

Main consequences of Burnout Syndrome in nursing professionals*Principales consecuencias del síndrome de Burnout en profesionales de enfermería**Principais consequências da Síndrome de Burnout em profissionais de enfermagem***Carla Samara Ferreira da Gama Kimura¹**

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Abstract

The aim was to identify the main consequences of Burnout Syndrome in nursing professionals described in the literature. This study is an integrative literature review of a qualitative nature. Articles were selected from the BDEF, LILACS, MEDLINE and SciELO databases. Publications included in the study were 20 articles. The main results found for risk factors for Burnout Syndrome were depersonalization, work overload, low professional achievement, and professional dissatisfaction. Regarding the main signs and symptoms, pain in the upper and lower limbs, chronic fatigue, headache, and muscle contracture were found. The main consequences of Burnout Syndrome found were emotional exhaustion, stress, professional exhaustion, and sleep deficiency. The early detection of Burnout Syndrome in nursing professionals is of great importance, as well as the recognition of initial signs and symptoms, for proper treatment and follow-up.

Descriptors: Burnout; Professional Wear; Professional Exhaustion; Psychic Exhaustion; Emotional Exhaustion.

Resumen

El objetivo fue identificar las principales consecuencias del Síndrome de Burnout en los profesionales de enfermería descritas en la literatura. Este estudio es una revisión integradora de la literatura de carácter cualitativo. Los artículos fueron seleccionados de las bases de datos BDEF, LILACS, MEDLINE y SciELO. Las publicaciones incluidas en el estudio fueron 20 artículos. Los principales resultados encontrados para los factores de riesgo para el Síndrome de Burnout fueron despersonalización, sobrecarga laboral, bajo rendimiento profesional e insatisfacción profesional. En cuanto a los principales signos y síntomas, se encontraron dolor en miembros superiores e inferiores, fatiga crónica, cefalea y contracturas musculares. Las principales consecuencias del Síndrome de Burnout encontradas fueron el agotamiento emocional, el estrés, el agotamiento profesional y la falta de sueño. La detección precoz del Síndrome de Burnout en los profesionales de enfermería es de gran importancia, así como el reconocimiento de los signos y síntomas iniciales, para un adecuado tratamiento y seguimiento.

Descriptorios: Agotamiento; Desgaste Profesional; Agotamiento Profesional; Agotamiento Psíquico; Agotamiento Emocional.

Resumo

O objetivo foi identificar as principais consequências da Síndrome de Burnout em profissionais de enfermagem descritas na literatura. Este estudo é uma revisão integrativa da literatura qualitativa. Os artigos foram selecionados nas bases de dados BDEF, LILACS, MEDLINE e SciELO. As publicações incluídas no estudo foram 20 artigos. Os principais resultados encontrados para os fatores de risco para Síndrome de Burnout foram despersonalização, sobrecarga de trabalho, mau desempenho profissional e insatisfação profissional. Em relação aos principais sinais e sintomas, foram encontradas dores em membros superiores e inferiores, fadiga crônica, cefaleia e contraturas musculares. As principais consequências da Síndrome de Burnout encontradas foram esgotamento emocional, estresse, esgotamento profissional e falta de sono. A detecção precoce da Síndrome de Burnout em profissionais de enfermagem é de grande importância, assim como o reconhecimento dos sinais e sintomas iniciais, para um tratamento e acompanhamento adequados.

Descritores: Burnout; Desgaste Profissional; Esgotamento Profissional; Esgotamento Psíquico; Esgotamento Emocional.

Introduction

Burnout Syndrome (BS) is a disorder that is directly linked to the emotional exhaustion and exhaustion of professionals, who deal directly with people who need priority and frequent attention from health care and care, which can lead to exhaustion, both physical and emotional. The generating factors of BS are related to the scope of work, for example, aspects related to interpersonal issues such as professional insecurity, ineffective communication, and interpersonal conflicts, as well as organizational aspects of the work system, such as excessive workload, limiting situations and high levels of tension and risks¹.

