**PROFESSIONAL EXHAUSTION AND COMMON MENTAL DISORDERS IN
ONCOLOGICAL NURSES**
**ESGOTAMENTO PROFISSIONAL E TRANSTORNOS MENTAIS COMUNS EM ENFERMEIROS
ONCOLÓGICOS**
**AGOTAMIENTO PROFESIONAL Y TRANSTORNOS MENTALES COMUNES EN ENFERMEROS
ONCOLÓGICOS**

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ABSTRACT

Objective: to investigate the existence of Professional Exhaustion Syndrome and Common Mental Disorders in oncologist nurses. **Method:** a quantitative, correlational study with oncologist nurses. Data collection used a semi-structured script and the Maslach Burnout Inventory (MBI). **Results:** 29 female oncologists participated, the majority being female, with a mean age of 32.6 years, and the prevalence of Common Mental Disorders was 27.6%. There were the three dimensions suggestive of Burnout in 6.9% of the nurses; another 6.9% in two dimensions, and 41.4% in at least one dimension. The variables stress and self-esteem showed a significant correlation. Among these dimensions, there was a statistically significant correlation between one of them and Common Mental Disorders. **Conclusion:** nurses oncologists presented high level in some of the dimensions of Burnout. The contribution of this study was to point out that these professionals need measures of prevention and resolution of the Professional Exhaustion Syndrome to assist in coping with daily problems. **Descriptors:** Occupational Burnout; Mental Disorders; Nursing; Occupational Health; Oncology Nursing; Medical Oncology.

RESUMO

Objetivo: investigar a existência de Síndrome do Esgotamento Profissional e Transtornos Mentais Comuns em enfermeiros oncologistas. **Método:** estudo quantitativo, correlacional, com enfermeiros oncologistas. A coleta de dados utilizou um roteiro semiestruturado e o inventário de *Burnout* de Maslach e Jackson (*Maslach Burnout Inventory-MBI*). **Resultados:** participaram 29 enfermeiros oncologistas, sendo a maioria do sexo feminino, com média de idade 32,6 anos, e a prevalência de Transtornos Mentais Comuns foi de 27,6%. Houve a presença das três dimensões sugestivas de *Burnout* em 6,9% dos enfermeiros; outros 6,9% em duas dimensões, e 41,4% em, pelo menos, uma dimensão. As variáveis estresse e autoestima apresentaram correlação significativa. Dentre essas dimensões, houve a correlação estatisticamente significativa de uma delas e Transtornos Mentais Comuns. **Conclusão:** os enfermeiros oncologistas apresentaram alto nível em algumas das dimensões do *Burnout*. A contribuição deste estudo foi apontar que estes profissionais precisam de medidas de prevenção e resolução da Síndrome do Esgotamento Profissional para auxiliar no enfrentamento dos problemas cotidianos. **Descritores:** Esgotamento profissional; Transtornos Mentais; Enfermagem; Saúde do trabalhador; Enfermagem oncológica; Oncologia.

RESUMEN

Objetivo: investigar la existencia de Síndrome del Agotamiento Profesional y Trastornos Mentales Comunes en enfermeros oncólogos. **Método:** estudio cuantitativo, correlacional, con enfermeros oncólogos. La recolección de datos utilizó un itinerario semiestructurado y el inventario de Burnout de Maslach y Jackson (*Maslach Burnout Inventory-MBI*). **Resultados:** participaron 29 enfermeros oncólogos, siendo la mayoría del sexo femenino, con promedio de edad 32,6 años, y la prevalencia de Trastornos Mentales Comunes fue del 27,6%. Hubo la presencia de las tres dimensiones sugestivas de Burnout en el 6,9% de los enfermeros; otro 6,9% en dos dimensiones, y un 41,4% en al menos una dimensión. Las variables de estrés y autoestima presentaron una correlación significativa. De entre esas dimensiones, hubo la correlación estadísticamente significativa de una de ellas y trastornos mentales comunes. **Conclusión:** los enfermeros oncólogos presentaron alto nivel en algunas de las dimensiones del Burnout. La contribución de este estudio fue señalar que estos profesionales necesitan medidas de prevención y resolución del Síndrome del Agotamiento Profesional para auxiliar en el enfrentamiento de los problemas cotidianos. **Descriptor:** Agotamiento Profesional; Trastornos Mentales; Enfermería; Salud Laboral; Enfermería Oncológica; Oncología Médica.

