



## BURNOUT IN HEALTHCARE PROFESSIONALS: A VISIBLE PROBLEM OR A NEGLECTED REALITY?

## BURNOUT EM PROFISSIONAIS DA ÁREA DA SAÚDE: UM PROBLEMA VISÍVEL OU UMA REALIDADE NEGLIGENCIADA

## BURNOUT EN PROFESIONALES DE LA SALUD: ¿UN PROBLEMA VISIBLE O UNA REALIDAD NEGLIGENCIADA?

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### ABSTRACT

This study aimed to analyze, through a literature review, the occurrence of Burnout Syndrome among healthcare professionals, highlighting risk factors, consequences, and coping strategies. This is an integrative review based on the analysis of scientific publications available in the SciELO, LILACS, PubMed, and Google Scholar databases, from 2015 to 2025, in Portuguese, English, and Spanish. The literature indicates that burnout is characterized by emotional exhaustion, depersonalization, and reduced professional accomplishment, being especially prevalent among nurses and nursing technicians. The main risk factors identified include long working hours, emotional overload, direct contact with patients in distress, and lack of institutional support. Studies also show that the pandemic period intensified the syndrome's prevalence, particularly among professionals working in Intensive Care Units. The consequences go beyond the individual level, affecting the quality of care and increasing absenteeism, turnover, and errors in healthcare services. It is concluded that, despite the growing number of studies on the topic, there is still institutional neglect regarding the mental health of healthcare workers, making it necessary to implement prevention strategies, psychological support, and public policies that prioritize occupational well-being.

**Keywords:** Burnout Syndrome. Healthcare Professionals. Occupational Health.

### RESUMO

Este estudo teve como objetivo analisar, por meio de revisão bibliográfica, a ocorrência da Síndrome de Burnout em profissionais da saúde, destacando fatores de risco, repercuções e estratégias de enfrentamento. Trata-se de uma revisão integrativa, realizada a partir da análise de publicações científicas disponíveis nas bases SciELO, LILACS, PubMed e Google Acadêmico, no período de 2015 a 2025, em português, inglês e espanhol. A literatura aponta que o Burnout é caracterizado por exaustão emocional, despersonalização e baixa realização profissional, sendo especialmente prevalente entre

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enfermeiros e técnicos de enfermagem. Os principais fatores de risco identificados incluem jornadas extensas, sobrecarga emocional, contato direto com pacientes em sofrimento, além da falta de suporte institucional. Os estudos também evidenciam que o período pandêmico intensificou os índices da síndrome, sobretudo em profissionais atuantes em Unidades de Terapia Intensiva. As consequências extrapolam o âmbito individual, afetando a qualidade da assistência, aumentando o absenteísmo, a rotatividade e os erros nos serviços de saúde. Conclui-se que, apesar do crescente número de pesquisas sobre o tema, ainda há negligência das instituições quanto ao cuidado da saúde mental de seus trabalhadores, sendo necessária a implementação de estratégias de prevenção, apoio psicológico e políticas públicas que priorizem o bem-estar ocupacional.

**Palavras-chave:** Síndrome de Burnout. Profissionais da Saúde. Saúde Ocupacional.

## RESUMEN

Este estudio tuvo como objetivo analizar, mediante una revisión bibliográfica, la ocurrencia del Síndrome de Burnout en profesionales de la salud, destacando los factores de riesgo, las repercusiones y las estrategias de afrontamiento. Se trata de una revisión integradora basada en el análisis de publicaciones científicas disponibles en las bases SciELO, LILACS, PubMed y Google Académico, en el período de 2015 a 2025, en portugués, inglés y español. La literatura señala que el Burnout se caracteriza por agotamiento emocional, despersonalización y baja realización profesional, siendo especialmente prevalente entre enfermeros y técnicos de enfermería. Los principales factores de riesgo identificados incluyen jornadas extensas, sobrecarga emocional, contacto directo con pacientes en sufrimiento y falta de apoyo institucional. Los estudios también evidencian que el período pandémico intensificó los índices del síndrome, especialmente en profesionales que trabajan en Unidades de Cuidados Intensivos. Las consecuencias trascienden el ámbito individual, afectando la calidad de la atención e incrementando el ausentismo, la rotación y los errores en los servicios de salud. Se concluye que, a pesar del creciente número de investigaciones sobre el tema, todavía existe negligencia institucional respecto al cuidado de la salud mental de los trabajadores, siendo necesaria la implementación de estrategias de prevención, apoyo psicológico y políticas públicas que prioricen el bienestar ocupacional.