There are almost always signs and symptoms that can serve as a warning that this syndrome does not get worse. In general, the signs and symptoms can be physical or even psychological, accompanied by emotional exhaustion, lack of motivation, negative attitudes at work and increased irritability that ultimately leads to occupational stress, as these professionals are susceptible to acquiring this syndrome due to wear and tear during working hours¹.

The BS is very common in healthcare professionals as it is a profession that deals directly with the public. Hence the great importance of identifying the initial signs, thus enabling an adequate treatment and identification of the factors that predispose to its occurrence.

In the alarm phase of the disturbance, the signs are not initially identified, mainly because there is great prejudice. The factors that cause the syndrome can be triggered in the work environment itself and are interconnected both to the work system and to interpersonal relationships, leading to the emergence of the burnout disorder of the professional².

However, the aggravating risk factors in the work environment for the emergence of the syndrome is mainly related to double working hours, resulting from low pay, the intense work overload justified by the lack of professionals, the lack of autonomy suffered by professionals, as well as lack of authority; all these factors end up generating stress that over time becomes chronic and with serious consequences to the health of the employee².

According to a study carried out by the International Stress Management Association in Brazil (Isma-BR), around 30% of Brazilian workers suffer from BS. Several professionals who deal directly with the public suffer from both physical and mental wear, especially health professionals, from the nursing category, occupying the 3rd place in the research, being the professionals most susceptible to the syndrome³. However, the concern regarding the aggravating and triggering factors of this syndrome become relative and worrying, as it is directly linked to the health of the nursing team employee, with the implementation of measures to prevent the syndrome and its grievances³.

BS can directly affect the nursing team, which often does not identify signs and symptoms early for several reasons; one of them, for example, is not accepting that they may be showing characteristics of the health problem, finding certain feelings and emotions to be natural. The main feelings that the individual may develop are incompetence, failure, insecurity and hopelessness, which can lead to

symptoms such as fatigue, high blood pressure, insomnia, frequent headaches and physical and mental fatigue³.

The team's local leadership can play an important role at this time to alleviate the onset of the disease and/or its signs of worsening, enabling health workers to identify the first signs and encouraging them to request brief help. In the workplace, nurses have an important role, which is to ensure the well-being and quality of life of their employees, thus offering ways to alleviate the stressful effects in the work environment, preventing new aggravating factors. Some actions that the leadership could develop provide guidance on physical exercise; both spiritual and bodily well-being in the workplace and beyond; carry out health education actions about BS, always bearing in mind factors relevant to the onset of the disease⁴.

In this way, we can offer a warm and calm environment, aiming to improve, reduce and enable the nursing staff to reduce stressors in the work environment, improving their commitment and early identification of BS.

BS has been identified as one of the main causes of professional exhaustion, and the nursing team has been one of the main targets for being dealing directly with individuals who directly need their care, in addition to the excessive workload and double shifts and exhaustive. These elements can have great consequences, such as the appearance of frequent headaches, fatigue and insomnia resulting from physical and mental fatigue; and these are some of the consequences of the syndrome that, if not treated, can end up aggravating even more the clinical condition of individuals who are in it⁴.

This work, through a literature review, will make it possible to identify scientific evidence that will provide technical knowledge so that the nursing team can identify professionals who are in this suffering and thus avoid the main consequences of the syndrome, as well as help the work team that is in that condition.

To carry out this study, the following guiding question was asked: What are the main consequences of Burnout Syndrome in nursing professionals? Which aims to identify the main consequences of Burnout Syndrome in nursing professionals described in the literature.

Methodology

This study is an integrative literature review of a qualitative nature, where the following databases were used: BDNF, LILACS, MEDLINE and SciELO. The inclusion criteria used for this study were articles published in Portuguese, available in full, between 2015 and 2019 and that answer the guiding question.

The exclusion criteria used were publications that are not available in Portuguese, in full, outside the predetermined time frame, duplicate articles and articles that escaped the proposed theme of the guiding question. The bibliographic survey was carried out between July and August 2020. For this study, the Boolean OR operator was used. The selected descriptors were Burnout, professional burnout, professional burnout, psychological burnout and emotional burnout.



