



Original Article

Psychosocial risk factors in primary care workers of the health organizations of Áraaba and Basurto (Spain)

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ABSTRACT

Introduction. Psychosocial factors are one of the main determinants of health in our environment and are considered an emerging risk in this new millennium. The objective was to know the psychosocial risk factors with the greatest impact on primary care workers in the integrated health organizations of Áraaba and Basurto and to analyze the factors with the greatest impact.

Methods. Secondary analysis of the data obtained through a descriptive prevalence study collected in the Psychosocial Risk assessment during the years 2021, 2022 and 2023.

Results. More than 80% of professionals in the health context have negative feelings and thoughts related to their work. 12.7% perceive their health as poor or very bad. Current health, compared to that of the previous 12 months, 20.9% refer to it as somewhat worse or much worse. In the events suffered in life in general, 29.37% was considered an external cause of affectation. 7.67% of the events that occurred at work were caused by work.

Conclusions. Professionals in the health context are affected by psychosocial risk factors at work, leading to greater emotional demands and personal dissatisfaction. Conclusions: The results obtained justify the need to carry out a specific protocol for the prevention and promotion of psychosocial health.

Keywords: Health sector; Occupational stress; Risk factors; Workload/psychology; Workplace/psychology

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Introduction

Factors of a psychosocial nature, both in the context of the workplace and outside it, constitute one of the main determinants of health for people in our environment (1-3), which is why it is considered an emerging risk in this new millennium.

Psychosocial risk factors are understood to be those characteristics that refer to the organization of work and those related to the demands of the task. In the field of work, new forms of employment contracts and uncertainty in the workplace, the ageing of the active population, the increase in work, remote work, digitalisation and digital hyperconnection, strong emotional demands at work and the imbalance between work and personal life (4) stand out.

There are various data regarding the incidence and prevalence of the main psychosocial risks, in addition to extensive scientific evidence on their sequelae on health, which can give an idea of the magnitude of the problem. Below are some of the most notable selected data; the World Health Organization (WHO) has estimated that more than 25% of the population will suffer from a mental health disorder at some point in their lives (5), with the workplace being a distinguished place for the early detection of cases, since the most frequently observed disorders in this area are the same as those most frequently detected in the general population. It is estimated that more than 27% of European adults suffer from at least one form of mental disorder at some point in their lives, the most frequent forms being anxiety disorders and depression (6,7). Among European workers, a quarter of absences from work of two weeks or more are due to stress at work (8). In addition, chronic work stress is linked to physical and mental health problems, in particular, morbidity Cardiovascular mortality (9,10).

This disability is of great importance due to its economic impact since it entails a temporary disability that falls on organizations and on the purchasing power of workers, in addition to affecting health services, increasing the costs involved in the treatment of those affected (8,11).

Another important piece of information is related to the VI European Survey on Working Conditions (1), where it mentions that irregular working hours and long working hours can cause problems in reconciling work and family life.

The study carried out by the European Agency for Safety and Health at Work on emerging psychosocial risks (2), established a list of 42 psychosocial risks. Likewise, according to data from the VI National Survey of Working Conditions (12) (VI ENCT), there are different psychosocial risk factors derived from the demands of work, including fatigue, time pressure, lack of Attention, excessive hours, etc., occupy the first place among the most frequent causes of accidents (32.1%). The data from the VII ENCT for 2011 (13) show in its executive summary that several indicators relating to the demands arising from the psychosocial factors of work have been worsening over time. It is important to note that the COVID-19 pandemic has created a global crisis in the field of mental health, sustaining stress and undermining the mental health of millions of people (14). This situation has also been reflected in the working population. The increase in their assiduity, the effects on the psychophysical health of workers, as well as the interaction with the work organization increase absenteeism, which entails a significant human and economic cost (15). The International Labour Organization's (ILO) list of occupational diseases (Recommendation 194) (16) suggests the recognition of mental illnesses arising from work whenever there is a direct link between illness and work, which highlights the opportunity and the need to carry out an evaluation of risk factors in the workplace.

The prevention of deterioration, the protection and promotion of health in the workplace is not an easy task due to its multidimensional nature, since there are several factors that intervene such as personal, organizational and sociocultural factors. The approach requires both a multidisciplinary perspective, with contributions from both Occupational Medicine and Nursing and the Technical Area of Occupational Risk Prevention and Organizational Health Psychology (17).

