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BURNOUT SYNDROME: CHARACTERISTICS, DIAGNOSIS, RISK FACTORS AND PREVENTION

SÍNDROME DE BURNOUT: CARACTERÍSTICAS, DIAGNÓSTICO, FATORES DE RISCO E PREVENÇÃO

SÍNDROME DE BURNOUT: CARACTERÍSTICAS, DIAGNÓSTICO, FACTORES DE RIESGO Y PREVENCIÓN

Thaís Lorena Barbosa de França¹, Andressa Cristina Batista de Lacerda Oliveira², Lílian Felizardo Lima³, Jácia Kaline Ferreira de Melo⁴, Richardson Augusto Rosendo da Silva⁵

ABSTRACT

Objective: to present the following aspects of the scientific knowledge relating to the Burnout Syndrome: characteristics, diagnosis, risk factors, consequences and prevention. **Method:** this is an informative paper about the Burnout Syndrome, conducted by means of research in electronic databases and reading of books relating to the theme at stake. **Results:** Burnout is a psychosocial phenomenon related to the labor context, characterized by emotional exhaustion, depersonalization and lack of personal achievement. It affects workers who develop their activities in direct or emotional manner with the public and can bring physical, psychic, behavioral and defensive consequences, as well as absenteeism and removal from work. **Conclusion:** Individual and organizational strategies are crucial to the implementation of preventive and health promotion measures to combat the syndrome and/or minimize its effects. **Descriptors:** Professional Depletion; Worker's Health; Professional Diseases.

RESUMO

Objetivo: apresentar os seguintes aspectos do conhecimento científico referente à Síndrome de *Burnout*: características, diagnóstico, fatores de risco, consequências e prevenção. **Método:** trata-se de um artigo do tipo informativo sobre a Síndrome de *Burnout*, realizado por meio de pesquisa em base de dados eletrônicos e leitura de livros referentes à temática em questão. **Resultados:** o *Burnout* é um fenômeno psicossocial relacionado ao contexto laboral, caracterizado pela exaustão emocional, a despersonalização e a falta de realização pessoal. Acomete trabalhadores que desenvolvem suas atividades de forma direta e emocional com o público e pode trazer consequências físicas, psíquicas, comportamentais e defensivas, como também absenteísmo e afastamento do trabalho. **Conclusão:** estratégias individuais e organizacionais são fundamentais para que medidas de prevenção e promoção a saúde sejam implementadas para combater a síndrome e/ou minimizar seus efeitos. **Descritores:** Esgotamento Profissional; Saúde do Trabalhador; Doenças Profissionais.

RESUMEN

Objetivo: presentar los siguientes aspectos del conocimiento científico referente al Síndrome de *Burnout*: características, diagnóstico, factores de riesgo, consecuencias y prevención. **Método:** se trata de un artículo del tipo informativo sobre el Síndrome de *Burnout*, llevado a cabo por medio de investigación en base de datos electrónicos y lectura de libros relacionados con el tema en cuestión. **Resultados:** el *Burnout* es un fenómeno psicossocial relacionado al contexto laboral, caracterizado por el agotamiento emocional, la despersonalización y la falta de realización personal. Afecta a los trabajadores que desarrollan sus actividades de manera directa y emocional con el público y puede traer consecuencias físicas, psíquicas, comportamentales y defensivas, así como el ausentismo y el alejamiento del trabajo. **Conclusión:** las estrategias individuales y organizacionales son fundamentales para la prevención y promoción de la salud sean implementadas para combatir el síndrome y/o minimizar sus efectos. **Descriptor:** Agotamiento profesional; Salud Ocupacional; Enfermedades Profesionales.