After collecting the data, the articles were grouped after reading and selection in the databases, they were presented and organized into categories containing year of publication, authors, article title, place of publication and sampling, thus meeting the inclusion criteria.

Results

At first, 61,554 articles were identified in the selected databases in total, after the first analysis 2,643

articles were found and 58,911 were excluded. The articles that were selected after thorough analysis and reading of the titles of the articles in full, were 267 articles. The publications selected after careful reading of the abstracts were 74 articles, the articles that were excluded after reading in full were 53 articles. selected publications included in the study, after analyzing the inclusion criteria, there were 20 articles in total.

Chart 1. List of articles selected from the databases. São Paulo, SP, Brazil, 2020

Year of article publication	Author in citation format	Article title	Source	Sample
2019	Carvalho DP, Rocha LP, Pinho EC, Tomaszewski-Barlem JG, Barlem ELD, Goulart LS.	Carga de trabalho e os desgastes à saúde dos trabalhadores da enfermagem.	Rev. Bras. Enferm. V.72.	Pain in the upper limbs, pain in the cervical and lumbar region, pain in the lower limbs, muscle contracture, edema in the lower limbs, mental fatigue, headache, nervousness, forgetfulness, stress, depression, fatigue, anxiety.
2019	Ribeiro EKC, Ribeiro AMN, Balduino LS, Ferreira MTA, Balduino LS.	Conhecimento dos profissionais de enfermagem sobre a Síndrome de Burnout.	Rev. Enferm. UFPE On line	Excessive workload, stress, exhausting routine, work overload, absence from work, memory changes, aggressiveness, headache, pain in upper and lower limbs, distraction, fatigue.
2019	Paiva JDM, Cordeiro JJ, Silva KKM, Azevedo GS, Bastos RAA, Bezerra CMB, et al.	Fatores desencadeantes da Síndrome de Burnout em enfermeiros.	Rev. Enferm. UFPE On line	Excessive work hours, professional dissatisfaction, depersonalization, emotional exhaustion, stress, intense work fatigue, training time, insufficient resources, temporary contracts, double employment, conflicts of personal and institutional values.
2019	Buss PBS, Silva RM, Beck CLC, Trindade LR, Prestes FC, Coelho APF.	Prazer e sofrimento em trabalhadores de enfermagem da sala de recuperação pós-anestésica.	REME Rev. Min. Enferm.	Professional exhaustion, lack of recognition, professional dissatisfaction, low productivity, feeling of impotence.
2019	Santos JNMO, De La Longuinere ACF, Vieira SNS, Amaral APS, Sanches GJC, Vilela ABA.	Estresse ocupacional: exposição da equipe de enfermagem de uma unidade de emergência.	Rev. Pesqui. Cuid. Fundam. V.11.	Work overload, high demand, insufficient number of professionals.
2019	Silva FG, Andrade AP, Ponte KMA, Ferreira VES, Sousa BS, Gonçalves KG.	Predisposição para Síndrome de Burnout na equipe de enfermagem do serviço de atendimento móvel de urgência.	Rev. Enferm. Foco V.10.	Emotional exhaustion, depersonalization, depression, aggressiveness, isolation, mood swings, anxiety, memory impairment, difficulty concentrating, sadness, pessimism, low self-esteem.
2019	Nascimento JOV, Santos J, Meira KC, Pierin AMG, Talarico JNS.	Trabalho em turnos de profissionais de enfermagem e a pressão arterial, Burnout e transtornos mentais comuns.	Rev. Esc. Enferm. V.53.	Emotional exhaustion, depersonalization, sleep deficiency, high cardiovascular risk, depression, anxiety, insomnia, digestive ulcer, headache, BP changes, muscle tension, chronic fatigue.
2018	Vidotti V, Ribeiro RP, Galdino MJQ, Martins JT.	Síndrome de Burnout e o trabalho em turnos na equipe de enfermagem.	Rev. Latino-Am. Enfermagem. V.26.	Emotional exhaustion, high demand, low social support, dissatisfaction with sleep and financial resources, high depersonalization, low professional fulfillment.
2018	Nogueira LS, Sousa RMC, Guedes ES, Santos MA, Turrini RNT, Cruz DALM.	Burnout e ambiente de trabalho de enfermeiros em instituições públicas de saúde.	Rev. Bras. Enferm. V.71.	Emotional exhaustion, low professional fulfillment, low autonomy, low organizational support, depersonalization, work overload.
2018	Lorenz VR, Sabino MO, Filho HRC.	Esgotamento profissional, qualidade e intenções entre enfermeiros de saúde da família.	Rev. Bras. Enferm. V.71.	Emotional exhaustion, depersonalization, professional burnout.
2018	Fonsêca AGS, Vitorino MF, Evangelista CB, Guimarães KSL, Lordão AV, Santiago TA, et al.	Síndrome de Burnout: conhecimento da equipe de enfermagem obstétrica.	Rev. Enferm. UFPE On line V.12.	Physical exhaustion, mental exhaustion, depression, anxiety, panic, depersonalization.
2018	Vitorino MF, Rodrigues MSD, Evangelista CB, Guimarães KSL,	Síndrome de Burnout: conhecimento da equipe de enfermagem neonatal.	Rev. Enferm. UFPE. On line. V.12.	Work overload, physical exhaustion, stress, depression, overwork, physical exhaustion, emotional exhaustion, anxiety, sleep disorders, chronic fatigue, pain, distraction, absence from work, isolation, conflicts, depersonalization.