There are affordable, effective, and viable strategies to promote, protect, and restore mental health. There are validated and reliable instruments for the identification, assessment and analysis of many psychosocial factors, as well as psychometric tests and other validated techniques for the detection of harms arising from such exposure. Starting from them, the professionals of the Occupational Medicine and Nursing can carry out an evidence-based practice, enabling a higher quality of such practice and facilitating decision-making (18). However, without a framework that makes sense and facilitates the use and interpretation of the multiple evaluation possibilities that professionals have at their

disposal, results that are difficult to manage can be achieved. For this reason, the assessment of psychosocial risk factors in the workplace has been carried out through health surveillance, through the PSICOVS2012 protocol updated in 2023, of the Basque Institute for Occupational Safety and Health (OSALAN). The purpose of this study is to find out what the psychosocial risk factors are in primary care workers and to analyse those with the greatest impact. Likewise, through the implementation of this evaluation, the aim is to raise awareness of the importance of psychosocial risk factors by making it possible to identify them through the evaluation of possible risk situations and, consequently, the implementation of all those measures necessary for their prevention.

Objectives

Main objective:

To know the psychosocial risk factors with the greatest impact on primary care workers in the integrated health organizations of Árabá and Basurto and to analyze the factors with the greatest impact.

Specific objectives:

- Identify exposure to perceived psychosocial risks in the different jobs.
- To analyze the effect between the psychosocial risk detected and its occupational origin.
- Analyze situations related to the request for professional contingency.

Methods

Design and participants

Secondary analysis of the data obtained through a descriptive prevalence study collected in the Psychosocial Risk assessment during the years 2021-2023. The study was conducted in the 23 health centres (HCs) belonging to two organisations of the Basque Health Service-Osakidetza, Álava and Bilbao-Basurto.

Participants: Professionals from the health context of different professional categories.

Inclusion criteria: professionals in the health context, permanent or temporary, who were part of the staff of the health centres under study at the time of data collection and who were active at the time the assessment was carried out. Exclusion criteria: those workers who did not sign the informed consent.

The recruitment process

It is carried out during the performance of health examinations of the working staff, in addition to the sending of the questionnaire through the corporate mail. To achieve greater participation of people, information sessions are previously held with the middle managers of each health center.

Measuring instruments

A psychosocial risk screening survey is used consisting of four modules (Annex I) included in the PSICOVS2012 protocol of the Basque Institute for Occupational Safety and Health (OSALAN).

The protocol contains different screening stages. This study presents the data of the population-based screening carried out in the working personnel of the two organizations, to know their degree of exposure to psychosocial risk factors and thus be able to act, subsequently, in those cases in which the screening is positive. The different instruments used for baseline screening were:

Module 1 consists of a basic 10Q-FRP questionnaire designed as a rapid screening instrument for the identification of exposure to psychosocial risk factors in 10 items. It is applied in a self-completed way by the worker before being evaluated by health personnel, and whose preparation includes, among others, variables from the Questionnaire of the II Survey of Working Conditions of the Valencian Community and the Questionnaire of Psychosocial Factors - Mini Psychosocial Factors (MPF).

In this module 1, the 10 items allow results to be obtained in a range between 0 and 40 points. Values ≥ 12 are considered as the cut-off point in the sum of the scores in the 10 questions. However, it is also considered positive, for screening purposes, if any of the 10 questions have indicated a result with a score of 3 or 4 points according to the Likert scale.

Modules 2 and 3 consist of two simple questions of great prognostic value in future

health: self-perception of one's own health in the last year (P.11), and perception of the current state of health compared to 12 months ago (P.12) (questions taken from the SF36 Quality of Life Questionnaire and also part of the National Health Survey). In module 2, P11=1 is considered positive for screening purposes (i.e., values of 4 or 5 have been selected according to the Likert scale). In this case, the professional should be referred to specialized personnel.

For the analysis, the values are grouped as follows: If the answer was 1, 2 or 3, the value was replaced by 0. If the answer was 4 or 5, the value was replaced by 1. In module 3, it is considered positive for screening purposes, if P12=1. The same indications are followed as for P11.

Module 4 consists of two questionnaires aimed at exploring etiological factors related to traumatic events or past or current emotions, both general (Block I) and work-related events (Block II).

Block I (Events in general) if there is the presence of 1 or more events, add the value of their intensity and divide by the number of affirmative answers in that block. As indicated in the protocol, if there is the presence of 1 or more events in block I with an average intensity ≥ 7 points: consider external cause of involvement.

Block II (Events at work) follows the same indications as for Block I. As indicated in the protocol, if there is the presence of 1 or more events in block II with an average intensity ≥ 7 points: consider the occupational cause of affectation.

Statistical analysis

The statistical program Statistical Package for the Social Sciences (IBM-SPSS) version 28 for the Windows operating system is used for data analysis. During data handling, there are several limitations. On the one hand, it is necessary to group some of the professional categories because they are an unrepresentative sample number. On the other hand, the difference in the sample of data provided between the two health organizations and the lack of similarity in the presentation of the data. Nor can analyses be carried out by sex and age as these data are not included. And, finally, the lack of development of some of the variables extracted from the SF 36 health questionnaire.

