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NARRATIVE REVIEW OF PSYCHOSOCIAL RISK FACTORS ASSOCIATED WITH MENTAL ILLNESS IN HEALTHCARE WORKERS

REVISÃO NARRATIVA DOS FATORES DE RISCO PSICOSSOCIAIS ASSOCIADOS AO ADOECIMENTO MENTAL EM TRABALHADORES DA SAÚDE

REVISIÓN NARRATIVA DE LOS FACTORES DE RIESGO PSICOSOCIAL ASOCIADOS A ENFERMEDADES MENTALES EN TRABAJADORES DE LA SALUD

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ABSTRACT

Healthcare workers are exposed to a range of psychosocial risks arising from intense work conditions, high emotional demands, and adverse organizational environments, which make them vulnerable to mental health problems such as stress, anxiety, depression, and burnout. The aim of this study is to analyze the psychosocial factors associated with mental illness among these professionals and discuss how the findings can support occupational health surveillance strategies. This review is based on recent national and international studies (2019–2025) that demonstrate a strong association between psychosocial risks, workload, and psychological distress across different healthcare settings. Evidence also indicates that the COVID-19 pandemic further intensified these risks. This article synthesizes the current evidence and outlines directions for promoting mental health in the workplace.

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Keywords: Psychosocial Risk Factors. Mental Illness. Burnout. Healthcare Workers. Occupational Health.

RESUMO
Os trabalhadores da saúde estão expostos a uma série de riscos psicossociais decorrentes de condições laborais intensas, demandas emocionais elevadas e ambientes organizacionais adversos, o que os torna suscetíveis ao adoecimento mental, incluindo estresse, ansiedade, depressão e burnout. O objetivo deste estudo é analisar os fatores psicossociais associados ao adoecimento mental desses profissionais e discutir como tais achados podem subsidiar ações de vigilância em saúde ocupacional. A pesquisa fundamenta-se em estudos recentes nacionais e internacionais (2019–2025) que demonstram forte associação entre riscos psicossociais, carga de trabalho e sofrimento mental em diferentes contextos assistenciais. Evidências mostram que a pandemia de COVID-19 ampliou ainda mais esses riscos. O presente texto sintetiza essas evidências e aponta direções para a promoção da saúde mental no trabalho.

Palavras-chave: Riscos Psicossociais. Adoecimento Mental. Burnout. Profissionais da Saúde. Saúde do Trabalhador.

RESUMEN
Los profesionales sanitarios están expuestos a diversos riesgos psicosociales derivados de las intensas condiciones laborales, las altas exigencias emocionales y los entornos organizacionales adversos, lo que los hace susceptibles a enfermedades mentales, como el estrés, la ansiedad, la depresión y el agotamiento profesional. El objetivo de este estudio es analizar los factores psicosociales asociados a las enfermedades mentales en estos profesionales y analizar cómo estos hallazgos pueden respaldar las acciones de vigilancia de la salud ocupacional. La investigación se basa en estudios nacionales e internacionales recientes (2019-2025) que demuestran una fuerte asociación entre los riesgos psicosociales, la carga de trabajo y el malestar mental en diferentes contextos sanitarios. La evidencia muestra que la pandemia de COVID-19 ha intensificado aún más estos riesgos. Este texto sintetiza esta evidencia y señala las vías para promover la salud mental en el trabajo.

Palabras clave: Riesgos Psicosociales. Enfermedad Mental. Agotamiento Profesional. Profesionales Sanitarios. Salud Ocupacional.

1 INTRODUCTION

The mental health of health workers has been consolidated as one of the most critical and discussed topics in contemporary public health, especially in view of the structural changes that have marked health systems on a global scale. In recent decades, significant transformations — such as the intensification of work, the accelerated incorporation of new technologies, the increase in care complexity, and the growth of population demands — have considerably increased the psychosocial risks present in the daily lives of these professionals. At the same time, the precariousness of bonds, chronic underfunding and the challenges imposed by new management models contribute to the consolidation of highly exhausting work environments. The scientific literature produced between 2019 and 2025 shows a particularly worrying scenario: health professionals, regardless of specialty or level of care, have shown increasing levels of burnout, common mental disorders, sleep disorders, emotional exhaustion, and ethical suffering. Large-scale studies in European and North American tertiary hospitals identify that, even in systems with greater infrastructure, emotional overload and intensified demands result in significant decreases in the quality of life of workers. In a recent survey involving more than 60 thousand professionals, it was observed that burnout symptoms exceed 30% in several categories, especially among nurses, emergency physicians and intensive care professionals. In the Latin American context, the challenges become even more acute. Countries in the region face historical financing problems, structural inequalities, and institutional weaknesses that aggravate the pressure on health workers. In many hospitals, especially public hospitals, professionals report long working hours, deficit of human resources, insufficiency of inputs, institutional insecurity, and ethical conflicts resulting from the need to make clinical decisions under adverse conditions. These experiences contribute to the increase in occupational stress and to the feeling of powerlessness in the face of care demands.

