

Prevalence of burnout syndrome among nurses in urgency and emergency hospital system

Dantas, Tatiana Rodrigues da Silva; Carreiro, Bruno Oliveira; Pascoal, Francilene Figueirêdo da Silva; Moraes, Marina Nascimento de; Cordeiro, Renata Cavalcanti; Filha, Maria de Oliveira Ferreira

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Dantas, T. R. d. S., Carreiro, B. O., Pascoal, F. F. d. S., Moraes, M. N. d., Cordeiro, R. C., & Filha, M. d. O. F. (2014). Prevalence of burnout syndrome among nurses in urgency and emergency hospital system. *Revista de Pesquisa: Cuidado é Fundamental Online*, 6(supl.), 196-205. <https://doi.org/10.9789/2175-5361.2014.v6i5.196-205>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Prevalência da síndrome de burnout entre enfermeiros da rede hospitalar de urgência e emergência

Prevalence of burnout syndrome among nurses in urgency and emergency hospital system

Prevalencia del síndrome de burnout en enfermeras de la red hospitalaria de urgencia y emergencia

Tatiana Rodrigues da Silva Dantas¹, Bruno Oliveira Carreiro², Francilene Figueirêdo da Silva Pascoal³, Marina Nascimento Moraes⁴, Renata Cavalcanti Cordeiro⁵, Maria de Oliveira Ferreira Filha⁶

ABSTRACT

Objective: investigating the prevalence of Burnout among nurses in hospitals of urgency and emergency in the State of Paraíba. **Method:** this is a descriptive, quantitative, cross-sectional study conducted in six hospitals specialized in urgency and emergency service in the state. The sample consisted of 110 nurses. It was used as instrument the Maslach Burnout Inventory. Data were analyzed with SPSS-Statistical Package for the Social Sciences version 18.0. **Results:** the results pointed to 65,3% of young people (20-30 years), 54,5% in situations of multiple employment, 49,1% with weekly working hours of 20-44 hours, 82,7% with prevalence of Burnout, being 59,1% in moderate level and 23,6% in severe level. **Conclusion:** it is concluded that the nurses showed significant levels of illness due to diuturnal contact with work stressors elements. **Descriptors:** Professional burnout, Nurse-patient relations, Emergency hospitals.

RESUMO

Objetivo: investigar a prevalência de *Burnout* entre enfermeiros de hospitais de urgência e emergência no Estado da Paraíba. **Método:** trata-se de uma pesquisa descritiva, transversal, quantitativa realizada em seis hospitais especializados no atendimento às urgências e emergências no estado. A amostra foi constituída por 110 enfermeiros. Utilizou-se como instrumento o Maslach Burnout Inventory. Os dados foram analisados com o auxílio do SPSS-Statistical Package for the Social Sciences na versão 18.0. **Resultados:** os resultados apontaram 65,3% de jovens (20 - 30 anos), 54,5% em situação de múltiplo emprego, 49,1% com carga horaria semanal de trabalho de 20 a 44 horas, 82,7% com prevalência de Burnout, sendo 59,1% em nível moderado e 23,6% em nível grave. **Conclusão:** conclui-se que os enfermeiros apresentaram expressivo nível de adoecimento em virtude do contato diuturno com elementos estressores do trabalho. **Descritores:** Esgotamento profissional, Relações enfermeiro-paciente, Hospitais de emergência.

RESUMEN

Objetivo: investigar la prevalencia de Burnout entre las enfermeras en los hospitales de urgencia y de emergencia en el Estado de Paraíba. **Método:** se trata de un estudio descriptivo, cuantitativo, transversal realizado en seis hospitales especializados en servicios de urgencia y emergencia en el estado. La muestra constó de 110 enfermeras. Se utilizó como instrumento el Maslach Burnout Inventory. Los datos fueron analizados con el paquete SPSS-Estadístico de la versión Ciencias Sociales 18.0. **Resultados:** los resultados apuntaron 65,3% de los jóvenes (20-30 años), el 54,5% en situación de pluriempleo, el 49,1% con horas de trabajo semanales de 20-44 horas, 82,7% con prevalencia del Burnout, siendo 59,1% en nivel moderado y el 23,6% en el nivel grave. **Conclusión:** se concluye que las enfermeras mostraron niveles significativos de la enfermedad debido al contacto diuturno con factores de estrés en el trabajo. **Descriptor:** Burnout profesional, Relaciones enfermero-paciente, Hospitales de emergencia.

