ABSTRACT

Objective: to identify the characteristics of Burnout Syndrome by nursing professionals. Method: a descriptive study of quantitative and qualitative approach. The data were collected through a questionnaire and semi-structured interviews with 22 professionals working in the Adult, Pediatric and Neonatal Intensive Care Unit. For analysis there were coded and entered into an Excel spreadsheet for structuring tables and interviews analyzed according the Technic of Analysis of Content. The project was approved by the Research Ethics Committee, Protocolo n° 0082/2011. Results: the most prevalent rates were found in relation to emotional exhaustion (EE) averaged 40.0%, reduced professional accomplishment (RP) averaged 72.2% and depersonalization (DE) averaged 66.7%. Conclusion: in the dimensions of emotional exhaustion, depersonalization and personal accomplishment were found the most significant information about the work stress, but also identified that 75% presented compatible scores with high risk for burnout. Descriptors: Burnout; Nursing; ICU; Occupational Health.

RESUMO

Objetivo: identificar características da Síndrome Burnout pelos profissionais de enfermagem. Método: estudo descriptivo de abordagem quantitativa e qualitativa. Os dados foram coletados por meio de um questionário e entrevista semiestruturada com 22 profissionais que atuam em Unidade de Terapia Intensiva Adulto, Pediátrico e Neonatal; para a análise, foram codificados e digitados em planilha Excel para estruturação de tabelas e as entrevistas analisadas de acordo com a Técnica de Análise de Conteúdo. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo n° 0082/2011. Resultados: os índices mais preponderantes encontrados foram em relação à exaustão emocional (EE) média 40,0%, reduzida realização profissional (RP) média 72,2% e despersonalização (DE) média 66,7%. Conclusão: nas dimensões de exaustão emocional, despersonalização e realização profissional foram encontradas as informações mais significativas quanto ao estresse laboral, como também se identificou que 75% apresentam escores compatíveis com alto risco para Burnout. Descriptores: Burnout; Enfermagem; UTI; Saúde do Trabalhador.

RESUMEN

Objetivo: identificar las características del Síndrome de Burnout por los profesionales de enfermería. Método: estudio descriptivo de abordaje cuantitativo y cualitativo. Los datos fueron recolectados a través de un cuestionario y de entrevistas semi-estructuradas con 22 profesionales que trabajan en la Unidad de Cuidados Intensivos de Adultos, Pediátricos y Neonatales; para el análisis fueron codificados y escrito en hojas de cálculo Excel para la estructuración de las tablas y las entrevistas analizadas según la Técnica de Análisis de Contenido. El proyecto fue aprobado por el Comité de Ética de Investigación, el Protocolo n° 0082/2011. Resultados: los índices más frecuentes encontrados fueron en relación al agotamiento emocional (EE) promediado 40.0 %, una baja realización profesional (RP) con un promedio del 72,2% y despersonalización (DE) fue de 66,7%. Conclusión: en las dimensiones de agotamiento emocional, despersonalización y realización personal fueron encontradas las informaciones más significativas sobre el estrés en el trabajo, como también se identificó que el 75 % tenía puntuaciones en consonancia con alto riesgo para Burnout. Descriptores: Burnout; Enfermería; UCI; Salud del Trabajador.
INTRODUCTION

The world of work has undergone over the years several changes resulting from processes such as globalization, increased instrumentation technology, competitiveness, loss of sense of community among others. It has put the professional environment as a space that does not provide personal satisfaction. So detects that persists the idea of a workplace efficient as a machine, rather than a safer and healthier for the individual, it was possible to realize their potential through an activity that will later serve as a source reward.¹

Studies have gradually become numerous and there are now in the literature for different denominations burnout. The syndrome is referred to as: work stress, job stress, stress care, occupational stress, neurosis or neurosis professional excellence, burnout syndrome and syndrome burn up the work, which often hinders a survey of research in the area². Most authors are in agreement that the burnout syndrome is a feature of the workplace, resulting in chronicity of occupational stress and produces negative consequences at the individual, professional, family and social level.²