The COVID-19 pandemic represented a critical milestone that dramatically intensified the already present psychosocial risks. Research conducted between 2020 and 2023 shows that frontline workers experienced unprecedented levels of exhaustion, fear, grief, and physical and mental overload. In addition to the biological risk, professionals faced strenuous hours, absenteeism from colleagues, shortages of Personal Protective Equipment (PPE), social isolation routines, clinical uncertainties, and morally devastating decisions — such as prioritizing beds and ventilators in times of hospital collapse. The effects of this period are still observed, and persistent symptoms such as chronic fatigue, anxiety, depression, and

sleep disorders are commonly reported. Another relevant aspect is the impact of interpersonal relationships and organizational culture on workers' illness. Studies show that environments marked by authoritarian leadership, poor communication, moral harassment, professional devaluation, and lack of institutional support have significantly higher rates of burnout and psychological suffering. In contrast, institutions that value teamwork, offer psychological support, encourage autonomy, and promote mental health care practices report lower levels of illness. From this evidence, it becomes evident that psychosocial risks in health work are not only the result of individual factors, but of organizational structures that need to be urgently reviewed. An in-depth understanding of these risks is essential for the development of public policies, institutional protocols, and prevention strategies capable of reducing illness and strengthening the mental health of workers.

Thus, this narrative review aims to critically analyze the scientific evidence produced in recent years on psychosocial risks in health work, highlighting their causes, consequences and mitigation possibilities. By bringing together recent studies, it seeks to offer a comprehensive and updated view of the phenomenon, contributing to the advancement of mental health promotion strategies and to the construction of healthier, more ethical, and sustainable work environments.

2 THEORETICAL FRAMEWORK

The theoretical framework of this review is based on contemporary models of psychosocial risks, theories on occupational exhaustion, and recent empirical evidence on the mental health of health professionals. The literature produced between 2019 and 2025 points out that health work represents a unique scenario in which intense emotional demands, high technical responsibility, continuous institutional pressure, and often precarious organizational conditions are articulated. Such characteristics make this professional category especially vulnerable to the development of burnout, common mental disorders, and persistent symptoms of stress.

2.1 THEORETICAL MODELS OF PSYCHOSOCIAL RISKS AT WORK

Psychosocial risks can be understood from different theoretical perspectives, including Karasek's Demand-Control Model, Siegrist's Effort-Reward Model, and the Demand-Resource Model (JD-R). These models highlight that situations of high effort added to low

institutional resources generate imbalance and increase the probability of illness. In the context of health, this imbalance manifests itself through long working hours, scarcity of professionals, fast pace of work, pressure for performance, technical complexity, and accumulated emotional load.

The JD-R Model, widely used in recent research, categorizes psychosocial factors into **demands** (work pressures, emotional demands, overload, conflicts) and **resources** (support, autonomy, recognition, organizational structure). Burnout occurs when demands exceed available resources for a long time.

2.2 PSYCHOSOCIAL RISKS IN THE CONTEXT OF HEALTH

The literature shows that health work is an environment with high emotional and cognitive density. Professionals deal daily with pain, suffering, uncertainty, critical decisions and constant risk of accountability. In addition, structural aspects such as lack of materials, overcrowding, long working hours and precariousness of work relationships intensify the wear and tear. Recent research also points out that the organizational environment plays a decisive role in the mental health of workers. Factors such as inadequate leadership, poor communication, absence of feedback, and low participation in institutional decisions are associated with increased occupational stress.

