



Burnout Syndrome in Nursing Professionals: An Integrative Review

Síndrome de Burnout em Profissionais de Enfermagem: Uma Revisão Integrativa

Síndrome de Burnout en Profesionales de Enfermería: Una Revisión Integrativa

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ABSTRACT

Objective: To identify the rates and factors of Burnout Syndrome (BS) in nurses working in Brazilian healthcare institutions. **Method:** An integrative literature review was conducted using the PICOD strategy to answer the question: “What are the rates of Burnout Syndrome identified in nursing workers?” Searches were performed in the Virtual Health Library using the terms “Burnout Syndrome” AND “Nursing.” As inclusion criteria we selected nurse participants, studies focusing on BS, published in Portuguese, English, or Spanish, between 2015 and 2019, excluded literature reviews, letters to the editors, and editorials, studies where BS was only tangentially investigated, studies that did not specify results for nurses when including other professional categories. **Results:** A total of 311 works were found, with 23 articles being eligible. Authorship, sample, instruments used for BS assessment, and main results (BS prevalence and associated factors) were analyzed. There was a high prevalence of emotional exhaustion and depersonalization among nurses, with personal accomplishment varying depending on the work environment and conditions. Factors associated with BS included excessive workload, multiple job affiliations, lack of organizational support, and high psychological demands. **Conclusion:** The review indicates a concerning presence of BS among nurses, it highlights the need for situational diagnosis and investigations into the effectiveness of strategies to improve working conditions. Ultimately, reducing risk factors associated with BS and promoting a healthier and more sustainable work environment is crucial.

Descriptors: Nurses and nurses; Psychological exhaustion; Worker’s health.

RESUMO

Objetivo: Identificar os índices e fatores associados à síndrome de burnout em enfermeiros atuantes em instituições de saúde brasileiras. **Método:** Foi realizada uma revisão integrativa da literatura, em janeiro de 2021, utilizando a estratégia PICOD para responder à pergunta: “Quais os índices de síndrome de burnout identificados em trabalhadores de Enfermagem?”. As buscas ocorreram na Biblioteca Virtual de Saúde com os termos “síndrome de burnout” AND “Enfermagem”. Como critérios de inclusão, selecionamos participantes enfermeiros, foco na síndrome de burnout, publicações em português, inglês ou espanhol, entre 2015 e 2019, sendo excluídos revisões de literatura, cartas aos editores e editoriais; síndrome de burnout investigada tangencialmente, e; estudos que não discriminassem resultados específicos para enfermeiros. **Resultados:** Foram encontrados 311 trabalhos, sendo elegíveis 23 artigos. Analisou-se autoria, amostra, instrumentos de avaliação da síndrome e principais resultados (prevalência de síndrome de burnout e fatores associados). Constatou-se alta prevalência de exaustão emocional e despersonalização entre enfermeiros, com variação na realização pessoal, dependendo do ambiente e condições de trabalho. Pode-se identificar que os fatores associados à síndrome de burnout incluíram carga horária excessiva, múltiplos vínculos empregatícios, falta de suporte organizacional, e altas demandas psicológicas. **Conclusão:** A revisão indica uma preocupante presença de síndrome de burnout entre enfermeiros, destacando-se a necessidade de diagnóstico situacional e investigações sobre a eficácia de estratégias para melhorar as condições de trabalho. Por fim, é crucial reduzir os fatores de risco associados à síndrome de burnout e promover um ambiente de trabalho mais saudável e sustentável.

Descritores: Enfermeiras e enfermeiros; Esgotamento psicológico; Saúde do trabalhador.



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RESUMEN

Objetivo: Identificar los índices y factores asociados al síndrome de burnout en enfermeros y actuantes en instituciones brasileñas de salud. **Método:** Se realizó una revisión integrativa de la literatura, en enero de 2021, utilizando la estrategia PICOD para contestar a la pregunta: “¿Cuáles los índices de síndrome de burnout identificados en trabajadores de enfermería?”. Las búsquedas ocurrieron en la Biblioteca Virtual de Salud con los términos “síndrome de burnout” AND “Enfermería”. Como criterio de inclusión, seleccionamos participantes enfermeros, enfoque en síndrome de burnout, publicaciones en portugués, inglés o español, entre 2015 y 2019, siendo concluidas revisiones de literatura, cartas a los lectores y editoriales; síndrome de burnout investigada tangencialmente, y estudios que no discriminasen resultados específicos para enfermeros. **Resultados:** Fueron encontrados 311 trabajos, siendo elegibles 23 artículos. Fueron analizados autoría, muestra, instrumentos de evaluación de la síndrome y principales resultados (predominio de síndrome de burnout y factores asociados). Fue constatada alta prevalencia de agotamiento emocional y despersonalización entre enfermeros, con variación en la realización personal, dependiendo del ambiente y condiciones de trabajo. Se puede identificar que los factores asociados al síndrome de burnout incluyeron carga horaria excesiva, múltiples vínculos laborales, falta de soporte organizacional, y altas demandas psicológicas. **Conclusión:** La revisión indica una preocupante presencia de síndrome de burnout entre enfermeros, enfocando la necesidad de diagnóstico situacional e investigaciones sobre la eficiencia de estrategias para mejorar las condiciones de trabajo. Por fin, es crucial reducir los factores de riesgo asociados al síndrome de burnout y promover un ambiente más saludable y sostenible.

Descriptor: Enfermeras y enfermeros; Agotamiento psicológico; Salud del trabajador.

