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Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Portela, N. L. C., Pedrosa, A. d. O., Cunha, J. D. S., Monte, L. R. S., Gomes, R. N. S., & Lago, E. C. (2015). Burnout syndrome in nursing professionals from urgency and emergency services. *Revista de Pesquisa: Cuidado é Fundamental Online*, 7(3), 2749-2760. <https://doi.org/10.9789/2175-5361.2015.v7i3.2749-2760>

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Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online


 ISSN 2175-5361
 DOI: 10.9789/2175-5361

REVIEW INTEGRATIVE OF THE LITERATURE

Síndrome de burnout em profissionais de enfermagem de serviços de urgência e emergência

Burnout syndrome in nursing professionals from urgency and emergency services

Síndrome de burnout en los profesionales de la enfermería del servicio de urgencia y de emergencia

Nytale Lindsay Cardoso Portela¹, Aliny de Oliveira Pedrosa², Juliane Danielly Santos Cunha³, Luma Ravena Soares Monte⁴, Raimundo Nonato Silva Gomes⁵, Eliana Campêlo Lago⁶

ABSTRACT

Objective: analyzing how scientific studies describe Burnout syndrome in nurses of urgent and emergency services. **Method:** an integrative literature review conducted by databases BDEFN, IBECs, LILACS, MEDLINE and SciELO, through descriptors: burnout and nursing. From the 3087 selected publications for descriptors, only 11 articles met the criteria for inclusion and exclusion. **Results:** among the selected articles, 07 dealt with the stress; 04 spoke of the quality of life and leisure; 01 approached about somatic symptoms associated with Burnout and 03 detailing on Burnout syndrome, addressing the predictors and symptom dimensions in accordance with the Maslach Burnout Inventory. **Conclusion:** this study is important for population, professionals and managers acquire knowledge about the syndrome and may contribute to the development of coping strategies that will minimize the risk of triggering Burnout. **Descriptors:** Burnout, Nursing, Syndrome.

RESUMO

Objetivo: Analisar como os estudos científicos descrevem a síndrome de Burnout em profissionais de enfermagem de serviços de urgência e emergência. **Método:** Revisão integrativa de literatura realizada através das bases de dados BDEFN, IBECs, LILACS, MEDLINE e SciELO, por meio dos descritores: esgotamento profissional and enfermagem. Das 3087 publicações selecionadas pelos descritores, apenas 11 artigos atenderam os critérios de inclusão e exclusão. **Resultados:** Dentre os artigos selecionados, 07 tratavam do estresse; 04 falavam da qualidade de vida e lazer; 01 abordava sobre os sintomas somáticos associados ao Burnout e 03 detalhavam sobre a síndrome de Burnout, abordando os fatores preditores e as dimensões sintomatológicas de acordo com o *Maslach Burnout Inventory*. **Conclusão:** Esse estudo é importante para que população, profissionais e gestores adquiram conhecimento acerca da síndrome, podendo contribuir para o desenvolvimento de estratégias de enfrentamento, que irão minimizar os riscos de desencadeamento do Burnout. **Descritores:** Esgotamento profissional, Enfermagem, Síndrome.

RESUMEN

Objetivo: analizar cómo los estudios científicos describen el síndrome de Burnout en enfermeras de los servicios de urgencia y emergencia. **Método:** una revisión integradora realizada por las bases de datos BDEFN, IBECs, LILACS, MEDLINE y SciELO, a través de los descriptors: burnout y enfermería. De los 3087 descriptors seleccionados para las publicaciones, sólo 11 artículos cumplieron los criterios de inclusión y exclusión. **Resultados:** entre los artículos seleccionados, 07 se refirieron al estrés; 04 hablaron de la calidad de vida y el ocio; 01 enfocó acerca de los síntomas somáticos asociados con el Burnout y 03 se detallaron en el síndrome de Burnout, dirigiéndose a los predictores y dimensiones de los síntomas, de acuerdo con el *Maslach Burnout Inventory*. **Conclusão:** este estudio es importante para la población, los profesionales y los gestores adquieren conocimientos sobre el síndrome y que puedan contribuir al desarrollo de estrategias de afrontamiento que reduzcan al mínimo el riesgo de desencadenar el Burnout. **Descritores:** Agotamiento Profesional, Enfermería, Síndrome.