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INTRODUCTION

It is known that, although rewarding, caring for cancer patients is demanding and stressful.¹⁻³ Work in cancer units requires a mental and effective overload from the nurse, since it involves dealing with a serious illness and being continuously , exposed to death and suffering.^{1,4}

It is understood that the high proximity to the family, prolonged treatments of high complexity, the conviviality often with the patient in palliative care are factors associated with the nature of cancer as a disease. In addition, in oncology units, the interdisciplinary and ethical conflicts and the low morale of the team are considered, by some authors, as possible stressors.^{2,5}

Stress is a term commonly heard within the work environment that describes a variety of disruptive and symptomatic experiences. There are a number of theoretical frameworks that help describe the process.⁶⁻¹¹

It is noteworthy that a study on stress factors and coping strategies used by nurses attending oncology patients identified that death caused a feeling of impotence in the analyzed group, as well as the anger of both the patient and the physician. The religious elaboration, represented by the meaning "passage to another life," seems to have been one of the solutions found to ameliorate the emotions of the nurses with impotence and anger at the patient's death.⁷ These feelings can lead the professional to occupational stress.^{2,4,7-9}

It is observed that Nursing Oncology, like many other fields of Nursing, often offers nurses the opportunity to know their patients and their families well. This familiarity allows oncology nurses to demonstrate a level of compassion and empathy that is often helpful to the patient and his family during their fight against cancer. However, this familiarity can also lead to a deep sense of suffering if the patient loses this battle.^{8,10}

It is explained that Burnout, also referred to as Occupational Burnout Syndrome or Burnout Syndrome, is a process in which aspects of the work and interpersonal context contribute to its development leading to a feeling of failure and exhaustion caused by excessive energy burnout, strength and resources¹²⁻³ characterized by three dimensions: emotional exhaustion (EE), depersonalization (D) and low professional achievement (professional incompetence (I)) and personal, which can be born independently or associated with each other.^{12,14}

Some factors that lead to professional exhaustion syndrome in oncology are: physical stressors (work in inadequate conditions, long hours of work, insufficient tools and equipment, as well as insufficient staff), in research carried out with oncologist nurses from Turkey; psychological stressors (death of the patient) and administrative stressors (insufficient performance measures and unsatisfactory salaries).¹⁵

It should be noted that the imbalance in health may lead the oncological health professional to absent himself from work by generating sick leave. Thus, the quality of services provided and the level of production are inevitably affected. Therefore, Burnout can be considered a major problem in today's professional world.⁹⁻¹⁰

It is important, therefore, to correlate Burnout indices with depressive symptoms and / or other psychic disorders, since some authors believe that depression can be a consequence of Burnout and the high levels of psychological demand, the low levels of social support at work, and stress due to inadequate work are significant predictors for subsequent depression.¹⁶⁻⁷ It is also suggested that young individuals with Burnout have a higher percentage of mild depression.⁷

It is revealed that in psychiatry mental disorders are defined by absence of health added to the presence of suffering and also to a pathological process.⁶ It is difficult to determine the exact frequency of these disorders in a community, however, it is known that the environment where the person lives and lives is a factor that influences his mental state.¹⁶ Thus, among at-risk individuals, such as oncology nurses working in a stressful environment, about one in five have mental disorders during the one year.^{6,16}

It is noted that for the treatment of such disorders psychoactive medications are often used which have effects mainly on mental symptoms. These drugs, to produce the desired beneficial effect on psychic disorders, should be used in effective dosages for a certain period of time¹⁶. The medicalization of Burnout Syndrome symptoms is currently widely used by health professionals with the use of licit and illicit psychoactive substances.^{14,17}

It is questioned, considering the relevance and the complexity of the theme: do oncologists have Professional Exhaustion Syndrome? Do these professionals have mental disorders? There is correlation between the Professional Exhaustion Syndrome in these nurses with the presence of psychic disorders?