INTRODUCTION

The growing interest in studying occupational health issues is due to the visibility of the link between work and mental illness⁽¹⁾. An important issue regarding workers' health is the presence of burnout syndrome (BS). This syndrome is related to factors present at work, causing risks for the worker⁽²⁾, and is linked to chronic work stress, in which the worker becomes exhausted, losing the meaning of his relationship and satisfaction with his job, and reaching the point of giving up on it⁽³⁾.

Burnout was first used in 1953 to refer to a psychiatric nurse disillusioned with her work and began to receive more rigorous academic investigations regarding its characteristics and its relationship with work⁽⁴⁾. This syndrome is considered an occupational phenomenon characterized by emotional exhaustion, depersonalization, and reduced professional achievement⁽⁵⁾. Emotional exhaustion is considered the initial characteristic of BS and represents the depletion of the worker's emotional resources. Depersonalization is determined by the emotional insensitivity of the professional, who begins to appear less empathetic and interested in the work and the people they serve. This condition leads to a drop in the productivity and quality of work, but, at this stage, many workers are forced to continue working, even if they realize they are not well, in what is known as presenteeism, which prevents early monitoring and increases workers' suffering⁽⁶⁾.

Reduced professional achievement or feelings of incompetence tend to be the last to emerge at the onset of BS and show a negative self-assessment associated with dissatisfaction and unhappiness with the job⁽⁷⁾. Workers with BS request more temporary absences, show worse occupational performance, suffer more accidents, and make more mistakes than professionals not affected by this syndrome⁽⁸⁾.

The International Labour Organization⁽⁹⁾ highlights that occupational stress is currently one of the most relevant global health issues and a source of concern in many countries in the most diverse work contexts. Only in 2019, endorsed by the 72nd World Health Assembly and coming into force globally on January 1, 2022, was BS made official by the 11th Revision of the International Classification of Diseases (ICD-11), which describes it as “chronic work stress that has not been successfully managed” (QD85)^(10,11).

Many studies indicate that health professionals, especially nursing professionals, are susceptible to BS^(4,6,8), but only the systematization of findings about such professionals can help advance in the identification of associated factors and points for intervention with such categories. Therefore, studying aspects of BS in nurses and articulating it with the field of health promotion is relevant because these professionals are constantly exposed to high levels of stress and intense emotional demands. Furthermore, nurses play a crucial role in maintaining and improving the health of the population, with their mental health having a direct impact on the quality of care provided.

The mental health of nursing professionals is essential for individual well-being and the efficient functioning of health systems. In line with the 2030 Agenda for Sustainable Development, especially Sustainable Development Goal (SDG) 3, which aims to ensure healthy lives and promote well-being for everyone of all ages, it is crucial to

address BS among nurses. Promoting mental health and well-being in the workplace is vital to achieving the goal of universal health. Investing in nurses' mental health can contribute to the sustainability of health systems, improving the quality of care and reducing costs associated with absenteeism and presenteeism, aligning with global health and sustainable development goals.

Additionally, SDG 8 of the 2030 Agenda, which promotes decent work and economic growth, reinforces the need to create safe, fair, and favorable working conditions for the well-being of workers. The study of BS in nurses is directly related to this goal, as the identification and mitigation of risk factors associated with BS are fundamental to ensuring decent working conditions. A healthy and balanced work environment improves the quality of life of nurses and also can promote more efficient and safe professional performance, contributing to the productivity and sustainable development of health institutions.

Because of the above, this article aims to identify the rates and factors associated with burnout syndrome in nurses working in Brazilian health institutions.

METHODO

It is an integrative literature review based on the steps indicated by Galvão, Sawada, and Rossi⁽¹²⁾. This method allows combining data from theoretical and empirical literature, as it is comprehensive and allows the possibility of achieving a broad understanding of the phenomenon analyzed⁽¹³⁾, in this case, burnout syndrome in nurses.

In this study, the PICOD strategy was adopted to define the guiding question⁽¹⁴⁾. The PICOD strategy was adopted to define the guiding question of the research, which considers the following elements: P (Population): Nurses working in health institutions; I (Intervention): Identification of burnout syndrome rates; C (Comparison): Not applicable, as the review does not make direct comparisons between interventions or populations. O (Outcome): Prevalence of burnout syndrome and associated factors. D (Study Design): Empirical and theoretical studies published between 2015 and 2019. Therefore, this review sought to answer the question: "What are the rates of burnout syndrome identified in nursing workers?"

To answer the question, the selection of studies was carried out independently by two reviewers, presenting, in the end, a comparison between the works selected based on a consensus between the reviewers, pre-established that, in case of unresolved disagreements, a third reviewer would be called upon, however, it was not necessary to use this resource. All databases available in the VHL were explored to ensure the scope of the research, with the number of references retrieved detailed in the results section. The terms used were "burnout syndrome" and "Nursing", combined by the Boolean operator "AND", ensuring a broad and inclusive approach.

The following inclusion criteria were used: 1. articles in which the participants were nurses; 2. works that addressed BS as an objective; 3. articles published in Portuguese, English, or Spanish but carried out in Brazil; 4. articles published between 2015 and 2020. The time frame between 2015 and 2019 was defined to ensure the inclusion of studies before the inclusion of BS as occupational stress to first analyze changes in work practices and health policies that may influence outcomes related to BS. Furthermore, the data in question refer to the period before the COVID-19 pandemic since the inclusion of both periods analyzed could introduce biases in the interpretation of the results.

The following exclusion criteria were defined: 1. Literature review papers, letters to the editors, and editorials; 2. Articles in which BS was only tangentially investigated; 3. Papers that indicated the inclusion of nurses among the professionals in the sample but did not discriminate their results.