¹Nurse, Specialist in Public Health and Family Health, Specialist in Occupational Nursing. Email: nytalelindsay@hotmail.com;

²Student of Graduation in Nursing of the Center of Higher Studies of Caxias /State University of Maranhão. Email: alinypedrosa08@hotmail.com;

³Nurse, Specialist in Occupational Nursing, Graduate Student in Family Health, Faculty of Sciences and Technology of the State of Maranhão - FACEMA. Email: juliane_enfer@hotmail.com;

⁴Student of the Graduate Nursing at the Center for Advanced Studies of Caxias / State University of Maranhão. Email: lumaravena@hotmail.com;

⁵Student of Graduation in Nursing of the Center of Higher Studies of Caxias /State University of Maranhão. Email: raigomezz19@gmail.com;

⁶Nurse and Dentist, Doctorate in Biotechnology from the Federal University of Piauí, University Center Professor UNINOVAFAP, Master's Program in Family Health of the Differential Integral College and of the State University of Maranhão. Email: elianalago@ig.com.br

INTRODUCTION

Burnout Syndrome is one of the major psychosocial problems today because modern man, to the detriment of the intense pace of work, has less and less time for enjoyable activities such as recreation and be in the company of the family. It stands out the stress and, consequently, the man reaches the critical level of breakdown.¹

The wear on the mood and demotivation along with other physical and psychic symptoms make worker lose the sense of his relationship with work and things haven't already more importance, making any effort useless.²

This syndrome is a multidimensional concept that involves three skills: emotional exhaustion set to the emotional resources depletion to handle situations of everyday life; depersonalization involving negative feelings or blockages of feelings toward the people who come into contact with the professional; and lack of personal fulfillment that is the inability of the worker view your activity in a positive way.³

Burnout Syndrome manifests itself through four symptomatological classes, being: physical (constant fatigue, sleep changes, gastrointestinal disorders, weight loss, cardiovascular and respiratory disorders, and muscular aches and/or musculoskeletal), psychic (lack of attention, memory changes, anxiety, impatience, sudden changes of mood, mistrust and frustration), behavioral (aggression, irritability, negligence at work, inability to relax, relationships affected due detachment and indifference) and defensive (insulation, feeling of omnipotence, ironic and cynical attitude).⁴

It affects mainly service professionals or caregivers, when in direct contact with users, with emphasis on the nursing professional, that are often exposed to physical and mental workload in the demands of their work, extensive work, duplicated and sometimes accompanied by shifts,⁵ bringing problems to the professional and for the institution as a whole, because this syndrome involves the cause of absenteeism, generating financial losses and the organizational institution.³

In this sense, wonders: What brings the current literature on Burnout Syndrome in nursing professionals of urgent and emergency services? Thus, the present study aimed to analyze how the scientific studies describe the Burnout Syndrome in nursing professionals of urgent and emergency services.

METHOD

This is an exploratory research, descriptive, accomplished through integrative review, which is characterized by grouping, analyzing and synthesizing results of research on a

particular theme or issue, systematically and orderly manner, in order to presenting, discussing and deepening knowledge about the theme proposal.⁶