Data are used to carry out an initial screening of workers exposed to psychosocial risk factors. Ethical Considerations: The data contained in this study are collected during the medical examination to which all the workers gave their consent (Annex II), and the assessment of the psychosocial risk of the workers is part of the health surveillance. However, they are informed that the questionnaire that will be given to them will be used in a study within health surveillance. The data is anonymised prior to our analysis to ensure the confidentiality and protection of personal data. The answers to the questionnaires are anonymous, without affiliation data, only knowing the professional category of the worker, without being able to relate the data obtained to any specific worker and thus guarantee the protection and confidentiality of the data collected. The medical records of workers are not accessed under any circumstances. It is not necessary to pass the Ethics Committee for Research with medicinal products of Euskadi (CEIm-E) as they are retrospective data. However, the CEIm-E is consulted and, after evaluating the proposal, they resolve in the minutes that since it is a retrospective study in which information already collected and in usual practice is analyzed, its approval/consent is not relevant.

Results

Of the 557 who met the inclusion criteria, 405 individuals participated in the study. Of these, 9 were not in an active situation and 18 left the questionnaire blank. The final sample was 378 participants (67.87%) of the 557 who met the inclusion criteria.

The participation of the different professional categories was distributed as follows: 37.03% (n=140) nursing professionals, 23.01% (n=87) medical professionals, 15.34% (n=58) administrative assistants, 7.93% (n=30) nursing assistants, 4.23% (n=16) paediatric professionals, 3.73% (n=14) orderlies, 3.43% (n=13) physiotherapists, 2.64% (n=10) midwives and finally 2.64% (n=10) other professionals with minimal representation.

For the analysis of the data, the different professional categories were grouped according to professional qualifications, creating the following professional groups: graduates (nursing, midwife and physiotherapists), physicians (doctors and pediatricians), professional training (administrative assistants, nursing assistants and orderlies) and a fourth group classified as other categories that groups poorly represented professionals.

In relation to module 1, which refers to feelings and thoughts related to work, 83.59% (n=316) were positive in this first level of screening. Of the graduate group, 77.91% (n=127) were positive, 90.29% (n=93) were physicians, 86.27% (n=88) were positive in vocational training, and 80% (n=8) were positive in other categories (see Figure 1).

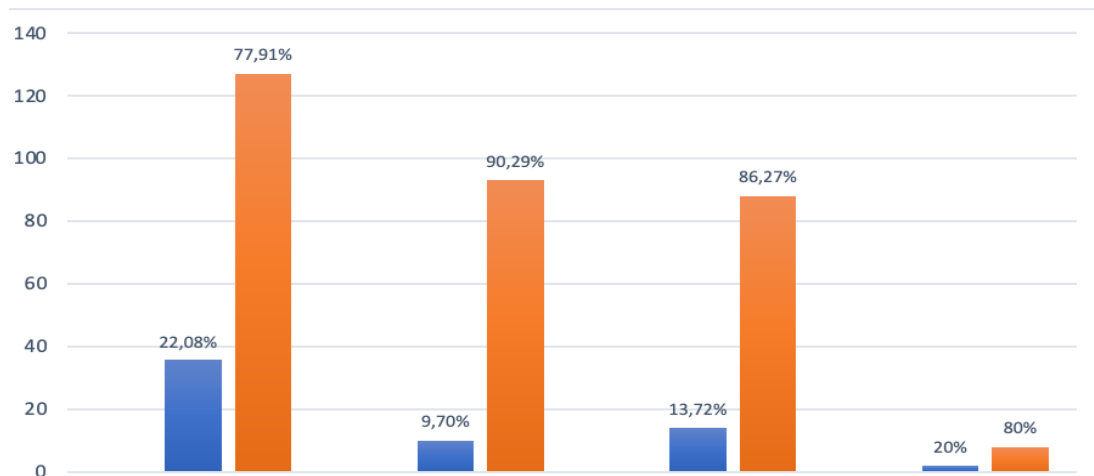


Figure 1. Positives and Negatives Module 1

In relation to the workload and pace of work, 35.71% (n=135) of the professionals consider that their work often or almost always requires excessive physical or mental effort. Regarding the content of work, 14.02% (n=53) consider their work monotonous, routine or unmotivating, and 24.07% consider that their abilities are rarely, almost never or never being used in the performance of their work.

2.38% (n=9) consider that there is often or almost always a bad atmosphere in their work area and 3.96% (n=15) have often or almost always felt humiliated, humiliated or despised.

17.19% (n=65) consider that they rarely, almost never or never take into account their opinion on the way they carry out their work and 58.99% (n=223) say that they rarely, almost never or never have possibilities of promotion in their work. 26.71% (n=101) are rarely, almost never or never informed about the objectives and progress of their service, and 12.16% (n=46) report that rarely, almost never or never the

schedules of their work activity allow them to maintain a personal life in accordance with their desires and interests.

10.58% (n=40) considering all aspects of their job, in general, rarely, almost never or never feel satisfied.

Regarding module 2, self-perception of health referred to the last year, of the 378 participants, 12.69% (n=48) considered that their state of health in the last 12 months had been "very good"; 41.53% (n=157) considered their state of health as "good"; 33.06% (n=125) as "normal"; 11.64% (n=44) as "bad" and 1.05% (n=4) as "very bad".