2.3 PREVALENCE AND IMPACT OF PSYCHOSOCIAL RISKS

Recent studies widely cited in the international literature reinforce the magnitude of the problem. Shanafelt et al. (2019) demonstrated, in a national sample of more than 5,000 physicians in the United States, that more than 40% had clinical symptoms of burnout, showing that the phenomenon predates the pandemic and reflects structural conditions of health systems. At the global level, Pappa et al. (2020) conducted a meta-analysis involving more than 33 thousand health professionals from different countries, identifying significant prevalences of anxiety, depression, and burnout among frontline workers during the pandemic. Similarly, Prasad et al. (2021) found high levels of physical and emotional exhaustion among North American professionals, associating illness with long working hours and insufficient human resources.

In addition, systematic reviews such as the one conducted by De Kock et al. (2021) reinforce that psychosocial impacts range from an increase in internalizing symptoms to cognitive impairments, decision-making difficulties, and a higher risk of absenteeism. Kisely

et al. (2020), analyzing data from several epidemics, concluded that professionals exposed to health emergencies are at higher risk of developing symptoms of post-traumatic stress, especially when subjected to poorly organized environments with low institutional protection.

Table 1

Main findings from the recent literature on psychosocial risks in health workers (2019–2025)

Authors	Year	Type of study	Key findings	Contribution to the theme
Shanafelt et al.	2019	National study of physicians (USA)	>40% of physicians had burnout; structural problems were already evident before the pandemic	It shows that burnout is a pre-existing phenomenon and not exclusive to COVID-19
Pappa et al.	2020	Systematic review and meta-analysis	High prevalence of anxiety, depression, and insomnia among frontline workers	Shows global impact of the pandemic on mental health
Kisely et al.	2020	Systematic review	Professionals exposed to epidemics have an increased risk of PTSD and psychic stress	Shows that health crises increase psychosocial risks
De Kock et al.	2021	Quick Review	Reports of extreme fatigue, stress, overload and mental illness	Reinforces the need for ongoing institutional support
Prasad et al.	2021	National Study (USA)	Burnout associated with long hours, lack of resources, and overload	It directly links organizational conditions to illness
Mendez et al.	2024	Multicenter study	30% had burnout; heightened emotional exhaustion	Updates contemporary global prevalence
Stepanek et al.	2023	European study in tertiary hospitals	Burnout persisted even after COVID-19 cases fell	Shows structural character of burnout

Source: Authors.

2.4 NATURE OF PSYCHOSOCIAL RISKS IN HEALTH WORK

Psychosocial risks are particularly intense in the health environment due to characteristics inherent to care work: continuous contact with pain, suffering and death; need for quick decisions; direct responsibility for human life; emotional overload; lack of resources; long working hours; and exposure to frequent conflicts (MOREIRA et al., 2020). These factors are cited as central elements for the development of Burnout Syndrome, characterized by emotional exhaustion, depersonalization, and reduced professional fulfillment.

According to Santana et al. (2020), the intensification of work associated with the precariousness of labor relations aggravates psychosocial risks. In Brazil, this precariousness is observed through temporary contracts, outsourcing and high turnover, elements that affect the sense of belonging and emotional stability of workers.

2.5 EMPIRICAL EVIDENCE ON MENTAL DISTRESS AND BURNOUT

National and international studies have shown high prevalences of burnout and psychological distress among health professionals. In a landmark study conducted with professionals from primary care units in China, Asante et al. (2019) found that emotional demands, the fast pace of work, and the accumulation of responsibilities were directly associated with high levels of burnout and poorer quality of life.

In Brazil, Messias et al. (2024) identified that health professionals have a high prevalence of common mental disorders, assessed by instruments such as the SRQ-20, and that these disorders are directly related to psychosocial factors such as excessive demands and conflicts in the organizational environment. This study reinforces that intensive emotional work, combined with the lack of institutional support, favors psychological suffering.

In addition, Moreira et al. (2020), when analyzing mental health professionals, observed a high prevalence of burnout, concluding that even workers with specific training to deal with the suffering of others find it difficult to deal with the emotional burden resulting from their activities. This demonstrates that the problem is not restricted to emergency services or high-complexity units, but permeates the entire health system.

2.6 PSYCHOSOCIAL RISKS IN HIGH-COMPLEXITY ENVIRONMENTS

The literature also points out that environments such as ICU and emergency care concentrate some of the highest rates of psychosocial stressors. Rohwedder et al. (2024) show that ICU professionals suffer direct impacts on sleep patterns, presenting poorer quality of rest due to overload, cognitive demands, and long shifts. Sleep deprivation, in turn, increases the risk of mental illness, reduces performance, and limits the ability to deal with high-pressure situations.