Data collection was carried out in January 2021 the selection of studies began by reading the titles and abstracts and applying the inclusion and exclusion criteria. The selected articles were then read fully for a more detailed evaluation. After this stage, 23 works were selected to compose the corpus of this review.

The selected articles were analyzed on several relevant aspects. This approach allowed a robust and detailed analysis of burnout syndrome rates in nurses, contributing to a better understanding of the phenomenon and the identification of risk factors.

Of these articles, items of authorship, samples, instruments used to assess BS, and main results (prevalence of BS and associated factors) were analyzed. In the consultations, 31 articles were analyzed, of which 23 were included, as shown in the Flowchart below (Figure 1).

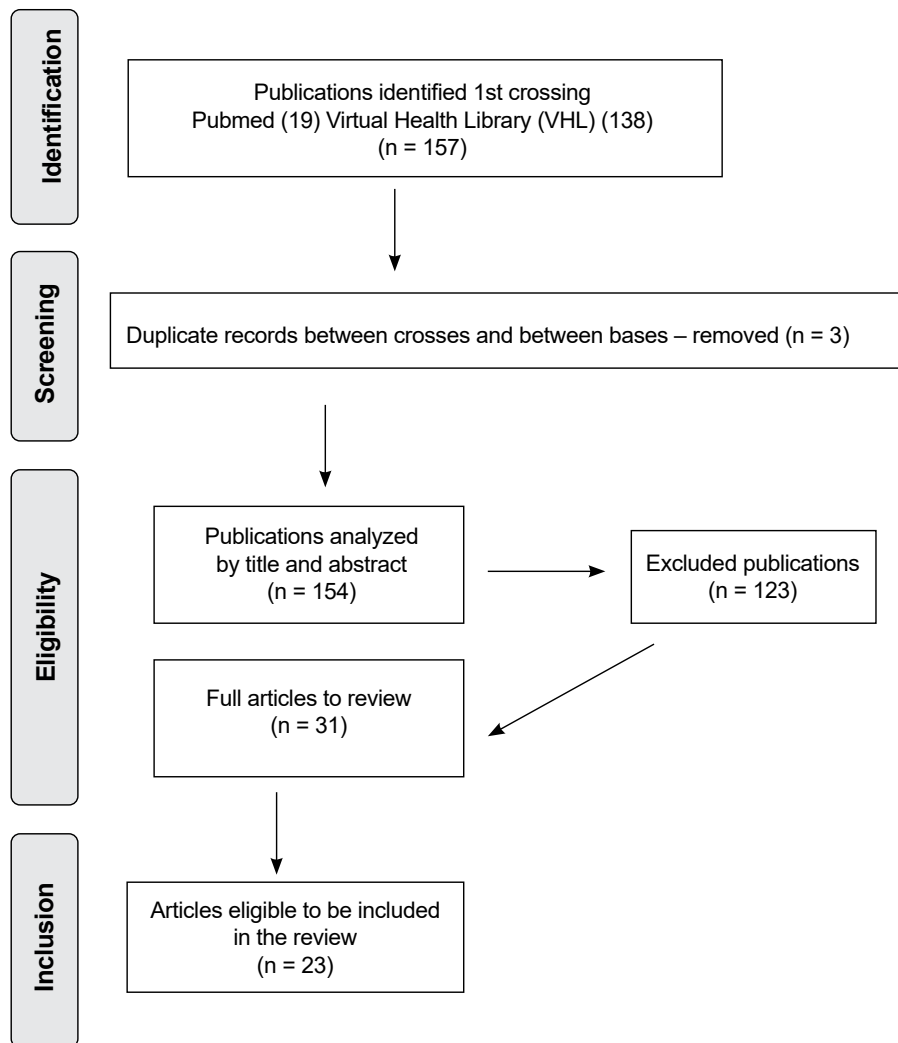


Figure 1. Flowchart of the article search and selection process.
Source: Authors' work (2024).

RESULTS

Regarding the selected studies, it was found that Brazil was the main country of origin of these publications, with significant contributions from several regions, including Minas Gerais^(16,25,30), São Paulo^(17,19,20,24,26,28,31,35,36), Rio de Janeiro^(18,23), Piauí⁽²¹⁾, Bahia⁽²²⁾, Pernambuco^(33,34), Rio Grande do Norte^(27,29), Paraná⁽²⁸⁾, Paraíba^(32,37,38) and Ceará⁽³⁸⁾. The institutions that stood out most in publications on this topic were the State University of Campinas (Unicamp)^(17,19,26,35) and the Federal University of Rio Grande do Norte (UFRN)^(27,29,32), who contributed to multiple articles.

The articles analyzed were mostly published in Portuguese^(20,21,22,26,27), with some also available in other languages such as English, Spanish, and French. This aspect demonstrates an effort on the part of the authors to increase the accessibility and impact of their research. The journals most frequently chosen for publication include the Research Journal: Cuidado é Fundamental^(20,21,22,37), Revista Latino-Americana de Enfermagem^(28,31,35), and Revista de Enfermagem UFPE^(34,36), which housed studies by authors from different regions of the country.

In terms of temporality, there was a concentration of publications in the years 2017, 2018, and 2019, indicating a growing interest in the topic in the period. This increase may be related to greater awareness of burnout syndrome and its prevalence among nursing professionals. Finally, the diversity of institutions and regions represented, as well as the international reach of some of the publications, reflects the relevance of the topic in the academic setting and its importance in the context of occupational health and well-being of nursing professionals.

Table I presents the results regarding the study characteristics and its main results, ordered by year of publication.

Table I. Characterization of studies and main results regarding articles eligible for the study. Franca, São Paulo, Brazil, 2024.