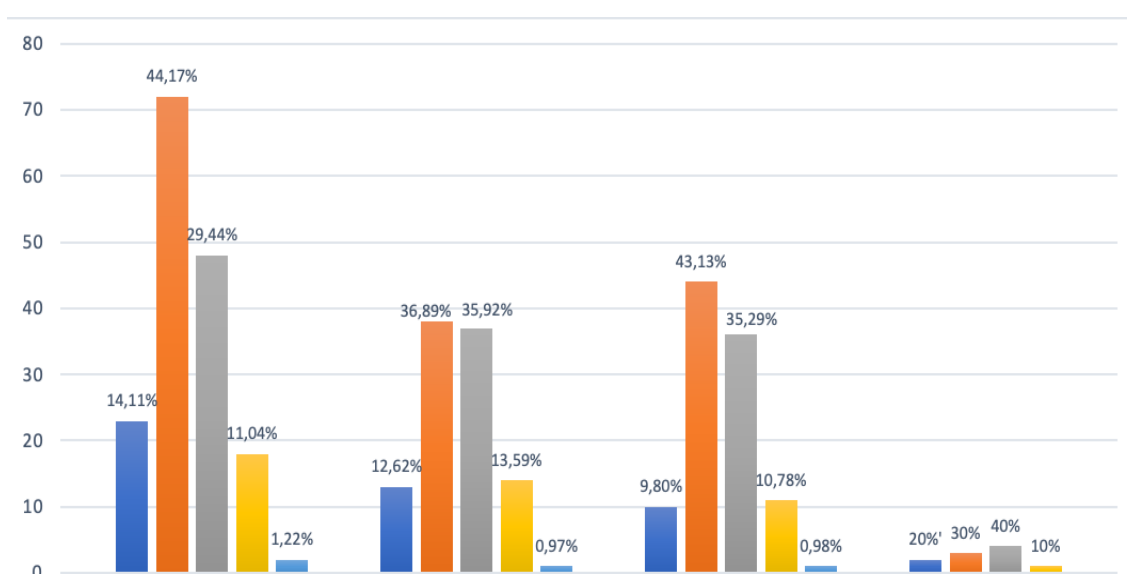


Figure 2. Q11- During the last 12 months, would you say what your state of health has been? Point with an X

For screening purposes, 12.69% (n=48) of the professionals obtained positive results (answers 4 "bad" and 5 "very bad" according to the Likert scale), of which 12.26% (n=20) corresponded to graduates, 14.56% (n=15) to the physicians, 11.76% (n=12) to the vocational training group and 10% (n=1) to the group of other categories (see Figure 3).

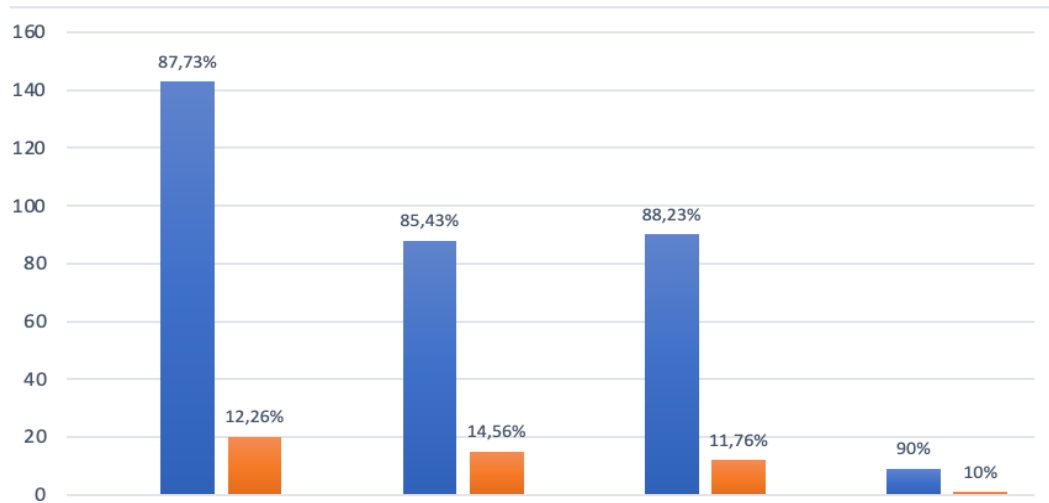


Figure 3. Module 2: P11- Positives and Negatives

In relation to module 3, assessment of current health, compared to the health of the previous 12 months, 8.73% (n=33) considered that "much better now than a year ago", 13.22% (n=50) "somewhat better now than a year ago", 57.14% (n=216) "more or less the same as a year ago", 17.98% (n=68) "somewhat worse now than a year ago" and 2.91% (n=11) "much worse now than a year ago".

