise emotional resulting from labor complications. In this sequence, when the subject presents three characteristics as the emotional exhaustion, depersonalization

and the lack of professional accomplishment, is faced with a situation of Burnout Syndrome. The stress involves, also a discrepancy between the requirements of a given situation and the resources that each individual has to respond to these demands. Therefore, the 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 a direct contact with the sick and their suffering, it is necessary that these submit a good quality of life so as to provide a good environment both at the hospital or community for that is provided a good care. Thus, it is essential that health professionals maintain a good physical condition and a good control over the factors nerve-wracking flight that entail, in order to positively influence its performance. The continuous evaluation of the mental health professionals may contribute to the establishment of strategies of care facing toward the prevention and minimization of the occurrence of situations that generate stress.

References

- 1 Malagris LEN, Fiorito ACC (2015) Stress level evaluation of technicians from the health area. *Studies Psych* 23: 391-398.
- 2 Matos AS, Jacome JC (1998) Stress. *Psycho Anal* 4: 691-698.
- 3 Angelica SM, Bignotto MM, Lipp MEN (2015) Stress and quality of life: The influence of some personal variables 20:73-81.
- 4 Rui A, Esteves, Gomes A (2014) Stress, Cognitive assessment and adaptation to work in the class of nursing 4: 27-35.
- 5 Trindade LL, Lautert L (2010) Syndrome of burnout among the workers of the Strategy of health of the family. *Rev Esc Enferm* 44: 274-279.
- 6 Filho AM, Araujo TM (2015) Occupational stress and mental health of the professionals of the medical specialties Center of Aracaju. *Thedelete Educ Health* 13: 177-199.
- 7 Pocinho M, Capelo MR (2009) Vulnerability to stress, coping strategies and self-efficiency among Portuguese teachers 35:351-367.
- 8 Benjamin SJ (1990) *The stress*. Ground Editora, France.
- 9 Jerrold SG (2002) *Administration of stress*. 6Th edtn. Manole, Romania.
- 10 Hespanhol AB, Porto SN (2005) occupational stress. *Revised portugues of psychosomatic* 55: 153-162.
- 11 Leppanen RA and Olkinuora MA (1986) Psychological stress experienced by health care personnel. *Scand J Work Environ Health* 13: 1-8.
- 12 Mcintyre MT, McIntire SE (1999) Stress responses and coping resources in nurses. *Psych Anal* 3: 513-527.
- 13 Leandro R, Rui GA, Maria S (2010) Occupational stress in health professionals: a comparative study 7: 1494-1508.
- 14 Canova KR, Porto JB (2010) The impact of organizational values on occupational stress: A study with secondary school teachers. *Hum Soci Manage* 11: 4-31.
- 15 Jane O, Sponsorship C, Andersen F (2004) *Health Psychology* 2ndedtn, Portugal.
- 16 Maria CMS, Gomes ARS, (2009) Occupational stress in health professionals: A comparative study between physicians and nurses. *Stud Psycho* 14: 239-248.
- 17 Oliveira D, Morocco MG, Cardoso, Lucia C (2011) Stress and teaching work in the area of health. *Stud Psych* 28: 135-141.
- 18 Gomes ARS, Fernando J, Susana C (2008) Occupational stress in health professionals: a study with Portuguese doctor's and nurse practitioners. *Psychology: Theory Resea* 25: 307-318.
- 19 Santos AFO, Cardoso CL (2010) Mental health professionals: Manifestation of stress and burnout. *Studies Psych* 27: 67-74.
- 20 Serra, Vaz A (2011) *The stress in every day life*, 3th, national distributor of books, Lda, Coimbra, Dinalivro.
- 21 Pires DEP, Bertoncini JH, Trindade LL, Matos E, Azambuja E, et al. (2012) Technological innovation and workloads of health professionals: A relationship ambiguous. 33: 157-68.
- 22 Ferreira, Sérgio D (2015) Measured the satisfaction of health professionals:an application in the Grouping of Health Centers Feira-Arouca. *Rev Port Public Health*, 33: 188-198.
- 23 Pereira, Martins S (2014) Burnout in physicians and nurses: A multicenter quantitative study in palliative care units in Portugal. *Magaz Nursi Refer* 3: 55-64.
- 24 Michel D (2006) *Exhaust ventilation (burnout syndrome)* Rita Rocha 1st edtn, Portugal.
- 25 Silveira SLM, Camara SC, Armazarray MR (2014) predictors of Burnout Syndrome in rofessional for basic health care in Porto. *Psychology, Community & Health* 3: 120-130.
- 26 Jimenez M, Bernardo (2002) Evaluating the burnout in teachers. Comparison of instruments: CBP-R AND MBI-ED. *Psychology in Study* 7: 211-941.
- 27 Bentacur A, Guzmán C, Lema C, Perez C, Pizarro MC, et al. (2012) Burnout syndrome in health workers 3: 184-192.
- 28 Lima CP (2015) stress factors and the coping strategies used by nurses working in hospitals *Intern j curr microbio appli sci* 4: 157-163
- 29 Reis ALLPP, Fernandes SRP, Gomes AF (2010) Stress and psychosocial factors. *psch scie proff* 30: 712-725.