

HOSPITAL WORK PROCESS AND BURNOUT SYNDROME AMONG NURSING PROFESSIONALS

Processo de trabalho hospitalar e a Síndrome de *Burnout* em profissionais de enfermagem

Proceso de trabajo hospitalario y el Síndrome de Burnout en profesionales de enfermería

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ABSTRACT

Objective: This paper aimed at identifying the work-related factors that favor the development of burnout syndrome among nursing professionals working in the hospital environment. **Methods:** This is an integrative literature review that was performed by searching publications in the following databases: Literature and Retrieval System on Line (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences], Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO). The methodological steps proposed by Ganong were followed. **Results:** Eleven articles addressing the occurrence of burnout syndrome among nursing professionals were selected to compose the sample. Four distinct categories arose: “Factors that trigger emotional exhaustion”; “Factors that trigger depersonalization”; “Factors that trigger reduced professional accomplishment”; and “Other factors that lead to burnout syndrome”. **Conclusion:** Normally, the factors that trigger this syndrome can be either avoided or mitigated, provided that nursing professionals receive psychological, institutional, and personal support and work in a safe and legal environment so that they can fulfill their duties, exercise their rights, and work maintaining their physical and mental health in good conditions.

Descriptors: Nursing, professional burnout, hospitals, occupations, work.

RESUMO

Objetivo: Identificar os fatores do processo de trabalho que favorecem o desenvolvimento da Síndrome de *Burnout* em profissionais de enfermagem na assistência hospitalar. **Método:** Trata-se de uma revisão integrativa de literatura, realizada nas bases de dados LILACS, SciELO, MEDLINE e BDENF, obedecendo as etapas metodológicas propostas por Ganong. **Resultados:** Foram selecionados 11 artigos científicos para compor esta revisão. Estes refletiram sobre a influência diante do aparecimento da Síndrome de *Burnout* em profissionais de enfermagem, sendo destacadas em quatro categorias: Fatores que desencadeiam a exaustão emocional; Fatores que desencadeiam

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a despersonalização; Fatores que desencadeiam a baixa satisfação no trabalho e outros fatores facilitadores da Síndrome de *Burnout*. **Conclusão:** Os fatores desencadeadores dessa síndrome podem ser evitados de forma geral, oferecendo ao profissional de enfermagem; suporte psicológico, melhoria das condições de trabalho e o exercício dos seus direitos, de modo a exercer sua função em condições físicas e mentais.

Descritores: Enfermagem; Esgotamento Profissional; Hospitais; Ocupações; Trabalho.

RESUMÉN

Objetivo: Identificar los factores del proceso de trabajo que favorecen el desarrollo del Síndrome de Burnout en profesionales de enfermería en la asistencia hospitalaria. **Método:** Se trata de una revisión integrativa de literatura, realizada en las bases de datos LILACS, SciELO, MEDLINE y BDENF, obedeciendo las etapas metodológicas propuestas por Ganong. **Resultados:** Se seleccionaron 11 artículos científicos para componer esta revisión. Estos reflejaron sobre la influencia ante la aparición del Síndrome de Burnout en profesionales de enfermería, siendo destacadas en cuatro categorías: Factores que desencadenan el agotamiento emocional; Factores que desencadenan la despersonalización; Factores que desencadenan la baja satisfacción en el trabajo y otros factores facilitadores del Síndrome de Burnout. **Conclusión:** Los factores desencadenantes de este síndrome pueden ser evitados de forma general, ofreciendo al profesional de enfermería; el apoyo psicológico, la mejora de las condiciones de trabajo y el ejercicio de sus derechos, para ejercer su función en condiciones físicas y mentales.

Descriptores: Enfermería; Agotamiento Profesional; Hospitales; Ocupaciones; Trabajo.