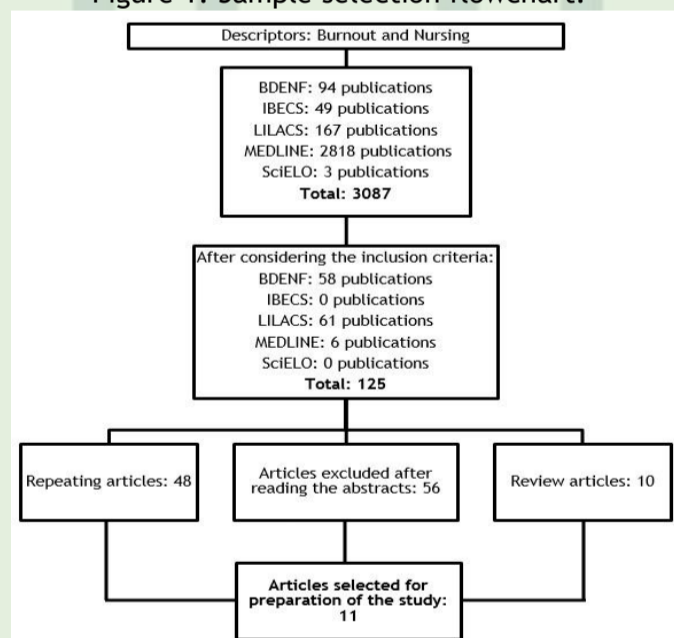
There were travelled six phases for the development of integrative review: drafting the guiding question, search or sampling in the literature, data collection, critical analysis of included studies, and discussion of results and presentation of integrative review.⁷

The selection of the material was made in the months of April to June 2014. The survey of the information took place in the virtual environment, the following scientific bases: nursing database-BDENF, Spanish Bibliographic Index of Health Sciences - IBECS, Latin American literature and Caribbean Center on Health Sciences LILACS, International Literature - in Health Sciences - MEDLINE and Scientific Electronic Library Online-SciELO. The search took place at BDENF, LILACS, IBECS, and MEDLINE via the Virtual Health Library Portal-VHL. The investigation was based on the use of descriptors: professional exhaustion and nursing.

The selection of the studies to be analyzed if gave from the following inclusion criteria: approaching the theme under study; the record in the selected databases; text available in full; have been drawn up in the form of article; be written or translated into Portuguese; and have been published in the period from 2009 to 2013. Exclusion criteria were: incomplete texts; repetition of the same article in more than one database; not be study of nursing professionals of emergency services and/or emergency; text with access unavailable; lack of relationship with the object of study; and review articles.

Figure 1 presents the strategy used for the identification and selection of articles that make up the sample of this study.

Figure 1. Sample selection flowchart.



Source: Direct Research. Caxias, MA, Brazil, 2014.

In total of 3131 publications selected by descriptors, 125 entered the last selection for fit in the criteria for inclusion, but there was no repetition of 48 articles between the databases, 10 were 63 articles and review articles were deleted after reading the summaries for not being professional nursing studies of emergency services and/or

emergency or had no relation with the object of study, resulting a total of 11 articles, being analyzed and interpreted properly for the composition of the present study.

RESULTS AND DISCUSSION

Set up some variables relevant to assessment of the scientific researched-themed productions, as noted in Table 1.

Table 1. Distribution of scientific productions according to the title, journal, year and search method. Caxias, MA, Brazil, 2014.