REFERENCE	SAMPLE	INSTRUMENTS	MAIN RESULTS
Campos ICM, Angélico AP, Oliveira MS and Oliveira DCR, 2015 ⁽¹⁶⁾	116 professionals: 37 professionals working in UBS and 79 in Hospital.	1. Sociodemographic and Occupational Questionnaire containing personal, professional, and experience variables. 2. To analyze BS, the Maslach burnout Inventory (MBI) was used. 3. A comparison was also made between the institutions.	1. 87.1% were women. 63.8% were nurses. 2. SB was observed in 32% of nurses. Data: high emotional exhaustion: 25.9%, moderate: 49.1%, low 25%. Depersonalization: high: 25%, moderate: 41.4%, low: 33.6%. 3. Personal fulfillment: high: 26.7%, moderate: 47.4%, low: 25.9%. 3. Workplace: The hospital showed 48.1% SB indicators, compared to UBS's 43.24%.
Gasparino RC and Guirardello EB, 2015 ⁽¹⁷⁾	278 nurses: 181 work in Hospital Clinic.	1. Characterization sheet with personal, professional, and experience variables. 2. Nursing Work Index Revised. 3. To analyze SB, the MBI was used.	1. Average age of 37.9 years, majority female 87.8%, average professional experience of 12 years. 2. Average working hours of 37.6 hours per week 3. SB: Emotional exhaustion: institution A (24.3%), B (23.3%) and C (20.4%). Depersonalization: A (8.8%), B (8.4% and C (7.4%). Personal fulfillment: A (24.3%), B (29.9%) and C (31.5%).
Silva SCPS, Nunes MAP, Santana VR, Reis FP, Neto JM and Lima SO, 2015 ⁽¹⁸⁾	130 workers, including nurses, technicians, and nursing assistants from two large Federal hospitals who work in the ICU.	1. Self-reporting questionnaire. 2. To assess common mental disorders, the Self Reporting Questionnaire was used. 3. To analyze BS, the MBI was used.	1. The sample equally divided in terms of sex, 65 men and 65 women. 2. Population with high emotional exhaustion: which was low 33.8%, medium 28.5%, high 37.7%. Depersonalization: low 33.8%, medium 28.5%, high 37.7%. Personal fulfillment: low 4.6%, medium 34.6%, high 60.8%.
Zanatta AB and Lucca SR, 2015 ⁽¹⁹⁾	188 participants: 95 Nursing technicians, 57 nurses, 36 doctors working in the Hospital.	1. Biosocial questionnaire, which uses biological, psychological, and social factors. 2. To analyze SB, the MBI was used.	1. 50.5% were nursing technicians; 30.3% were nurses and 19.1% were doctors. The majority were female (71.6%) was 35.9 years old. 2. The average response was high emotional exhaustion 24.6%, moderate: 49.1%, low 26.3%. Depersonalization was classified as high 29.8%, moderate 43.9% and low 26.3%. In the Personal Fulfillment domain: high: 24.6%, moderate: 52.6%, low 22.8%.
Fernandes LF, Nitsche MJT and Godoy I, 2017 ⁽²⁰⁾	11 nurses, 29 technicians, and 7 nursing assistants working in the ICU	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. 83% of professionals were female. 2. 74.5% of professionals scored high on emotional exhaustion. 93.7% scored low on professional achievement, and 93.7% scored high on depersonalization.
Luz LM, Torres RRB, Sarmiento KMVQ, Sales JMR, Faria KN and Marques MB, 2017 ⁽²¹⁾	8 doctors, 8 nurses, 6 nursing technicians, 2 nursing assistants, and 8 drivers working in SAMU	1. Sociodemographic and Occupational Questionnaire containing personal, professional, and experience variables. 2. To analyze SB, the MBI was used	1. 75% were male. 2. Average emotional exhaustion 10.9%. Depersonalization 4.6%. Professional incompetence 26.8%.
Merces MC, Lopes RA, Silva DS, Oliveira DS, Lua I, Mattos AIS and Júnior AD, 2017 ⁽²²⁾	60 Nursing professionals working in Primary Health Care	1. Sociodemographic and Occupational Questionnaire containing personal, professional, and experience variables. 2. To analyze SB, the MBI was used.	1. The vast majority 95% were female, 38.3% were nurses. 2. The prevalence of SB was 58.3%. The average response was: Moderate emotional exhaustion: 43.3%. Depersonalization: high: 48.3%. Personal fulfillment: high: 56.6%.
Oliveira EB, Gallasch CH, Júnior PPAS, Oliveira AVR, Valério RL and Dias LBS, 2017 ⁽²³⁾	37 nurses working in an emergency department.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. majority, female 86.49%. 2. suspicion of BS considering high scores for: Emotional exhaustion 51.3%, depersonalization 64.9% and 45.9% for professional achievement.
Fernandes LS, Nitsche MJT and Godoy I, 2018 ⁽²⁴⁾	160 Nursing professionals working in ICU.	1. Structured, self-administered questionnaire. 2. To analyze SB, the MBI was used.	1. The majority of professionals were female (over 90%). 2. 46.5% presented a high standard for emotional exhaustion, 54.7%, a low standard for professional achievement and 32.7%, a high standard for depersonalization.
Lima AS, Farah BF, Teixeira MTB, 2018 ⁽²⁵⁾	46 doctors, 83 nursing staff and 24 dentists working in the Basic Health Unit.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. The average age was 45 years. 82.4% were women. 2. Prevalence of burnout of 51% among the professionals surveyed, which represents a change in at least one of the dimensions evaluated.
Sobral RC, Stephan C, Zanatta AB and De-Lucca SR, 2018 ⁽²⁶⁾	38 nurses and 243 nursing assistants and technicians working in the Hospital.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. 89% were female. 2. The overall prevalence of BS was 5.7% (2.6% among nurses).