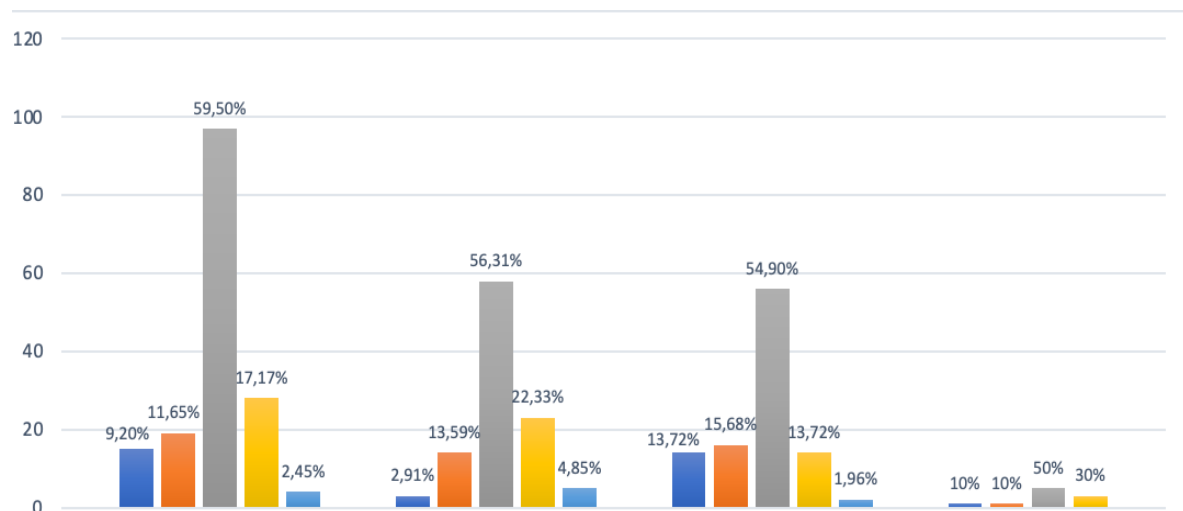


Figure 4. Module 3: Q12- How would you say your current health is, compared to the health of the previous 12 months? Point with an X.

A total of 20.89% (n=79) obtained a positive result for screening purposes (4 "somewhat worse now than a year ago" or 5 "much worse now than a year ago" according to the Likert scale) at this point, of which 19.63% (n=32) corresponded to graduates, 27.18% (n=28) to physicians, 15.68% (n=16) to the vocational training group and 30% (n=3) to the group of other categories (see Figure 5).

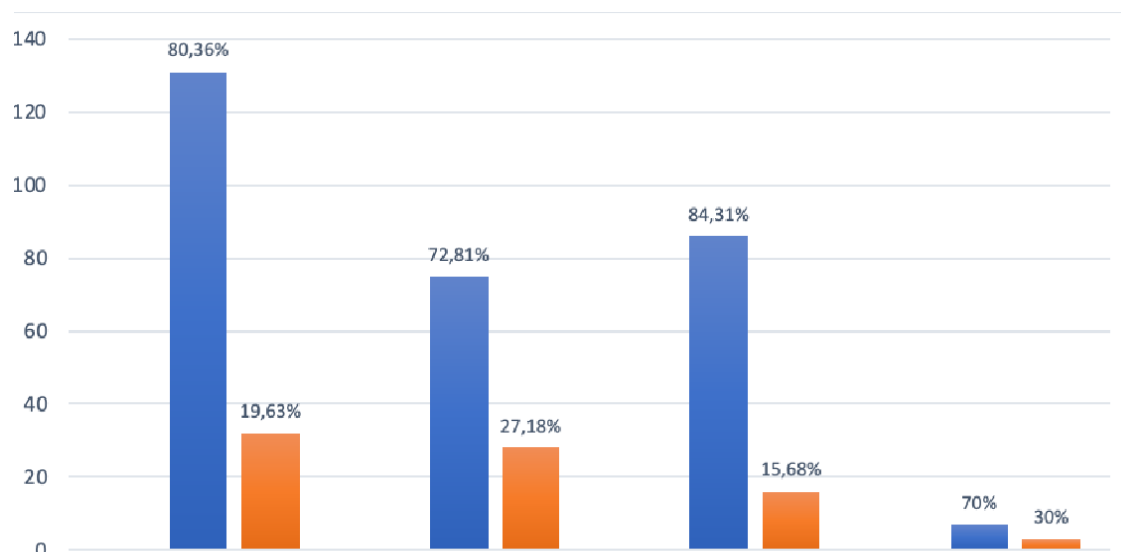


Figure 5. Module 2: P12- Positives and Negatives

In Module 4, the results of Block I "General traumatic events or past or current emotions" were as follows:

The following questions answered affirmatively to the workers: 44.70% (n=169) reported having experienced significant family health problems, 18.51% (n=70) experienced family conflicts, 4.76% (n=18) reported major changes in residence, 4.23% (n=16) had legal conflicts, 8.99% (n=34) experienced a relevant accident or serious illness of their own, and 3.70% (n=14) suffered significant aggression or threats. A total of 84.89% (n=321) were affirmative responses.

