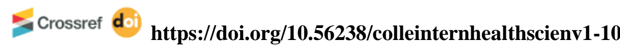
Chapter 104

Burnout Syndrome And The Orthopedist's Quality Of Life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ABSTRACT

Quality of life at work has been a goal much wanted by professionals and companies and has been much discussed in recent decades, especially in some activities or functions with greater risks, as the case of doctors who work in the Emergency Room (ER) as orthopedists. Despite the numerous studies on the subject, it is still necessary to deepen knowledge, as the medicine practiced in ER still represents a risk to professional's health, as it is a type of work developed in highly stressful circumstances. In this way, it becomes easy to understand the problem of the medical profession, which is said to be of consented submission, which is faced with difficult and stressful situations. The main objective of this research is to discuss certain stressful situations in PS that influence the quality of life of the orthopedic doctor. Its development was done through a bibliographic research, with a qualitative approach. And the main result is that the work in ER is highly stressful, compromising the quality of life of the orthopedist who works there.

Keywords: Stress, Medicine, Orthopedist, Work, Quality of life, Emergency Room.

1 INTRODUCTION

Stress is a current problem, studied by several professional sectors, because it presents a risk to the normal balance of the human being. There is an increasing concern with the health of workers so that damage is avoided and according to the World Health Organization (WHO) there is a favoring of physical and mental health when the work adapts to the worker's conditions and when the risks to their health are under control (SANTOS et al, 2010).

In the health area, occupational stress is related to specific situations such as: relationship problems of the multidisciplinary team, ambiguity and conflict of functions; double work day and domestic activities; pressures exerted by superiors according to the individual's perception and changes suffered within the context of his/her activity. For Carlotto (2002), these stressors, if persistent, can lead to the Burnout Syndrome, a type of persistent stress linked to the work situation, resulting from constant and repetitive emotional pressure associated with intense involvement with people for long periods of time.

Burnout Syndrome is conceptualized as a psychological disorder resulting from chronic emotional tension at work (TAMAYO; TRÓCOLLI, 2002). It is a multidimensional phenomenon, formed by three related variables, but independent of each other. They are: (1) Emotional Exhaustion, which refers to the feeling of physical and mental exhaustion and feeling of lack of energy to perform the task; (2) Depersonalization, characterized by changes in the personality of the subject, causing a relationship with the users of his service in a cold and impersonal way, developing attitudes of cynicism, irony and

indifference to others; (3) Low Professional Accomplishment, which encompasses feelings of dissatisfaction at work, low self-esteem, professional failure and demotivation, causing low efficiency and even job resignation (MASLACH, 2003).

Currently there are exploratory studies assessing quality of life of orthopedic physician, however, the survey of this data is important for contextualization of knowledge addressing the impacts that influence the quality of life of these health professionals (Moreira, Souza, Yamaguchi 2018).

For Moreira, Souza, Yamaguchi (2018), the emergency room is a unit where patients who need direct and quick care are found, because their health condition can easily evolve to death; moreover, it is considered a closed sector where the interaction with other sectors is greatly reduced. The assistance provided to patients in ERs is quite controversial; if on one hand it requires quick interventions, on the other, there is no doubt that they are spaces that naturally mobilize emotions and feelings that are often expressed in a very intense way. Being an orthopedic physician in an ER involves performing a job permeated by ambiguities, gratifying and limiting aspects that are present in your world and in life.

Orthopedics is a medical specialty concerned with everything that involves the musculoskeletal system. This includes the joints, tendons, muscles, nerves, ligaments, cartilage, and of course, the bones. This specialty can be practiced by professionals from different subspecialties such as: trauma, spine, hip, shoulder, foot. Orthopedic care in PS is usually offered to patients whose condition is potentially reversible and has a chance of survival with the support of other specialists.

2 METHOD

Complying with the scientific rigor necessary for a research study, the methodology used in the present work is presented.

As to the level, this is exploratory research. Investigations of this nature aim to bring the researcher closer to a current phenomenon so that he becomes familiar with the characteristics and peculiarities of the theme to be explored, thus unveiling, obtaining perceptions, unknown and innovative ideas about them. Subsidies that will serve to describe the elements and situations of the explored theme more precisely (VERGARA, 1998).