**Palabras clave:** Síndrome de Burnout. Profesionales de la Salud. Salud Ocupacional.



## 1 INTRODUCTION

Burnout Syndrome, initially described by Freudenberger (1974), is recognized as a work-related psychic disorder, characterized by emotional exhaustion, depersonalization, and low professional fulfillment (MASLACH; LEITER, 2016). Among health professionals, Burnout is increasingly prevalent, associated with the overload of activities, long working hours, and daily emotional pressures.

In Brazil, research reveals alarming rates of the syndrome among doctors, nurses and nursing technicians (COSTA; MOURA, 2020; RODRIGUES et al., 2024). However, despite the relevance of the theme, the reality of these workers is still frequently neglected by institutions, reinforcing the need for scientific deepening. Emotional exhaustion leads to feelings of ineptitude and failure, negatively impacting work performance, which can result in absenteeism and carelessness (Afonso; Figueira, 2020).

In addition to compromising mental health, Burnout is directly linked to the quality of care provided, and can lead to failures in care, increased errors, and losses in the professional-patient relationship (FERREZ et al., 2023). The literature points out that the impacts go beyond the occupational scope, having repercussions on personal life, relationships, and even on the professional's permanence in the career (RUINI et al., 2024).

Brazilian and international multicenter studies show that the pandemic period increased the rates of exhaustion and psychological suffering, revealing institutional weaknesses in the promotion of mental health (OLIVEIRA et al., 2023; LUCAS et al., 2025). In this context, the importance of discussing Burnout not only as an individual problem, but as a collective and institutional issue becomes evident.

### 1.2 OBJECTIVES

#### 1.2.1 General Objective

To describe, through an integrative review, the prevalence of Burnout Syndrome in health professionals, highlighting risk factors, repercussions and coping strategies.

#### 1.2.2 Specific Objectives

- To identify the concepts and definitions of Burnout Syndrome present in the scientific literature.
- To describe the main risk factors associated with burnout in health professionals.

- Present the consequences of the syndrome for physical and mental health and professional performance.

### 1.3 JUSTIFICATION

The importance of this study is due to the fact that Burnout Syndrome is an extremely relevant topic in society, since health professionals are often exposed to different challenges and vulnerability in relation to the work environment. In addition, the implementation of psychological support programs and the strengthening of professional enhancement policies are indispensable.

In view of this, this study proposes to analyze in an integrative way the prevalence of Burnout Syndrome in health professionals, in order to identify the connection of factors associated with professional career. Through the integrative review, it will be possible to systematically and comprehensively analyze the main associated factors, as well as identify gaps and possible improvements that can be implemented.

Based on the results obtained, it will be possible to contribute to the strengthening of public policies aimed at the mental health of health workers, providing subsidies for the development of more effective strategies and actions that meet the specific needs of this public.

## 2 THEMATIC FRAMEWORK

### 2.1 BURNOUT SYNDROME

For decades, burnout syndrome (BS) has been addressed in academia in multiple ways, whether through the analysis of its risk and protective factors, explanatory models in different cultural contexts, as well as the development of several instruments that allow measuring its intensity, with the Maslach Burnout Inventory (MBI) being one of the most used in the world (Fernández; Merino, 2014).