It was considered that 29.37% (n=111) met the criteria to be considered an external cause of affectation, which points to referral due to non-occupational contingency of the worker (see Figure 6).

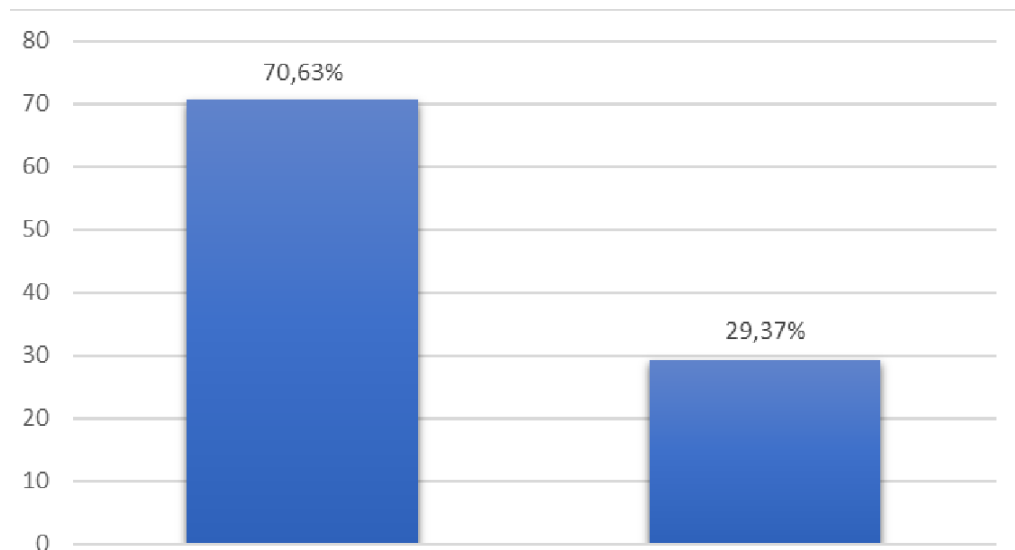


Figure 6. Block I- Events in general

The results considered to be an external cause of affectation (non-occupational contingency) represent 8.20% (n=31) of physicians, for the group of graduates 11.90% (n=45) and 8.73% (n=33) belong to the vocational training group (see Figure 7).

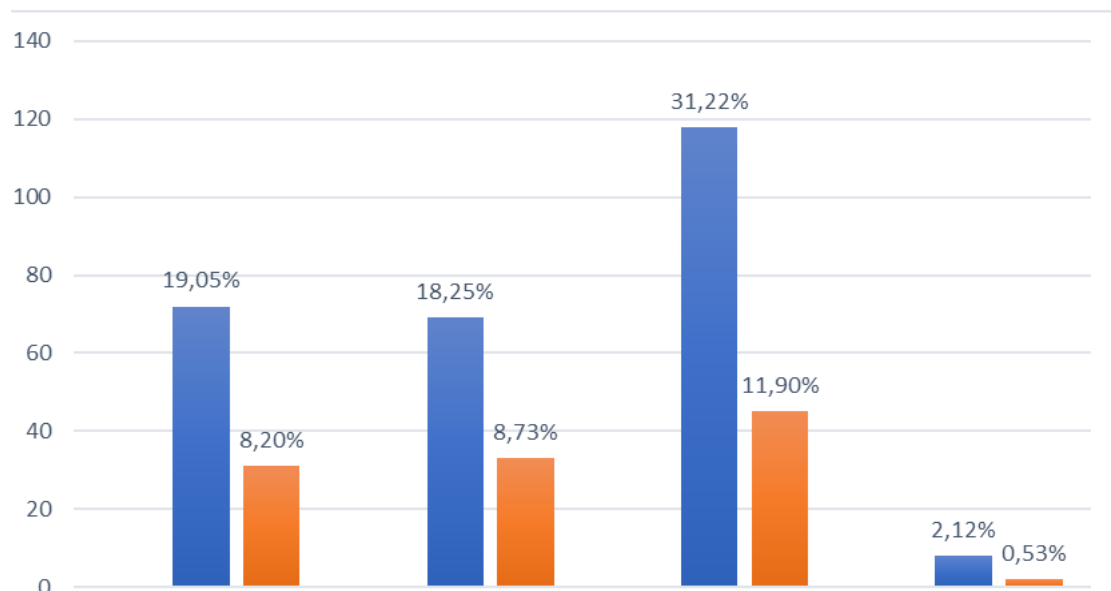


Figure 7. Block I- Cause of affectation by professional groups

In Block II "Work-related events, trauma, or past or current emotions", the results were as follows:

The workers answered affirmatively to the corresponding questions; 2.9% (n=11) reported having had legal conflicts, 4.2% (n=16) experienced relevant accidents or serious occupational or occupational disease of their own, 10.3% (n=39) stated that they had received relevant aggressions or threats.