According to Figueiredo (1990), the literature review has two interconnected roles: it is an integral part of the development of science: the historical function provides professionals in any field with information about the current development of science and its literature, and the updating function.

The value of this type of research is in favoring an evaluation of a theme in a way not done by the original author, thus renewing knowledge (MARCONI, 1996). Therefore, this research adopts in its methodology the research of secondary data with a descriptive approach.

Data collection was carried out by means of a retrospective survey of scientific publications, in works indexed in electronic databases such as: SCIELO, Bireme, *PubMed, and* Medline, in scientific journals. A verification was also made in library collections and in the author's private collection and in

national masters and doctoral programs. The search criteria used the following key words: orthopedist; burnout; stress; medicine. The data selection was made having as exclusion criteria the non-scientific character of the publication and as inclusion criteria the relationship with the theme, the Portuguese and English languages.

As for data treatment, surely this is the most important stage of the research, because this is how the results emerge. This data analysis and interpretation must always be worked on together and interconnected with the theoretical framework that served as the basis for the research.

Both analysis and interpretation have their own goals, as Dencker and Da Viá (2002, p. 33) say:

> Objective of the analysis: to summarize the observations systematized and organized during the processing of the data, seeking to provide conditions that allow us to offer answers to the research problems;
> Objective of interpretation: it seeks to give a broader study to the answers found by the research, establishing the relationship between them and other existing knowledge.

Once this stage was concluded, the next step was to prepare the research report, in this case the monograph, which must be clear, coherent with the study proposal, and valuable to science.

3 THEORETICAL SUPPORT

3.1 QUALITY OF LIFE: CONCEPTS AND DEFINITIONS

According to the definition of the World Health Organization (WHO), "health is a complete state of physical, mental and social well-being and not merely the absence of disease" (WHO, 1946). In the search for health, the different areas of the human sciences have always prioritized the study of illness and the ways to evaluate its frequency and intensity in order to achieve cure and, consequently, health. The areas that study mental health are much more concerned with the subjectivity of the disease than other areas.

For Sdeil and Zannon (2004) the word health-related quality of life is commonly found in the literature and used with similar objectives to the more general conceptualization, but it seems to imply the aspects more directly associated with diseases or health interventions, defending the more specific approaches, pointing out that they can contribute to better identify the characteristics related to a certain offense. Two trends regarding the conceptualization of the term in the health area are identified: quality of life as a more generic concept, and *health-related quality of* life.

In the 1930s the term "quality of life" was first mentioned, and in the mid-1970s there were still discussions about the concept; according to some authors, at that time it was a vague and ethereal entity. Approximately in 1974 there was a classic definition that "quality of

life is the extent to which pleasure and satisfaction have been achieved", and only as of the 1980s empirical studies showed a better understanding that focused and combined definitions can contribute to the advancement of the concept on a scientific basis (SHEILD and ZANNON, 2004). The appreciation of

the expression quality of life gained increasing importance in the last years of the 20th century (BUARQUE, 2003).

The demand for quality of life leads The WHO to create the Quality of Life Group, a division of Mental Health, which defines quality of life as:

> An individual's perception of his or her position in life in the context of the culture and value system in which he or she lives and in relation to his or her goals, expectations, standards, and concerns (WHOQOL GROUP, 1994, p. 43).

Thus, for the WHO, quality of life is something subjective. There is no standard for what is considered a healthy life. Despite the existence of a conceptualization, it seems that the question remains: What is quality of life? The WHO definition is not always clear, and in some cases it is even difficult to reach a consensus on the definition of "quality of life," because it is a concept built on subjective data.

Defining quality of life is not an easy mission, because there is a common sense that one already knows what it means, or when not, one feels what it expresses. This is probably due to the fact that it is a concept sought by many since ancient times and that has gained strength in recent times. As Buarque (1993, p. 157) summarizes, "perhaps no concept is older, even before being defined, than 'quality of life'. Perhaps none is more modern than the search for quality of life".