A Brazilian study conducted by Oliveira et al. (2025) reinforces these findings, demonstrating that intensive care professionals have a higher prevalence of critical levels of stress and emotional exhaustion. The authors highlight the urgent need for mental care policies aimed specifically at these care contexts.

2.7 COVID-19 PANDEMIC AND INTENSIFICATION OF PSYCHOSOCIAL RISKS

With the arrival of the COVID-19 pandemic, there was an unprecedented increase in the psychosocial risks faced by health professionals. The pandemic context imposed new emotional burdens, such as the fear of contamination, the increased responsibility for the

large number of serious patients, frequent mourning, and the lack of supplies. Soares et al. (2022) point out that cases of burnout and psychological distress increased substantially in the period, especially among frontline nurses.

Koren et al. (2023) add that the pandemic generated a scenario marked by uncertainties and overload, configuring a set of psychosocial risks that included social isolation, high biological risk, and intense organizational pressure. The effects persist even after the pandemic has declined, as identified by Parente et al. (2025), who observed prolonged symptoms of stress, fatigue, and emotional exhaustion in the post-pandemic period. In addition, Miranda et al. (2024), studying primary care workers, demonstrate that the period after the pandemic still has a high emotional and psychological impact, especially in more vulnerable categories in terms of workload and stability.

2.8 SYSTEMATIC REVIEWS AND PREVALENCE ANALYSES

Broad analyses also bring more consolidated evidence. The systematic review conducted by Vinueza-Solórzano et al. (2023) points out that burnout is increasingly prevalent in Latin America, being more intense in countries with less investment in working conditions and mental health of professionals. The review highlights that factors such as lack of autonomy, interpersonal conflict, and emotional burden are cross-cutting determinants between different countries.

Perniciotti and Rodrigues (2020) reinforce that burnout syndrome is the result of multiple factors, with psychosocial factors being the most preponderant. The review highlights the need to strengthen institutional policies for health promotion and preventive mechanisms in the workplace.

2.9 PROTECTIVE FACTORS AND MITIGATION STRATEGIES

Despite the high concentration of risk factors in the literature, several studies also point to ways for mitigation and protection. Dūdiņa et al. (2025) present evidence that organizational support, professional recognition, and collaborative leadership are protective elements capable of reducing the negative effects of psychosocial risks. These factors increase the sense of belonging and decrease perceptions of organizational injustice.

Brandão and Teixeira (2025) highlight that primary health care, when structured with teamwork, autonomy and institutional support, tends to favor coping repertoires and reduce psychological suffering.

Zanatta and Lucca (2021) demonstrate that collective approaches, such as conversation circles, welcoming spaces, and mental health programs at work, have positive impacts on reducing burnout symptoms.

2.10 SUMMARY OF FINDINGS

The studies analyzed converge on the following points:

Figure 1

Psychosocial risks in health workers

Source: Authorship, based on Dūdiņa et al. (2025), Brandão and Teixeira (2025) and Zanatta and Lucca (2021).

The contemporary literature on psychosocial risks in health work consistently demonstrates that these factors are structural determinants of psychological distress and

burnout syndrome. Longitudinal, cross-national, and hospital evidence reinforces the robustness of this association. Giusti et al. (2023), in a longitudinal study conducted with European workers before and during the COVID-19 pandemic, demonstrated that preexisting levels of burnout were significantly exacerbated, associating with symptoms of post-traumatic stress and greater emotional vulnerability. In parallel, Qin et al. (2023), through a large-scale survey of health professionals in Romania, found a high prevalence of burnout and psychological distress, especially among categories subjected to chronic overload, low autonomy, and insufficient organizational support. In a similar study carried out in European tertiary hospitals, Bandanda et al. (2023) identified persistently high levels of emotional exhaustion among nursing and medical professionals, even after the decline of the acute phase of the pandemic, showing that work intensification and organizational pressure remain structural risk factors. These results converge with previous national and international findings, reinforcing that psychosocial risks are not episodic events, but continuous expressions of organizational models that demand systemic interventions and institutional policies for sustained prevention.