¹Nurse Specialist in Occupation Nursing, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: thaislorena@hotmail.com; ²Nurse Specialist in Occupation Nursing, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: andressa_cris88@hotmail.com; ³Enfermeira Especialista em Enfermagem do Trabalho, Universidade Federal do Rio Grande do Norte/UFRN. Natal (RN), Brasil. Email: lilaa_felizardo@hotmail.com; ⁴Nurse Specialist in Occupation Nursing, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: jacia_amoreninha@hotmail.com; ⁵Nurse, Professor and PHD in Health Sciences, Department of Nursing/Post-Graduation Program in Nursing (Academic Master and Doctorate), Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: rirosendo@yahoo.com.br



INTRODUCTION

Among other things, mental health includes subjective welfare, perceived self-efficacy, autonomy, competence and self-achievement of the intellectual and emotional potential of the person.¹ When associated with worker's health, such concept indicates that being healthy or not can be determined by the interaction of the worker, its mental support structures and the elements of the work process.²

In the world of contemporary work, the forms of disciplining used to enhance productivity and quality of products can bring serious and immediate consequences to the worker's health. The forms of work organization and the work conditions imposed, characterized by increased production pressures, isolation generated by the new competitive relationships and by the search of a major focus for maintaining the job, the more intense and precarious, the more they will cause fatigue to the worker, by annulling it as a subject and a citizen and being responsible for the increase of some physical and mental pathologies of the present times, among which the Burnout Syndrome is included.²

Burnout Syndrome is a process of weakening as a result of a prolonged period of professional stress. It is a response to the chronic tension in the work place, generated from the direct and excessive contact with other people, due to constant emotional tension, concentrated attention and great professional responsibility.³

The term Burnout derives from the English verb *to burn out* which means "*queimar por completo*" ou "*consumir-se*" in Portuguese language. This term was produced by the psychoanalyst Freudenberg, who described Burnout as a feeling of powerlessness and exhaustion caused by excessive wear of internal energies and resources. He identified that fatigability, irritability, depression, annoyance, stiffness and inflexibility also played an important role in the composition of the syndrome.⁴

Brazilian laws for helping workers already encompass the Burnout Syndrome. The Ordinance nº 1339/GM of November 18th, 1999, brings, in item XII of table of Mental and Behavior Disorders Related to Work (Group V of the International Classification of Diseases - ICD-10), the term "Feeling of Being 'On edge'" as a synonym with "Burnout Syndrome" and "Professional Exhaustion Syndrome", which, in ICD-10, is coded as Z73.0.⁵

Burnout has been considered a social problem of utmost relevance and is linked to various types of personal dysfunctions, such as the onset of psychological and physical problems. In extreme cases, it can lead to total loss of labor capacity.⁶ Such syndrome involves a process characterized by three dimensions: emotional exhaustion, depersonalization and decreased professional productivity, which entail physical, psychic and social consequences, thereby directly affecting the quality of life of individual and work.² In light of the foregoing, this informative paper aims at presenting the following aspects of the scientific knowledge relating to this theme: the characteristics and diagnoses of the syndrome, risk factors, consequences and prevention. Under this perspective, this paper might help the professionals to act in the area of worker's health by expand their conceptions about this syndrome, its implications and needs for interventions.

♦ Characteristics and Diagnoses of the Syndrome

Burnout is a psychosocial phenomenon related to the labor context that affects workers who develop their activities in direct or emotional manner with the public. The Burnout Syndrome is a subjective experience of negative character constituted of negative cognitions, emotions and attitudes in relation to the job and towards people who have to relate on the basis of it.⁷ It is a response to chronic labor stress. Such response of the subject to occupational stress factors runs through three dimensions proposed by Maslach and Leiter (1999). They are: emotional exhaustion, depersonalization and lack of personal achievement.⁴

Emotional Exhaustion takes place when the individual realizes that has no longer conditions to expend the energy required by its job. Some of the causes pinpointed for exhaustion are the overload of activities and the personal conflict in relationships, among others. **Depersonalization**, considered as a typical dimension of the Burnout Syndrome, is one element that distinguishes this stress syndrome. It is presented as a way of the professional to defend itself against the emotional load derived from the direct contact with other people. Because of this, insensitive attitudes towards people in their occupational functions are triggered, that is to say, the individual creates a barrier to not allow the influence of the problems and sufferings of others in its life. The professional affected by Burnout ends up acting with cynicism, stiffness or, even, ignoring the



feelings of other people. As for **Decreased Professional Achievement**, it takes place through the sensation of dissatisfaction that the person starts to cultivate with itself and with the execution of its duties, which give rise to feelings of incompetence and low self-esteem.⁸