Emotional exhaustion is often described as the first symptom of the syndrome, being triggered by overload in work activities, which imposes high interpersonal demands and, therefore, reduces the psycho-emotional resources available for coping. Exhaustion, loss of vitality and extreme tiredness are predominant characteristics, and the worker is unable to recover, even after adequate moments of rest (Carvalho; Mameri-Trés, 2023).

The loss of professional effectiveness is interpreted as a feeling of incompetence, a drop in productivity, and a lack of personal recognition in the performance of tasks. This



conception, according to the parameters of the Maslach Burnout Inventory – General Survey (MBI-GS), was recognized by the World Health Organization (WHO) in 2019, when it classified burnout as a work-related condition in the update of the International Classification of Diseases (ICD-11) (PAHO, 2019).

An unprecedented survey shows that 83% of health professionals show signs of Burnout Syndrome: a disease that occurs when exhaustion in relation to work is complete, physical and mental. Considering the total survey, including professionals who are and those who are not on the front line, Burnout Syndrome appeared in 79% of the doctors; 74% of nurses; and 64% of nursing technicians. The data also point out that the younger the professional, the greater the chance of burnout (Coren, 2020).

In view of the adverse consequences of burnout, it is essential to adopt prevention and intervention strategies, such as adequate workload management, the creation of a welcoming organizational environment, the encouragement of physical and mental recovery practices, and NR-1 to include the management of psychosocial risks in the work environment, aiming at prevention

of the mental illness of workers. Implementing preventive measures can significantly reduce the risks of developing the syndrome, promoting a more balanced and efficient work environment.

## 2.2 WORK, MENTAL ILLNESS AND BURNOUT SYNDROME

Several meanings and readings are attributed to the work, and numerous areas of knowledge are dedicated to its analysis and interpretation. Thus, fields such as Sociology, Psychology, Medicine, Social Sciences, Economics, Epidemiology, Ergonomics, among others, strive to value work, offering instruments that enable the subject to exercise a dignified occupation, whether for the pleasure of the function performed, for financial compensation, for the appreciation received, for the social bonds created or for the access to services, culture and quality of life provided by the occupation. To understand the interactions between health and disease in the occupational context, it is essential to adopt an integrated perspective of this multidisciplinary approach (Oliveira, 2003).

Psychiatry and Psychology are focused on the examination of the effects of work on the origin, progress and intensification of psychic disorders, having specialized areas such as Occupational Psychiatry and Occupational Health Psychology. The connection between well-being and illness is related, directly or indirectly, to socioeconomic and



rights disparities, and is affected by mechanisms that can favor the maintenance of health or contribute to its deterioration throughout the lives of subjects inserted in different social contexts. The health-disease model allows us to analyze the determinant and conditioning elements of individual and collective ways of getting sick and dying (Viapiana et al., 2018).

In addition, general aspects of daily life, such as housing, sanitary infrastructure, food, transportation, and schooling, affect professional performance, influencing not only the activity itself, but also the ability to choose a certain career. When these conditions are unsatisfactory, they can aggravate physical and psychological exhaustion, accentuating the feeling of exhaustion. Occupational health is intrinsically linked to management and corporate culture, which define ethical parameters in professional relations, in the forms of hiring and dismissal, in the construction of hierarchical structures and

communication, in actions aimed at the well-being and appreciation of employees, in addition to the incorporation of advances and new technologies (Oliveira, 2003).

The relationship between the professional and the work environment (organized by the institution and shaped by the political and economic scenario) affects the individual both physically and mentally. The combination of these elements and their multiple influences on the human psychic universe constitute the origin of what has come to be called occupational stress, currently the main focus of analysis to understand the link between work and the process of health and illness of workers (Viapiana et al., 2018).

The notion of stress was introduced in the field of health in 1926 by Hans Selye (1907-1982), to describe a set of specific reactions observed in patients affected by different diseases. In 1936, Selye proposed a model called general adaptation syndrome, divided into three stages: the alarm reaction; the resistance phase (when adaptation is achieved); and the exhaustion stage (eventual loss of adaptation or resistance). The author understood stress as a non-specific physiological reaction to any demand imposed by pleasant or adverse situations, reflecting the body's effort to adapt to contexts perceived as threatening to life or internal stability (Carvalho; Mameri-Trés, 2023).