When resorting to the *strictu* meaning of the term quality, we have as definition "that which characterizes a thing" (BUENO, 1992, p. 931), which adjectives and enables the designation of a certain particularity, a value. Thus, it fell into the common sense that actions or attitudes have the purpose of giving life a characteristic considered as positive, desirable, as if it were already implied that this action or attitude can be grouped to the necessary factors to obtain the desired quality of life:

> In our imagination, we immediately relate the actions and attitudes that are being linked to a particular discourse for the improvement of the quality of life of a group or social segment, with what *we* consider a good quality of life for society, or for other individuals. That is, we imprint in *our* interpretation of the term a *evaluative judgment* about what a good, regular or bad quality of life is (MOREIRA, 2000, s/p.).

These observations lead to the understanding that there is a lot of subjectivism imbricated in the meaning of the term "quality", because its definition depends on a personal perception.

3.2 THE SEARCH FOR QUALITY OF LIFE IN THE PHYSICAL AND MENTAL REALMS

A significant increase has been observed in the movement for this search. There is a growing demand for physical activity, healthy eating, *stress* management, smoking cessation, safe sex, and adequate conditions at work, among other factors that can lead the individual to a healthier life (BUARQUE, 2003).

In the current life habits there is a vulnerability of individuals to stress, depending on the ability to deal with stressful events. For better clarification, when the brain, independently of the will, interprets some situation as threatening or stressful, the whole organism starts to develop a series of alterations called, as a whole, General Syndrome of Adaptation to Stress. Many times, these stressful situations develop various ways of adapting to them. This syndrome can be physiologically described by the activation of a

chain of reactions with release of catecholamines and glucocorticoids, caused by a non-specific agent (SANTOS et al, 2010).

Each organ or system of the human organism manifests the continued physiological changes of stress, starting with only functional changes, soon after anatomical lesions, but the changes aim at protection and maintenance of balance to those called defense. The signs and symptoms that occur most frequently from the physical level are: increased sweating, stomach pain, muscle tension, tachycardia, hypertension, jaw clenching and teeth grinding, hyperactivity, cold hands and feet, nausea; the psychological level occurs the following symptoms: anxiety, tension, anguish, insomnia, alienation, interpersonal difficulties, self-doubt, excessive worry, inability to concentrate on matters other than the one related to the stressor, difficulties to relax, boredom, anger, depression, emotional hypersensitivity (SANTOS et al, 2010; FINK, 2000).

There are situations that stimulate the stages of the syndrome, described above, occurs in current life habits, as society as a whole has made changes in social interaction with the introduction of technology, in which individuals are not prepared to adapt (SANTOS *et al*, 2010).

3.3 THE DAILY ROUTINE OF THE ORTHOPEDIC DOCTOR IN THE ER

The day-to-day work of an orthopedic doctor does not take into account the difficulties of the worker, and these difficulties are of various kinds, including those outside the work environment. However, there is a demand that he never share his troubles with the patient and/or family; on the contrary, serenity is expected. The role of caregiver and self-sacrificing is introjected by the physician.

Thus, Dejours et al. (1994) state that:

> The organization of work exerts a specific action on man, whose impact is on the psychic apparatus. Under certain conditions, suffering emerges that can be attributed to the clash between an individual history, a carrier of projects, hopes and desires, and an organization of work that ignores them.

Moreia, Souza, Yamaguchi (2018) assess that the orthopedic physician's personal hardships and his bitterness about the circumstances he faces usually depreciate the kind of care he has the potential to offer, potentially causing the professional to suffer.

Haddad et al. (1985), demonstrated that there is an emotional unpreparedness of health professionals, except psychologists, in caring for critically ill patients. The professionals were anxious about the use of aggressive treatments. They also demonstrated that the professionals felt unprepared to face the death of the patient, expressing laments of professional impotence. Usually health professionals identify themselves with patients fearing that the same thing might happen to them and feel guilty when the patient dies.

Thus, the training of health professionals, regardless of the level, is based on Taylor's theory (FIGUEIREDO et al., 1996), demanding from the workers an extreme dedication, because they are often

being "watched" by other professionals in the health team, by administrators, and even by the patients or their families.

Some theorists, such as Dejours et al. (1994), censure the Taylorist model and explain that it is the organization of work that is responsible for the painful or favorable consequences for the worker's psychic functioning.