This research was motivated because it is a subject of great relevance in Nursing practice and, despite the scientific recognition about Burnout, its diagnosis and notification, as a work-related disease, represents a challenge for the health of the oncologist nurse.

OBJECTIVE

- To investigate the existence of Professional Exhaustion Syndrome and Common Mental Disorders in oncologist nurses.

METHOD

It is a study of a subproject of an "umbrella" project entitled "Stress in the occupational activity of Nursing professionals". Cross-sectional, descriptive-exploratory and correlational research was carried out in an inpatient unit that serves clinical and surgical oncology patients of a large hospital qualified as Unacon (High Complexity Oncology Care Unit), with radiotherapy service, of hematology and oncological surgery, located in the State of São Paulo.

It was adopted as a selection criterion, based on convenience sampling, to carry out its activities in the oncology unit cited in the field of study for at least one year, considering that, within this time frame, the subjects would be more adapted to the and would have established contact with the daily care of oncological patients.

As a criterion of exclusion, it was listed as being in possession of leave (leave, holidays) during the period of data collection. The sample comprised 29 participants of the study and it is emphasized that only one nurse from the oncology unit did not participate in the study because of maternity leave. Data collection was performed between April and June 2015.

For the collection of data, a semi-structured script was made up of two parts: the first part contained sociodemographic data of the participants; questions about the presence of psychic disorders; use of psychoactive medications and psychological and / or psychiatric monitoring.

It is exposed that the second part contained the inventory of Maslach and Jackson Burnout (Maslach Burnout Inventory-MBI)¹² translated and validated in Portuguese by Lautert¹³ and validated in Brazil in 1997. This instrument was constructed, according to its authors, with 22 items which should be scored according to a Likert scale of zero (never) and four (every day), where the highest number approaches a higher level of

Burnout, according to the frequency with which the stressor is felt, that is, according to the personal feelings and attitudes of the professional in relation to their work, and measures three dimensions of Burnout.¹²⁻³

Emotional exhaustion is measured in the person's feelings about being emotionally exhausted by work. The depersonalization dimension describes items that suppose a cold and impersonal response of the individual to the patients and the dimension incompetence evaluates the feelings of competence and effectiveness of the nurse in the accomplishment of the work.

It is reported that the EE dimension consists of nine questions where one can score from zero to 36. Depersonalization is accessed through five questions where one can score from zero to 20 and professional incompetence is measured by eight questions where - score from zero to 32. The professional incompetence dimension has a reverse score.

Prior to data collection, a formal request for authorization to collect the oncological area manager from the study hospital was performed. The interviewees were given explanations about the objectives and the purpose of the research, ensuring anonymity and the release of participation, at which point they were asked to fill out the Free and Informed Consent Term (FICT).

The FICT, the questionnaire and the Burnout inventory were given to each nurse individually, at which time the orientation was given on filling them.

The data was processed using Epi Info, version 7 software, with double entry, to ensure database consistency. The analysis was performed in the Statistical Package for Social Science (SPSS), version 20.0. Subsequently, the scores of each dimension of Burnout were identified for the study population. Since Burnout reflects high level in its dimensions, it was necessary to classify the scores of each dimension in low, moderate or high level. To do so, we chose to use the 75th percentile, the same as that used in the MBI validation study in Brazil in 1997. It should be emphasized that, for the professional incompetence dimension, the 25th percentile was used, since this dimension has reverse score.

The dimensions of Burnout and the presence of psychic disturbances were correlated by the Fisher's exact test where they were considered significant when p was equal to or less than one. The data was presented in the form of tables.

