


## NEGLECT IN THE MENTAL AND PHYSICAL HEALTH CARE OF HEALTH PROFESSIONALS

 <https://doi.org/10.56238/sevened2024.028-010>

**Angelo Augusto Martins Pistori, Guilherme Prianti de Andrade, Thiago Ferreira Delneri, Fernanda de Freitas Medeiros de Souza and Vivaldo Palma Lima Filho**

---

### ABSTRACT

The health area is composed of a multiprofessional team, and each sector of activity has an extreme impact on the quality of life of each patient, considering that their demands are also multidisciplinary. However, even with the stratification of care and division of functions among the responsible team, there is still a significant overload of health professionals, especially in the hospital setting. This overload is reflected in factors such as professional exhaustion or burnout syndrome, which is one of the pillars of neglect regarding physical and mental self-care among health professionals. Likewise, lack of time, poor pay, lack of professional appreciation, poor working conditions, and emotional overload are other examples of factors that contribute to this scenario. With this in mind, this study aims to review the main conditions associated with the self-neglect of health professionals, with regard to physical and mental health, bringing together factors common to all areas of activity and with emphasis on nursing and medical services.

**Keywords:** Mental health. Health professionals. Negligence.

## INTRODUCTION

There are several factors that impact self-care with mental and physical health among health professionals. Among them, it is possible to mention both external factors, and therefore modifiable, as well as intrinsic factors inherent to the various areas of health activity. In the context of the Unified Health System (SUS), professionals still face other challenges, such as the lack of equipment, supplies, medicines and even human labor for the demands presented. All this conditions the professional to greater emotional and psychological exhaustion.

In addition to the context of the Covid-19 pandemic, which was a time of intense physical and mental exhaustion for professionals in all areas of health, it is important to mention both the factors intrinsic to the profession, such as greater exposure to situations of grief and death, the need for psychological and emotional resilience, for example, and the modifiable factors, such as lack of time, poor remuneration, low professional recognition, overload of functions and lack of resources in the SUS, as these are factors that precede the pandemic, coexisted with it and remained after its resolution.

## METHODOLOGY

The present work is a literature review, which was removed from the SciELO (Scientific Electronic Library Online) and PubMed platforms. The research was carried out in July 2023, meeting the inclusion criteria, which were articles from the years 2003 to 2023, in Portuguese, Spanish and English, online and full text texts, theses, master's dissertations, book chapters, monographs, literature in journals and scientific journals were included in the bibliographic review. As strategies for better evaluation of the texts, the following health descriptors (DeCS) were used: "Mental Health", "Physical Health" and "Health Professionals" and "Self-Neglect".

## DISCUSSION

Currently, the physical and emotional overload during the care of patients hospitalized in the hospital environment is often neglected by health professionals (SANTOS, 2023). Lack of care for oneself can occur when the professional gets involved in the care of others in a way that is distant from himself, as if this care could be carried out with neutrality. This refers to the discourse about health professionals as disease-free, compared to "ascetic priests" who in their professional practice use their instinct, their art, their skills, and even a kind of happiness of their own to fulfill all their tasks and be whole, immune to diseases (SILVA, 2020).

The health team is frequently exposed to various factors that compromise their physical and mental health, such as dealing with pain, suffering and death, as well as the system of continuous shifts or work in uninterrupted shifts and provision of services 24 hours a day, seven days a week, adding to the transition between shifts for shift change. The negative impact on physical and mental health is also due to the lack of attention and time for issues related to the performance of professionals as individuals inserted in a social environment (SANTOS, 2023).

Dealing with lives that are almost always in fragile situations, making decisions that involve vital risks, performing clinical or surgical interventions on sick individuals - all this makes the health professional more likely to feel physically and psychologically worn out throughout their professional life. To a large extent, the doctor's action involves not only the patient, but also the patient's family nucleus, which makes the professional responsible and involved beyond the technique of medicine, going beyond a mere consumer-producer relationship (MACHADO, 1997).

Although the characteristics of each profession are maintained, several aspects of professional activity in health are shared by physicians, nurses, social workers, occupational therapists, psychologists, physiotherapists, speech therapists; with regard to occupational health, for example, the psychic suffering inherent to work in the hospital environment is common to all these professionals (NOGUEIRA, 2003).

A common condition among health professionals is burnout or burnout syndrome, which is defined as a pathological syndrome resulting from prolonged occupational stress. The three main characteristics of this condition are: emotional exhaustion, depersonalization, and a feeling of professional ineffectiveness. It is postulated that the dimensions of the burnout syndrome appear sequentially in time. Thus, emotional exhaustion develops first, and then depersonalization arises in an attempt to cope with exhaustion and, finally, the ability to resist work demands decreases, resulting in a reduction in feelings of personal fulfillment (BROWN; GOSKE; JOHNSON, 2009).