The first unveiled dimension is the emotional exhaustion, which is a result of the excessive demands of the job. Next, the phase of depersonalization or dehumanization takes place as a defensive response, which is characterized by psychological remoteness of the professional in relation to its customers and social relationships. Finally, the last phase arises, which is the feeling of incompetence and professional inadequacy, called decreased feeling of personal achievement.⁹

The Burnout syndrome has clinical and psychosocial perspective. The first understands the Syndrome as a stage reached by the subject as a result of stress on the work environment, and the second defines Burnout as a process developed by the interaction of the characteristics of the work context and the personal characteristics of the subject.⁷

Concerning the diagnosis of Burnout Syndrome, there are some instruments that have been used for this purpose. In Brazil, studies with the IBP - *Inventário de Burnout para Psicólogos*, which measures Burnout in psychologists; the CBB - *Cuestionário Breve de Burnout de Moreno-Jimenez*; and the CBP-R - *Cuestionário de Burnout para Profesores Revisado* (Moreno-Jiménez, Garroza & González, 2000), which are being conducted by the GEPEB - *Grupo de Estudos e Pesquisas sobre Estresse e Burnout*,⁸ however, one should highlight the instrument Maslach Burnout Inventory (M.B.I.), which is a questionnaire broadly disseminated for assessing Burnout across the world in terms of the three dimensions that, according to the psychosocial perspective, comprise the Syndrome.⁴ This questionnaire is comprised of 22 items in which the assessed individual responds with a frequency of 6 degrees, in other words, before each item, the degree of intensity and frequency is indicated, ranging from (7) totally agree to (1) totally disagree.⁶

Through M.B.I., three subscales called “emotional exhaustion”, “depersonalization” and “personal achievement” are analyzed. The “emotional exhaustion” is comprised of 09 questions, which translate feelings of being emotionally exhausted and depleted with the job. The “depersonalization”, formed by 05 items, describes impersonal responses. The

“personal achievement”, constituted of 08 questions, describes feelings at the level of capacity and success achieved in the work environment with people, and the latter is inversely correlated with the syndrome.²

As for the interpretation of the scores, a low level of Burnout is reproduced in low scores on the subscales of “emotional exhaustion” and “depersonalization”, and high scores on the “personal achievement”. An average level of Burnout is represented by average values in the scores of the three subscales; a high level of Burnout is revealed in high scores for the subscales of “emotional exhaustion” and “depersonalization”, and low scores on the “personal achievement”.²

It is worth highlighting that the isolated use of some of these instruments does not ensure a correct assessment of Burnout. It becomes necessary, in addition to the deep knowledge in this theme, the collection of information through interviews (with the person concerned, as well as with fellow workers and family members) and the assessment of the organizational conditions of the institution in which the occupational activities and instruments that allow an extensive evaluation of psychological conditions were being developed. The set of these elements will subsidize the accomplishment of a good diagnosis and including the determination of a differential in relation to stress and/or depression, as well as the verification of the extension and severity of the case.⁸

The knowledge about Burnout, as well as its assessment, is considered of crucial importance, since these factors are the first steps towards the way of maintaining health and quality of life of the worker exposed to the risk factors for this syndrome.

♦ Risk Factors

The inclusion of workers in production processes combined with technological changes that allowed companies to enhance productivity, as well as their profits, has brought with it, almost always, the exposure of workers to a variety of loads, whether in the physical or in the emotional sphere, which are causing negative impacts on their health.^{2,10}

Work stress is a result of the insertion of the individual in this context, because the work can represent a source of personal satisfaction or dissatisfaction. This happens when the work environment is perceived as a threat to the individual, which causes impact on the personal and professional scope, with demands greater than its confrontation capacity. The onset of new illnesses related to the changes introduced in the world of work



has been much pinpointed in the scientific productions of the last few decades.¹⁰

Pioneering studies on the matter took place in the 1970's and were based on the experience of workers whose duty encompassed the care of people and the provision of their needs, as teachers and workers of the health area. Nonetheless, the work also takes place within organizations with hierarchies, functions, roles, resources and interpersonal relationships (colleagues, headships, public), and the context in which the activity is performed should also be taken into account.¹¹