It should be emphasized that the research complied with the guidelines and norms regulating research involving human beings, according to Resolution CNS 196/96, which requires periodic revisions to it, according to the needs in the techno-scientific and ethical areas carried out by Resolution CNS 466/2012. The project was approved by the Research and Ethics Committee (REC), with CAAE: 0352.0.251.000-11, under the opinion of n.º 346/11.

RESULTS

It is described that, of the 29 oncologist nurses that participated in the study, a total of 26 (90.0%) people were female, with mean age of 32.6 years, 15 (51.7%) participants were married, nine (31.0%) nurses had six to ten years of oncology practice, and 17 (58.7%) had no oncology specialist qualification, and 21 (72.0%) nurses chose to work in this area.

It was evidenced that the majority of the participants did not use psychoactive medication (n = 22, 76.0%). Among the seven

(24.0%) nurses who used these medications, the classes used were: antidepressants (four people) and anxiolytics (three people). All medications were prescribed by a physician.

It is known that, as far as psychological counseling was concerned, eight nurses (28.0%) followed this up for more than 12 months. Most of the nurses sought medical help for physical changes such as insomnia and fatigue or mood changes such as sadness, apathy, hopelessness, impotence before death, mood instability, anxiety and anxiety (90.0%).

It is noteworthy that only two participants (7.0%) reported having sought a psychiatrist or psychologist because of personal problems.

It can be observed that the oncologist nurses scored between three and 27 points in the EE dimension and the mean was 16.03. Regarding depersonalization, they scored between zero and 12 points and the mean was 5,759. Already in professional incompetence, they scored between 12 and 30 points and the average was 22,690 (Table 1).

Table 1. Distribution of the oncologist nurses' score in the 22 items of the Burnout inventory and its three dimensions. São Paulo (SP), Brazil, 2015.

Indicators	Absolute frequency n=29	Minimum score	Maximum score	Average	Standard deviation
Item 1	29	0	3	1.517	0.986
Item 2	29	0	4	2.379	0.942
Item 3	29	0	4	1.621	1.147
Item 4	29	1	4	3.069	1.033
Item 5	29	0	3	1.034	0.981
Item 6	29	0	4	1.793	1.114
Item 7	29	0	4	2.793	1.114
Item 8	29	0	4	2.000	1.134
Item 9	29	0	4	2.483	1.184
Item 10	29	0	4	1.241	1.091
Item 11	29	0	4	1.517	1.271
Item 12	29	1	4	2.655	0.897
Item 13	29	0	3	1.517	1.122
Item 14	29	1	4	2.069	0.923
Item 15	29	0	2	0.724	0.797
Item 16	29	0	4	1.759	1.057
Item 17	29	1	4	3.103	1.012
Item 18	29	2	4	2.793	0.861
Item 19	29	1	4	2.931	1.1
Item 20	29	0	3	1.379	0.979
Item 21	29	1	4	2.862	0.875
Item 22	29	0	4	1.241	1.057
Dimensions of burnout	Absolute frequency n=29	Minimum points	Maximum points	Average	Standard deviation
Emotional distress	29	3	27	16.03	6.73
Depersonalization	29	0	12	5.759	3.522
Professional incompetence	29	12	30	22.69	5.238

In the EE dimension (nine items), from zero to 36, 76.0% (n = 22) of the nurses had a score of up to 20. As this percentage was the one closest to the 75th percentile, used by the author which validated the MBI instrument in Brazil,¹³ the score 20 was used as a cut-off point for the EE dimension in this study. Based on this cut, seven (24.0%) nurses had scores

ranging from 21 to 27, that is, they had a high level of EE.

It is reported that in the dimension depersonalization (five items), it can be scored from zero to 20 and 76.0% (n = 22) of oncology professionals presented scores up to eight. Thus, as this percentage was the one closest to the 75th percentile, score eight was

used as a cut grade for this dimension. Based on this cut-off note, seven (24.0%) oncology professionals reached scores of nine to 12, that is, they exposed a high level of depersonalization.