	Batista JBV, Fonsêca AGS, et al.			
2018	Silva GSA, Silva GAV, Silva RM, Andolhe R, Padilha KG, Costa ALS.	Estresse e Burnout em profissionais de enfermagem de unidade de terapia intensiva e semi-intensiva.	Rev. Revisa V.7.	Stress, weariness, fatigue, work overload, high emotional stress, high depersonalization, low professional competence, devaluation, conflict of roles and working conditions, decreased productivity, low productivity, lack of motivation, leave, high turnover of professionals, low quality of care.
2017	Vasconcelos EM, Martino MMF.	Preditores da síndrome de Burnout em enfermeiros de unidade de terapia intensiva.	Rev. Gaúcha Enferm. V.38.	Emotional exhaustion, high depersonalization, low professional fulfillment, work overload, double bond.
2017	Padilha KG, Barbosa RL, Andolhe R, Oliveira EM, Ducci AJ, Bregalda RS, et al.	Carga de trabalho de enfermagem, estresse/Burnout, satisfação e incidentes em unidade de terapia intensiva de trauma.	Texto contexto. Enferm. V.26.	Lack of motivation, job dissatisfaction, tiredness, stress, weariness, professional dissatisfaction, inadequate work environment.
2017	Puerto JC, Soler LM, Montesinos MJL, Marcos AP, Chorda VMG.	Uma nova contribuição para a classificação dos fatores estressores que afetam os profissionais de enfermagem.	Rev. Latino-Am. Enfermagem. V.25.	Work overload, frequent interruptions, stress, conflicted relationship with staff, lack of support, limited resources, multiple responsibilities.
2016	Araújo ST, Penaforte KL.	Riscos psicossociais relacionados ao trabalho: percepção dos profissionais de enfermagem.	Rev. Enferm. UFPE On line V.10.	Lack of preparation, lack of training, paper overload, long working hours, insufficient material resources.
2016	Sanchez FFS, Oliveira R.	Aspectos mediadores e desencadeadores da síndrome de Burnout nos enfermeiros.	Rev. CuidArte, Enferm. V.10.	Emotional wear and tear, exhaustion, depersonalization, low personal fulfillment.
2015	Cruz SP, Abellán MV.	Desgaste profissional, stress e satisfação no trabalho do pessoal de enfermagem em um hospital universitário.	Rev. Latino-Am. Enfermagem. V.23.	Occupational stress, professional burnout, emotional exhaustion, high depersonalization, low personal fulfillment.
2015	Ferreira NN, Lucca SR.	Síndrome de Burnout em técnicos de enfermagem de um hospital público do estado de São Paulo.	Rev. Bras. Epidemiol. V.18.	Low autonomy, emotional wear, high depersonalization, low professional fulfillment.