Stress, as it is triggered by various stimuli, has distinct characteristics, without, however, having a single causative factor. Thus, only with the presence of symptoms can an agent be identified as a stressor (Viapiana et al., 2018).



The conceptual divergences around stress led Selye to clarify what does not constitute this phenomenon. He stated that stress is not synonymous with nervous tension, as it can occur even in beings without a nervous system, and it is possible to induce it in cell cultures. In addition, it is not restricted to hormone release by the spinal cord or adrenal cortex; it does not represent an injury, since healthy practices, such as exercise, can also cause it without causing harm; it is not limited to the alteration of homeostasis or the simple alarm reaction; nor should it be confused with the general adaptation syndrome, which would be a result of stress. In essence, stress is configured as a specific syndrome that encompasses all non-specific alterations in biological functioning (Carvalho; Mameri-Trés, 2023).

The way each person responds to stress is particular, varying according to their vulnerability and resistance, as well as the number of stressful events experienced. In this way, different stressor stimuli can provoke similar reactions. Both the

Vulnerability and coping ability can be influenced by broad and restricted social contexts, in addition to being related to personal predispositions and lifestyle (Lipp, 2015).

In the workplace, the term occupational stress emerged to name any potentially stressful element present in the work environment, which were classified as psychosocial risk factors related to work activity (Vigarello, 2022).

Currently, psychosocial risks are at the heart of research on work-related illness. The ability to deal with these factors is also linked to the quantity and intensity of the psychosocial aspects experienced (Vigarello, 2022).

### 3 METHODOLOGY

#### 3.1 TYPOLOGY OF THE STUDY

This research is an integrative literature review, with a qualitative approach and descriptive nature, focusing on the analysis of Burnout in health professionals. Integrative Review (IR) is a method that allows the synthesis of available studies on a given topic, enabling a comprehensive understanding of the knowledge produced and identifying gaps in the literature (Mendes; Silveira et al., 2008).

Given the relevance of the topic, conducting an integrative review is essential to gather the knowledge already produced on the subject, identify gaps in the literature, and propose possible interventions for prevention and mental health care in the workplace.

Quantitative and descriptive data were used to organize and present the information, such as the distribution of articles by database and languages.

### 3.2 DATA COLLECTION

The DeCS/MeSH descriptors (Health Sciences Descriptors/Medical Subject Headings) used for the elaboration of the research were: "Professional Burnout", "Health Professionals", and "Occupational Stress", with the help of Boolean operators.

In the present study, the PICo strategy was used, thus, the strategy focused on the population domains (P), covering health professionals; Intervention/Focus (I), covering Burnout Syndrome and associated factors, and Context (Co), related to the work environment, as described in Table 1. Based on these elements, the following guiding question was formulated: What is the prevalence of Burnout Syndrome in health professionals?

**Table 1**

*Search strategy in the databases based on combinations of key terms. Pedreiras- MA, Brazil*

HEALTH SCIENCES DESCRIPTORS - DeCS			
PEAK	Description	Descriptors DeCs	Descriptors in English
			- MeSH
P	Healthcare workers exposed to stressful work environments	"Health Professionals" OR "Health Personnel"	"Health Personnel"
I	Exposure to occupational stress and excessive workload	"Occupational Stress" OR "Stress at Work"	"Stress, Psychological"
Co	Context related to professionals not exposed to occupational stress	"Professional burnout"	"Burnout, Professional"

Source: The authors (2025).

### 3.3 INCLUSION AND EXCLUSION CRITERIA FOR STUDIES

Studies that addressed Burnout Syndrome in health professionals, published between 2015 and 2025, in Portuguese, English or Spanish, available in full in the consulted databases, were included in this integrative review. Studies with a defined scientific method, whether with a quantitative, qualitative or mixed approach, as well as literature reviews that presented methodological rigor, were considered eligible.