The burnout syndrome is characterized by three components: emotional exhaustion, reduced personal accomplishment and depersonalization. The first refers to feelings of fatigue and reduced emotional resources needed to deal with the stressful situation. The second refers to the perceived deterioration of self-capacity and lack of satisfaction with the achievements and successes of himself at work. The third component refers to negative attitudes skepticism and insensitivity with respect to disregard others.³

In recent years the level of physical and emotional exhaustion of workers has reached epidemic levels and is considered a problem of the working environment and the way it is organized. However, many are seeking improvements interventional strategies based only on the individual actions.¹ Thus, it is understood that studying the manifestation of occupational stress among nurses allows us to understand and elucidate some problems, such as job dissatisfaction, low labor productivity, absenteeism, accidents and some occupational diseases, as well as allowing proposing interventions and seeking solutions.⁴

Burnout has been considered the opposite of engagement in work and reflects the organization failed to create a quality professional practice within your work environment. Being related to those professionals who give much of their time, energy and effort over a long period, without adequate time to recover physically or emotionally.⁴

In general, stressors are more strongly related to the work itself than the personal or biographical factors. The most important predisposing factors are: role conflict, loss of control or autonomy and lack of social support. Moreover, the very context of decline in financial circumstances, unemployment, social and economic insecurity contributes to the increased risk of burnout.⁷

It is noteworthy that the reduced professional accomplishment at work is expressed as the trader feels inefficient and experiences a growing sense of failure: lose confidence in their ability to develop their work and, as they do not have confidence in yourself, your colleagues also lose confidence in the activities developed by it. This issue can also be targeted to recent graduates who are starting to practice and does not have the professional stability strengthened.¹

Because it is a group of nursing professions most stressful due to the constant physical and psychological proximity with client/patient and family, excessive workload required by the disability of professionals, complex procedures, night jobs, greater exposure to accidents. Why are health professionals who spend more time in contact with the patient and their relatives within the work environment, is a large group with a predisposition to develop the syndrome. The implications for health due to that fact is relevant, since the high frequency of absences from work, inquiries, job abandonment and deterioration of service quality have a negative impact on the effectiveness of care provided to patients.⁶

Given the above, it is important to highlight the growing concern about working conditions, and consequently the risks that nursing is exposed. Therefore, considering the Intensive Care Unit in an environment which requires permanently Nursing Care and maximum staff efficiency, the interest in discussing the issue, with the objectives:

- Identify features of Burnout Syndrome by nursing professionals.
- Investigate the levels that identify burnout in professional nursing.
- Check factors recognized as stressors in the workplace of these professionals.
This is a descriptive study with qualitative and quantitative approach, developed in the Adult, Pediatric and Neonatal Intensive Care Unit of a philanthropic/private Hospital, located in the municipality of Anápolis /GO, Brazil. The population studied included all professionals who make up the nursing staff in ICUs active adult, pediatric and neonatal.

To meet the objectives proposed in this study, was used as an instrument of data collection the MBI (Maslach Burnout Inventory): The MBI is a self-administered instrument that has been applied throughout the world, adapted and translated to several languages, including Portuguese. The MBI questionnaire consists of 22 items and the issues related to Emotional Exhaustion involve items 1-9 of the Maslach inventory (MBI). The Low Professional Achievement involves issues 10-17 and Depersonalization refers to questions 18-22. The way to score all items surveyed adopts Likert scale ranging from zero to six, being: (0) never, (1) once a year or less, (2) once a month or less, (3) a few times a month, (4) once a week, (5) a few times a week (6) everyday. MBI was added to a questionnaire on socio-demographic data. To compose the research objectives also conducted interviews, and these were recorded in MP3 and transcribed manually on A4.