Regarding physical health, the results of a study on the level of physical activity of health professionals (ACIOLI, 2013) revealed that physicians and nurses were the professionals with the lowest proportion of active subjects, even presenting values below the national average of 36%<sup>17</sup> (Jatkinson et al., 18), found that physicians, even taking walks during their workday, were unable to meet a substantial proportion of the daily needs, making it necessary to complement the practice of physical activity. On the other hand, nursing technicians and physiotherapists presented higher values than doctors, nurses and even in relation to the national proportion. A possible explanation for the higher proportion of

active individuals among these professionals may be related to the influence of the activities developed in their work routines (ACIOLI, 2013). In their work routines, technicians are responsible for moving patients, taking care of personal hygiene, administering drugs and transporting different equipment. All these activities require greater energy expenditure, as they require these professionals to travel greater distances within the hospital environment, whether walking, going up and down stairs, as well as performing vigorous activities that require physical strength, such as transferring patients and bathing in bed. A similar explanation can be thought of for physiotherapists who use the mobilization of patients in their routines, such as transfer to chairs, armchairs, orthostatism, in addition to walking (ACIOLI, 2013).

When related to the psychophysical symptoms of health professionals, some authors have highlighted with greater emphasis musculoskeletal disorders, being mainly related to complaints of back pain (FERREIRA, 2008), chronic foot problems, with an incidence of 12.6% (RIOS, 2010) and depression, with an incidence of 7.7%, in addition to stress and mental exhaustion, which is due to the demands and workloads imposed, leading to a musculoskeletal imbalance and emotional exhaustion reported by these professionals (SANTOS, 2023)

## NEGLIGENCE IN NURSING PROFESSIONALS' SELF-CARE

In the historical development of nursing, care for people has been pointed out as an epistemological object of the profession. The nurse is the professional who takes care of people from birth to the moment of death. However, it is questioned whether this professional also takes care of himself. Several studies have pointed to stress, work overload and other problems that denote a certain lack of care with themselves among nurses. Associated with these factors are the great pressure in the work environment, high ethical responsibility, and low salaries (SILVA, 2020).

Self-care is essential and comprises individual habits, customs, beliefs, and values. Self-neglect, observed as the main limit to such care, may occur because the nurse's education aims at caring for others, not directing attention to care for themselves. Associated with these factors, fragmentation, inadequate communication between team members, and the lack of attribution of meaning to the work are determinants for its disqualification (SILVA, 2020).

Often, although there is a perception of the need to take care of oneself, professionals are unable to put it into practice. Everyday occupations consume the time that nurses could dedicate to themselves, so that caring for oneself is in the background and is

sometimes forgotten. The neglect of self-care seems to result from the lack of time to eat properly and take care of oneself physically and aesthetically and from the need to give up time for oneself for work. Many professionals have more than one employment relationship, which reduces free time and impairs self-care. Lack of time, which can be interpreted as the absence of priority for oneself, has a great possibility of causing stress and other psychic disorders. In addition, the absence of adequate rest, added to the professional's exposure to adverse conditions in the labor market, can cause chronic pain, agitation, insomnia, anxiety, and, consequently, self-medication (SIVA, 2020).

In addition to these, other limiting factors in self-care were described by nurses: inadequate working hours, excessive bureaucracy, low pay, submission, impotence, competitiveness, and incompatibility between chores, family, and leisure (SILVA, 2020).

## NEGLIGENCE IN THE SELF-CARE OF MEDICAL PROFESSIONALS

The impairment of the quality of life of physicians and, consequently, of their professional practice can interfere in an impactful way in society, especially through possible medical errors that are often irreparable (GRACINO, 2016).

Competitiveness and the need to know and be exposed to different situations, functions and workplaces are much more affected by doctors whose employment position is not yet consolidated. Professionals with less than ten years in the market, for example, are more subject to multi-employment (even accepting underemployment, below-average salaries, etc.) and to working more intensely on duty, and their clientele in the office is still scarce (MACHADO, 1997). All the factors mentioned above have an important impact on the quality of life and well-being of health professionals, and submission to them is an example of self-neglect in mental health care.

The main reasons alleged for burnout were: overwork, long working hours, multi-employment (27%); low pay (17%); poor working conditions (16%); area of expertise/specialty (9%); excess of responsibility, life-and-death relationship with patients (12%) (MACHADO, 1997).

Among the risk factors for psychological illness among physicians most addressed in the studies, the high demand for both physical and emotional work, family conflicts due to the profession, financial difficulties and dissatisfaction with the health system stand out (BROWN; GOSKE; JOHNSON, 2009).

The percentage of physicians affected with symptoms of depression is high in both hemispheres of the planet, with younger physicians being at greater risk, which was confirmed in the study by Dyrbye et al. (2014), in which symptoms of depression and

suicidal ideation were more prevalent during college than in residency and early career (MAGNAVITA AND FILENI, 2014).

On the other hand, protective factors were observed, such as dedication to the academic practice of teaching and research, technical improvement and dedication of time to leisure and physical activities. It was also possible to observe that the beginning of the medical career, especially internship and residency, is the most exhausting and demanding of the mental and physical health of physicians (GRACINO, 2016).