INTRODUCTION

Work can be defined as the set of actions resulting from the act of being engaged in physical activities, use of intelligence, and its capacity for reflection, satisfaction, and reaction to certain situations, thus resulting in the act of working. Nevertheless, routine work situations are permeated by foreseen and unforeseen circumstances that can make the subject experience feelings of powerlessness, irritability, disappointment, and suffering. Consequently, it generates a relationship based on affective consternation manifested in the subject as a result of his/her work simultaneously with the revelation of the experience of the world and himself/herself.¹

In the health sector, the goal of the work developed is the patient or health service user. The nature of this work is something that encompasses great responsibility, attention, tension, and constant emotional distress.²⁻³ Health care professionals are exposed daily to various stressful circumstances and deterioration due to their own professional daily life, such as facing the pain, death, and suffering of debilitated patients, family members or close people.²⁻⁴

Nurses, nurse technicians, and nurse assistants are the health care professionals who suffer most from uncomfortable situations at work. The reason is that they maintain direct contact with the patient and dealing with various feelings and afflictions at the same time.⁴ Similarly, such professionals are subjected to precarious and unhealthy conditions

in hospitals, thus generating low quality of life at work, which further aggravates the situation.² Shift work is also responsible for the cognitive and emotional overload of health professionals working in these institutions.³ Also, there are other contributing factors, such as the complexity of the hospital environment, pressure from managers, challenges while dealing with various professionals and their high level of collaboration, exchange of information, and demands from the health care team, patients, and family members.²⁻³

It can be seen that nursing professionals have a high predisposition to Burnout Syndrome because they are more likely to acquire occupational diseases according to the International Labor Organization.⁵ Burnout syndrome is caused by exhaustion due to negative experiences at work when the coping methods are insufficient to deal with intense and frequent stress.⁶ Burnout syndrome is composed of three dimensions: 1) emotional exhaustion - characterized by emotional distress, lack of enthusiasm, fatigue, and discouragement; 2) depersonalization - characterized by an insensitivity or excessive seclusion, cold interpersonal relationships, and isolation; and 3) reduced professional accomplishment - characterized by negative self-evaluation, discouragement of work, frustration, and sense of incompetence.^{2,3,7}

Nursing professionals suffering from burnout syndrome contract occupational diseases, which hinders their capacity to provide quality care for patients, thus making this situation a worrying reality.⁷ Thus, it is important to study the incidence of this syndrome among nursing professionals as well as the contributing factors. Bearing in mind the aforementioned, this study aims at identifying the work-related factors that favor the development of burnout syndrome among nursing professionals working in the hospital environment.

METHODS

This is an integrative literature review, which seeks to gather evidence from various studies on a given area or theme by applying inclusion and exclusion criteria, thus producing systematic and organized research.⁸ The revision model proposed by Ganong was used in this study. Six distinct steps are followed in order to obtain greater reliability from data: selecting hypotheses or questions for the abstract, exemplifying, representing the characteristics of the primary research, analyzing the findings, interpreting the results, and reporting the review.⁹

The literature search sought to answer the following research question: “what factors in the work process favor the development of burnout syndrome among nursing professionals working in the hospital environment?”

The following online databases were used for literature search: Literature and Retrieval System Online (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences], Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO). Inclusion criteria were

scientific articles in full, written in Portuguese, freely accessible online, and published from January 2011 to January 2017. Only articles in Portuguese were selected in order to evaluate how Brazilian researchers address this subject.

The following *Descritores em Ciências da Saúde* (DeCS) [Health Sciences Descriptors] were used: *enfermagem*, *enfermeiro*, *esgotamento profissional*, and *hospitais*. Despite not being DeCS, the words “burnout”, “hospital” and “hospitalar” were also used during the search, which began in 2017. Different combinations of descriptors were used until the results indicated that no further information to be extracted. As a result, a sample of 11 articles was obtained.

We applied the inclusion criteria during the data analysis step and evaluated the articles that answered some of the following questions of the data collection instrument: factors triggering emotional exhaustion (stress, fatigue, and psychological distress), factors triggering depersonalization (insensitivity and behavior changes), factors triggering reduced professional accomplishment (feelings of incompetence, frustration, and negative self-evaluation).