Vasconcelos EM and Martino MMF, 2017 ⁽²⁷⁾	91 nurses working in ICU.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used. 3. Analyze the existence of predictive factors.	1. 89.0% were women. 2. The average response was: high emotional exhaustion: 47.2%. Depersonalization: moderate: 38.4%. Personal fulfillment: moderate - 45.0%.
Vidotti V, Ribeiro RP, Galdino MJQ and Martins JT, 2018 ⁽²⁸⁾	193 nurses, 273 nursing technicians, and 36 nursing assistants working in the Hospital.	1. Sociodemographic Questionnaire. 2. To analyze the SB, it was used. Demand - Control - Support Questionnaire, which analyzes psychological demands, control at work, and social support received at work. 3. Comparison of the responses obtained with the work shifts.	1. Participants are mostly female in the day shift (55%) and fewer in the night shift (45%). 2. The average responses for SB were: low professional achievement and depersonalization in both shifts, while in emotional exhaustion the index was high for the day shift and low for the night shift.
Bezerra CMB, Silva KKM, Costa JWS, Farias JC, Martino MMF and Medeiros SM, 2019 ⁽²⁹⁾	108 nurses working in Hospital.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used. 3. Modified Bianchi scale, to quantify the level of stress.	1. 96 (88.89%) are female. 2. Suspicion of burnout was identified considering average scores for: Professional achievement 54 (99.14%) and Depersonalization 51 (92.86%) and low score for Emotional Exhaustion 37 (69.04%).
Dutra HS, Gomes PAL, Garcia RN, Oliveira HC, Freitas SC and Guirardello EDB, 2019 ⁽³⁰⁾	102 nurses and 350 nursing technicians working in the Hospital.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. The majority of participants were female (75.88%). 2. Presented low levels of burnout in the dimensions of emotional exhaustion (38.94%) and depersonalization (45.80%) and moderate levels (39.16%) in the dimension of personal fulfillment
Mosteiro MB, Almeida MCS, Baptista PCP, Zaballos MC, Diaz FJR and Diaz MPM, 2019 ⁽³¹⁾	589 Nursing workers.	1. Sociodemographic and Professional Characterization Questionnaire 2. To analyze SB, the MBI was used.	1. 47.20% are Brazilian and 52.80% are Spanish, 89.47% are female. 2. Brazilian and Spanish nursing workers have moderate levels of emotional exhaustion, low levels of depersonalization and high levels of professional fulfillment. When comparing the populations, it was observed that Brazilians had higher averages of professional fulfillment and Spanish workers had higher averages of depersonalization.
Ramos CEB, Farias JA, Costa MBS and Fonseca LCT, 2019 ⁽³²⁾	28 nurses and 28 nursing technicians working in Primary Health Care.	1. Questionário Sociodemográfico. 2. To analyze SB, the MBI was used. 3. The Predictive Factors and Symptoms of BS instrument. 4. The WHOQOL-Bref	1. 100% of the 52 professionals studied are female. 42% (22) 2. 50% of professionals had a low level of emotional exhaustion, 51.9% had a low level of depersonalization and 55.8% had a high level of professional fulfillment.
Santos EN, França IJS, Boas LLV, Miranda AP, 2019 ⁽³³⁾	4 nurses and 20 nursing technicians working in Hospital and ICU.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. 100% are female. Weekly working hours of 60 to 90 hours 41.67%. 2. suspicion of burnout considering high scores for: Emotional exhaustion 60%, and 72% of individuals presented high scores for professional achievement.
Costa SM, Cerqueira JC, Peixoto RB, Barros AC, Sales PV and Silva KC, 2020 ⁽³⁴⁾	35 nurses and 90 nursing technicians or assistants who work in the emergency room.	1. Sociodemographic Questionnaire. 2. To analyze SB, the MBI was used.	1. The majority of participants were female 87 (82.1%). 2. According to the data obtained through the MBI, in all dimensions professional achievement 82 (77%), depersonalization 84 (79%), and emotional exhaustion 60 (57%) presented a median score.
Moreira AC and Lucca SR, 2020 ⁽³⁵⁾	293 mental health service workers.	1. Biosocial questionnaire, 2. A Job Stress Scale (JSS), 3. To analyze BS, the MBI was used.	1. predominance of female workers (64.8%). 2. 7% prevalence of BS among nursing professionals.
Pires FC, Vecchia BP, Carneiro EM, Castro JPR, Ferreira LA, Dutra CM and Chavaglia SRR, 2020 ⁽³⁶⁾	36 nurses and 26 nursing technicians working in emergency.	1. Sociodemographic Questionnaire. 2. To analyze BS, the MBI was used.	1. The majority of participants were female (69.4%). 2. High for emotional exhaustion 20 (55.6%) and depersonalization 24 (66.7%) and low professional fulfillment 23 (63.9%).
Silva APF, Carneiro LV and Ramalho JPG, 2020 ⁽³⁷⁾	15 nurses and 25 nursing technicians working in the emergency.	1. Sociodemographic Questionnaire. 2. To analyze BS, the MBI was used.	1. 23 (92%) of the professionals are female. 2. high level of SB (60%).
Sousa AKA, Ribeiro SB, Vasconcelos PF, Oliveira RM, Silva ME and Freire VECS, 2020 ⁽³⁸⁾	12 nurses, 12 nursing technicians, and 2 doctors working in the ICU.	1. Sociodemographic Questionnaire. 2. To analyze BS, the MBI was used. 3. The Safety Attitudes Questionnaire was used, which classifies professionals' perceptions of attitudes towards safe care.	1. The majority 24 (47.1%) were female. 2. The exhaustion dimension was classified predominantly at a high level: 33 (64.7%); while depersonalization was classified at 38 (75.5%) and professional achievement was classified at a low level: 35 (68.6%).