These researchers also state that defensive systems are erected against suffering, anxiety, and dissatisfaction. Although experienced, suffering is not recognized. If the main function of defense symptoms, is to alleviate suffering, their hiding power becomes against their creators. For unaware of the form and content of this suffering, it is difficult to fight effectively against it. He also points out that defensive ideology is functional at the level of the group, its cohesion, its courage, and is also important at the level of work, because it is the guarantee of productivity.

It is also observed that in most institutions the care with ergonomics is still small, making the orthopedic physician's activity even more difficult. It often happens that the physical plant is inadequate for the type of care, the equipment and materials of daily use disfavor the execution of the technique, there is an absence of material to perform the task, the number of workers is reduced for the quantity and characteristics of the patients, among other difficulties.

Currently, there is a large number of patients who need specialized treatment, demanding a more effective assistance and also with the technological development of medicine, it is observed that the medical work has caused a great physical and emotional wear to professionals. Most of the time they don't even know what is going on, but they react by skipping work, in many cases they attack their own patients or their colleagues and superiors, they anarchize the company's rules and routines. As a consequence of the work overload and psychological suffering they may present diseases such as hypertension, diabetes mellitus, orthopedic, neurological, gastric, and psychological disorders, etc..

In addition, it is common for physicians to work in more than one location. In this context, there is a low quality of life in the work of medicine, besides increasing the risks of iatrogenesis and accidents at work.

3.4 STRESS AT WORK

The quality of life has one of its pillars in the worker's life, the effect of occupation on their health has mobilized concerned researchers and organizations. Occupational stress occurs due to abnormal wear and tear on the human body and/or a decrease in the ability to perform work, justified by the prolonged inability of the individual to withstand, overcome or adapt to the demands of a mainly psychic nature that involve the situations of his work or life environment. For specialists in work psychopathology and the World Health Organization (WHO), there are situations that cause anxiety to the worker, developing stress that wears out the emotional, physical, manifesting diseases (SANTOS et al, 2010).

As for the stress inducing factors, the type of work and shift work, is a frequent and necessary practice in several organizations, especially in hospital institutions; work overload with excessive work, in quantitative as well as qualitative terms, understood as an excess of activities to be performed, in a given period of time. The qualitative overload refers to excessive demands in relation to the competencies, knowledge and skills of the worker, but the too light work can also result in an important stressor in the daily life of the health professional (FRASQUILHO, 2005).

For Martins (2004), assignments with few tasks during the day or the assignment of very simple, routine and boring tasks, in relation to the skills and dexterity of the worker, can be a cause of stress at work. In addition, studies find significant relationships between work overload, development of anxiety, and decreased job satisfaction for health with increased tobacco use.

As for the opportunity for control, it is an aspect that can produce stress when intrinsic control referring to the influence that the subject has on the content of his own work (planning and determining the procedures to be used) and extrinsic when the aspects of the work environment (wages, schedules, policies of the organization, social benefits, already for the opportunity for the use of skills characterizes the development of stress when the socio professional context offers the individual, use and develop their own skills, and these opportunities are too few or, on the contrary, excessive (MARTINS, 2004).

When the role performance originates the organization, Martins' (2004) studies evaluate stress through two components: role conflict and role ambiguity that induce stress within the characteristics of the social and organizational context, because it produces a set of expectations and demands about the behaviors that are expected of the person occupying a particular position. When incompatible demands and expectations are sent out a stress-inducing situation occurs due to role conflict, when they are insufficient information can produce another stress-inducing situation due to role ambiguity.

Interpersonal and group relationships can sometimes become severe and important stressors, the types of relationships are an aspect of great importance in the work environment, but when there are ambiguous relationships, guided by mistrust, uncooperative and predominantly destructive, they can lead to high levels of tension and stress among members of a work group. Still about the relationship with superiors when it is not interpreted as a source of rewards or sanctions induces to be a source of stress and tension. Although not favoritism by superiors is a very narrow and too rigid leadership over the work of subordinates that also results in stress (MARTINS, 2004).