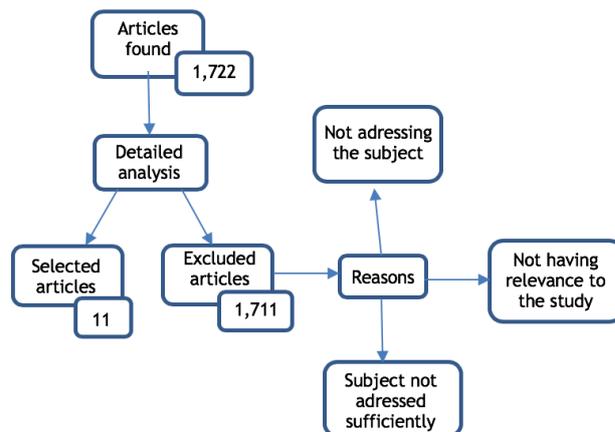
These questions were incorporated into the instrument used in this study, which was developed specifically for data collection. It was based on an instrument validated by Ursi.¹⁰

Since this is an integrative literature review, data were collected from public and free sources. Therefore, this study was not submitted to a Research Ethics Committee as it was not carried out with human participants.

RESULTS

Firstly, a total of 1,722 articles were found. Next, floating reading was performed to select articles according to their content and affinity with the study objective. Twenty-two potential articles were selected and evaluated in detail using the data collection instrument. After that, a sample of 11 articles was determined (**Figure 1**).

Figure 1 - Flowchart representing the process of selecting the articles. Florianópolis city, Santa Catarina State, Brazil, 2018.



Concerning the characterization of the study, all the selected articles were written by nurses and addressed the prevalence of burnout syndrome in hospital environments, as well as the stress caused by it. In order to facilitate the discussion of the results and data analysis, four distinct categories arisen, which will be discussed separately: “Factors that trigger emotional exhaustion”; “Factors that trigger depersonalization”; “Factors that trigger reduced professional accomplishment”; and “Other factors that lead to burnout syndrome”. We used the burnout syndrome triggers and the findings obtained from the application of the research instrument to define these categories. The studies selected to compose this review are summarized in **Table 1**.

Table 1 - Summary of the articles selected to constitute the study sample. Florianópolis city, Santa Catarina State, Brazil, 2018.

Year	Title	Type	Journal
2016	Occupational stress among critical care nurses ¹¹	Cross-sectional study with quantitative approach	Revista de Enfermagem UFPE Online
2016	Mediating and triggering aspects of burnout syndrome among nurses ¹²	Review with a qualitative approach	Cuidado Enfermagem
2014	Burnout syndrome: impact of job satisfaction and perception of organizational support ⁷	Quantitative study	Revista Psico
2013	Occupational stress among nurses working in closed sectors of a hospital in Pelotas city, Rio Grande do Sul State ¹³	Descriptive study with a qualitative approach	Revista de Enfermagem da UFSM
2013	The stress of nursing professionals working in an intensive care unit ¹⁴	Cross-sectional study	Acta Paulista de enfermagem
2012	Burnout syndrome and its relationship to the nurses' lack of quality of life at work ¹⁵	Integrative literature review	Enfermagem em foco
2012	Burnout syndrome among nurses working in a general hospital in Recife city ¹⁶	Descriptive, cross-sectional, census study	Revista esc. enferm. USP

Year	Title	Type	Journal
2012	Psychological distress among nursing professionals ¹⁷	Descriptive, exploratory research with a qualitative approach	<i>Revista pesq.: cuid. Fundam</i>
2011	Stress among nursing professionals: impact of conflicts on the group and the power of the physician ¹⁸	Qualitative study	<i>Rev. esc. enferm. USP</i>
2011	The combined use of work stress models and self-reported health in nursing ¹⁹	Cross-sectional study	<i>Rev. Saúde Pública</i>
2011	Immaterial work in the context of hospital nursing: collective experiences of workers in light of Work Psychodynamics ²⁰	Qualitative/psychodynamic study	<i>Rev. bras. saúde ocup.</i>

First category: factors that trigger emotional exhaustion

This category grouped all the factors that trigger emotional exhaustion in nursing professionals. We observed that all of the selected articles mentioned these factors. This result shows how stressful it is for the nursing professional to deal with the workload, pressure from managers, diseased patients who demand a high degree of responsibility.