Fonte: As próprias autoras (2024)

DISCUSSION

Studies that deal with integrative reviews are relevant to identifying progress and limitations in the production of knowledge on a given topic. This systematization allows the identification of significant problems for research and expansion of development in a given field⁽¹⁵⁾.

This integrative review highlighted the importance of revealing the prevalence of BS among nursing professionals working at different levels of care, in addition to understanding how the context influences the emotional health of these professionals. The initial analysis of the studies also highlighted the urgent need to implement effective strategies for the prevention and promotion of the health of these workers.

Regarding the profile of nurses, the review of works published between 2015 and 2020 showed a prevalence of female professionals^(19,20,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,39,40). Nursing remains a predominantly female profession, with women representing 84.6% of the workforce, notably, around 15% of professionals are male^(21,41). Given this observation, it would be relevant to conduct qualitative and quantitative research to examine if experiences of professional burnout are affected by perceptions of appreciation or devaluation and how these perceptions may differ between genders.

Furthermore, it is relevant to investigate if differences in risk and protective factors for burnout between male and female professionals can offer valuable contributions to the formulation of policies and practices that promote the mental health and well-being of all nursing professionals, regardless of gender and may also include longitudinal studies that monitor the impact of these dynamics over time, as well as specific interventions aimed at mitigating burnout in both groups.

The first descriptions of professional nursing are from the 19th century, linked to the name of Florence Nightingale, who considered that nursing was an art that required organized, practical, and scientific training. According to the author, the nurse should be a person capable of serving medicine, surgery, and hygiene. By institutionalizing Nursing as a profession, Nightingale produced meaning in the silence that existed in Nursing practice, which, until then, was surrounded by regulations and correspondence internal to care institutions, carried out by those who were part of associations, generally religious, whose spirit was to serve others, for the love of God⁽⁴²⁾.

In the history of Brazilian Nursing, the name of Ana Justina Ferreira Neri stands out, as she broke with the prejudices of the time, which made women prisoners of the home. In 1864, she was part of the tenth volunteer battalion as a nurse throughout the Paraguayan War, as well as providing uninterrupted services to military hospitals. Therefore, she was given the title of pioneer of Nursing in Brazil⁽⁴²⁾.

According to the Nursing Council, of the approximately 6 million workers in the health sector, 50% are nurses, making them the biggest professional category within the health sector. Nursing professionals occupy first place not only in the list of most hired professionals in the health sector but in all types of professions. Currently, there are more than 740 thousand nursing workers in Brazil; however, if nursing assistants and technicians are also counted, the number exceeds three million workers throughout the national territory⁽⁴¹⁾. Nursing, representing about half of the workers in the health area in Brazil, has a significant numerical strength, being able to mobilize a fight for better working conditions. As the most hired profession in the country, the centrality of Nursing in the health system makes its demands fundamental, not only for labor justice but also for the quality of health services provided to the population. This representation gives the category significant articulation power; therefore, the combination of numerical strength, the centrality of the profession in the health structure, and the capacity for collective articulation places Nursing in a privileged position to demand and achieve significant improvements in its working conditions⁽⁴³⁾.

This study revealed that many nurses work multiple jobs, often exceeding an average weekly workload of 36 hours^(17,19,21,22,23,27,29). Low wages often require these professionals to seek employment in multiple locations to supplement their monthly income. This financial pressure, combined with labor demands disproportionate to the resources available in organizations, emerges as one of the main contributing factors to the prevalence of BS among nurses⁽⁴⁴⁾.

Furthermore, the present review identified that BS is not an isolated phenomenon but rather a widespread condition among nurses, with significant implications for physical and mental health, resulting in adverse impacts on quality of life and professional effectiveness. These results corroborate the findings of Rodrigues and Nascimento⁽⁴⁵⁾ about nurses' greater predisposition to developing Burnout and the association of this pathology with sociodemographic variables.

The analysis of burnout syndrome (BS) among nurses reveals a widespread condition with profound implications for physical and mental health of these professionals, reflecting significant adverse impacts on quality of life and professional effectiveness. This phenomenon cannot be understood in isolation, as it is strongly interconnected with issues of race, class, gender, and income, which play crucial roles in exacerbating burnout.

Firstly, gender is a determining factor in the prevalence of burnout in Nursing. The female predominance in the profession puts professionals in a particularly vulnerable position to Burnout. Many of these women face the challenge of balancing multiple responsibilities, both in the workplace and in their personal lives, which can lead to significantly increased stress. Additionally, women often face additional pressure to meet high standards of care without adequate recognition or support, which can further intensify Burnout. Regarding race and ethnicity, nurses from minority groups may face additional challenges, such as discrimination and lack of adequate representation. These factors can contribute to a more stressful and less supportive work environment, increasing the likelihood of developing Burnout. The lack of diversity and the experience of racial discrimination in the workplace can aggravate feelings of overload and helplessness, negatively affecting the mental health and professional effectiveness of these nurses.

Social class and income also play a crucial role in the dynamics of Burnout. Nurses from lower social classes often face poor working conditions, inadequate pay, and less access to resources and support. These conditions can intensify Burnout by creating a situation of financial insecurity and job instability. Economic pressure can lead to excessive workload and fewer opportunities for self-care, exacerbating stress and Burnout among these professionals⁽⁴⁶⁾.