¹Master from the Postgraduate Program in Nursing, Federal University of Paraíba and member of the Group of Studies and Researches in Community Mental Health linked to the same Program. Email: tatirodrigues21@yahoo.com.br. ²Graduating in Medicine from the Federal University of Paraíba and member of the Group of Studies and Research in Community Mental health linked to the Postgraduate Program in Nursing / UFPB. Email: bocarreiro@yahoo.com.br. ³Master from the Postgraduate Program in Nursing, Federal University of Paraíba and member of the Group of Studies and Research in Community Mental Health linked to the same Program. Email: francypascoal@hotmail.com. ⁴Nurse, Masters' student of Nursing of the Postgraduate Program of UFPB, member of the Group of Studies and Research in Community Mental Health UFPB. João Pessoa/PB/Brazil. Email: ninamoraes@hotmail.com. ⁵Nurse, Masters' student of the Postgraduate Program of Nursing UFPB, member of the Group of Studies and Research in Community Mental Health UFPB. João Pessoa/PB/Brazil. Email: renatacc@outlook.com. ⁶Doctorate from the Federal University of Ceara, Professor of the Postgraduate Program in Nursing, Federal University of Paraíba and coordinator of the Group of Studies and Research in Community Mental Health linked to the Postgraduate Program in Nursing/UFPB. Email: marfilha@yahoo.com.br.

INTRODUCTION

Burnout syndrome (SB) is made up of a psychological disease, encompassing a prolonged response to chronic interpersonal stressors. This concept refers to a multidimensional model composed by the following components: emotional exhaustion (EE), depersonalization (DP) and reduced personal accomplishment (RP) whose development occurs through contact with stressors at work.¹ The EE consists of a framework in which the individual feels exhausted, within the limits of its possibilities; PD refers to situations in which professionals tend to adopt attitudes of aloofness and indifference to those people with whom we have to relate because of their work; already reduced sense of RP refers to a condition in which the individual feels inefficient, frustrated regarding their professional expectations.¹⁻²

The hospitals are characterized by contexts of risk to occupational health³, particularly in urgent and emergency services, by imposing to the professional diuturnal contact with a number of elements that make them more prone to the development of SB, for example the excessive workload resulting from the low number of professionals commonly scheduled per shift; by having a complex organizational structure regarding structure, division of labor, hierarchy and rules that regulate, moreover, by being an environment conducive to conflict, common situation in teamwork.³⁻⁴

All these factors combined make the nurses, a constituent member of a hospital, a category quite predisposed to the development of SB³⁻⁴, why were chosen as subjects of this research. Thus, considering the context of nursing work is marked by such peculiarities, this research aims to estimating the prevalence of burnout among nurses working in urgent and emergency service.

METHOD

This is a descriptive, cross-sectional, quantitative survey conducted in six public court referral hospitals in responding to emergencies and urgencies in Paraiba. The chosen institutions were located in the cities of a greater economic and population expressiveness of the State. Made up the scales of urgency and emergency of the hospitals 144 mentioned nurses, of whom 110 participated in the survey services. The following inclusion criteria were applied: being a nurse, developing professional activities in urgent or emergency department, returning the duly completed survey instruments and accepting to participate by signing the consent form. It was used as research instrument in version MBI Human service survey. Data collection occurred in the period from April to July 2010 by identifying

the SB criteria Maslach and Jackson⁵, according to which there are two levels of SB, moderate when has at least two dimensions of SB medium and serious level when has at least two dimensions at high levels. We opted for this article by applying the criteria used by Pascoal⁶, according to which the possible levels (low, medium, high) in each of the dimensions of burnout (EE, DP, RP) maintain a correspondence with percentiles described Table 1 the data were coded and entered with the SPSS 15.0 software. In order to describing the data collected were made, in principle, the frequency distribution and descriptive data analysis. These are presented as graphs and frequency tables. The level of significance was 5%, p values < 0.05% were considered significant. To evaluate the association between the variables the chi-square test was applied.

RESULTS AND DISCUSSION

Analyzing the development of burnout according to sociodemographic and occupational characteristics investigated is observed that among the 91 nurses who had the Burnout syndrome to some level (moderate or severe), 73,6% (67) were female, 26,4% (24) were male, 68,1% (62) are aged between 20 and 30 years old, 67% (61) have no partner, and 64,8% (59) have no children.