Discussion

In nursing, due to the high exposure to psychological and physiological factors, signs and symptoms arise, aggravating the health of the worker due to wear and exposure to stress. Physiological factors are caused by high exposure and risk due to biological factors such as infections, which can be viral or bacterial, due to the handling of medications, and exposure to contaminated secretions and patients; with this, there is physiological wear pointed out by the nursing team, causing headache, pain in the lumbar and cervical region, as well as in the upper and lower limbs, due to the high exposure, inadequate posture, muscle contracture due to the heavy load of weight and hours of standing, which it can cause edema of the lower limbs. Psychic factors are associated with great physical and mental strain, as nursing workers are in the front line of care, thus being the main providers of immediate care; because of this great psychic load, they end up developing fatigue, stress, anxiety, irritability, and depression, due to the high difficulty in concentrating and fear of making mistakes⁵.

The nursing professionals most affected by the syndrome were female professionals, mostly showing ignorance of the Burnout Syndrome, thus a fact that shows great concern. Due to the demand for a high level of attention, these professionals are in constant chronic stress, as they are facing the death of patients and in constant conflict both with professional colleagues and with the patients' relatives. The research showed serious consequences such as absence from work caused by the

constant stress suffered. It was also found constant fatigue, memory alterations, with the possibility of negligence due to lack of attention, aggressiveness, emergence of feelings of omnipotence and isolation, thus reducing the quality of care provided. These actions are justified by the double bond of work and roles that these women often play due to domestic activities, thus leading to an overload. Other factors were related, such as headache, pain, dyspnea, anxiety and depression, thus leading professionals to a low quality of care⁶.

Excessive working hours occur due to double employment and inadequately dimensioned; because of this, poorly planned schedules end up offering risks to the worker's health, wearing him out and taking the professional to a high level of constant stress. Due to the demands in the work environment, the nursing professional ends up overloading their functions and therefore being in constant emotional exhaustion, as this demand overload affects the care offered to the patient. Professional dissatisfaction is directly related to improper working conditions, in which resources are mostly insufficient, leading to intense work fatigue and conflicts of personal and institutional values. Depersonalization is present by nursing professionals, because in an environment of great stress situations, professionals are more concerned about the well-being of others, thus forgetting their own, and this ends up leading to loss of interest in the service and professional dissatisfaction. These characteristics become serious for the involvement of BS⁷.



The BS is present more in female professionals than in male professionals, and in newly graduated professionals, whose trajectory and lack of experience end up affecting their mental and physical state. Nursing assistants showed a high level of dissatisfaction, due to the lack of recognition and a feeling of impotence, as in the workplace they are responsible for low complexity procedures and techniques. Professional dissatisfaction is associated with a feeling of injustice and devaluation that, due to the experience in the work environment, end up leading to high professional exhaustion, and with this decreasing their productivity, affecting both the institution and other professionals⁸.

The inadequate dimensioning of the nursing team generates high demand and an overload of individual work, thus aggravating the health system offered, leading to low provision of necessary care. The correct dimensioning of the nursing team is necessary to guarantee quality in health and safety in the care provided; the inadequacy of the dimensioning affects the number of professionals, who, because of that, are insufficient in providing care, leading these professionals to a high risk of physical and psychological factors. The insufficient number of professionals entails an overload of the nursing team, which is reflected in health practices. The lack of professionals and the accumulation of care activities lead professionals to physical and emotional suffering, generating feelings of anxiety and impotence⁹.