To analyze whether the Burnout Syndrome used the values of the scale of the MBI, developed by NEPASB (Center for Advanced Studies and Research on the Burnout Syndrome) that defines how Burnout syndrome the presence of values above 26 for the dimension Exhaustion emotional (EE), up 9 for Depersonalization (DE) and below 33 for Professional Achievement (RP), the three criteria cited. The results of high, medium and low, research developed in Spain, USA, Netherlands and Brazil, also called cut points are presented in Figure 1.

The data were properly coded and entered in a spreadsheet (Microsoft Excel) for structuring tables in order to study the variables established for research, according to socio-demographic characteristics, the results obtained in the dimensions that make up the Burnout syndrome, exhaustion emotional (EE), depersonalization (DE) and reduced personal accomplishment (RP), and organizational factors identified as predictors of Burnout for this sample surveyed. Oral information collected during the application of semi-structured interviews were recorded, transcribed and analyzed using the technique of content analysis proposed by Bardin. The systematization of data basically follows three stages: pre-analysis, description and interpretation of analytical reference.

The research follows all ethical standards, in accordance with Resolution 196/96 of the National Health Council and was approved by the Ethics Committee in Research of UniEvangelica letter n° 0082/2011.

### RESULTS AND DISCUSSION

- **Presentation and characterization of the sample surveyed. Socio-demographic characteristics.**

  There were invited to participate in the study, 38 professionals working in the Intensive Care Unit, with a response rate of 57.9% of the professionals. The losses were related to rejection and do not fit the inclusion criteria.

  The sample comprised 100% of the participants were female, and 54,5% were married predominant age group between 20 and 30 years 64,0%, average 36,0% extremes 31-50 years. As for professional categories, it was found that 18,2% were nurses, 81,8% nursing technicians and 50% of this population worked in the evening, the evening 27,3% and 22,7% in the morning, according to the table 1.
In relation to the time of performance of the subjects in the ICU 54.6% had <5 years. The working time per week generated the presence of two groups being that the workload that prevailed was 42 hours per week representing 77.3%.

The study population was comprised predominantly women aged between 20 and 30 years old and married. These results were in accordance with other research where 85% of the population was composed of women and the female gender has been considered by studies as a predisposing factor to burnout. Thus, consisted that women are more stressed, and this may be a result of dedication to the activities related to family life and domestic activities.

Age is a factor triggering the burnout syndrome as authors reported similar findings which suggested that nurses Brazilians who are beginning their careers may prove frustrated with work present sense of alienation by little experience and possess an understanding on the scope unrealistic and limits of their practices. These professionals was observed that the proportion of women comes against the profile of the profession, which is performed mostly by women and is also noted that the sample was composed of young, married, with less than five years in the ICU, early career and family responsibilities. These facts combined with acting in a closed environment, with critical patients, which requires extreme care and responsibility, generating an alert condition, it develops an accumulation of elements stressors that can lead to burnout.

With regard to the weekly schedule of work 22.7% of the participants made explicit linking with another institution, which sets up a load of >42 hours weekly. Increasingly it is evident that most nurses need to supplement their income, and thus fulfill a high workload. Can be argued that these data are consistent with another study in which nursing professionals that combine more than one job had higher frequency of high level in the three dimensions of burnout, and the double shift is a factor to be noted that predisposes SB.

The majority of the sample worked in the evening. These were more receptive to attend and answer questions concerning the research. Mostly prefer to work at night to be able to afford the time for daytime activities related to family life and domestic activities. Others reported to count on the extra night which makes a difference in the family household budget. This result arises from the need to improve the family income, a common practice among nursing workers, mostly affecting the development and this often affects the commitment of work activities due to tiredness and exhaustion generated.

The health professionals have their workload increasingly exhaustive. Are subject to work in difficult conditions by the need for shifts, double shifts, and need to be in a constant process of improvement. This proved to be present in various situations where the professional and working together, attending college aiming to improve themselves and improve the pay and working conditions, or were already in search of specializations as in the case of nurses in the sample.