Second category: factors that trigger depersonalization

This category grouped all aspects that triggered depersonalization, in other words, aspects that change the nursing professional's behavior, making them insensitive. We observed that 36% of the selected articles mentioned these factors.

Third category: factors that trigger reduced professional accomplishment

This category grouped all aspects that trigger reduced professional accomplishment. In other words, they make the nursing professional experience feelings of incompetence, frustration, and negative self-evaluation. We observed that 45% of the selected articles mentioned these factors.

Fourth Category: other factors that lead to burnout syndrome

This category grouped other aspects that can lead to burnout syndrome but did not fall into the above categories. We observed that 18% of the selected articles mentioned these factors.

DISCUSSION

Emotional exhaustion is the fundamental component and one of the first manifestations of burnout syndrome.^{7,12,16,19,21} It is the professionals' first reaction to workload, social conflict, and stress resulting from constant demands. As a result, there may be emotional and cognitive distancing

from work, which is seen as a coping strategy by these professionals.²¹ Health care workers affected by emotional exhaustion report suffering caused by high psychological demands and admit that they feel exhausted and tired as a result of their work.^{7,19} Workload, physical and psychological suffering, low productivity, and dissatisfaction are factors that contribute to the development of burnout syndrome.¹²

Workload is one of the contributing factors for emotional exhaustion.^{7,11,12,14,21} Workload together with the great responsibility required for the execution of duties leads to the high level of stress found among the professionals, because it reduces leisure time, family interaction, and rest.¹¹ According to the selected articles, the causes of this workload are dual employment due to low wages, implementation of different assistance methods, turnover across sectors, problems during shift changes, types of labor division, and lack of recognition and autonomy.^{7,12,14}

The study findings showed that exhaustion was another contributing factor. Dissatisfaction with working conditions was pointed out as the cause of this exhaustion.^{7,13-16} Nursing professionals felt dissatisfied with the institution's forms of promotion.⁷ Inadequate physical and material resources such as medication, bedclothes, ventilators, lack of workers, and constant noise from instruments were also viewed as contributing factors for stress.¹³⁻¹⁴ These factors, together with work under supervision, work environment, benefits, and hospital policies aimed at the clients to the detriment of workers, make the workers even more dissatisfied with their activities.¹⁵ In an attempt to overcome adverse conditions, workers often end up neglecting their own needs, thus generating negative emotions and attitudes toward their work.¹⁶

Interpersonal relationships among health care professionals were also highlighted as contributing factors for emotional exhaustion.^{13,18} Occupational stress may arise from problems with the relationship between nursing and multidisciplinary teams, such as lack of cooperation, poor communication, and privileges of some team members.¹³ Interpersonal relationships at work were recognized as contributing factors for stress by professionals. They highlighted the lack of respect, friendships, ethical posture,

and understanding.¹³ Power relationships between physicians and nursing teams, which are strengthened by coercion, significantly aggravates the nursing professionals' stress.¹⁸

Regarding the relationship between patients and family members, which can be viewed as contributing factors for stress, it was found that the nursing care for patients and their relatives is one of the factors that trigger the highest level of stress.¹¹ It is believed that patient type and the time that nurses spend delivering care increases the level of stress since daily contact with diseases, suffering, and death generates emotional distress.¹² The activities undertaken in intensive care units are also seen as stressful by nurses due to the fact that they care for critically ill patients and seek to cover the family members' needs while they cope with death.^{14,22} Nursing teams caring for oncology patients also experience several stressful situations as a result of their suffering and death.²¹

Concerning the triggering of emotional exhaustion, we found that the nursing professionals demanded too much from themselves at work. Workload makes them often neglect their own needs and break time in order to solve work-related problems and pending issues.¹⁶ Excessive commitment to work is considered a nursing professional's intrinsic characteristic and may be harmful to his/her physical and psychological health.¹⁸ Although the working hours were previously established, the workers remained on duty to the detriment of the patient's benefit. Moreover, they reported not being able to disconnect from their work, because even when they leave the hospital. Even absent from work, they continue to worry about what may happen to the patients and their team. Other contributing factors are as follows: unpredictability, the evolution of each patient's health condition, problems with the technical division of work of the nursing team, pressure and sense of urgency, vigilance, and willingness.²⁰ These factors make nursing professionals live in constant conflict because of their desire to care for everyone daily.