Article	Title	Journal	Year	Research Method
A1	Stressors and coping: nurses' emergency hospital unit ⁸	Electronic Journal of Nursing	2009	Quantitative, cross-sectional and analytical
A2	Burnout Syndrome in nursing workers of an emergency room of a University Hospital ⁹	Acta Paulista of Nursing	2009	Quantitative and descriptive
A3	Stress of nurses from emergency room of Brazilian hospitals ¹⁰	Electronic Journal of Nursing	2009	Quantitative and cross-sectional
A4	Influence of the stress in the occupational nurses' health who works in hospital emergency ¹¹	Nursing Magazine UFPE On Line	2010	Qualitative, descriptive and exploratory
A5	Burnout Syndrome in nursing professionals of emergency medical care service ¹²	Online Research Magazine Care is Basic	2012	Quantitative and descriptive
A6	Evaluation of the level of stress of the nursing of mobile emergence care service ¹³	Online Research Magazine Care is Basic	2012	Quantitative, exploratory and transversal
A7	Predictors of Burnout Syndrome in nurses of emergency pre-hospital services ¹⁴	Acta Paulista of Nursing	2012	Qualitative, descriptive and exploratory
A8	Reflections on the quality of work life of nurses in the prehospital ¹⁵	Online Research Magazine Care is Basic	2012	Quantitative and descriptive
A9	Symptoms of stress in nursing workers from a unit of emergency room ¹⁶	Gaúcha Nursing Magazine	2012	Quantitative and cross-sectional
A10	Stress of the nursing staff of the Fire Department in pre-hospital mobile attendance ¹⁷	Anna Nery School Nursing Magazine	2013	Qualitative, descriptive and exploratory
A11	Social representations of nurses about on-the-job stress in urgency service ¹⁸	USP Nursing School Magazine	2013	Qualitative, descriptive and exploratory

Source: Direct Research. Caxias, MA, Brazil, 2014. Legend: A - Article.

Analyzing the studies, it was observed that, within the temporal selected cutting (2009-2013), the year 2012 was who had more publications in their entirety on the object of study, making a total of 05 articles (45,45%) followed by the year of 2009 (27,27%) and 2013

(18,18%) and 2010 (9,09%) In the year 2011 was not published articles that met the criteria for inclusion and exclusion.

In relation to the periodic publication, there is emphasis on the Online Research Magazine Care is Basic (27,27%), followed by the Electronic Journal of Nursing and the Acta Paulista of Nursing, each with 02 articles (18,18%). Other articles that are part of the sample were published in the Journal of Nursing UFPE Online, Gaúcha Nursing Magazine, Anna Nery School Nursing Magazine and the Magazine of School of Nursing of USP.

As the research method, from the point of view of approach to the problem, 63,64% (07) of the studies used quantitative approach and 36,36% (04) qualitative. From the point of view of their goals, 63,64% (07) the research is descriptive and exploratory 45,45% (05). In addition, were used as research method: cross-sectional study (04 articles) and analytical (item 01).

Among the articles selected for this study, 07 treated about stress; 04 spoke about quality of life and leisure; 01 addressed about the somatic symptoms associated with Burnout and 03 detailed about the Burnout Syndrome, approaching the predictors and symptomatological dimensions (emotional exhaustion, depersonalization and professional fulfillment) according to the Maslach Burnout Inventory (MBI).

Given this, seeking to facilitate the understanding of the subject, it was decided to distribute the results into categories: stress and Burnout Syndrome; quality of life and leisure of nursing professionals; predictors and somatic symptoms associated with Burnout Syndrome; and evaluation of the Maslach Burnout Inventory according to Burnout.

Stress and Burnout Syndrome

Burnout Syndrome cannot be confused with stress. While the stress occurs due to assaults that disrupt the internal equilibrium of the human being, the Burnout is the answer to stress chronic labor, which causes negative attitudes and behavioral changes in relation to the context of the work, and, in the case of nursing staff, reach patients, family members, organization and the work itself, when they are not carried out counter strategies or when these fail.⁹ Table 2 presents the distribution of articles according to the main findings and most prevalent signs and symptoms.

Table 2. Distribution of articles, according to the main findings and most prevalent signs and symptoms. Caxias, MA, Brazil, 2014.