Regarding the level of training it was observed that 57,3% (63) of the identified cases of Burnout occurred among nurses with expertise, regardless of the knowledge area. Analyzing the cases according to their level of education, it sees that from the 75 nurse specialists (considering all areas) 42,7% (32) are in the urgency and emergency attendance, and of these, 78,1% (25) have burnout, being 12 with moderate Burnout and 13 with severe Burnout.

When considering the distribution of cases of burnout according to the time of exercise of the profession, it is observed that 57,3% (63) of the cases occurred among nurses in the profession until five years ago. As regards the time working in the research institution it was observed that 70,9% (78) of the identified cases occurred among nurses working there until five years researching the hospital. Similar value was observed for the time of work in urgent and emergency services, where 68,2% (75) of the cases occurred Burnout among nurses working in this type of service for up to five years.

The analysis of weekly working hours according to the occurrence of burnout showed that 54,5% (60) of the cases occurred among professionals working to a workload of 30 hours, considering only the link in the research institution. When analyzing the occurrence of burnout among those professionals who have more than one employment contract, it is seen that 56% (51) of nurses with Burnout operate in more than one hospital, and among these, 41,8% (46) with a weekly workload of over 44 hours.

The results also show that among the nurses with Burnout, 61,5% (56) are non-statutory (ie, are service providers or coded) and 31,86% (29) play another type of professional activity beyond nursing care.

Table 1: Grading Scale of levels of the dimensions of the Maslach Burnout according to recommendations of Jackson and distribution of the levels of between nurses of the urgency and emergency services surveyed. Paraíba, 2010.

Dimensions of Burnout	Level	Percentile	Score	n	f (%)
EE	Low	0-25	0-17	22	22,7
	Middle	25-75	18 - 32	54	49,1
	High	75-100	> 32	34	28,2
DP	Low	0-25	0 - 2	19	17,3
	Middle	25-75	3 - 11	59	53,6
	High	75-100	> 11	32	29,1
RP	Low	0-25	0-31	26	23,6
	Middle	25-75	32 - 42	54	49,1
	High	75-100	> 42	30	27,3

Source: empirical data of the survey, 2010.

The high frequency of professionals with average and high levels in both dimension EE and DP and the low frequency of professionals with high dimension in professional achievement. Care, especially the values obtained for the EE dimension, since over 75% of the professionals surveyed lies with medium or high in this dimension and dimension levels in PD, for which we identified approximately 30% of professionals with high levels.

Figure 1: distribution of the occurrence of Burnout among nurses in the urgency and emergency department. Paraíba, 2010.

[Severe Burnout; Moderate Burnout; Without Burnout]

Show a high level of illness among nurses participating in the research. It is seen that 82,7% (91) of nurses working in these urgency and emergency services have Burnout at some level.

The distribution of the occurrence of Burnout, according to sociodemographic and occupational variables investigated showed a predominance of cases among female nurses, between younger and those who reported not having a partner, or declared them single, divorced or widowed. Struck, mostly, nurses who do not have children. Researchers found similar results in nurses from other services.⁷

The predominance of cases among female nurses relates more with the professional profile of the category, than with a greater predisposition female on male development of Burnout.⁷⁻⁸

Some researchers have noted a higher incidence of the syndrome among young individuals, both as a result of insecurity that accompanies professional inexperience common in this age group, as a result of the disconnect that sometimes occurs between professional expectations built over several years preparation and the meeting with the professional reality.⁹⁻¹⁰

With regard to marital status, there is no consensus in the literature about its action on the development of the syndrome.^{7,9} For some researchers have a stable loving relationship can mean lower propensity to develop Burnout, so that the highest incidences are seen in single, widowed or divorced individuals, which could explain the results found in this study. However, other researchers argue the exact opposite; there is no interference of marital status on the predisposition to develop the syndrome. Furthermore, there are those

who do not refer to having or not stable relationship, but rather the quality of the emotional relationship that is established.⁷ The results of this study corroborate the findings of some researchers who claim that the satisfaction of being a parent can be related to a lower predisposition to mental illness, such as the burnout syndrome has the highest prevalence in this study were observed in individuals without children.¹¹

The situation of multiple employment, observed in this study for more than half of nurses, results of socioeconomic difficulties experienced by category, given that the activity is socially undervalued, which implies, among other things, poor remuneration.¹² In view of this, professionals are urged to reconcile their schedules between shifts at several institutions, among domestic obligations, family life and, sometimes, between studies, which leads to diuturnal experience, with workloads increasingly strenuous, thus imprinting upon their lives, significant physical and mental wear. Added to this subject, the author of the aforementioned considerations, for which the financial problems experienced by considerable portion of nursing workers are among the most frequent causes of distress and suffering, marking thereby the psychic wear this situation arises multiple jobs. Researchers, the example of the results obtained in this study identified higher levels of burnout among nurses with higher income, which certainly refers to the same situation multiple bond observed between the study participants.⁷

It is also observed that just over 30% (34) reported developing some other type of professional activity other than nursing care, which reinforces the pursuit of these nurses for alternatives to circumvent the economic deficiencies resulting from low wages perceived by the professional practice of nurse.