As for technology, some studies reveal that the introduction and implementation of new technologies in organizations have contributed to the emergence of stress-inducing situations, which can produce negative stress experiences that are highly detrimental to mental health and psychological well-being. However, the need for new knowledge and skills requires changes that may also constitute stress-inducing situations. Several authors refer that the adaptation to change produced by new technologies is one of the stress-inducing situations at work. In the specific case of computers, even though their

introduction at work can reduce work stress, people's adaptation to the new system can result in added stress experiences (MARTINS, 2004).

For Stacciarini; Tróccoli (2001) work environment stressors can be categorized into six groups: intrinsic factors for the job (inadequate working conditions, work shift, workload, contributions in payment, travel, risks, new technology and amount of work), stressful roles (ambiguous role, conflicting role, degree of responsibility towards people and things), relationships at work (difficult relationships with boss, colleagues, subordinates, customers being directly or indirectly associated), career stressors (lack of career development, job insecurity due to reorganizations or industry decline), organizational structure (management styles, lack of participation, poor communication), work-home interface (difficulty in handling this interface).

As the situations described related to occupational stress, therefore it is not exempted especially when it comes to workplaces such as hospitals, specifically ICUs.

3.5 STRESS IN HP

The ER proposes the treatment and care of patients in a state of serious illness with the possibility of recovery in which requires permanent multidisciplinary team and specialized equipment, being recognized as a stressful place, where the health professional faces situations that require attention, skill, maximum efficiency, accuracy with his patient with very often situations of worsening of the patient's condition and even death. Within this context, the physician is in permanent contact with suffering, pain, despair, irritability and other reactions that may arise in patients due to the situation in which they find themselves (SANTOS et al, 2010; GUERRER and BIANCHI, 2008).

Quality of Life at Work is understood as: the opportunity to be heard by managers and other professionals of the health team of the hospital organization, being able to express ideas and aspirations regarding the issues that involve the daily work and according to authors it was noticeable the lack of policies that work with the theme Quality of Life at Work in the hospital organization and also the need for investments in pedagogical practices that incorporate the theme Quality of Life at Work in courses aimed at the training of workers that make up the medical team.

According to Guerrer; Bianchi (2008) the physician's work, inserted in health care institutions, is often multifaceted, divided, and submitted to a diversity of positions that generate wear and tear. Medicine in PS requires an ability to deal with crucial situations with a speed and precision that is usually not necessary in other care units. It requires competence in integrating information, making judgments, and setting priorities, because when a disorder affects one organ system, other systems are involved in trying to adapt to the imbalance.

Fearing the consequences of a mistake that could harm him or her or the patient, he or she often excessively internalizes control over the work, centralizing it. With this attitude, they may develop a mechanism such as "paranoid proneness", that is, internalizing persecutory feelings in the absence of a

concrete persecutor. This mechanism is unconsciously adopted by physicians as a protection against unpredictable situations and their consequences, being that, on a daily basis, absolute control over the work is almost impossible, being constantly threatened by the possibility of mistakes. Thus, these professionals become vigilant of themselves to avoid loss of control, feelings of guilt and punishment, being attentive controllers of their own attitudes (SCHEIDL and BIANCHI, 2008).

To clarify the concept of stressors in the physician's work, Martins (2004) considers that the condition depends on the type of assessment that the person makes of the situation, his vulnerability to it, that is, his individual characteristics and strategies. However, the working conditions and the well-being of the person and fundamental to identify elements of the context in whose presence the individual can develop experiences of stress and experience the negative consequences of it. There are four categories of stressors: physical environment; individual level (role performance and career development); group level (interpersonal relationships and group pressures); organizational level.

Besides the stressors there are the stress inducing factors in the HP environment, and their relationship with psychological well-being, using, for this purpose, the terms: stressor, factors, source, situation, and stress inducing or triggering circumstance, in the same sense (MARTINS, 2004).

For Pereira and Bueno (1997) the stressful conditions of the work environment point out the indicators that are characterized on three levels: environment, team and doctor-patient-family relationship. The same authors assume the characteristics of the PS that influence are: closed environment, artificial lighting, air conditioning, which lead to mood changes, becoming more irritated for no apparent reason, allergies, headaches, anxiety; as for the physical plant, sometimes inadequate to the medical service, vigilant supervision/coordination with constant demands, demanding routines, deficiency of human resources, death, pain and suffering, generating a lack of motivation, many times, to work. These factors contribute to an increase in the degree of tension among the workers of this place, and can also harm the good progress of the team and the service.