Case reports, dissertations, editorials, duplicate studies, and those that deviated from the proposed theme were excluded.

### 3.4 ETHICAL ASPECTS

As this is a bibliographic research, there was no need to submit it to the Research Ethics Committee.

### 3.5 CHARACTERIZATION AND ANALYSIS OF THE DATA

After selecting the studies, data were extracted and information was synthesized, enabling the identification of trends, gaps, and points of convergence in the literature.

After a systematic search in the scientific databases Virtual Health Library - VHL, considering the publication of relevant articles, came the evaluation stage of the studies included in the integrative review. "The selection of studies for critical evaluation is essential, at the weekend to obtain the internal validity of the review (Galvão, 2008).

By grouping the descriptors, 127 articles were discovered, after filtering the articles, 93 were considered according to the main subjects and 66 articles were considered according to the type of study. After reading by title and abstract, 30 articles were obtained, of the 30 articles, 8 studies remained through the analysis of reading in full.

The following tables summarize the articles included in the integrative review, with regard to databases, authors, year, type of study and languages.

**Table 2**

*Distribution according to databases*

DATABASES	ARTICLES
PubMed	4

SciELO	2
Lilacs	2

Source: The authors (2025).

**Table 3**

*Distribution according to the language of the articles*

LANGUAGES	ARTICLES
Portuguese	4
English	4
Spanish	0

**Table 4**

*Methodological description of the studies included in the review*

AUTHOR/YEAR	DESIGN OF STUDY	MAIN INSTRUMENT	SAMPLE	KEY FINDINGS
Álvares, M.E.M et al. (2019)	Transverse	MBI- Maslach Burnout Inventory	241 professionals (doctors and nurses)	EE high in professionals, especially nurses.
Muhammed Elhadi et al. (2020)	Transverse	MBI- Maslach Burnout Inventory	532 Hospital Professionals	67.1% exhaustion emotional; 47.4% depersonalization ; 22.7% low personal fulfillment.
Magno Conceição das Merces et al. (2020)	Transverse	MBI- Maslach Burnout Inventory	1.125 nursing professionals in Primary Health Care	Approximately 1 in 5 nursing professionals in PHC in this sample may have burnout

Irshad et al., (2022)	Transverse	BCSQ- Burnout Clinical Subtype	284 students	Prevalence of Burnout in students; association with low family income, lifestyle
Medeiros et al., (2022)	Integrative review	MBI- Maslach Burnout Inventory	265 professionals, 62 doctors, 65 Nurses	Approximately 48.6% high emotional exhaustion; 29.4% high depersonalization ; 18.1% low professional efficiency.
Romana Ulbrichtova et al. (2022)	Transverse	MBI- Maslach Burnout Inventory	201 Health professionals	High emotional exhaustion (69.2%); highest in COVID units.
Santos, Ana Beatriz Moreira et al. (2022)	Integrative review	MBI- Maslach Burnout Inventory	Hospital staff	High prevalence of BS in healthcare workers
Verena Laila Moniz Barreto et al. (2024)	Transverse	MBI- Maslach Inventory	395 health team members	Prevalence of Burnout 64.5%. Associated factor: exhaustion, cynicism, reduced professional effectiveness.

Source: The authors (2025).

In this stage, the results obtained and their implications for the mental health practice of professionals working in the health area were discussed in depth, according to the data acquired through the articles included in the integrative review.



In view of the studies chosen for this review, it is possible to note that Burnout Syndrome has a high level of prevalence in health professionals. Initially, there is a study by Álvares M.E.M. et al. (2019), a population-based cross-sectional study, applied to ICU professionals (nurses and physicians), which has a sample of 241 professionals from 17 public ICUs in the city of São Luís (Maranhão), Brazil. The MBI - Maslach Burnout Inventory was used; the authors report the results according to the Maslach criteria and according to Grunfeld criteria (difference by definition/criterion). Main results: Emotional Exhaustion: discharge in professionals, especially nurses; Depersonalization: higher in physicians; Low professional achievement: present in both groups. Associated factors: Working in public ICUs, with a high workload; interpersonal conflicts and low job satisfaction; absence of institutional support.