The workload proved evident among nurses working in urgent and emergency services in the state and could be perceived both by the accumulation of professional ties as the workloads carried by these professionals. Considerable number of nurses exercises his professional activities with a weekly working hours exceed the 44 hours recommended by the legislation. It happens that the organization of work in shifts, common in hospitals, facilitates the reconciliation of various scales, both within the same institution, as among different institutions, and low remuneration perceived by most of them, leads to the accumulation of various links work (as discussed earlier) which contributes to the increase of working at much higher values to those required by law.

The distribution of the occurrence of Burnout according to the time of exercise of the profession showed higher prevalence among professionals with less than five years of experience. The same was observed for the distribution of occurrence in relation to time of operation in hospital and researched the time working on urgent and emergency services. These results indicate early disease and suggest both high wear at work and emergency services as interferences of the lived mental and physical demands even in the years of preparation for work. A growing number of researchers who report relatively high prevalence of the syndrome in student health care.¹⁰

Regarding working relationship there was prevalence of the distribution of cases among non-statutory nurses, ie those that are not stable in service. There was also a

predominance of cases among physicians who reported not exercising professional activities extras, ie not play a different occupation of nursing as a way to get better yields.

It is known that these workers admitted contracting modalities are subject to uncertainty due to the fragility of the relationship that is established between the worker and the employer, since it finds no legal support that supports their entry in public services, taking in mind that the only legal form of admission in these services is through the completion of a public tender. The immediate consequence of this form of social inclusion is the total lack of assistance.

There was no statistically significant association between the occurrence of burnout syndrome and any of the demographic and professional variables surveyed. Although the results of many studies have associated the occurrence of Burnout sociodemographic and professional variables personal characteristics act more as facilitators or inhibitors of the action of stressors present in work environments than as triggering agents of the syndrome.¹³

With regard to the occurrence of SB among nurses working in urgent and emergency services, differences were observed for cutoff points towards professionals working in the family (Table 1) health strategy. The discrepancies show that nurses who work in emergency care services are more tolerant to trigger the SB elements present in their work environments that professionals working in family health strategy. For these, it is considered with average levels of EE, individuals whose score is between 7 and 24 and high levels of EE those whose score is higher than 25 (Pascoal, 2008). Among the nurses who work in emergency services and emergency observe higher intervals, ie, that of a nurse and emergency service is identified with medium or high levels in the EE dimension, obtaining higher sum is required in relation practitioners in the family health strategy for EE dimension.

The same occurred in the DP and RP dimensions. For the DP dimension among professionals of the family health strategy is considered an average level of DP in those professionals whose score on this dimension is between 1 and 5 points and those with high levels whose score exceeds six.⁶ And to the extent deemed RP with reduced professional accomplishment those workers whose sum does not exceed 34 points.⁶ Between emergency department nurses and emergency is observed, as has occurred for the EE dimension, greater tolerance to triggers of depersonalization and reduced personal accomplishment. There is, therefore, work in emergency rooms, a major element of satisfaction, of pleasure in relation to work in the family health strategy that make them more tolerant to various stressors present work in that kind of service.

Even being more tolerant to stressors present in the work it was observed a high prevalence of disease by Burnout among nurses of urgency and emergency services. Over 80% of nurses inserted in assisting emergency care in the state presented the SB at some level. High levels of emotional exhaustion and depersonalization associated with low job satisfaction were also observed in similar studies.¹⁴

Even being more tolerant to stressors present in the work it observed the high prevalence of burnout among nurses by disease in urgency and emergency services. Over

80% of nurses inserted in assisting emergency care in the state presented the SB at some level. High levels of emotional exhaustion and depersonalization associated with low job satisfaction Were Also Observed in similar studies.¹⁴