- Description of the results of the MBI (Malasch Burnout Inventory) in its dimensions.

### Table 1. Social and demographic characterization of the subjects interviewed, Anápolis-GO, 2011.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 30</td>
<td>14</td>
<td>64.0</td>
</tr>
<tr>
<td>31 - 40</td>
<td>4</td>
<td>18.0</td>
</tr>
<tr>
<td>41 - 50</td>
<td>4</td>
<td>18.0</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Married</td>
<td>12</td>
<td>54.5</td>
</tr>
<tr>
<td>Unstable Union</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Professional Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Technician</td>
<td>18</td>
<td>81.8</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>Period of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matinal</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Vesper</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Nightly</td>
<td>11</td>
<td>50.0</td>
</tr>
<tr>
<td>Professional performance time in ICU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>12</td>
<td>54.6</td>
</tr>
<tr>
<td>5-10 years</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Weekly workload</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 h</td>
<td>17</td>
<td>77.3</td>
</tr>
<tr>
<td>&gt;42 h</td>
<td>5</td>
<td>22.7</td>
</tr>
</tbody>
</table>
The Burnout scale attempts to identify aspects related to labor relations and conditions that trigger the syndrome by assessing three components: emotional exhaustion, depersonalization and personal accomplishment. To analyze the presence of burnout syndrome was considered to obtain average 40% of nursing professionals surveyed, ranking high in 26,7% and low ranking in 33,3% (Table 2). Similar data were found in a study conducted with nurses in the Intensive Care Unit in São Paulo as the identification of burnout, it was found that 26,47% have a high level of emotional distress. 

Frequently values in each dimension point had 40% of the average professional level of emotional exhaustion, 66,7% had a medium level of depersonalization and 72,2% had a medium level to professional realization shown in Table 2.

Table 2. Results obtained in dimensions emotional exhaustion (EE), Depersonalization (DE) and Professional Achievement (RP) in the sample surveyed (n = 22) Anápolis-GO, 2011.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>EE</td>
<td>4</td>
<td>26,7</td>
<td>6</td>
<td>40,0</td>
</tr>
<tr>
<td>RP</td>
<td>5</td>
<td>27,8</td>
<td>13</td>
<td>72,2</td>
</tr>
<tr>
<td>DE</td>
<td>3</td>
<td>20,0</td>
<td>10</td>
<td>66,7</td>
</tr>
</tbody>
</table>

With regard to the limits established by NEPASB, it was found that 26,7% of professionals had high ratings for emotional exhaustion, 20% high rating for depersonalization, however no professional ranked low for professional achievement, characteristics that set these diagnostic manifestations of burnout. With that participants had no diagnosis for burnout. These data are consistent with a study conducted in nursing who worked in hospital care in a hospital in Serra Gaucha where they found high 20,1% rating for EE, 14,6% high rating for DE and professional achievement showed no punctuation low rating. Other research is consistent with these findings and there was no diagnosis of burnout among interviewees.

Was considered risk for burnout one that in two of the criteria had been met, the completion of only one criterion cannot be considered risk, or the absence of burnout, which is characterized by values below those for emotional exhaustion and depersonalization and above referred to professional achievement. These criteria 75% of the participants presented themselves at high risk for manifestation of SB, and 25% were low risk for SB. This feature is distinct from the study in Londrina showed that 47% among subjects with high and moderate risk of developing the syndrome, indicating an ongoing process.

Because it is a study in an environment that often exposes employees to stressful events, the ICU is a place conducive for diagnosis of burnout. However, the average values for each scale burnout are told that the nurses of the unit studied positively face the demands of the service, which does not mean that this work is not stressful, but that coping strategies may have been developed for administration this stress.

The results show a predominant classification for emotional exhaustion on professional involvement. This result goes in the


Burnout Syndrome in nursing professionals...