Article	Main results	Most prevalent signs and symptoms
A1	Stress is an occupational hazard that must be investigated early.	Occur often physical and emotional wear and tear.
A3	The hospital's organizational structure and noise have great responsibility for triggering the stress on nurses. Adverse effects of noise are proportional to the exposure time.	Nausea, headache, irritability, emotional instability, anxiety, drowsiness or insomnia, decreased productivity and increased number of accidents.
A4	The working environment is interconnected to the aggravation of health problems.	The physical and mental well-being is affected, as well as self-care, causing several illnesses. Psychological changes will steadily, due to the need for changes.
A6	The type of activity developed in the environment and working conditions	Often occur excessive emotional sensitivity and emotional exhaustion,

	can be detrimental to psychophysical health professionals.	evidenced by negative feelings.
A9	Occupational stress can relate to a set of psychological disorders. The prevalence of symptoms in workers aged 24-29 years, higher education complete, married, nursing techniques in the evening or night shift workers, who work in the emergency room for 6 or more years and in between the 4 10 years nursing, that have a single employment and monthly income between 3 to 5 minimum wages.	The more physical symptoms reported were the memory problem, the constant tiredness and a feeling of constant physical and psychological symptoms were excessive emotional sensibility and the excessive irritability.
A10	It was confirmed that nursing practitioners subjected to stressors have their changed living habits. The main stressors were: overloading the service; the customer's service situations that are characterized as emergencies or emergencies; the preparation of false events to get a car (ambulance) and the receptivity of the large emergency hospitals.	Stress is one of the most aggravating risks psychosocial well-being, causing changes in sleeping patterns, health problems/illnesses and losses to the memory and ability to concentrate.
A11	The study cannot confirm the persistence of nurses as chief representative of social stress. Workload is triggering factor of stress.	Physical and emotional wear and tear of professional.

Source: Direct Research. Caxias, MA, Brazil, 2014. Legend: A - Article.

Man's need to adapt constantly to impositions from the environment carries a number of psychological changes, and this need is prepared to meet these changes, so that the emotional stress is avoided. Otherwise, stress can influence in their daily work, unleashing a series of health-threatening symptoms, being evidenced, in greater numbers, the psychological symptoms in relation to physical.

Thus, it is evident that the nursing professional who works in the emergency units, suffers a considerable emotional wear and tear, because the workload is increasing more and more, and the demands of activities lead to saturation of the psychological state of the same, and it is important to consider the various stressing variables of the environment that surrounds it, in order to delimit them considering the limit of personal work of each professional.

The workload of the nursing professionals, as well as poor working conditions end up affecting the physical and mental well-being of them. Stand out as major psychological and physical symptoms faced by these professionals, excessive emotional sensitivity, excessive irritability, decreased libido, loss of sense of humor, willingness to run, muscle tension, insomnia, appetite changes, excess gas and memory problems. These professionals develop activities that go beyond their attributions triggering greater stress, which end up reflecting on health, causing diminished immunity, enabling the emergence of diseases and their aggravation.

Quality of life and leisure of nursing professionals

The quality of life and leisure are important factors for the good performance of any professional, especially for those who live in constant contact with urgency and emergency

situations that generate stress and physical and psychological fatigue, which may lead to health consequences like migraine headaches, hypertension and lead to Burnout Syndrome.

The presence of another employment relationship, due to the low wage of category, restriction of the labor market and the routine of work double and even triple of women, reduce the time for self-care, to activities that provide pleasure and for performing a physical activity or proper nutrition,^{8,15} what interferes in the health and quality of life of the team.

Leisure activities can be classified as strategies for relieving stress¹⁷ and improve the quality of life of the professionals. Studies report that the quality of life is related to the time with the family; free time for leisure activity providing individual pleasure, as various walks, sleep, read, watch TV, play soccer, go to a movie, surf the Internet, going to church and fish; and time for professional enhancement activities.^{9,15}

The performance of physical activity, in addition to providing the maintenance of a healthy life, is also an important factor for the quality of life, since it reduces tensions, decreasing stress and providing better health condition at work.⁹

Predictors and somatic symptoms associated with Burnout Syndrome

Among the predictors for the development of Burnout, we highlight the owning functions that require more time than the worker thinks he's able,⁹ this can lead to worker dissatisfaction with their assignments, not responding to the demands of the job, which makes him irritable and depressed, generating thus conflicts with the leadership and the team and leading to the expulsion of the clientele to face the stressful situation.¹²