It is pointed out that, in the dimension of professional incompetence (eight items), one can score from zero to 32. Since this dimension has a reverse score, eight (27.6%) nurses presented a score up to 19. As this percentage was the most approached the 25th percentile, used by the author who validated the MBI instrument in Brazil, score 19 was used as a cut grade for the professional incompetence dimension in this study. Thus,

based on this cut-off note, eight (27.6%) oncology workers (with scores of 12 to 19) exhibited high levels of professional incompetence.

The distribution of nurses according to the level of each of the dimensions of Burnout was verified, when 13 (44.8%) nurses presented low / moderate level in the three dimensions of Burnout. On the other hand, 16 (55.2%) oncology workers exhibited high levels in some of the burnout dimensions, of which 12 (41.4%) were professionals in one dimension, two (6.9%) were nurses in two dimensions and others two (6.9%) oncology workers in three dimensions of Burnout (Table 2).

Table 2. Distribution of nurses according to the presentation of attrition, depersonalization and professional incompetence. São Paulo (SP), Brazil, 2015.

Indicators	Absolute frequency n=29	Relative frequency (%)
Low / moderate level in the three dimensions of Burnout	13	44.8
High level in just one dimension	12	41.4
High level in two dimensions	2	6.9
High level in three dimensions	2	6.9

In this study, the fact that more than half the population (55.2%) showed a deviation in at least one of the dimensions of Burnout, and may influence the routine of the oncology sector and the qualified provision of the Nursing service.

It is emphasized that another important fact to be highlighted was that oncologist nurses, who exposed high level in the dimension depersonalization, have already passed the first phase, the EE. This also occurred for those nurses who presented a high level of professional incompetence, since

they had already presented some level of attrition and depersonalization for some time.

In relation to the correlation between the level of EE and the presence of psychic disorders, the dimension of professional incompetence had a significant correlation with the presence of psychic disorder ($p = 0.0014$). However, it was found that, for the other two dimensions, the correlation was not significant (Table 3).

Table 3. Distribution of nurses according to the presentation of attrition, depersonalization and professional incompetence and presence of psychic disorders. São Paulo (SP), Brazil, 2015.

Level of emotional distress	Psychic Disorder						p*
	No		Yes		TOTAL		
	n	%	N	%	n	%	
High	5	17.24	2	6.9	7	24.14	1
Moderate/Low	16	55.17	6	20.69	22	75.86	1
TOTAL	21	72.41	8	27.59	29	100	

Level of professional incompetence	Psychic Disorder						p**
	No		Yes		TOTAL		
	n	%	N	%	n	%	
High	2	6.9	6	20.69	8	27.59	0.0014
Moderate/Low	19	65.52	2	6.9	21	72.41	0.0014
TOTAL	21	72.41	8	27.59	29	100	

Level of depersonalization	Psychic Disorder						p*
	No		Yes		TOTAL		
	n	%	N	%	n	%	
High	5	17.24	2	6.9	7	24.14	1
Moderate/Low	16	55.17	6	20.69	22	75.86	1
TOTAL	21	72.41	8	27.59	29	100	

Fisher's test: $p^* = 1$ - non-significant / $p^{**} = 0.0014$ - significant.

DISCUSSION

Data analysis was based on sociodemographic information in order to characterize the participants. It was found that the majority of the interviewees were

women, married, with an average age of 32.6 years, and did not have a specialist degree in oncology, nor did they choose to work in the oncology sector. This is worrying, since the area of oncology is loaded with particularities that are repeatedly ignored by the nurse

practitioner who does not have specific training in the area during his or her graduation, since in most Brazilian higher education institutions, does not address the teaching of cancerology.¹⁵

Education focuses on teaching. However, in health education, it is essential to integrate teaching and the process of caring for the human being with knowledge and ethics, reflection and action, seeing it in its entirety. It may be considered difficult to discuss oncology and insert a discipline on the subject because of its specificity. However, the population is aging and increases every year the number of people with malignant neoplasia and, every day, new treatments that need professionals prepared to guide and welcome the individuals affected by some type of cancer.