Table 2

Comparison between Recent Studies (2019–2025)

Study	Sample / Context	Key Findings	Contribution to the Theme
Giusti et al. (2023)	388 health professionals – Europe; longitudinal study	Worsening of pre-existing burnout; association with post-traumatic symptoms and emotional distress	It demonstrates that the pandemic has intensified already structural psychosocial risks
Qin et al. (2023)	Large national survey – Romania	High prevalence of burnout; Impact of overhead, organizational conflicts, and poor support	It reveals that organizational deficits are universal determinants of psychic suffering
Bandanda et al. (2023)	Tertiary Hospital Professionals (Europe)	Persistent emotional exhaustion during the late phase of the pandemic	It shows that burnout is maintained by chronic working conditions

Source: Authors.

Table 2 presents three recent studies that, together, show a consistent pattern of burnout among health professionals in the European and post-pandemic context. The results show that the phenomenon is not restricted to isolated episodes, but is configured as a process sustained by **adverse structural and organizational conditions.** The study by **Giusti et al. (2023),** with a longitudinal approach, demonstrates that pre-existing burnout was intensified by the pandemic, generating an increase in emotional distress and association

with post-traumatic symptoms. This finding reveals that psychosocial risks were already present before the health crisis, only being amplified by prolonged exposure to extreme stress.

In **Qin et al. (2023),** data from a Romanian national survey show a high prevalence of burnout, strongly associated with work overload, organizational conflicts, and low institutional support. This study reinforces that the problem is not centered on individual characteristics of workers, but on systemic factors that cross different health institutions. In turn, **Bandanda et al. (2023)** show that, even in the late phase of the pandemic — when a reduction in attrition would be expected — emotional exhaustion persisted among professionals in tertiary hospitals. The finding indicates that burnout is maintained due to **chronic and long-lasting working conditions,** and does not automatically disappear with the reduction in the number of COVID-19 cases or with the cooling of the emergency scenario.

3 METHODOLOGY

The research adopted a qualitative approach, exploratory and descriptive, based on a narrative review of the recent scientific literature on burnout and psychosocial risks in health professionals. Initially, articles published between 2021 and 2025 in international reference databases (such as PubMed, Scopus and Web of Science) were identified, using the descriptors "burnout", "health professionals", "psychosocial risks" and "occupational stress". After the initial identification, the selected studies were read in full, focusing on those that presented empirical data, comparative analyses, or longitudinal approaches related to the organizational and psychosocial impact in the post-pandemic context.

The results were organized in an analytical table containing: (a) sample and context of the studies; (b) main findings; and (c) contributions to the understanding of the theme. This systematization allowed the comparison between different institutional and epidemiological realities, enabling the identification of convergent patterns. Finally, a critical interpretative synthesis was carried out, integrating the findings of the selected studies and discussing them in the light of current evidence on working conditions, organizational support and structural determinants of psychological distress. This methodology made it possible to understand consistent trends in the literature and to outline theoretical and practical implications for coping with burnout among health professionals.

4 RESULTS AND DISCUSSIONS

The summarized results show that burnout among health professionals is not configured as a contingent or episodic phenomenon, but as an expression of broader structural processes, related to organizational dynamics, management regimes and contemporary forms of rationalization of health work. The convergence of the findings of Giusti et al. (2023), Qin et al. (2023), and Bandanda et al. (2023) reveals a systematic pattern in which the pandemic functions less as a causal trigger and more as an intensifier of historical vulnerabilities. From this perspective, the pandemic operates as an "unveiling" event, exposing the fragility of care systems and the persistent precariousness of labor relationships.

The intensification of pre-existing burnout observed by Giusti et al. (2023) confirms the cumulative character of psychosocial exhaustion, consistent with theoretical models such as the "resource erosion" proposed by Hobfoll (1989 and later), according to which the chronicity of organizational pressure progressively reduces the worker's adaptive capacity. The link between burnout and post-traumatic symptoms identified in the study is not only clinical, but structural: it reveals that the organization of health work has functioned as an agent of trauma, not only as a context of exposure. This corroborates the literature that discusses the emergence of "complex occupational traumas" in care professions, whose impact goes beyond the traditional scope of occupational stress.

In the study by Qin et al. (2023), the 'universality' of organizational determinants — overload, institutional conflicts, and insufficient support — is directly linked to classical models of work psychodynamics (such as Dejours) and occupational stress theory (Karasek; Siegrist). The findings reinforce that suffering is not contingent on individual motivation, but derives from structural asymmetries between **demands and autonomy**, **burden and resources**, **responsibility and recognition**. The high prevalence of burnout observed in Romania reflects, therefore, systemic conditions: failures in institutional governance, absence of support networks, and management models oriented by performance and productivity to the detriment of care.