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English/Portuguese


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opposite direction to what the literature reports, in which 29.41% nurses in the ICU have a high level of professional incompetence.10

Regarding depersonalization participants show a distribution of 66.7% with average rating, 20% rated high and 13.3% in low ranking. Higher values are presented in a study of ICU nurses, where 26.47% nurses have a high level of depersonalization.10 The depersonalization is a resource used by the trader to face the emotional and physical exhaustion experienced by him. The Depersonalization seeks to analyze the change of attitude that leads the practitioner to a cold and impersonal contact with the users of their services, which in our case is the population of nurses with their patients. We observed attitudes of cynicism and irony towards people and indifference to what might happen with the other.1

It is suggested to carry out further studies larger samples are used, increasing the consistency of the data and allowing ratings prediction among the variables.

● Characterization of stressors in the environment of the Intensive Care Unit (ICU).

●● The daily of professional life of ICU: physical activities and leisure.

Analyzing the extra-laboral activities performed by subjects, it was observed that, paradoxically, health workers know the numerous benefits of regular physical activity, even in order to prevent stress and yet, not develop.

In this research we found only 27.3% of the individuals who practice some physical activity systematically, and 72.7% of the subjects developed this practical reference not feel encouraged to do so. The subjects who developed some physical activity in the past reported to have abandoned for reasons of exhaustion and lack of time, which led to inactivity.

[...] I’m totally sedentary. I’ve done gym, but I have more courage for that, I’m so tired I do not even think about going back [...] (S 18).

[...] No, I tried to walk and taste, but I’m not willing [...] (S 22).

[...] I used to walk every day. But it has a couple of years I stopped because there is no time to be able to do it and be with the family. However those who do not develop any leisure activity justified by feeling very tired, no courage, and use the free time to sleep and or study and leisure is not a priority in their lives.

Research shows that the use of leisure time and recovery work, are related to the welfare of the people, concluding that leisure activities and stress level down, in the work situation, independently contribute to the well-being of people.18

Highlighted here are the symptoms defensive, that fall into the tendency to isolation, loss of interest in work and even for leisure, reported by survey participants which relate to being available to practice physical activity or leisure time, but feel so tired that leave things for later prefer to rest and hang out with other people or have leisure time.

[...] Work, work, work, then I have no leisure time...[...] (S 14).

[...] When you have an event you go to a birthday something, you will not let power go to sleep, you will rest, just like losing those moments of pleasure, it is [...] (S 12)

It was found that most respondents had high risk for Burnout, and 12 do not practice any physical activity. Note that the completion of activities produces relaxation and pleasure can absorb the impact of stressors. The absence of pleasure is seen as indicative of the lack of time to be able to practice activities running tension of daily work, which is essential to their productivity, return personally and professionally.

● Presence of stress factors in nursing work in the Intensive Care Unit

In Intensive Care Units, to the practice of nursing quality, nursing professionals need constant attention in relation to critical customer what characterizes a stressful job.

The scarcity of materials was considered as one of the problems encountered in the work the hormone responsible for feelings of pleasure.17

As for the practice of leisure most survey participants, 63.6% of subjects in the habit of enjoying it, and not having time for this key activity was reported by 36.4% of subjects. Among the options for leisure punctuated by the subjects are: Go out with friends, going to the movies, walks in the park, travel, dating, watching television, reading, listening to music, going to church, share more time with family. However those who do not develop any leisure activity justified by feeling very tired, no courage, and use the free time to sleep and or study and leisure is not a priority in their lives.
environment, a fact that generates situations of stress on nursing staff. Care is interrupted by the need to search for materials in supporting industries as pharmacy by nursing staff. It is the accumulation of tasks as well as increased attention to responsibilities as customers.

The lack of materials often requires improvisation, thereby generating dissatisfaction among professionals involved, which in turn contributes as a trigger for stress. The lack of suitable conditions for performing quality work emerges tiredness professional.