In view of the daily routine of the medical professional, due to the large number of professionals in the labor market, the younger physicians are forced to work an excessive work day with double shift, in addition to suffering situations such as conflict of functions, pressure from superiors, constant change of the context of the activities cause occupational stress that develop, under conditions that emerge the suffering at work by situations in the workplace and difficulties of personal character. It causes consequences in the form of problems in physical and mental health and job satisfaction, compromising the individual and the organizations (LEITE e VILA, 2005; FOGAÇA, 2008).

For the authors Leite and Vila (2005) among the relevant categories for physician's work stress follow: the fact of dealing with the death of patients that represents helplessness, suffering and loss; dealing with the patient's family as providing adequate information and consistent with the level of understanding of family members and make their necessary preparation so that they can enter the ER and see their loved one in conditions of extreme difficulty, required for their recovery; caring for the workplace/unit of ER as

activities referring to the difficulties that interfere with the performance of the team and the quality of care provided in OS; lack of human resources in face of the scarcity of material and human resources, professionals end up doing the best they can, but this culminates in harm to the quality of care; and finally difficulty in working in a team that is worth mentioning that most of the members of the ER team analyzed have more than one job, it is an unstable environment, sometimes shifts take place in a hectic environment, which requires attention and strict care from all members of this team, the activities are intense, especially when there is admission of very serious patients.

3.6 STRESS AND THE ORTHOPEDIC PHYSICIAN

The work in ER is complex and intense, requiring that the physician is always ready to provide care at any time to patients with severe changes, which require specific knowledge domain and great ability to make decisions and implement them in a timely manner. The orthopedic physician has the burden of assisting the patient both in emergency cases and in life support, and must therefore be able, regardless of the diagnosis, or the clinical context, to use a broad approach, where experience must be allied to technical and scientific knowledge (LEITE and VILA, 2005).

For Zimmerman, (*apud* FIGUEIREDO et al. 2006, p.3-4) the human potential is the basic factor for the good performance of the team in a PS. These authors argue that the professional who works in this sector must also be able to stand out in the following aspects: competence, skill and dexterity in performing tasks, besides the willingness to be confined to the hospital environment, willingness to care for critical patients, preparation to deal with the noise of the equipment, preparation for the daily struggle with life and death, search for technical and scientific knowledge and permanent updating.

The professionals working in a PS deal with serious patients in emergency situations, concluding that "[...] the daily routine, the incessant critical situations, the agitation and other occurrences characteristic of this sector, after a certain time, can cause emotional wear and lead the person to stress" (p. 22). Corroborating, Atkinson et al. (1989) explains that stress is both a physiological and psychological response of the body to pressures

external and it is common for professionals to evaluate themselves very rigorously from a technical and especially human point of view.

3.7 BURNOUT SYNDROME

Burnout Syndrome is defined as a chronic adaptive disorder associated with work demands and demands. Its appearance is unexpected and, usually, is not recognized by the subject. It causes emotional divergences and a gap between expectations, ideals and the presence of reality at work, thus affecting the professional performance and quality of life of the subject [37; 18; 19].

Burnout Syndrome is not specific to a certain profession, because its existence can be confirmed according to how the work is organized, regardless of the activity performed[38; 39]. Therefore, when performing a study of a group of workers, it is important to consider that, even though it has a heterogeneous character, because it encompasses different professional classes, the subjects share the suffering experienced in the work environment[40].

Maslach and Leiter (1999) point out that, in recent years, the level of physical and emotional exhaustion of workers has reached high proportions, with a greater frequency of leaves of absence for health reasons, regardless of the number of days, associated with feelings of exhaustion and low work performance. However, many corporations ignore the suffering of their employees, for fear that recognizing the problem will force them to invest in programs to improve the quality of life at work. The attrition of employees is not usually seen as a consequence and responsibility of the organization, but rather as an individual problem.

Van der Klink (2001) when researching about The Burnout Syndrome observed that the first years of a professional career is the period in which the transition occurs between idealized expectations and the daily work practice. During this time, one realizes that the personal, professional, and economic rewards are not always what was initially expected or promised.