In turn, the persistence of emotional exhaustion reported by Bandanda et al. (2023) even after the decline of the acute phase of the pandemic suggests that burnout takes on a chronic dimension, which is difficult to reverse spontaneously. Contemporary literature describes this phenomenon as "organizational scars", that is, lasting effects that stabilize in the psyche of workers when there are no restructuring interventions in working conditions.

This result also dialogues with sociological models that analyze health work as crossed by institutional paradoxes — expectation of unlimited delivery, precariousness of bonds, high emotional demands and insufficient organizational support — which function as continuous vectors of exhaustion.

Taken together, the three studies reinforce the understanding that burnout is a multidimensional and institutionally rooted phenomenon. The consistency of the results, although produced in different European contexts, points to the existence of an internationalized health management regime marked by high productivity, chronic underfunding, and constant pressure for performance. This scenario shows that interventions centered exclusively on the individual — resilience training, mindfulness, coping strategies — have limited effectiveness, as they do not act on the determinants of illness structures. Thus, it becomes evident that coping with burnout requires profound transformations in work organization models, including redistribution of loads, strengthening of collaborative leadership, robust institutional support policies, and structured spaces for listening and welcoming.

The discussion reveals, therefore, that burnout is a marker of systemic failures and not an individual deviation. Moreover, it is an indicator of the inability of health institutions to sustain protective practices and to recognize the worker as a subject, and not only as a productive resource. This interpretation broadens the debate and points to the need for far-reaching social and organizational policies that consider the psychosocial complexity of health work and its implications for well-being, quality of care, and patient safety.

5 CONCLUSION

The results analyzed and the literature mobilized throughout this study converge to the understanding that burnout among health professionals is a structural phenomenon, sustained by institutional dynamics that go beyond the individual sphere and are rooted in management models, forms of work organization, and hegemonic productive regimes in contemporary health systems. The convergence between the empirical findings of Giusti et al. (2023), Qin et al. (2023), and Bandanda et al. (2023) demonstrates that the COVID-19 pandemic acted less as an original cause and more as an amplifying and revealing element of organizational weaknesses that had already been producing long-term psychological exhaustion in workers. The classical and contemporary theories that underpinned the discussion reinforce this perspective. Karasek's Demand-Control model elucidated the

relationship between high demand and low autonomy, a common structural circumstance in health institutions. Siegrist's Theory of Effort-Reward Imbalance, in turn, revealed that the absence of recognition proportional to effort constitutes a central mechanism of illness. Dejours' contributions confirmed the pathogenic character of organizations that prevent cooperation, dialogue and collective elaboration of suffering, transforming the work environment into a continuous vector of ethical suffering. From the point of view of social philosophy, Honneth's theory of recognition offered a solid basis for understanding how the institutional denial of the professional's value, competence and contribution erodes psychic integrity and reinforces perceptions of disrespect and invisibility. Finally, Merhy contributed to the notion of "live work in action", showing that health care depends on subjective, affective, and relational processes that cannot flourish in contexts of precariousness, overload, and chronic suffering.

Thus, burnout emerges as a symptom of a broader crisis in health work — a crisis that combines instrumental rationality, productive intensification, lack of recognition, insufficient resources, and emptying of the subjective and cooperative dimensions of work. The suffering of professionals is not an individual failure; it is an indicator of organizational collapse. In other words, burnout operates as a marker of a system that demands much more than it offers, generating successive losses of material, symbolic, and emotional resources.

In view of this, it becomes evident that interventions focused on the individual — such as resilience programs, meditation or coping strategies — are insufficient and, in many cases, shift responsibility from the institutional level to the subject, perpetuating the logic of blame. Effectively tackling burnout requires profound transformations, in line with international evidence: reorganization of workloads; strengthening of multiprofessional teams; expansion of autonomy; collaborative leadership practices; real recognition policies; institutional devices for listening, welcoming and symbolic reparation; and continuous investments in psychosocial support.

In summary, the study points out that the construction of healthy and sustainable work environments depends on the ability of institutions to move from productivist and efficiency-centered models to paradigms that recognize the human complexity of health work. Only from this ethical, political, and organizational repositioning will it be possible to reduce the incidence of burnout, promote the well-being of professionals, and ensure dignified conditions for the production of care.

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