Next, the study by Muhammed Elhadi et al. (2020), aimed to determine the prevalence of Burnout among hospital healthcare workers in Libya during the COVID-19 pandemic and in the context of civil war. It is characterized by a cross-sectional study, which had the collection period from April 18 to May 2, 2020, with 532 participants, the MBI- Maslach Burnout Inventory instrument was used with three subscales: emotional exhaustion (EE), depersonalization (DP) and personal fulfillment (PA). It was found that 67.1% of the professionals reported emotional exhaustion; 47.4% reported depersonalization; 22.7% reported a low sense of personal fulfillment; 57.1% reported having experienced verbal abuse and 17.5% physical abuse in the workplace. Genre, especially

professional, age 35 years or older - were associated with higher levels of burnout in certain subscales.

The article by Magno da Conceição das Merces et al. (2020), was carried out in the State of Bahia, Brazil, in the period 2017-2018, with a sample of 1,125 nursing professionals from Primary Health Care (PHC). The objective of this study was to evaluate the prevalence of Burnout Syndrome and associated factors in nursing professionals working in primary health care in the State of Bahia. Main results: Prevalence of BS: 18.3% among nursing professionals in PHC; EE: ~41.1% moderate level; Depersonalization: ~44.5% high level; Reduced Professional Achievement ~60.2% high level. Associated factors involve both personal characteristics (such as ethnicity, rural residence, smoking, physical activity) and organizational/occupational factors



(dissatisfaction with work, aggression, night shifts, lack of equipment, insufficient breaks). This reinforces that Burnout is not only individual, but also structural.

Then, in the work of Irshad et al. (2022), aimed to assess the prevalence of Burnout among medical students in an integrated modular curriculum and identify associated sociodemographic factors. This study is a cross-sectional study, conducted between September 2019 and January 2021. It had a sample of 284 medical students from the 1st to the 5th year, in Shifa (Pakistan). The Burnout Clinical Subtype Questionnaire (BCSQ-12) was used to measure burnout, and a structured questionnaire was used for sociodemographic data. Main results: there was a significant prevalence of burnout among students. Associated factors: low family income was statistically significantly associated with burnout. The study concluded that there is a high risk of burnout among medical students in an integrated modular curriculum, especially associated with factors such as low family income and fewer hours of sleep.

In addition, the study by Medeiros et al. (2022), which aimed to analyze the prevalence and factors associated with Burnout Syndrome in nursing professionals during the COVID-19 pandemic. The present study is an integrative review of the literature in the SciELO, LILACS, and PubMed databases, with articles published between 2020 and 2022. The main results were the high prevalence of symptoms associated with emotional exhaustion and depersonalization; and the main associated factors were: work overload, fear of contamination, lack of institutional support, and shortage of PPE. Higher rates of Burnout were observed in professionals who worked directly on the front line of the fight against

COVID-19. The study reinforces the need for emotional and psychological support policies for health professionals, especially in situations of health crisis.

The study by Romana Ulbrichtova et al. (2022), also aimed to evaluate the prevalence of Burnout Syndrome and associated risk factors among health jobs, with a special focus on nurses who worked in COVID-19 units versus non-COVID-19 units, in a university hospital. It is a cross-sectional study, carried out in a university hospital in Slovakia, with a sample of 201 employees, between January 15 and February 1, 2022. The MBI - Maslach Burnout Inventory was used as an instrument. Conclusions: The prevalence of Burnout was high among health workers, especially among nurses and, in particular, in COVID-19 units.