It can be observed that several aspects contribute to the occurrence of emotional exhaustion among nursing professionals in the hospital environment. These factors are related to work, activities, institutions, and interpersonal relationships. These characteristics highlight the importance of care and its several aspects, leading nursing professionals into mental exhaustion. As a consequence, personal problems arise due to a lack of emotional, institutional, and interpersonal support.

With regard to the factors that trigger depersonalization, they are the result of the attempt to defend oneself against exhaustion and psychological distress in daily work activities. Once workers lose confidence in themselves because of workload, they begin to distance themselves from work and their colleagues. This strategy is viewed as a protective barrier by workers.²¹

The proportion of nurses with a high level of occupational exhaustion in Brazilian hospitals is high compared to those in other countries. This can be partly related to the low quality

and deficiencies in the work process, as well as the fact that more and more nurses have their importance minimized by the management and patients.¹⁶ This leads to a lack of reciprocity among caregivers, patients, and management, thus facilitating occupational exhaustion and increasing the tendency for workers to develop depersonalization.^{16,20}

Other factors that facilitate the depersonalization process are the individual characteristics of the work environment, which can trigger several changes in nurses' feelings, demonstrating the failed work process within the institution. The fact that nurses become more vulnerable to depersonalization than other nursing professionals is also highlighted. One of the reasons is that nurses have to care for patients and undertake bureaucratic activities, leading to high workload because they take numerous responsibilities.¹²

Managers' and users' demands were highlighted as facilitators of depersonalization among nurses, in which "the recognition dynamics is obstructed in the face of the continuous demand for a good professional performance, because this is considered part of the nurse's job and mission, not guaranteeing that his/her contribution will be recognized".²⁰ The participants in this study also pointed out that recognition, especially by patients, is often the reason for doing work. Recognition is of the utmost importance for them; without it, work loses its reason, generating feelings and intangible results.

Regarding the factors that trigger reduced professional accomplishment, all selected articles on this subject addressed different factors. Among these, organizational problems, excessive bureaucracy, and managers' unpreparedness, as well as the high demands made by them, were the most predominant.^{7,12,15-16,20}

Disappointment, traumas, unpreparedness, and constant difficulties at work cause exhaustion and a lack of professional motivation. Bureaucracy, excessive norms, and lack of autonomy were highlighted as aggravating factors for exhaustion among nurses. "When the job characteristics and organizational issues are unfavorable to nurses, many organizational problems in hospital institutions arise."¹²

The lack of minimum support for the development of nursing activities might also be associated with such factors. Nursing professionals have to fulfill the increasing demands of patients, but is not able to do it, thus generating feelings of frustration and impotence.⁷

Many nurses have to work double shifts because of low wages. A single employment relationship is unable to meet their financial demands.¹⁵ The professionals mentioned that their wages do not correspond with the amount of work they do, which is one of the reasons for them to work double shifts. Consequently, these workers become even more susceptible to factors that trigger burnout syndrome.¹⁶

Moreover, the demand for perfection is a contributing factor for exhaustion among nurses. They reported working excessively in attempting to achieve perfection due to the demands of the team, patients, and managers. Furthermore, some of the participants reported having to answer all

questions as if they had more than one profession and had to account for everything just because they were nurses. According to them, these factors made them view nursing as one of the most stressful professions.²⁰

The importance of evaluating the quality of life at work is highlighted. Workers cannot provide quality care if they work in an unfavorable environment. Additionally, “the potentializing (protectors, generators of satisfaction, health) and destructive processes present in work environments and social life” should be considered.¹⁵

Women are more vulnerable to the development of burnout syndrome than men. This is associated with gender roles assigned in socialization processes, women’s increased vulnerability/emotional sensitivity, and the fact that they work double shifts and have to carry out home and family activities.¹⁶

CONCLUSION

Many factors that favor the development of burnout syndrome among nursing professionals were observed, making them vulnerable. Emotional exhaustion stood out as one of the first and most frequent symptoms, which influenced their professional practice. Depersonalization caused nursing professionals to change their behaviors, possibly hindering the care delivered to patients as a result of insensitivity and indifference to others. These workers acted in such a way as to defend themselves.