## IMPACTS GENERATED BY THE COVID-19 PANDEMIC

The pandemic caused by Covid-19 negatively affected the mental and physical health of health professionals by increasing work-related stressors, especially those who worked on the front line of care, as they dealt daily with the fear of becoming infected and infecting others, as well as with the lack of personal protective equipment and work overload. In a recently published study, psychological impacts such as anxiety, perceived stress, and depression were observed since the beginning of the Covid-19 epidemic, which gradually increased during the course of the disease. Analogous to the general population, the psychological impacts generated by epidemics and pandemics are intense. However, in health professionals, these impacts are amplified for several reasons: in addition to presenting a higher risk of infection by the virus, they are exposed to the possibility that there will be a lack of personal protective equipment, mechanical ventilators, hospital supplies, in addition to having to decide, sometimes, which patients will be entitled to certain assistive technologies (DANTAS, 2021). This has been an extremely relevant aspect in the mental health determinants of professionals since 2020.

## FINAL CONSIDERATIONS

In addition, the mental health of all professionals should always be valued, even so, there is a very intense degree of negligence on the part of contractors and administrators. When we approach the health aspect, we understand the extensive demand on the part of patients and staff, so projects that project and intensify the care for the mental and physical health of health professionals should always be presented.

## REFERENCES

1. Nogueira-Martins, L. A. (2003). Saúde mental dos profissionais de saúde. *\*Revista Brasileira de Medicina do Trabalho\**, *\*1\**(1), 59–71. Disponível em: <https://www.rbmt.org.br/details/281/pt-BR/saude-mental-dos-profissionais-de-saude>
2. Borges, J. P. A., Dos Santos, L. A., & De Assis Simões, A. L. (2020). Indicadores de qualidade na assistência à saúde da criança na atenção primária à saúde: Uma revisão integrativa. *\*Brazilian Journal of Health Review\**, *\*3\**(3), 7101–7116.
3. De Melo Ferreira, J. P., et al. (2023). Atitudes frente à morte e luto em profissionais de saúde na linha de frente do cuidado a COVID-19: Uma revisão integrativa. *\*Brazilian Journal of Health Review\**, *\*6\**(4), 14252–14264.
4. Machado, M. H. (1997). *\*Os médicos no Brasil: um retrato da realidade\**. Rio de Janeiro: FIOCRUZ.
5. Silva Júnior, E. J. da, Balsanelli, A. P., & Neves, V. R. (2020). Care of the self in the daily living of nurses: An integrative review. *\*Revista Brasileira de Enfermagem\**, *\*73\**(2).
6. Gracino, M. E., et al. (2016). A saúde física e mental do profissional médico: uma revisão sistemática. *\*Saúde em Debate\**, *\*40\**(110), 244–263. <https://doi.org/10.1590/0103-1104201611019>
7. Brown, S. D., Goske, M. J., & Johnson, C. M. (2009). Beyond substance abuse: Stress, burnout, and depression as causes of physician impairment and disruptive behavior. *\*Journal of the American College of Radiology\**, *\*6\**(7), 479–485.
8. Magnavita, N., & Fileni, A. (2013). Association of work-related stress with depression and anxiety in radiologists. *\*Radiologia Medica\**, *\*119\**(5), 359–366.
9. Santos, V., Gomes Feitosa, A., Barreto, L., Guedes, A., Bastos, N., & Sales, B. (n.d.). Qualidade de vida dos profissionais de saúde em ambiente hospitalar [Internet]. [citado em 13 de julho de 2023]. Disponível em: <https://www5.bahiana.edu.br/index.php/fisioterapia/article/download/312/283>
10. Ferreira, N., & Oliveira, J. (2008). O nível de qualidade de vida dos fisioterapeutas do complexo de saúde do Campus da Unicamp [Dissertação de mestrado]. Campinas, SP: Universidade Estadual de Campinas.
11. Dantas, E. S. O. (2021). Saúde mental dos profissionais de saúde no Brasil no contexto da pandemia por COVID-19. *\*Interface (Botucatu)\**, *\*25\**, e200203. <https://doi.org/10.1590/Interface.200203>
12. Santos, W. J. dos, Silva, E. T. A. F. da, Altino, J. A., Vieira, C. B. L., Meira, M. do A., & Monte, C. D. (2022). Saúde física e mental de profissionais de unidades de saúde da família na pandemia do COVID-19. *\*Revista Portuguesa de Enfermagem de Saúde Mental\**, *\*27\**, 111–122.
13. Acioli Neto, A., Araújo, R., Pitangui, A., Menezes, L., França, E., Costa, E., et al. (2013). Qualidade de vida e nível de atividade física de profissionais de saúde de unidades de terapia intensiva. *\*Revista Brasileira de Atividade Física & Saúde\**, *\*18\**(06).