These high levels indicate that the conditions and organization of work and emergency services have important impacts on the wear of the nurses that are included in this type of service, thus signifying human suffering related to work between nurses who composed the study. Nurses who are in the situation of emotional exhaustion live the feeling of having no energy for anything else, sit on the edge of its possibilities, there is depletion of emotional resources needed for daily work with people because of their work, They feel emotionally worn out, there's more, for those who find themselves in this situation, any chance of delivery, dedication to work.¹⁴

The services of urgency and emergency by professionals are constantly subjected to excessive loads of mental work, it lives-during the daytime, with the pressure arising from the need for rapid decision making, in addition to unpredictable situations. Add to this that there are no such environments the "limits" imposed by the diuturnal workload. Even if the physical structure is designed to accommodate a limited number of users, services are required to receive how many patients are referred, which require the services of these workers more than a physical burden, mainly confer significant mental overload due to feeling uncertainty that revolves around a possible lack of assistance or unsatisfactory assistance to users forwarded and legal complications that would lead to such situations. Moreover, these professionals are continually exposed to the problems and concerns of users and caregivers of services, deal with the pain, suffering, loss, grief and death. They are faced daily with the various emotions that the "discovery" of the finitude of life awakens both users and families as even in themselves.

Another element that can be decisive for determining significant levels of EE is the overload of work resulting in the quantity of patients seen in a day of duty as the amount of bonds held by professional workers, although it is not necessary that the cause of the depletion emotional, offers important contributions to its appearance.¹⁴ This is about a group of nurses who lives, mostly the situation of multiple jobs, which leads consequently to a situation of excessive working hours. Exacerbates this situation, the fact that the work of nurses is organized under the scales on duty, which require shift work and night and on weekends, days, usually (for the vast majority of other workers), the rest reserved.

It is known that the temporal organization of night work has serious implications for the physical, mental and social health of workers. Among the possible harmful elements is the increased likelihood of accidents, which endangers not only health professionals, but also the users, due to the fall or decrease in the behavioral expression of some biological rhythms, with special emphasis the body temperature, they tend to have lower values during the night and the concomitant increased sleepiness and consequently lower yield of some cognitive functions.¹³

There is, in these cases, a mismatch between biological rhythms and work schedules, which contribute, especially at night, so sleep deprivation resulting from difficulties allied to desynchronization of biological rhythms daytime rest, to significantly reduce levels of

alert workers, emphasizing thereby the levels of fatigue experienced by them.¹³ These results show the difficulties experienced by these nurses to replace, as appropriate, the lost energy and corroborate the results obtained for the EE dimension.

The high values observed here for the DP dimension care, since they involve emotional insensitivity by the nurses with important presence in their performance of cynical practices and affective dissimulation. Show significant impairment of nurses working in urgent and emergency services and indicate the need to take urgent measures in order to minimize its effects, both for the health of this group of nurses as the health and safety of users of these services.

It is known, at present, the development of PD occurs consecutively for the development of emotional exhaustion or exhaustion, so that the occurrence of high levels of EE precipitate too high levels of depersonalization.¹⁵⁻¹⁶ It constitutes, as said, in a very worrying situation because users of such services, in large part, are under imminent risk of death and demand of professionals involved in much more than their direct knowledge and technical skills resources and technological assistance, require sensitivity, commitment, dedication and commitment.

CONCLUSION

The high prevalence of SB identified among nurses working in urgency and emergency services attest to harmful working conditions in emergency rooms for physical and mental health of these professionals. This prevalence indicates the urgency in adopting administrative measures allowing the improvement of working conditions, as applicable, since there is this kind of painstaking work elements that are inherent in the own process of working on health, and that can be, only, minimized, as example of the long stressful situations resulting from contact with pain and suffering. The intensity of the emotional burdens involved in such work suggests the need to facilitate the reduction of working hours as an alternative to minimizing the painfulness of the diuturnal contact with stressful situations.

REFERENCES

1. Maslach, C.. Entendendo o Burnout. In: ROSSI, A.M.; PERREWÉ, P.L.; SAUTER, S.L. (Org.). *Stress e qualidade de vida no trabalho: perspectivas atuais da saúde ocupacional*. São Paulo: Atlas, 2007. p.41-55.