Reduced professional accomplishment, in association with other negative factors, can make workers apathetic and even may cause them to lose their jobs or be moved to another sector. The other factors discussed may be related to the professionals and hospital institutions. Such factors are determined by the philosophy of the institution and the professional’s vision.

Bearing in mind the aforesaid, it is possible to infer that these factors associated with burnout syndrome can be avoided or mitigated, provided that nursing professionals receive psychological, institutional, and personal support and work in a safe and legal environment so that they can fulfill their duties, exercise their rights, and work maintaining their physical and mental health in good conditions.

It is suggested the creation of a psychological follow-up service aimed at carefully listening to workers and providing alternative therapies during rest time. Furthermore, the number of employees should increase so that all team members could be valued equally, and the workload could be avoided. The fact that this is a broad study, which addressed different realities without focusing on a specific institution for a complete analysis may constitute one limitation. On the other hand, this might be advantageous since several studies, which portrayed the Brazilian nursing professionals’ reality and difficulties faced during their daily work, were analyzed.

REFERENCES

1. Dejours C. *Psicodinâmica do trabalho: casos clínicos*. São Paulo: Editora Dublinense, 2017.
2. Campos ICM, Angélico AP, Oliveira MS, Oliveira DCR. Fatores Sociodemográficos e Ocupacionais Associados à Síndrome de Burnout em Profissionais de Enfermagem. *Psicologia: Reflexão e Crítica*, 28(4):764-71, 2015. Available from: <<http://www.scielo.br/pdf/prc/v28n4/0102-7972-prc-28-04-00764.pdf>>.
3. Ferreira NN, Lucca SR. Síndrome de burnout em técnicos de enfermagem de um hospital público do Estado de São Paulo. *Revista Brasileira de Epidemiologia*, São Paulo, 1(18):68-79, mar. 2015. Available from: <<http://www.scielo.org/pdf/rbepid/v18n1/1415-790X-rbepid-18-01-00068.pdf>>.
4. Faria MK, Araujo BEN, Oliveira MMR, Silva SS, Miranda LN. As consequências da síndrome de burnout em profissionais de enfermagem: revisão integrativa. *Ciências Biológicas e de Saúde Unit, Alagoas*, 4(2):259-70, nov. 2017. Available from: <<https://periodicos.set.edu.br/index.php/fitsbiosauade/article/view/4550/2620>>.
5. International Labour Organization (OIT). *Síndrome de Burnout*. Available from: <<http://www.ilo.org/>>.
6. Silva RP, Barbosa SC, Silva SS, Patrício DF. Burnout e estratégias de enfrentamento em profissionais de enfermagem. *Arq. bras. psicol.* [Internet]. 2015 [citado 2018 Jul 20];67(1): 130-45. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672015000100010&lng=pt.
7. Neves VF, Oliveira ÁF, Alves PC. Síndrome de Burnout: Impacto da Satisfação no Trabalho e da Percepção de Suporte Organizacional. *Psico*, Porto Alegre, 45(1):45-54, mar. 2014. Available from: <<http://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/view/12520/11440>>.
8. Soares CB, Hoga LAK, Peduzzi M, Sangaleti C, Yonekura T, Silva DRAD. Revisão integrativa: conceitos e métodos utilizados na enfermagem. *Rev esc enferm* [Internet]. 2014 abr 48(2):335-45. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000200335&lng=en
9. Ganong LH. Integrative review of nursing research. *Res Nursing Health*, 1987. Feb; 10(1):1-11.
10. URSI, Elizabeth Silva. *Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura*. [dissertação]; [online]. Ribeirão Preto: Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto; 2005.
11. Almeida AMO, Lima AKG, Vaconcelos MGF, Lima ACS, Oliveira GYM. Estresse ocupacional em enfermeiros que atuam em cuidados ao paciente crítico. *Revista de Enfermagem Ufpe Online*, PERNAMBUCO, 05(10):1663-71, maio 2016. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/8330/pdf_10166>.
12. Sanchez FFS, Oliveira R. Aspectos mediadores e desencadeadores da síndrome de burnout nos enfermeiros. *Cuidarte Enfermagem*, São Paulo, 1(10):61-7, jul. 2016. Available from: <<http://fundacaopadrealbino.org.br/facfipa/ner/pdf/CuidarteEnfermagemvolume10Jan-Jun2016.pdf>>.
13. Barboza MCN, Braga LL, Perleberg LT, Bernardes LS, Rocha IC. Estresse ocupacional em enfermeiros atuantes em setores fechados de um hospital de pelotas/rs. *Revista de Enfermagem da UFMS*, Santa Maria, 03(3):374-82, dez. 2013. Available from: <<https://periodicos.ufsm.br/index.php/reufsm/article/view/7624/pdf>>.
14. Monte PF, Lima FET, Neves FMO, Studart RMB, Dantas RT. Estresse dos profissionais enfermeiros que atuam na unidade de terapia intensiva. *Acta paul. enferm.* [Internet]. 2013 [cited 2018 July 20];26(5):421-27. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002013000500004&lng=en.
15. Lopes CCP, Ribeiro TP, Martinho NJ. Síndrome de Burnout e sua relação com a ausência de qualidade de vida no trabalho do enfermeiro. *Enfermagem em Foco*, 2(3):97-101, jul. 2012. Available from: <<http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/264/151>>.