[...] Stressful time at work, just missing materials or need more, there is that part of us is so concerned, there's no way to make the procedure that is missing [...] (S10).

[...] There's a lot we upset too, stresses, eg go to the pharmacy, brings that pile of cash to box up the head, oh here comes the ICU has yet to do service for you... These things stress; it should be more organized [...] (S 06).

Environmental stress most often cited was the permanence of sounds and noise nuisance, from the apparatus, connected to patients, such as infusion pumps, incubators, dialysis machine, and various monitors. This represented 68.2% of respondents who feel stressed/annoyed by the noise. We show this result in the following narrative:

[...] The sound is also very patient when serious... There the noise oximeter, ventilator that bothers ... [...] (S 02).

[...] But ... noise hemodialysis is stressful. Stressful, our 4-hour hemodialysis you go out with your head bursting [...] (S 08).

[...] The noise inside the ICU for us it is just too stressful there comes a point that we do not notice, we hear it's there, it's the alarm of the incubator, is the alarm monitor, or heated crib is a baby crying and noise even that employees end up doing everything becomes so sensitive to our ears that bother much and we will feel it at the very end of the shift [...] (S 22).

The high level of noise is an occupational hazard that can affect environmental health and performance of nursing staff, reducing job satisfaction and leading to burnout among professionals involved in intensive care.19

[...] Stressful time at work, just missing materials or need more, there is that part of us is so concerned, there's no way to make the procedure that is missing [...] (S10).

[...] There's a lot we upset too, stresses, eg go to the pharmacy, brings that pile of cash to box up the head, oh here comes the ICU has yet to do service for you. These things had to be stressed more organized [...] (S 06).

It was evident in the statements that most respondents have some symptom that indicates the stress associated with working conditions. The reality of health work reveals that workers are forced to deal with the shortage of human and material resources, leading the nursing staff to accelerate their paces labor. In addition, professional requirements and rising unemployment, coupled with the competitive system, the worker becomes increasingly anxious and sick building a framework in which to develop various psychosomatic problems.20

The task workload was reported by most participants. ICU requires the activities of nursing an intense pace and speed. The quantitative deficit of headcount generates overhead activities, job dissatisfaction and increased physical and mental. A key point made and considered stressor was workload, proven as reported below:

[...] First the workload that pulled me is super, super stressed I leave here I do not even want. [...] (S 22)

[...] But here so demand is very large and it just stresses, enclosed environment such, we are very charged, rarely recognized for what we do [...] (S 18)

[...] Here workload, closed environment very stressful, a lot of pressure... [...] (S 15)

The workload has been one of the variables identified as predisposing to burnout. Concerns both quantity and quality excessive demands that exceed the performance capacity, due to insufficient technical, time or organizational infrastructure.2 This fact is also confirmed in a study where nearly half of nursing staff felt overloaded with respect to activities engaged in their daily lives.14 To assess the relationship between workload of nurses, the ergonomic aspects of the activity and psychological distress, could contribute satisfactorily in research and scientific interest in improving productivity and achievement of work labor.21

The organization of work are included in addition to the overhead, other stressors regarding the work are cited as disability professionals which results in a larger number of customers for each employee as respondents argue below, the excessive workload and shifts of weekend as extremely stressful factors.

[...] Our work if only the 6 hours I think was interesting when the weekend arrives you fold, you deplete our all thy strength, there comes the second you're exhausted [...] (S 08).
 [...] I do not think that in the ICU most of the things are stressful; we always deal with severe patients, right? [...] (S 11).

 [...] Here workload, closed environment very stressful, a lot of pressure [...] (S 15).

The nursing staff, mostly working in unhealthy environments and painful, they do not provide adequate conditions for their health, which provides job insecurity, either by excessive mental and physical labor, the accumulation of hours worked by poor remuneration or the employment relationship with that comes instability. This reality of poor working conditions just repercussions for the health of the worker, causing him to physical and mental illnesses.20

It was observed by the testimony that the deficiency of resources and inadequate working conditions can generate nursing staff feelings of distress and discouragement resulting eventually stress.