2. Maslach C, Shaufeli W, Leiter M. Job Burnout. *Ann Rev Psychol.* 2001;52:397-422.
3. FASCINA, L.P. et al. Avaliação do nível da síndrome de *Burnout* na equipe de enfermagem da UTI-adulto In: ENCONTRO ANUAL DA ASSOCIAÇÃO NACIONAL DOS CURSOS DE PÓS-GRADUAÇÃO EM ADMINISTRAÇÃO E PESQUISA - EnANPAD, 33.,2009, São Paulo. *Anais...* São Paulo: ANPAD, 2009.
4. Barbosa KP. Processo de trabalho em setor de emergência de hospital de grande porte: a visão dos trabalhadores de enfermagem. *Rev Rene.* 2009;10(4):70-6.c.
5. Maslach C, Jackson SE. The measurement of experienced burnout. *J Occup Behav.* 2007;2(2):99-113
6. Pascoal FFS. Síndrome de *Burnout* entre os profissionais de saúde da estratégia saúde da família: risco de adoecimento mental [dissertação]. João Pessoa (PB): Universidade Federal da Paraíba; 2008. 119 p.
7. França FM, Ferrari R. Síndrome de Burnout e os aspectos sócio-demográficos em profissionais de enfermagem. *Acta Paul Enferm.* 2012;25(5):743-8.
8. Rissardo MP, Gasparino RC. Exaustão emocional em enfermeiros de um hospital público. *Esc Anna Nery (impr.)*2013 jan -mar; 17 (1):128 - 13
9. Benevides-Pereira, AMT. As atividades de enfermagem em um hospital: um fator de vulnerabilidade ao Burnout. In: Benevides-Pereira, AMT. *Burnout: quando o trabalho ameaça o bem-estar do trabalhador.* São Paulo: Casa do Psicólogo; 2002. P. 133-56.
10. Franco GP, Barros ALBL, Nogueira-Martins LA, Zeitoun SS. Burnout em residentes de enfermagem *Rev Esc Enferm USP* 2011; 45(1):12-8. Disponível em: www.ee.usp.br/reeusp/. Acesso em: 20 de março de 2012.
11. Ritter RS, Stumm EMF, Kircher RM. Análise de *Burnout* em profissionais de uma unidade de emergência de um hospital geral. *Rev Eletr Enferm.* [periódico na Internet]. 2009;11(2):236-48. acesso 07 fev 2011]. Disponível em: <http://www.fen.ufg.br/revista/v11/n2/v11n2a02.htm>
12. Secco IAO, Robazzi MLCC, Souza FEA, Shimizu DS. Cargas psíquicas de trabalho e desgaste dos trabalhadores de enfermagem de hospital de ensino do Paraná, Brasil. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.* (Ed. port.). [periódico na Internet]. 2010;6(1):1-17. [acesso 09 mar 2011]. Disponível em:

http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S18069762010000100016&lng=pt&nrm=iso&tlng=pt. Acesso em: 15 de janeiro de 2011.

13. França SPS, De Martino MMF, Aniceto EVS, Silva LL. Preditores da Síndrome de *Burnout* em enfermeiros de serviços de urgência pré-hospitalar *Acta Paul Enferm.* 2012;25(1):68-73

14. Carlotto MS. A relação profissional-paciente e a síndrome de *Burnout*. *Encontro Rev Psicol.* 2009;7(17):7-20.

15. Ministério da Saúde (BR). Representação no Brasil da OPAS/OMS. Doenças relacionadas ao trabalho: manual de procedimentos para os serviços de saúde. Brasília: Ministério da Saúde; 2001.

16. Lorenz VR, Benatti MCC, Sabino MO. *Burnout* e estresse em enfermeiros de um hospital universitário de alta complexidade. *Rev. Latino-Am. Enfermagem.* [periódico na Internet]. nov-dez 2010 [acesso 21 jan 2011]; 18(6): [08 telas]. Disponível em: http://www.scielo.br/pdf/rlae/v18n6/pt_07.pdf

17. Carlotto MS, Câmara SG. Análise da produção científica sobre a Síndrome de *Burnout* no Brasil. *Rev Psicol.* 2008;39(2):152-8.

18. Moreira DS, Magnago RF, Sakae TM, Magajewski FRL. Prevalência da síndrome de *Burnout* em trabalhadores de enfermagem de um hospital de grande porte da Região Sul do Brasil. *Cad Saúde Pública.* 2009;25(7):1559-68.

Received on: 01/08/2014
Required for review: No
Approved on: 01/12/2014
Published on: 20/12/2014

Contact of the corresponding author:
tatirodrigues21@yahoo.com.br
João Pessoa - PB - Brasil
Email: tatirodrigues21@yahoo.com.br