It should be noted that when workers suffer physical and emotional wear and tear, are not the only ones responsible for fatigue, anger and attitude of indifference. It should be also responsible working environment, since the physical and emotional exhaustion can be caused, for example, by the unhealthiness of the place.¹⁴

In relation to somatic symptoms associated with Burnout Syndrome, the most prevalent in nursing professionals are: feeling a little time for yourself, pain in the shoulders and neck, feeling of mental tiredness, difficulties with sleep and State of continuous acceleration. In addition, workers who suffer emotional and physical exhaustion reported chronic health problems, such as insomnia, tension, headache, high blood pressure, ulcers and susceptibility to colds and flu.⁹

Evaluation according to Burnout of the Maslach Burnout Inventory

From the sample selected, 03 used the MBI, which is a self-applicable instrument consisting of 22 items in the form of assertions about feelings and attitudes including the symptomatological dimensions of Burnout Syndrome (emotional exhaustion, depersonalization and professional achievement).¹⁹ It is important that the three dimensions to be evaluated and considered in order to maintain their perspective of SIDS.²⁰ The scale used to evaluate the items can vary in studies; however, the purpose is the same, detecting Burnout Syndrome. If the professional submit high scores of emotional exhaustion and

depersonalization and low scores in professional achievement is indicative of high levels of Burnout.²⁰

Among the units studied through the application of MBI, two were the emergency Mobile Service (SAMU) and one was the emergency room of a hospital. The results found in the studies were similar for these sites if dealing with units where there are workload, intense work rate, shortage of human resources and customer service critical patients. In addition, there is still overhead of responsibilities, since the nurse carries so much assistance as administrative activities.

Personal characteristics such as gender, age, marital status, children, length of service are factors that can facilitate or inhibit the action of agents stressors and, consequently, lead to Burnout Syndrome;¹⁴ however, these personal characteristics are not individually trigger the syndrome.⁹ In table 3, one can observe the results found in the studies regarding the assessment of Burnout Syndrome in relation to symptomatological dimensions.

Table 3. Assessment of Burnout Syndrome in relation to symptomatological dimensions. Caxias, MA, Brazil, 2014.

Article	Assessment of Burnout Syndrome in relation to symptomatological dimensions
A2	55,7% of workers had a low level of EE, 37,7% had average level of SD and 37,7% had a high level of RP. Study participants were mostly female; remained stable with fellow; possessed children; had 30 to 39 years of age, with an average of 41.8 years, were nursing technicians/auxiliaries; If you were in charge, with 36 hours a week under its statutes in this link; worked less than 40 hours per week. It was noted that the 61 employees surveyed, 8,2% showed signs and symptoms of burnout; 54,1% had high-risk and 37,7% lower risk of outbreak.
A5	90% of professionals showed low to moderate level and 10% high level of EE; 80% of the participants had low to moderate levels and 20% high values of DP; 62% of professionals have moderate degree, 24% high degree and 14% low degree of RP. The professionals were, above all, assist/nursing technician, except in the high degree of RP, in which most were nurses; female; had companion/spouse, except in moderate EE degree, in which the majority had no partner/spouse and the high degree of RP, where no difference between having no partner or spouse; they had children; they had more than 40 years of age; worked for over 5 years in the SAMU and had 10 or more years of completion of the course.
A7	Most professionals were upgraded with high EE (88,9%), high (100%) and low DP RP (97,4%). The averages of EE were highest among the professionals who were 30 years old or more; Kids; income from 6 to 9 minimum wages; practiced any physical activity and did not receive any training. The DP were high in the professionals who had children; income from 6 to 9 minimum wages; practicing regular physical activity; load time up to 40 hours/week and did not receive any training. The averages were higher in PR professionals with children; income of up to 5 minimum wages; practicing regular physical activity and did not receive training.