The Burnout Syndrome results from chronic stress, typical of the daily work, mainly when there are excessive pressure, conflicts, few emotional rewards and recognition. One of the main aspects of its occurrence is the shortage of a sense of community in organizations, such as, for example, the lack of quality in interpersonal interactions, the constant presence of conflicts, lack of support, closed groups and difficulties in team work.¹¹

Generally speaking, each and every activity can eventually trigger a process of Burnout, but some professions have been pinpointed as the most predisposing by virtue of their peculiar characteristics. The most risky occupations are those whose activities are targeted to people and that involve closer contact, preferably of emotional nature.⁸ Accordingly, Burnout was recognized as an occupational risk for professions that involve health care, education and human services.¹² In short, "the greater the incongruence among the values, expectations and objectives of the worker and its work, the greater the likelihood of Burnout takes place".^{11:24}

The Burnout indexes might differ according to individual variables, labor context, work organization and country. The perception of workers on their job is crucial in the onset of the Burnout Syndrome, mainly when the activity is seen as stressful or as involving people who hinder the environment.¹¹

According to data from the International Stress Management Association (ISMA), 18% of the professional health problems of the European community are associated with anxious diseases and depression; in the United States and in Canada, 11% of the problems are related to stress; in Brazil, it reaches 70%.² In a study of team belonging to the WHO, Burnout was considered as one of the main diseases of Europeans and Americans, along with diabetes and cardiovascular diseases.¹²

In the United States of America/USA, stress and related problems, such as Burnout,

provoke an estimated cost of more than \$150 billion annually to the organizations. The specific financial implications of Burnout should be assessed in the face of the dissatisfaction, absenteeism, turnover and early retirement caused by the syndrome. In Canada, a study showed that nurses had one of the highest rates of sick leave among all workers, which was mainly due to Burnout, stress induced by work and musculoskeletal injuries.¹²

Regarding the general population, there is little knowledge about the prevalence of Burnout. A German survey estimated that 4,2% of its population of workers were affected by the syndrome. In Brazil, the literature found in the databases used is not large in relation to Burnout and its prevalence.¹² In Rio Grande do Norte, a study conducted with 205 professionals from three university hospitals found that 93% of the participants of one of the hospitals showed moderate and high levels of Burnout.¹²

In order to enumerate the risk factors for the development of Burnout, one should take into consideration four dimensions: organization, individual, work and society. It is known that superior indexes associated with the Burnout Syndrome with regard to the organization are: bureaucracy, lack of autonomy, frequent organizational changes, lack of trust, respect and consideration among team members, inefficient communication, physical environment and its risks; the individual factors are personality pattern, locus of external control, super involvement; pessimistic individuals, perfectionistic individuals, controlling individuals, passive individuals, individuals with high expectation and idealism regarding the profession, gender, educational level, marital status. As for the labor factors, they are overload, low level of control of activities or happenings in the work environment itself, feeling of injustice and iniquity, per shift or night work, type of occupation, poor organizational support and conflicted relationship among colleagues, relationship very close to the worker - with people who must be attended -, conflicts and role. Finally, social factors are equivalent to the lack of social and family support, cultural norms and values.¹²

◆ Consequences and Implications

In literature, one can find a pretty extensive list of symptoms associated with Burnout. According to Benevides-Pereira⁸, these symptoms might be divided into *physical, psychic, behavioral and defensive*, which will be listed below:



Physical - constant and progressive fatigue, sleep disorders, muscle and osteomuscular pains, headaches, migraines, gastrointestinal disorders, immunodeficiency, cardiovascular disorders, respiratory disorders, sexual dysfunctions and menstrual changes in women. *Psychic* - lack of attention, memory changes, slowing of thinking, feeling of alienation and loneliness, impatience, feelings of powerlessness, low self-esteem, emotional instability, difficulty of self-acceptance, asthenia, discouragement, dysphoria, depression, distrust and paranoia. *Behavioral* - negligence or excess of scruples, irritability, increased aggressiveness, inability to relax, difficulty in accepting changes, loss of initiative, increased consumption of substances (alcohol, coffee, tobacco, tranquilizers, illicit substances, among others), high-risk behavior and suicide. *Defensive* - tendency to isolation, feelings of omnipotence, loss of interest in work or even for leisure, absenteeism, irony, cynicism.