BS is present in professionals who, even before noticing the condition, already presented signs and symptoms; these symptoms were linked to a low level of personal fulfillment, as well as low self-esteem, dissatisfaction at work and lack of motivation towards work, with frustration being a triggering factor for BS. The stage in which the condition starts can be related to stress, and the professional can present aggressiveness, drastic mood changes, isolation. The work environment also corroborates the emergence of BS, where working conditions can directly affect the worker's health, leading to intense emotional exhaustion, as well as the organizational environment, due to working conditions, which can lead the team to a hostile environment, which generates great emotional and occupational overload. The professionals most prone to BS are nursing professionals due to direct exposure to the patient's suffering. Depersonalization generates in the affected professional, feelings of low personal fulfillment, leading him to negative evaluations about himself and the nursing staff, cynicism and negative attitudes, generating anxiety, sadness and pessimism in the professional¹⁰.

The workers most exposed to cardiovascular risks are those who work in shifts, especially at night, observing the high level of blood pressure, which exposes an individual to a greater cardiovascular risk. Nursing professionals often end up opting for night shifts due to the additional night shift and the ease of daily life, since most professionals are female, and thus end up having double shifts. Due to the high prevalence of BS, the affected professional can present emotional exhaustion linked to the overload of functions and working hours, leaving him constantly ill, presenting conditions such as muscle tension, chronic fatigue,

headache, insomnia, and headache. Nursing professionals showed high levels of depersonalization, being associated with low professional fulfillment and work overload, as well as being more susceptible to cardiovascular problems and hypertension, leading to conditions such as depression and anxiety¹¹.

However, a study showed that BS is related to the day shift, in which most nursing professionals are young females, and in a stable relationship. In the study, it was considered that during the day shift there is a higher demand for professionals due to the great demand for the care provided. Adding this workload to the relationship with other health professionals leads to increased stress and emotional exhaustion. Regarding high depersonalization, the study shows that these characteristics are more present in nurses due to the high demand for activities in the work environment. Sedentary lifestyle is also related to the emergence of high depersonalization, with physical activities promoting a sense of well-being and protection against chronic diseases, as well as a better quality of life. Dissatisfaction with sleep patterns is also associated with BS, with reports of insomnia and insufficient sleep, which ends up decreasing its quality, which was also associated with emotional exhaustion and depersonalization, thus leading to high levels of involvement by BS¹².

BS is a chronic condition, developed from factors related to the work environment, which ends up bringing great consequences for professionals. These nursing professionals are often inserted in a stressful work environment in which the workload is intense, as well as the length of experience, especially of younger professionals, are aggravating factors for the emergence of the clinical condition. As for the aspects of the work environment, there was a predominance of work overload, the multidisciplinary relationship, depersonalization, which can be directly linked to emotional exhaustion, as well as the absence of leadership, thus impairing the quality of care provided in the workplace¹³.

The practical conditions of nursing in the workplace can lead to the development of BS, thus being a public health issue, as it involves workers' health and social security and social security issues. The prevalence of BS is higher in females, due to the feminization of the profession. Due to emotional exhaustion, insecurity often occurs in professionals, leading them to evaluate themselves negatively, thus reducing their professional fulfillment and increasing the frustration of nursing professionals; with this, high turnover is present, with emotional exhaustion being a predictor of job abandonment. Professional exhaustion is present due to current work conditions, in which resources end up not being sufficient for the proper provision of the service. Depersonalization is correlated with low levels of personal fulfillment, directly affecting the quality of care provided, resulting in low productivity¹⁴.

The involvement of BS is greater in females, feminizing health for the most part. Also the age group and marital status are factors that predispose to physical exhaustion. Where the lack of equipment and space leads to the lack of communication in the team, and the lack of



knowledge and contempt towards BS showed to be worrying factors. Mental exhaustion is present due to the high demand, thus harming both professionals and patients, as the professionals' negative judgments about themselves end up bringing attitudes of anxiety, panic, and depression. BS is related as a type of depression, with all the consequences and related health problems, thus being considered a work-related illness due to both physical and mental exhaustion, characterized by low professional achievement. Depersonalization is characterized as a worker's defense mechanism, and the nursing professional ends up creating a personality in which he/she is mostly cynical, rigid, and invisible, thus allowing a removal of problems that may influence their suffering¹⁵.