Then, in the study by Santos, Ana Beatriz Moreira et al. (2022), aimed to identify the frequency and factors associated with Burnout syndrome among health professionals and those working in a hospital environment. It has an integrative literature review, having used the databases: PubMed, SciElo, VHL, and MEDLINE, from 2010 to 2020. The inclusion criteria were: studies with health professionals in a hospital context; and exclusion criteria: articles outside the hospital area or without clear methodology. Physicians were one of the groups most frequently cited as affected by the syndrome. Nursing and Physiotherapy professions also showed high levels of emotional exhaustion and depersonalization. The same study also presented the following risk factors: work overload, long shifts, emotional pressure, and lack of institutional support. The study reinforces that Burnout Syndrome is an important occupational health problem among health professionals.

Considering the study above, it is worth mentioning the study by Emelly Kerolayne do Amaral Ribeiro et al. 2021, which aimed to evaluate the influence of Burnout Syndrome on the quality of life of nursing professionals: a cross-sectional, analytical study, developed with 83 professionals in emergency care units in the city of Campinas Grande-PB. The MBI-Maslach Burnout Inventory instrument was used. The data were analyzed through descriptive statistics and inferences, and it was concluded that BS has an influence on the quality of life of nursing professionals, being more prevalent among professionals with advanced age, high income and among nurses.

In addition to the objective of analyzing the level of stress and the existence of Burnout Syndrome in nurses, there is the study by Clarissa Maria Bandeira Bezerra et al. (2019), a descriptive and analytical study that took place in a university hospital. The sample consisted of 108 nurses. Questionnaires were used for data collection, one of which was a sociodemographic verifier, the modified Bianchi scale, to quantify the level of stress; and the Maslach Burnout Inventory. Results: the data showed that the dimensions of Burnout for the day and night groups were considered medium to low. Conclusions: the level of stress among the nurses and the three dimensions of the syndrome were evaluated as medium level in the day and night shifts.

Finally, in the work of Verena Laila Moniz Barreto et al. (2024), the prevalence of Burnout Syndrome and the identification of associated factors among professionals in an intensive care unit (ICU) of a university hospital after the second wave of the COVID-19 pandemic were evaluated. The study had as population the multidisciplinary ICU team,



with a total of 395 invited professionals; 220 responded (~56% response rate). The MBI-Maslach Burnout Inventory instrument was used and the main results were the

prevalence of burnout, which was 64.5% (142/220). The study shows a high prevalence of burnout among ICU teams after the second wave of COVID-19, which points to a significant impact of the pandemic on health professionals in high-pressure environments.

Based on these findings in the literature, it was possible to identify and understand that the impacts of Burnout go beyond the individual scope, reflecting on the quality of care, absenteeism, turnover of professionals and losses to hospital management. In addition, it is found that, despite the growing scientific production on Burnout, there is still negligence by institutions regarding the mental health of their workers. The theme demands greater investment in prevention strategies, psychological monitoring and institutional support programs. Added to this is the need to expand research to other professional categories besides health, in order to subsidize more effective public policies in dealing with the problem.

#### 4 CONCLUSION

The present integrative review allowed us to verify that Burnout Syndrome represents a serious occupational health problem among health professionals, being characterized by the triad of emotional exhaustion, depersonalization and low professional achievement. The studies analyzed showed a high prevalence of the syndrome, especially among nurses and physicians, associated with factors such as work overload, long hours, emotional pressure, lack of institutional support, and extreme situations, such as the COVID-19 pandemic.

It was found that Burnout does not only affect the individual, but has a direct impact on the quality of care provided, contributing to the increase in absenteeism, turnover and errors in health services. In addition, institutional negligence in relation to the mental health of workers accentuates the situation of illness and reinforces the urgency of public policies and organizational strategies aimed at promoting well-being and preventing psychosocial risks.

It is therefore concluded that it is essential to implement psychological support programs, training on emotional health, adequacy of working conditions and strengthening of professional development policies. The continuity of research on the

subject is essential to support evidence-based practices and contribute to the construction of healthier, more humane and sustainable work environments in the context of health.

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