It is understood that there are no ready recipes on how to teach oncology, but the educational proposals and practices should contemplate the student considering the experiences and knowledge acquired at the beginning of the graduation, or even the technical course, so that the educational practices respect the differences. It is necessary to see the student in a holistic way, part of diversified life trajectories, and the nursing areas most lacking in qualified professionals such as oncology, since the real choice for acting in oncology can happen after the professional experience in the area, such as was investigated in this study and in agreement with the literature.^{5,8} It is believed that the training of nurses, in the XXI century, must envisage a continuous acquisition of knowledge in order to act effectively in the health team and in the greater interest, which is the patient he attended.

It is reported that another important fact is that oncology health professionals work in places of intense emotional stress because they suffer recurrent loss, prolonged and complex treatments, as well as pain and, in circumstances of great impact, emotions, not only of patients but also of their own.¹⁹

It is stated in research with oncologist nurses that many experience emotional exhaustion, job dissatisfaction, and intention to leave their work in oncology.^{20,21} Emotional exhaustion is manifested by the depletion of the individual's emotional resources. It is considered the initial characteristic of Burnout Syndrome and it stems mainly from the overload and personal conflict in interpersonal relations.⁶

It is clarified that physical symptoms associated to the wear and tear include headache, gastrointestinal alterations and

insomnia, among others. The consequences of professional scam syndrome can be serious including demotivation, frustration, mental disorders such as depression and drug addiction.^{10,14}

It was observed in this study that, although the majority of the participants did not use psychoactive medication, a significant portion used them under medical prescription and had psychological counseling. Similar data were found in a study with oncologist nurses.⁵

It is believed that some authors associate the longer time in the oncology area, as in the case of this study, to a higher tendency to Burnout, since the professional would enter a period of sensitization becoming more vulnerable. This awareness is due to the fact that, after a certain period of professional practice, there has been a transition from the initial idealistic expectations of the profession to the daily practice, visualizing that the personal, professional and economic rewards are not the same as those expected.^{15,17}

It is recognized that the high prevalence of Burnout in oncologists is a particularly relevant issue due to the groups of patients involved and the importance of having qualified and experienced personnel in a field of work marked by the lack of personnel prepared to act with the patients who suffer from cancer. Several international researches clearly establish high levels of burnout and psychic suffering in the oncology team.^{14-15,17,20-21}

In this study, we observed changes in some dimensions of Burnout, a fact that can influence the routine of the oncology sector and the qualified provision of the Nursing service. Effective research with medical oncologists reports that 45.9% of participants exhibited deviation in at least one of the dimensions of Burnout.³ Another study carried out with nurses working in the oncology unit points out that 60.0% of the participants exhibited, in concomitance, emotional exhaustion and low professional achievement.²⁰

It was identified in this study that the different patterns of combining the dimensions of Burnout confirm the words of Maslach, author of the MBI instrument, which points out different patterns of combination between the three dimensions of Burnout.¹² This may be due to different experiences and this fact could be identified in different researches using the MBI around the world.^{14,15,17}

It should be noted that Maslach's definition of burnout is "an association between high

scores on EE and depersonalization and low scores on professional incompetence." ¹² In this study, a small proportion of oncologists had a high burnout level according to this definition. However, the other changes presented by this population cannot be disregarded, where more than half of the participants presented some kind of deviation, considering the repercussions they can have on professionals and their relationships with work. ^{11,19}

It was possible to identify these repercussions in studies ^{10,11,20} which detected a greater intention on the part of health professionals to leave work or reduce working hours when they presented alteration only in the EE dimension. Nurses working in cancer settings experience emotional exhaustion, dissatisfaction with work and intention to leave the area of Oncology Nursing. ⁸⁻⁹