It is worth emphasizing that the symptomatic manifestations will depend on the characteristics of the person (genetic factors, for example), the work environment and the stage in which the person is in the process of development of the syndrome. Thus, not all people who develop the Burnout Syndrome will present all these symptoms, and they might be expressed in different ways and at different moments in the same person.⁸

The symptomatology of the Burnout Syndrome not only brings harmful consequences to the individual affected by it. Such consequences can affect the individual in various ways, thereby interfering in the personal, organizational and social levels.¹²

The individuals who develop the Burnout Syndrome are subjected to quit the job, due to a decrease in the offered quality of service, since these individuals invest less time and energy in work activities by performing only what is absolutely necessary, besides missing more frequently. Accordingly, the individual feels unmotivated, which causes a predisposition to accidents because of the lack of attention.⁹

Under the organizational point of view, the Burnout Syndrome is highly correlated with low personal satisfaction at work, low productivity, absenteeism, turnover and decreased quality of work. The disorders due to these problems, the costs of hiring and training new employees encumber the payroll and blacken the image of the company.^{8,12}

In Social Life, one should highlight the social isolation. The individual moves away

from the group, which might affect the domestic scope with the detachment of family members, including children and spouse.⁸ Accordingly, attached to the assessment process, it is of utmost necessity to develop preventive strategies that promote the increase in quality of life and a greater balance in the work environment.

◆ Prevention

In light of the above, it is necessary and urgent that preventive and health promotion measures are implemented, in order to reduce the incidence and minimize the effects of the Burnout Syndrome.

The adoption of individual and organizational strategies is crucial to combat the syndrome and/ or minimize its effects on the workers.¹³ Under this perspective, regarding the interventions at the individual level, various cognitive-behavioral strategies seem useful to improve the abilities to confront and reduce the Burnout. Such strategies involve prevention programs against Burnout that not only help individuals to deal with stress, but to develop more positive qualities, such as a sense of meaning, gratitude and satisfaction at work, and they are especially important areas for future researches.¹⁴

In addition to the individual actions, the organization also needs to be flexible to ease up the circumstances in which they develop the work activities. Thus, the work should be organized in such a way to promote the welfare, human and material resources, autonomy of participation and decision, strategic planning, work place of the employee in a location that is best suited to its profile, resolution of conflicts in a fair way and incentives to the worker.¹⁵

The effect of recognition and feeling of justice and respect could be identified in a study conducted with the nursing workers of the first-aid sector of a university hospital. The Burnout Syndrome can be avoided, provided that the organizational culture is favorable to the execution of preventive activities, from the work in multidisciplinary teams, thereby rescuing the affective characteristics of each professional who takes care of the fellow men.¹⁶

The organization should monitor the conflicts that arise in work teams and promote spaces for discussion to seek solutions to these disagreements, as well as to soften the effects of the organizational stress. In this aspect, the managers of the institution should give special attention to the encouragement of adequate work conditions, which foster the health and welfare of its



employees by adjusting the overload of work to make it more manageable, redistributing tasks to break the monotony and favoring the resolution of interpersonal conflicts.¹⁷

The construction of groups focused on the prevention of the syndrome is an important point for its prevention. Within these groups, workers of different positions can gather to exchange information, guidelines and experiences, as well as feelings such as frustration, dissatisfaction, anguish and everyday stress and on the most varied questions related to work.¹⁸

Under this perspective, it is essential to act in these organizational aspects by allowing a pleasant and democratic work environment, where the employees can influence in the decision-making processes.¹² This can be evidenced in a work conducted with teachers by a psychopedagogue, which revealed that the reflective group allows educators to talk and face their problems in order to understand them and pursue a solution.¹⁸ This strategy proves to be a nice alternative to avoid mental diseases such as the Burnout Syndrome. The adoption of strategies that contribute to improvements in the work environment, by making it less stressful, affects not only professionals, but also those around them, institutions and society.¹⁰