The work context is an additional factor that contributes to Burnout. Conditions such as work overload, lack of autonomy, and unfavorable work environments are psychosocial risks that aggravate Burnout. When combined with variables of gender, race, and class, these factors create a cycle of stress and Burnout that is difficult to break without specific interventions and inclusive policies. Therefore, a comprehensive understanding of the interactions between gender, race, class, and income is essential to effectively address Burnout in nursing. Occupational health policies and support programs should consider these dimensions to create a fairer and healthier work environment capable of reducing stress and improving the quality of life of nursing professionals.

It was found that most studies investigated the presence of BS symptoms in hospital settings^(16,17,18,19,20,24,26,27,28,29,30,31,33,34,40) and symptoms of emotional fatigue, depersonalization and low personal and professional fulfillment were found in professionals. According to data from the Federal Nursing Council⁽⁴¹⁾, the highest employability of nurses is in hospital institutions, mainly in-state public institutions, which represent around 20.5% (123,515 thousand) of nurses working. Next comes work in municipal public institutions, which receive 20% (120,107 thousand) of professionals and jobs in the private sector, with 19.5% (117,041 thousand).

The development of BS is perceived as a process that occurs gradually due to the gradual accumulation of high workload, stressful situations, and as a result of emotional pressure associated with the intense involvement of the professional and his/her patient⁽⁴⁷⁾. The lack of effective interventions to prevent BS in Nursing can be understood in light of the gradual development of this condition, characterized by the accumulation of high workload, stress, and emotional pressure associated with intense involvement between the professional and the patient. The slow and progressive nature of Burnout makes it hard to detect early and implement preventative measures before the problem becomes crucial.

Health education emerges as a crucial tool in preventing burnout. Nursing professionals must be trained to recognize the initial signs of Burnout and adopt effective stress management and self-care strategies. Besides, training managers to foster work environments that encourage employee mental health and well-being is essential.

Advocacy also plays an important role in pushing for policies that ensure adequate working conditions, fair pay, and emotional support. Promoting occupational health policies that address Burnout and integrate mental health practices is vital to creating a sustainable and healthy work environment. Effective interventions must be multidimensional, encompassing not only individual strategies but also organizational changes that reduce stressors in the workplace. Creating a collaborative environment and supporting professional development can mitigate emotional pressure and improve peer support. In summary, a proactive and integrated approach is needed to prevent and treat Burnout, promoting a healthier and more sustainable work environment for healthcare professionals⁽⁴⁸⁾.

From the studies researched in this review^(20,27), it was possible to observe that low professional achievement was already present in nurses, but in a less intense way than other symptoms, in line with other studies^(25,26,33,36,31,32,34). This variation may reflect differences in how Burnout symptoms are experienced and reported by professionals. Low professional achievement, while important, may not be as immediately visible as other, more acute symptoms such as emotional exhaustion and depersonalization. It may indicate that, in some contexts, nurses may be dealing with a broader spectrum of symptoms in which professional fulfillment is one of the least highlighted or recognized aspects in the short term.

The discrepancy in results suggests that low professional achievement may be closely related to specific contextual and individual factors, which may not be uniformly captured across studies. This variability may also reflect the evolution of symptoms over time, where the perception of professional fulfillment may become more pronounced as other

symptoms of Burnout intensify. Therefore, it is crucial to consider these differences when developing interventions and support strategies for nurses.

BS sets in in nurses in a similar way to what happens with other professionals, following predictable stages. The hypotheses explain the emergence of Burnout in nurses encompass personal aspects, work organization, and social appreciation of the profession⁽⁴⁹⁾. It is relevant for professionals, employers, and the government to map the working conditions that may influence the emergence of BS, as the presence of this pathology impacts the workers' health and contributes to negative financial implications. However, this syndrome has been associated with early retirement, absenteeism, and high turnover of professionals, which affects the quality of health care provided to the population and increases the costs of personnel services^(6,18).

Theoretically, one can think of coping strategies focused on the problem, emotions, or avoidant strategies⁽⁴⁷⁾. Problem-focused strategies seek to concretely change the reality that generated the discomfort. Examples of this form of coping may include planning the work routine, eliminating concomitant activities, and seeking social support for instrumental reasons while avoidant coping strategies aim to avoid confronting the problem and tend to be maladaptive.

In this context, it becomes relevant to encourage the encounter with the meaning of work adjust expectations. Adequately self-managing time and working hours to provide a balance between work, private life, and leisure are examples of strategies focused on the individual that can be considered to combat BS⁽⁵⁰⁾. Combating Burnout syndrome in nurses requires an approach that promotes the health and well-being of these professionals. Individually focused strategies, such as finding meaning in work, managing time appropriately, and balancing work and personal life, are essential.

Another important aspect refers to social support, which has also been shown to be a protective factor against BS⁽²³⁾, which is revealed as a powerful protective factor against BS, with an emphasis on creating a work environment that favors collaboration, open communication, and the development of teamwork skills. In the workplace, developing an organizational culture that fosters mutual support, collaboration, and open communication can make a significant difference in the emotional health of nurses. Creating spaces where professionals can share their experiences, receive constructive feedback, and develop teamwork skills is a fundamental strategy to strengthen social bonds and reduce isolation, which is often a precursor to BS. These interventions not only improve the emotional health of nurses but could also lead to improvements in the quality of care provided.