It was considered that 7.67% (n=29) met the criteria to be considered an occupational cause of affectation, which points to referral due to the worker's professional contingency (see Figure 8).

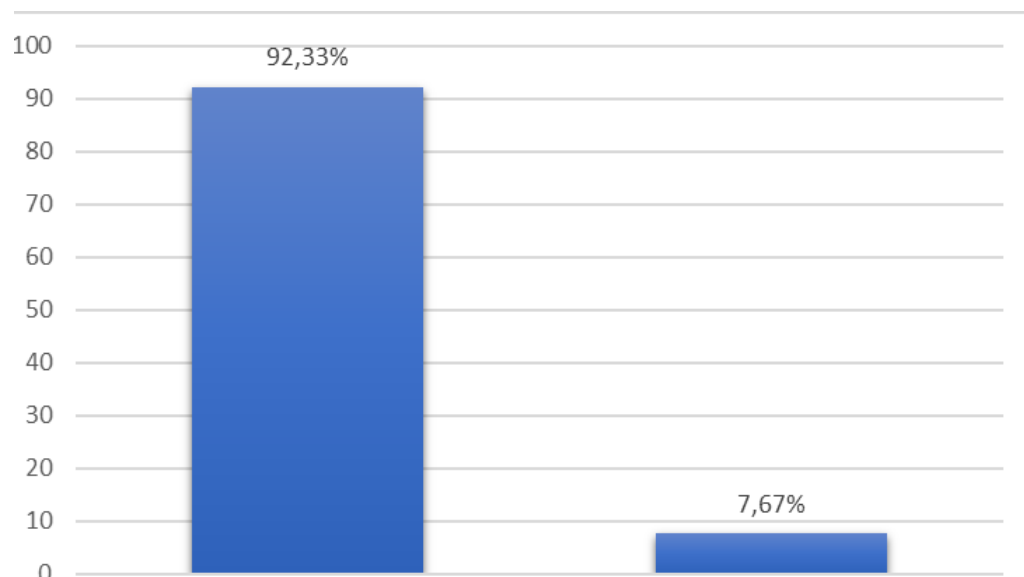


Figure 8. Block II - Developments at work

The total result corresponding to the occupational cause of affectation (professional contingency) is divided into: physicians account for 3.70% (n=14), graduates for 2.12% (n=8) and 1.85% (n=7) belong to the vocational training group (see Figure 9).

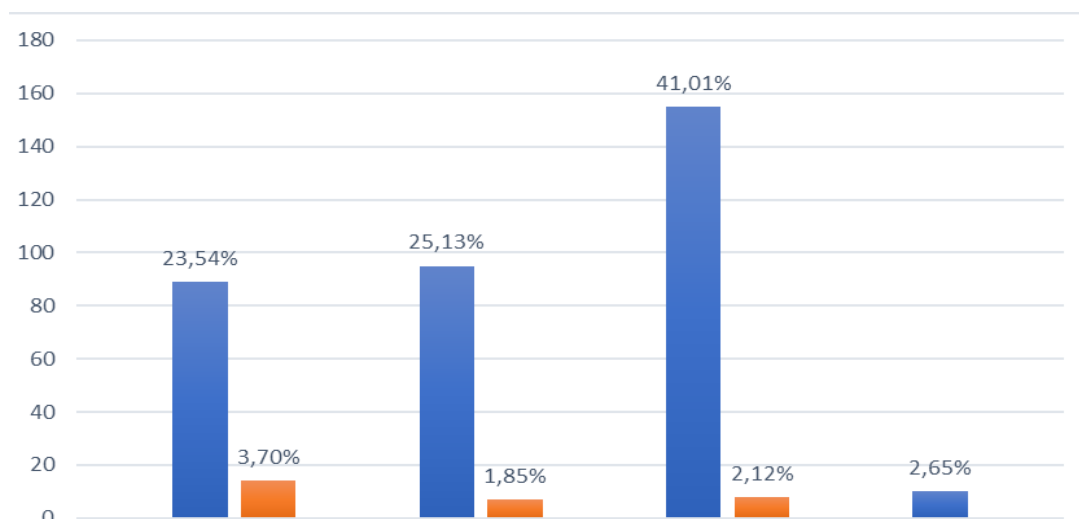


Figure 9. Block II - Cause of affection by professional groups

Discussion

Coinciding with other studies related to the possible consequences of psychosocial risk factors, such as burnout, stress and anxiety, it is observed that professionals in the health context are frequently affected by factors such as job dissatisfaction, lack of social recognition, less control over work, conflict in interpersonal relationships, the care relationship based on direct and continuous contact with the patient, etc., causing high levels of stress and anxiety leading to greater emotional demands (19, 20).