The professionals most vulnerable to the involvement of BS are the health professionals, and the nursing team is more susceptible to the development of Burnout, as they are professionals who work under pressure and double shifts, leading them to physical and mental exhaustion. Nursing professionals, for establishing a bond with their patients and spending several hours in the hospital, end up subject to excessive work, and exposed to stress and tension situations, increasing the risk of the emergence of BS. Emotional exhaustion is associated with the employee's physical and mental exhaustion, as negativity arises in relation to activities in the work environment. Disinterest, isolation, conflicts, and absence from work are associated with the depersonalization of the worker both in the team and in the work environment, leading him to present irritability, as well as to cynical behavior with other co-workers. Overload and working conditions, low experience and dissatisfaction lead professionals to depression and anxiety. In addition, professionals affected by BS may have sleep disorders due to double shifts and excessive workload, pain due to incorrect postures and long periods of standing, chronic fatigue and distraction¹⁶.

It is observed that work overload leads nursing professionals to a high level of stress, in addition to a feeling of discontent and emotional exhaustion in relation to professional fulfillment. Working conditions, devaluation and role conflicts directly affect professionals, thus decreasing the quality of care provided. Emotional exhaustion ends up interfering not only in the organizational and institutional environment, but also in the interpersonal demands and quality of life of nursing professionals; this factor can lead the professional to a situation of depersonalization, culminating in their withdrawal, generating a harsh and cold behavior as a way of protecting against wear and tear, and the lack of motivation and high turnover of professionals, can lead the professional to a departure from their functions, resulting in low productivity and a drop in the quality of care provided¹⁷.

It was identified that sociodemographic factors plus lifestyle habits are related to the occurrence of BS, especially due to the high demand in the workplace. The main results found were that the nurses from the intensive care unit who participated in the survey showed high levels of emotional exhaustion, depersonalization, and low levels of professional

fulfillment. The article also discusses that some factors are associated with the emergence of BS, namely: being female, and age, as younger professionals, usually at the beginning of their career, are also less experienced. Night shifts and work overload due to double shifts are also associated with the development of BS¹⁸.

Strategies measures in the dimensioning of the nursing team, as well as the improvement in care, result in a better quality of care. The study shows that the relationship between stress and burnout is constant, especially in women, which is not a coincidence, since nursing is predominantly female. Nurses working in trauma intensive care units are constantly in situations that lead to stress, weariness, lack of motivation and dissatisfaction at work, thus showing the importance of preventing burnout in institutions, where there is a greater demand for care, so that there is no compromise in the care provided¹⁹.

Physical and psychological disorders are directly linked to the health of nursing workers, thus causing negative and harmful effects on health. Nursing is considered one of the most stress-generating professions in the workplace, due to several factors such as, for example, work overload, multiple responsibilities in the workplace, conflicting relationships, and lack of support, which are also related to inadequate dimensioning, thus generating stressful sources, making it difficult for the nursing professional to offer good quality in the service and in the provision of care to the client²⁰.

The BS shows prevalence in females, due to the presence of more female professionals, as well as the essence of care being directly linked to the role of women in society. The lack of preparation and training is present in nursing professionals, due to the absence of permanent education, a situation that is aggravated when the professional is overloaded and cannot seek new updates about their profession for the growth of their knowledge. Lack of preparation can harm not only the professional but also the exposed community. The overload occurs because the professional is responsible for several functions, both care and bureaucratic, being responsible for identifying the problems of both the team and the community, providing care, overseeing planning, among several other functions; thus, the accumulation of functions impairs the quality of care provided. Long working hours and lack of flexibility lead to excessive workload, as professionals end up taking work home and thus causing anxiety in the worker. The scarcity of materials and equipment affects both the quality of the service provided and generates dissatisfaction and wear of the professional for not being able to perform the procedure, thus bringing stress and risk to the development of BS²¹.