Source: Direct Research. Caxias, MA, Brazil, 2014. Legend: A - Article, EE - Emotional Exhaustion, DP - Depersonalization, RP - Professional Achievement.

In these studies the profile of professionals was: female; age of 30 years old or more; presence of partner/spouse and children; assistants/nursing technicians, except on the A7, because the sample was only of nurses; hours of work up to 40 hours/week; more than 5 years in service; 10 or more years of completion; income of 5 to 9 minimum wages; lack of training, as can be observed in table 3.

The woman represents, historically, most of the nursing workforce and tends to produce a greater emotional exhaustion, due to double shift (work and home).^{9,12}

Regarding the age, young professionals, especially those who have not yet reached 30 years are more likely to acquire Burnout Syndrome, due to lack of confidence and the inadequate knowledge base, contributing with additional tension to the decision-making process.¹⁴ More experienced people already have a greater ability to confront and deal better with stressors.¹² However, such a result was not obtained in the three studies examined, which notes that people aged 30 years or more are more predisposed to acquire the syndrome.

In relation to the presence or absence of partner/spouse, married people or with stable mate are less likely to have Burnout,^{9,12} because experience emotion in family context with greater resistance to the syndrome before experiences.¹² The results found in this integrative review contradict the literature.

The presence or absence of children is a contested variable to researchers.¹⁴ Some studies consider that people with children have a lower propensity to Burnout,^{9,12} since the maternity/paternity brings more experience to the individual, which takes you through problems with greater maturity,¹² in addition to be a cause of balance to the professional, enabling better coping strategies of conflicts and stressors.¹⁴ Other studies claim did not find significant differences in this respect,¹⁴ fact that contradicts the data of this study that presents data on significant correlation.

As regards the level of education, people with a higher educational level have higher propensity to Burnout.⁹ In the present study, it was found that nursing technicians/assistants were more likely, which is contrary to the literature.

Another important variable is the load time of work. The overwork, due, for example, the reduced number of professionals and the presence of more than one employment, leads to emotional exhaustion, creative or physics, accompanied by difficulty for relaxation, which reduces the energy of the worker to face the situations experienced at work, in order to carry out its activities, interfering in your health and well-being.^{9,14} However, in this study, the effect is different. The greatest propensity to Burnout Syndrome was observed in workers with load time up to 40 hours/week, than in those who work more than 40 hours a week.

Regarding the time of professional performance, studies report that the longer the time of profession greater professional maturity, safety at work and the domain in situations of stress and lower physical and emotional wear and tear compared to tension,^{9,14} fact that corroborates with those found in the present study.

CONCLUSION

Burnout Syndrome is an occupational disease that can be developed in any professional; however, the nursing professionals are one of the most susceptible to this disease, especially those who work in urgent and emergency services, which are intended to meet the population with acute trauma framework, among other problems, which can lead

to suffering, disability and even death of the patient. That exposes professionals to stressors that can trigger the Burnout.

In addition, workload, professional, low-wage devaluation, poor working conditions, among other factors also affect the professional and may lead to emotional exhaustion, depersonalization and lack of professional fulfillment, i.e. the Burnout Syndrome.

Underscores the importance of this study for the population, professionals and managers to acquire knowledge about the syndrome, and may contribute to the development of coping strategies that will minimize the risks of triggering of Burnout. However, there is a need for further studies to be made on urgent and emergency services for a better understanding of the subject, especially those using the Maslach Burnout Inventory to assist in the identification of professionals more susceptible.

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Received on: 02/07/2014
Required for review: No
Approved on: 10/02/2015
Published on: 01/07/2015

Contact of the corresponding author:
Nytale Lindsay Cardoso Portela
Rua 08 Quadra 16 Casa 27 COHAB, Bairro: Nova Caxias, CEP: 65.604-400
Caxias - MA - Brasil
E-mail: nytalelindsay@hotmail.com