 [...] The lack of infrastructure and resources makes it very difficult; I am a nurse responsible for 2 units ICU and emergency department at night [...] (S 20).

The accentuation of the conflict between the requirement of skilled labor and the real possibilities of their implementation, especially in the area of health professions that require continuing attention to every gesture in the work, made the Burnout Syndrome a phenomenon of high prevalence, affecting in family and social relationships.2 The nursing staff, most often presents difficulties to identify what is happening in your life and your health, suffering great physical and psychological.20

The work in hospitals usually exposes workers to various stressors such as long working hours, exposure to biological hazards, and stress, and low pay, direct contact with pain, suffering and death, which often requires a greater emotional control than in other professions. The trader has to manage with seriously ill patients and must share with the sick and their families the anguish, pain, depression and fear of suffering.2

It considers that currently there is a greater concern for the health of individuals who perform their duties in health care organizations. The hospital is one of the contexts of risk to occupational health. An employee who works in hospitals is exposed to various occupational stressors that directly affect their well-being. Thus, occupational stressors, when persistent, can lead to burnout syndrome.21

Professionals working in the Intensive Care Unit, the specificity of their work, are exposed to the risk of occupational stress, physical and emotional exhaustion, and consequently Burnout. Thus, it is considered that these professionals require more complex evaluations and professional monitoring.

**CONCLUSION**

Whereas the Burnout syndrome is related to chronic emotional tension generated from direct contact with other human beings too, the population is vulnerable to the development of the syndrome, as it keeps constant contact with patient/family factors that predispose to burnout.

This study surveyed a group of workers consisting mainly of women, predominantly between 20 and 30 years, 81,8% nursing technicians, 50% worked at night and 54,5% with less than 5 years in the ICU.

The results show average levels for the dimensions of emotional exhaustion, depersonalization and personal accomplishment. Investigating the work stress experienced by workers ICU identified that 75% had scores consistent with high risk for burnout. The ICU is considered by the team that it acts as a tense and stressful environment, due to the present factors that generate stress.

Nursing professionals working in ICU spend a long time in contact with patients constitute a population with high predisposition to the development of burnout syndrome (BS). However, the SB is a consequence of stressful events experienced by professional within your work environment.

In this sense the main factors causing stress during care in the ICU evidenced by the subjects were: work overload, lack of infrastructure, resources, excessive workload, noise, noises, severity of patients, staff shortages. As the ICU environment is already considered exhausting added to these factors causing stress manifests a concern because there is a significant impact on quality of care.

It is evident that issues relating to worker health are incorporated into discussions in the workplace and so proposals for improvements of working conditions especially in relation to the effective and workload. Since the nursing staff is inserted into a specific group that operates in working condition generating extenuating factors those directly affect their health.

Therefore it is up to the nurse, as the manager, opening participatory discussions, entering his staff on issues relating to worker health seeking quality of life at work, providing for the exchange of knowledge
structuring a healthy work environment. Thus contributes to the knowledge of the problems and their boundaries, beyond resolutions and personal satisfactions, giving rise to a group planning assistance measures labor.

As the nursing profession in which the employee lives under heavy load and this psycho-emotional stress experienced daily by nursing professionals can result in discouragement, frustration and lack of productivity at work, hence high risk for SB. Thus it is noteworthy that the Burnout influence and undermines the effectiveness of the work done and the quality of life of these professionals.

It is therefore important to know about burnout and its prevention, early detection which allows for interventions aimed at how best to preserve the occupational health nursing workers. Creating spaces

This study is not exhaustive but sheds scientific basis in order to awaken in researchers and health professionals to developing alternatives to improve working conditions for components of the nursing staff in critical environment.

REFERENCES