The adoption of interventions that expand social support and develop skills for group work, improving communication and feedback exchange can, therefore, contribute to the emotional health of nurses⁽⁵⁰⁾. First, encouraging nurses to find deeper meaning in their professional activities may be an initial step toward reducing the perception of Burnout. When professionals can see value and purpose in what they do, emotional burden and stress can be significantly alleviated. This implies not only an individual reflection on the role of work in their lives but also requires the need for an organizational environment that values and recognizes the effort and dedication of professionals.

Self-management of time and adjustment of expectations can also emerge as relevant premises. Proper workload management is vital to ensure that nurses can balance their professional and personal lives. Furthermore, adequate remuneration is essential to prevent these professionals from having to work multiple jobs to earn a decent salary, which often results in work overload and contributes to the development of Burnout.

Strategies that allow for better distribution of time between work, leisure, and private life are therefore essential. Hence, health promotion in the workplace must include policies that make working hours more flexible, ensure fair financial compensation, and allow nurses to organize their workdays in a way that preserves their mental and physical health.

Thus, with this review, it was also possible to observe the need for differentiated and specific interventions for each type of group research, as well as the importance of valuing the Nursing team through improvements in remuneration, motivation, and reduction of work overload. Educating yourself about occupational stressors and ways to deal with them based on your experience and the time in which they occur, constitutes essential knowledge to deepen the understanding of this topic, suggesting effective alternatives for prevention and health promotion⁽⁵¹⁾.

This review, therefore, also highlights the urgent need for differentiated and specific interventions for the different nursing groups, considering their particularities and demands. The precariousness of work in Nursing, manifested by low pay, lack of motivation, and work overload, worsens the health conditions of these professionals, compromising both their well-being and the quality of care provided to patients.

Valuing the Nursing team through improvements in remuneration and reduction of work overload is crucial to combating job insecurity. When nurses are forced to work multiple jobs to earn a living wage, their workdays become

exhausting, limiting their ability to recover physically and mentally. This prolonged exhaustion is one of the main triggers for Burnout, which affects not only the health of the worker but also the effectiveness of teams and patient safety.

Furthermore, instructing nursing professionals on occupational stressors and ways to deal with them, considering experience and time of exposure to these factors, is indispensable knowledge. Awareness and proper management of occupational stress can act as powerful preventive tools, helping to identify early signs of Burnout and implement effective health promotion strategies.

Therefore, nursing worker health policies must address compensation and workload and invest in educational programs that enable nurses to deal with occupational challenges more effectively. Only in this way will it be possible to reduce the incidence of Burnout and improve the working conditions of these professionals, directly reflecting the quality of care provided to the population.

Aiming to improve the QoL of workers affected by BS and the global concern to promote safe working environments, the topic of working conditions in the 2030 Agenda action plan is relevant, specifically on SDG 8, which aims to promote inclusive and sustainable economic growth, employment and decent work for all – in particular, Target 8.8, which aims to protect labor rights and promote safe and secure working environments for all workers⁽⁵²⁾.

When considering how BS has been assessed in nurses, a predominance of studies was observed adopting the Maslach Burnout Inventory (MBI)^(16,17,19,20,24,26,27,28,29,30,31,33,34,40), as a way of measuring the physical and emotional exhaustion of professionals. The MBI was a widely used instrument in Brazil, mainly in the areas of health and education⁽⁵³⁾. It should be noted that this instrument has been used exclusively for the assessment of BS and does not consider previous elements (working conditions or others) and the results of its process⁽⁴⁴⁾.

Despite being widely used, it is worth highlighting that, in 2010, Editora Mind Garden Inc. acquired the marketing rights for the MBI, making the commercialization of this instrument restricted⁽⁵⁵⁾. There is still a controversial situation involving the adaptation of this instrument for Brazil; although it was widely used until 2019 and therefore allows the comparison of the results of different studies, other instruments must be considered for the evaluation of BS in nurses.

Perhaps future studies could develop a specific instrument for the work context of this professional category, which considers the different demands of their daily lives. The study provides relevant information for understanding BS in nurses but has some limitations. The limitations of this review arise from the choice of the database consulted and the descriptors used, which may have contributed to the results found. In addition, the difference of opinions among researchers prolonged the analysis stage, and, despite these limitations, the variety of articles stands out, highlighting that BS is still a topic little debated in Brazil.

CONCLUSION

Considering the fundamental historical aspects that shaped the practice of Nursing, marked by unwavering dedication and the motto “Nursing for love”, it is remarkable how this heritage continues to influence the profession today. However, this same tradition can obscure understanding and recognition of the challenges faced by nurses, including the stressors that significantly impact their mental health.

This literature review highlighted alarming issues related to the prevalence of Burnout syndrome among nursing professionals. Long working hours and the perception of a lack of professional recognition emerged as crucial factors contributing to the development of BS in this professional category. Given the strategic importance of Nursing for the health system and the crucial impacts of BS on the quality of life and effectiveness of the work of these professionals, it is imperative to carry out detailed situational diagnoses and develop interventions, both individual and collective, aimed at mitigating this syndrome.

Furthermore, the results of the reviewed studies highlight the urgent need for future investigations that explore this phenomenon more deeply. These studies must use instruments validated or developed specifically for the Brazilian context, seeking to establish a longitudinal understanding of BS in the practice of Nursing professionals at different levels of health care. This approach will not only expand our knowledge about the occupational health of these professionals but will also support the creation of more effective policies and practices to protect their health and well-being.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

CONTRIBUTIONS

Laura Mariane Rodrigues and **Lilian Cristina Gomes do Nascimento** contributed to the preparation, design of the study, data collection, analysis, interpretation, and writing and review of the manuscript. **Laís Caroline da Silva** contributed to data collection, analysis, and interpretation. **Sabrina Martins Barroso** contributed to the writing and review of the manuscript.

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