The solution of this syndrome is focusing their actions on preventive programs that normally emphasize three levels: Programs focused on the individual's response, which provide the individual with conditions to have responses to negative or stressful situations; Programs focused on the occupational context, which seek the improvement of the conditions in the work environment and Programs focused on the interaction between the occupational context and the individual. The latter seeks to combine the individual and its occupational context, with the aim at modifying the labor conditions and also the individual's ways of confronting troubles in the face of situations of occupational stress.⁹ Nevertheless, before following these preventive programs, it is necessary to adopt a cognitive perspective-behavioral that establishes some steps to the pursuit of prevention: didactic exposure about stress and Burnout (knowledge of the problem), discovering the causative agent of the problem (recognition of the problem and personal profile), learning confrontation strategies in relation to the problem and the pursuit of the solution to modify it or adapt it to the individual (problem-oriented confrontation).⁹

The professions that are subjected to the overload of movement and occupational tension, such as, for example, those present in a first-aid sector, require the existence of a periodic monitoring of the mental and physical health of these workers by encouraging the practice of physical exercises, balanced diet at the correct times, a good sleep, moments of leisure and enjoyment for the individual to know how to manage time and learn to say "no". These and others are ways of reducing tensions, thereby improving and avoiding damages to the worker's health.¹⁶

The prevention of the Burnout Syndrome is also favored by the family support. The worker's family is a very interesting factor in the prevention of Burnout. Workers who have children and are married or have a steady partner are less prone to acquire Burnout. This demonstrates that the affection that the family offers is able to relieve the tensions and conflicts that workers undergo as a result of their jobs.¹⁹

CONCLUSION

The Burnout Syndrome is a psychosocial phenomenon related to the labor context resulting from the chronic stress, typical of the daily work. It is characterized by emotional exhaustion, depersonalization and lack of personal achievement.

The most risky occupations are those whose activities are targeted to people and that involve closer contact, with emotional nature. The risk factors for the development of Burnout are arranged in four dimensions, which are related to organization, individual, work and society.

The symptoms can be divided into physical, psychic, behavioral and defensive, and their consequences can affect the individual in the personal, organizational and social levels. The Burnout indexes, in different occupations, might be changed due to individual variables, labor context, work organization and country. Brazil does not have statistics on the prevalence of this problem, which hampers the knowledge of the actual magnitude of the syndrome and, consequently, postpones the elaboration and implementation of strategies to prevent and control this problem.

Given the complexity of the Syndrome and its power of commitment in personal, social and occupational life of the worker, which might lead to the need for removing itself from the job, the adoption of individual and organizational strategies is crucial to combat the syndrome and/or minimize its effects on the workers.