The conditions of the work environment are extremely important to compose the physical and psychological health of each one of the team (BENEVIDES, 2002), thus, people submitted to prolonged work stress have unleashed or increased the consequences of the syndrome. This corroborates several study findings, which show that high stress at work, jokes, rudeness, the existence of unfriendly colleagues, colleagues who charge for the work hours or disturb the environment, closed groups, slander, gossip, complaints without reason, people who do not cooperate, psychological problems, feeling work as stressful and interpersonal conflicts raised Burnout scores.

The autonomy and responsibility of the job have been recognized as an important factor for the balance between work health and the appearance of occupational disorders (BENEVIDES, 2002). As responsibility increases, autonomy decreases, and the possibility of Burnout is greater, as demonstrated in the study, in which directors presented greater depersonalization, when compared to other positions. Tamayo[23] verified that in a sample of 229 nurses, the lack of autonomy, equal structure and harmony are significant predictors of emotional exhaustion.

In a study conducted with orthopedic doctors, it was proven that little mobility and little contact with the outside world during the work shift are triggers of high exhaustion, thus, doctors who work under these conditions tend to present low Professional Accomplishment. This occurs, probably, because it restricts the exchange of information and expansion of knowledge, which is propitiated when there is a larger group of people interacting (KANAANE, 1994).

Considering that organizational conditions are triggering variables of the Burnout Syndrome, Kanaane (1994), emphasizes the importance of promoting the well-being and health of professionals at work, since this will reflect on the functioning of the institution as a whole. Changes in work organization and improvement of the psychosocial environment substantially increase both satisfaction in the work environment and the health indicators of workers (MARTINEZ, et al, 2004).

The implementation of changes in a work process (conditions and environment) is necessary when the environment is favorable to the development of the Burnout Syndrome, seeking to minimize bad health outcomes for the employees. However, it is possible that resistance may arise, despite this, the employees should be involved in the process of change, thus reducing resistance, and collaborating with their knowledge to advance the understanding of the impact of work on the health-disease process, transforming this reality.

4. FINAL CONSIDERATIONS

The present article had the purpose of analyzing work stress in PS on the quality of life of orthopedic doctors. Thus, the present research identified that:

- There has been a significant increase in the movement in search of a better quality of life, or "quality of life. There is a growing demand for physical activity, healthy eating, *stress* management, smoking cessation, safe sex, and adequate working conditions, among other factors that can lead the individual to a healthier life. Following this movement, a better quality of life is being sought for the medical professionals who work in ERs.

In the health area, occupational stress is related to specific situations such as: relationship problems of the multidisciplinary team, ambiguity and conflict of functions; double work day and domestic activities; pressures exerted by superiors according to the individual's perception and changes suffered within the context of his activity.

- The ER is an environment where the health professional faces situations that require attention, skill, maximum efficiency, precision with his patient with very often situations of worsening of the patient's condition and even death. Within this context, the orthopedic physician is in permanent contact with suffering, pain, despair, irritability, and other reactions that may arise in patients due to the situation in which they find themselves.

Methodologically, the factors that cause stress were identified as: stressors and inducing factors. These are:

Stressors in the physician's work: The condition depends on the type of assessment that the person makes of the situation, his vulnerability to it, that is, his individual characteristics and strategies. However the working conditions and the well-being of the person and fundamental to identify elements of the context in whose presence the individual can develop experiences of stress and experience the negative consequences of it. There are four categories of stressors: physical environment; individual level (role performance and career development); group level (interpersonal relationships and group pressures); organizational level.

In addition to the stressors there are the stress-inducing factors in the HP environment, and their relationship with psychological well-being, using, for this purpose, the terms: stressor, factors, source, situation, and stress-inducing or stress-triggering circumstance, in the same sense.

Finally, in addition to the considerations made, this work recommends that the government, the work organization, the class entities that defend physicians and the professionals themselves should be aligned to minimize the stressful and stress-inducing factors in PH, in addition to creating alternatives for physicians, such as an increase in remuneration so that they can reduce their work hours and look for leisure activities that can serve as "escape valves", in order to balance the adequate psycho-emotional conditions necessary for the activity.

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