The present study shows that the most critical psychosocial risk factor is related to personal development, with 58.99% of professionals stating that they rarely, almost never or never have possibilities of promotion in their work. In terms of workload and work pace, 35.71% consider that their work requires excessive physical and mental effort many times, sometimes or almost always. On the other hand, 26.71% of the professionals report that they are rarely, almost never or never informed of the objectives and progress of their service, and 24.07% consider that their skills are rarely, almost never or never being used in the performance of their work. It is striking that more than 80% of professionals in the health context have negative feelings and thoughts related to their work. Where the majority group is represented by doctors with 90.29%, followed by the vocational training

category with 86.27%. In relation to perceived health status, our study shows that physicians 11.76% and graduates 14.56% are the groups that make a more negative assessment, and medicine and nursing are the categories of greatest risk. Regarding the assessment of current health compared to the health of the previous 12 months, the groups of graduates 27.18% and other professional categories 30% have the worst assessment in this regard. Medicine and physiotherapists are the profiles that present the highest risk.

The aforementioned is related to the health consequences of psychosocial risks (stress, violence, harassment, mental load, emotional load...) since they can produce pathologies of both the body (for example, hypertension, diabetes) and the mind (Burnout, mental fatigue, anxiety...) (21-23).

There is evidence in favor of a strong relationship between job satisfaction and general life satisfaction, job stress, mental health, personal well-being, and performance (24).

In relation to traumatic events or past or current emotions suffered in life in general, 29.37% were considered external causes of affectation, that is, oriented to referral for non-professional contingency. While in traumatic work-related events or past or current emotions, 7.67% were considered occupational causes of affectation, oriented to referral due to professional contingency. The group belonging to graduates 11.90% corresponds in its most of them to non-professional contingency, although it is not a remarkable value above the rest of the categories. On the other hand, the screening carried out to consider an occupational contingency, the group of doctors is the most representative with 3.70%. Data could not be collected from the entire health population working in both health organizations due to the limitation of human resources, time and the health crisis in the COVID-19 pandemic, so the sample cannot be considered representative of all organizations.

Gender and age aspects have not been taken into account when collecting the data, so in this secondary analysis of the data, it has not been possible to analyse how psychosocial factors influence the worker from these perspectives. The temporary nature and turnover of personnel makes it difficult to attribute the health problem detected to the work carried out in the current organization, as well as the comparability of the results between the different years.

In general, health surveillance coverage does not reach 100% of workers, since, as it is not mandatory, although companies offer to carry it out, in practice many workers do not attend. This, together with variations in periodicity, once again makes it difficult to compare the results over time (24).

As a strength, it is worth noting the high participation rate of the individuals to whom the survey was conducted. In future projects it would be useful to cover to all health organizations, to obtain a more complete and representative evaluation of the professionals in the health context.

Conclusions

Taking into account the objectives set out in this study, it is concluded that the psychosocial risk factors with the greatest impact on professionals in the health context and the greatest need for improvement have been:

- a. Factors related to personal development: this is the most critical factor, with all categories having high risk rates, except for the group of midwives.
- b. Workload and pace of work: the profiles with the highest level of risk at this point are professionals corresponding to medical professionals, orderlies and midwives.
- c. Organizational culture: this is another of the greatest risk factors, mainly motivated by the profiles of paediatric and physiotherapy physicians.
- d. Work content: the profiles that manifest high risk rates are medical professionals and orderlies who consider their work as routine or unmotivating, often or almost always, and nursing assistants, orderlies and physiotherapists who feel that their full abilities are not being used in their work. The category of midwife represents a decrease in the average. In 7.67% of cases, the risk assessment should be reviewed to modify the risk factors that have generated this pathology. The results obtained justify the need to carry out a specific protocol for the prevention and promotion of psychosocial health in both health organizations, since a large percentage of professionals have negative feelings and thoughts related to their work. The majority group is represented by doctors followed by the category of vocational training. It would be advisable to carry out a more specific assessment of the workers most

affected in the screening carried out and try to improve the evaluation of the workers' employment situation. For example, incorporating a plan of recognition, future projection and training of workers, thus improving working conditions and benefits that ensure for the emotional and physical well-being of the squad.

It should be noted that, in this study, more than 80% of health professionals have negative feelings and thoughts related to their work and it has been shown that psychosocial factors have the ability to affect the development of work, the health of workers and also influence their performance (25, 26). It can be said that prevention and the promotion of psychosocial health are very profitable, since they save suffering, promote healthy work environments, increase productivity, satisfaction and work commitment, and contribute to the development of workers' professional skills (27).

Healthcare organizations must get rid of the stigma that permeates the entire society when we talk about mental health and make a paradigm shift that integrates these conditions like others into their health and wellness prevention systems.

Conflict of interest

We declare that there is no conflict of interest and that no conflict of interest has been received funding to carry out this study.

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