REFERENCES

1. Organização Mundial da Saúde (OMS). Relatório sobre a saúde no mundo 2001: Saúde mental: nova concepção, nova esperança. Suíça: Office of Publication [Internet]. 2001 [cited 2013 Mar 15]; 150p. Available from: <http://www.dgs.pt/upload/membro.id/ficheiros/i006020.pdf>.
2. Ribeiro MCS. Enfermagem e Trabalho: fundamentos para a atenção à saúde dos trabalhadores. 2nd ed. São Paulo: Martinari; 2012.
3. Areias MEQ, Comandule AQ. Qualidade de vida, estresse no trabalho e Síndrome de Burnout [Internet]. In: Vilarta R. et al. Qualidade de vida e fadiga institucional. Campinas: IPES Editorial; 2006 [cited 2013 Apr 02]:183-202. Available from: http://fefnet172.fef.unicamp.br/departamentos/deafa/qvaf/livros/foruns_interdisciplinares_saude/fadiga/fadiga_cap13.pdf
4. Silva DCM, Loureiro MF, Peres RS. Burnout em profissionais de enfermagem no contexto Hospitalar. Psicol hosp (São Paulo) [Internet]. 2008 [cited 2013 Mar 03];6(1):39-51. Available from: http://pepsic.bvsalud.org/scielo.php?pid=S1677-4092008000100004&script=sci_arttext
5. Brasil. Ministério da Saúde (Brasil) [Internet]. Portaria nº. 1339/GM de 18 de novembro de 1999. Brasília: Ministério da Saúde; 1999 [cited 2013 Mar 05]. Available from: http://portal.saude.gov.br/portal/arquivos/pdf/lista_doencas_relacionadas_trabalho.pdf
6. Wiltenburg DCD. Síndrome de Burnout: conhecer para prevenir-se, uma intervenção necessária [Internet]. São Mateus do Sul; 2009 [cited 2013 Apr 08]. Available from: <http://www.diaadiaeducacao.pr.gov.br/portals/pde/arquivos/2338-8.pdf>
7. Carlotto MS, Camara SG. Síndrome de Burnout: uma doença do trabalho na sociedade de bem-estar. Aletheia [Internet]. 2007 [cited 2013 Mar 13];(25):203-5. Available from: http://pepsic.bvsalud.org/scielo.php?pid=S1413-3942007000100016&script=sci_arttext
8. Benevides-pereira, AMT. Burnout: quando o trabalho ameaça o bem estar do trabalhador. 3rd ed. São Paulo: Casa do Psicólogo; 2008.
9. Maslach CP, Leiter PM. Fonte de Prazer ou Desgaste? Guia para vencer o estresse na empresa. Campinas: Papirus; 1999.
10. Rissardo MP; Gasparino RC. Exaustão emocional em enfermeiros de um hospital público. Esc Anna Nery Rev Enferm [Internet]. 2013 [cited 2013 Mar 15];17(1):128-32. Available from: http://www.scielo.br/scielo.php?pid=S1414-81452013000100018&script=sci_arttext
11. Palazzo LS, Carlotto MS, Aerts DRGC. Síndrome de Burnout: estudo de base populacional com servidores do setor público. Rev saúde pública [Internet]. 2012 [cited 2013 Mar 15];46(6):1066-73. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102012000600017&lng=pt
12. Trigo TR, Teng CT, Hallak JEC. Síndrome de burnout ou estafa profissional e os transtornos psiquiátricos. Rev psiquiatr clín (São Paulo) [Internet]. 2007 [cited 2013 Mar 15];34(5):223-33. Available from: <http://www.hcnet.usp.br/ipq/revista/vol34/n5/223.html>
13. Batista JBV. Síndrome de Burnout: Compreensão de profissionais de enfermagem que atuam no contexto hospitalar. J Nurs UFPE on line [Internet]. 2013 [cited 2013 Mar 05];7(2):553-61. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3911/pdf_2069
14. Morse G, Salyers MP, Rollins AL, Devita MM, Pfahler C. Burnout in Mental Health Services: A Review of the Problem and Its Remediation. Adm policy ment health [Internet]. 2012 [cited 2013 July 03];39(5):341-52. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3156844/?tool=pubmed>
15. Moreno FN, Gil GP, Haddad MCL, Vannuchi MTO. Estratégias e intervenções no enfrentamento da Síndrome de Burnout. Rev enferm UERJ [Internet]. 2011 [cited 2013 Oct 13];19(1):140-5. Available from: <http://www.facenf.uerj.br/v19n1/v19n1a23.pdf>
16. Jodas DA, Haddad MCL. Síndrome de Burnout em trabalhadores de enfermagem de um pronto socorro de hospital universitário. Acta paul enferm [Internet]. 2009 [cited 2013 Mar 04];22(2):192-7. Available from: <http://www.scielo.br/pdf/apv/v22n2/a12v22n2.pdf>
17. Tamayo MR. Burnout: Implicações das fontes organizacionais de desajuste indivíduo-trabalho em profissionais da enfermagem. Psicol reflex crit [Internet]. 2009 [cited 2013 Jan 14];22(3):474-82. Available from: http://www.scielo.br/scielo.php?pid=S0102-79722009000300019&script=sci_arttext
18. Angelini RAVM. Burnout: a doença da alma na educação e sua prevenção. Psicopedagogia [Internet]. 2011 [cited 2013



Mar 04];28(87):262-72. Available from:
<http://pepsic.bvsalud.org/pdf/psicoped/v28n87/07.pdf>

19. 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 [Internet]. 2009 [cited 2013 Mar 04];25(7):1559-68. Available from:
<http://www.scielo.br/pdf/csp/v25n7/14.pdf>



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Correspondence Address

Thaís Lorena Barbosa de França
Rua Predidente Getúlio Vargas / Centro
CEP 59570-000 - Natal (RN), Brazil