16. Galindo RH, Feliciano KVO, Lima RASS, Ariani I. Síndrome de Burnout entre enfermeiros de um hospital geral da cidade do Recife. *Rev. esc. enferm. USP* [online]. 2012, 46(2):420-27.
17. Paula SG et al. O sofrimento psíquico do profissional de enfermagem. *R. pesq.: cuid. fundam. online* 2012. jan/mar. (Ed. Supl.):33-36.
18. Costa DT, Martins MCF. Estresse em profissionais de enfermagem: impacto do conflito no grupo e do poder do médico. *Revista Escola de Enfermagem Usp, São Paulo*, 5(45):1191-98, jan. 2011. Available from: <<http://www.scielo.br/pdf/reusp/v45n5/v45n5a23.pdf>>.
19. Griep RH, Rotenberg L, Landsbergis P, Vasconcellos-Silva PRL. Uso combinado de modelos de estresse no trabalho e a saúde auto-referida na enfermagem. *Revista de Saúde Pública, São Paulo*, 01(45):145-52, dez. 2011. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000100017&lng=en.
20. Traesel ES, Merlo ÁRC. Trabalho imaterial no contexto da enfermagem hospitalar: vivências coletivas dos trabalhadores na perspectiva da Psicodinâmica do Trabalho. *Rev. bras. saúde ocup., São Paulo*, 36(123):40-55, June 2011. Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0303-76572011000100005&lng=en&nrm=iso>.
21. Gasparino RC, Guirardello EB. Professional practice environment and burnout among nurses. *Revista da Rede de Enfermagem do Nordeste*, 16(1):90-96, abr. 2015. *Rev Rene - Revista da Rede de Enfermagem de Nordeste*. Available from: <<http://www.revistarene.ufc.br/revista/index.php/revista/article/view/1862/pdf>>.
22. Padilha KGI et al. Carga de trabalho de enfermagem, estresse/burnout, satisfação e incidentes em unidade de terapia intensiva de trauma. *Texto Contexto Enferm*, 2017; 26(3):e1720016. Available from: <<http://www.scielo.br/pdf/tce/v26n3/0104-0707-tce-26-03-e1720016.pdf>>

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