The emergence of Burnout is associated with work overload. Other factors that predispose the development of the syndrome are the lack of support, the double bond and dissatisfaction with the salary. The discontent and lack of autonomy that led the worker to emotional exhaustion, and that trigger physical and psychological suffering, in addition to the experience of employees working in nursing, were also shown to be high risk factors for the development of the



syndrome. It was identified that the nursing team ends up suffering actions that lead to exhaustion due to work overload and poorly sizing the team. The nursing team, for being in direct contact with suffering, illness, and death, ends up suffering great emotional tension and strain, thus leading to the involvement of BS. Aspects related to low personal fulfillment are directly linked to conflicting values, disillusionment, professional unpreparedness and, above all, difficulty in daily decision-making, which leads to physical and mental exhaustion. Depersonalization is a strategy that professionals find to defend themselves from stressful situations, leading them to inappropriate behavior, both in relation to the team, clients, and the organization, which can lead to dismissal or absence in the work environment²².

Nursing professionals, being the largest number of professionals in the health area, are more affected due to the high strain on shifts and care provided 24 hours a day, two factors directly associated with the professional exhaustion syndrome. Emotional exhaustion is directly linked to the relationship between the professional and the work environment, as well as the actions carried out and established within the institutions, thus reducing their satisfaction in the work environment. Depersonalization, which occurs in married and single professionals, may be related to professional weariness, and low achievement comes from dissatisfaction in the work environment and low family support, directly affecting the health professional²³.

Workers' health is directly related to the size of the team and the double shifts of shifts and shifts in health institutions, which can affect their physical and mental state. The contributing factors of this state are directly linked to organizational and institutional relationships, which are factors that predispose to the involvement of BS, such as situations experienced daily by the nursing staff. Low professional achievement is directly linked to the lack of appreciation, as well as the high level of work overload and low autonomy in decision-making. Thus, a systematic search of affected professionals for an adequate treatment is necessary, thus preventing the compulsory cases of BS in the work environment²⁴.

And the advent of the pandemic caused by the coronavirus called SARS-CoV-2 has intensified the frequency of Burnout Syndrome among health professionals, as it is transmitted through direct contact from person to person, through droplets or asymptomatic patients. Nursing professionals who have worked on the front line where they

dedicate a great deal of time to care for patients affected by covid-19, thus requiring a great physical and emotional effort from these professionals, end up because of this, also facing a major stressful factor due to the concern about being exposed to the disease²⁵.

Conclusion

Through this study, it was found that the nursing professionals most affected by Burnout Syndrome were female professionals, due to the feminization of the profession and because most professionals are female. The limitations regarding the knowledge of the syndrome proved to be quite worrying, as most professionals were not aware of the triggering factors, as well as its main signs and symptoms, and their consequences, which can directly affect their performance and achievement in the profession.

The study showed that the main risk factors for Burnout Syndrome were depersonalization, work overload, low professional achievement, professional dissatisfaction, lack of recognition and insufficient resources, which are the factors that expose the professional to the involvement by BS. It was also shown that the main signs and symptoms were chronic fatigue, pain in the upper and lower limbs, headache, memory changes, muscle contracture and low self-esteem, which can lead to serious consequences such as emotional exhaustion, stress, depression, anxiety, professional exhaustion, sleep deficiency and low productivity, clearly and successfully answering the research's guiding question.

The COVID-19 pandemic further amplified the cases of Burnout Syndrome among nursing professionals, where care is needed to prevent absenteeism among these professionals who, because they are on the front line, face major challenges. Therefore, it is necessary techniques that help to relax and take the focus off the stressful factor, such as not taking work home and looking for activities that provide relaxation.

It is concluded that promotion and prevention actions are necessary, and there is a need for educational actions in health institutions, in relation to preventive actions against Burnout Syndrome, through the implementation of programs that make nursing professionals aware of the main factors triggers of the syndrome, enabling professionals to implement coping strategies and, thus, contribute to a better effectiveness and quality of life in the work environment of these workers.

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