In another study, a relationship between the increase in absenteeism in nurses who presented alterations in depersonalization alone was described. ²¹ The presentation of isolated EE is considered to be an epidemiological concern because the process is already installed. ^{17,22}

It is reported that when the individual encounters a feeling of professional incompetence, he / she presents a decrease in productivity, low self-esteem and a reduction in interpersonal relations. ¹⁵ Studies indicate that symptoms such as constant fatigue, feelings of lack of energy, muscle aches, headache, despondency, hopelessness and depression may lead the professional to develop psychic disorders and impair their performance in the area. ^{3,17,20} Other studies reveal the association of Burnout with psychic disorders such as depression related to the great psychological demand, low power of decision, work overload and lack of social support. ^{15,16}

Through research, the prevalence of the increase of psychic disorders throughout the years of profession, besides the stress of the clinical practice, that can lead the individual also to the use of alcohol and illicit substances. ^{14,23}

It can be inferred that the nurses developed psychic disorders after the operation in the oncological unit, since there was a significant correlation between the feeling of professional incompetence and the presence of psychic disorders, similar to that found in the literature. ²¹

It is explained that, due to the vulnerability of oncologists to work-related stress, nurses need to reduce or prevent stress

at work, as well as maintaining and supporting good welfare conditions. Investigating stress levels, specific stressors, and coping behaviors among oncology nurses can be the first stage in developing personalized interventions by instigating the deployment of supportive work environments for stress management. Improving hospital practice environments has significant potential for improving the well-being, retention and quality of nursing care.

Specifically, it is proposed that hospitals should consider continuing education programs, stimulate courses for updating and improvement, and increase the participation of nurses in hospital decision-making.

CONCLUSION

It is inferred that nurses oncologists surveyed presented high levels in some of the dimensions of Burnout. Among these dimensions, there was a statistically significant correlation between the presence of incompetence and the presence of psychic disorder.

It can be seen that when dealing with psychic disorders, depression related to high psychological demand, low decision-making power, overwork and lack of social support appears in a large way followed by anxious disorders such as panic syndrome, social phobia, anxiety, and, finally, 90.0% of the participants already had mood changes. The highest percentage of nurses did not use psychotropic medication.

It is understood that the contribution of this work was to indicate that the nurses of the study need measures of prevention and resolution of the Syndrome of the Professional Exhaustion, as the use coping strategies, in order to help the person to develop an effective way of coping of the problems minimizing suffering and contributing to their quality of life and mental health.

It is concluded that this research had the limitation of having a small sample, since they are nurses from an oncology unit of a single hospital in Brazil, which limits the generalization of the results. However, this limitation does not invalidate the study since the results stimulate the continuity of this type of evaluation with a larger group of nurses for a possible confirmation of the preliminary results presented.

REFERENCES

1. Sanches GF, Vale BC, Pereira SS, Almeida CC, Preto VA, Sailer CC. Burnout syndrome among graduates of undergraduate nursing course. J Nurs UFPE Online. 2017

Jan;11(1):31-9. Doi: <https://doi.org/10.5205/1981-8963-v11i1a11875p31-39-2017>

2. Santos NAR, Gomes SV, Rodrigues CMA, Santos J, Passos JP. Coping strategies used by oncology palliative care nurses: an integrative review. *Cogitare Enferm.* 2016 Oct/Dec;21(3):1-7. Doi: <http://dx.doi.org/10.5380/ce.v21i3.45063>.

3. De la Fuente-Solana EI, Gómez-Urquiza JL, Cañadas GR, Albendín-García L, Ortega-Campos E, Cañadas-De la Fuente GA. Burnout and its relationship with personality factors in oncology nurses. *Eur J Oncol Nurs.* 2017 Oct; 30:91-6. Doi: [10.1016/j.ejon.2017.08.004](https://doi.org/10.1016/j.ejon.2017.08.004)

4. Ko W, Kiser-Larson N. Stress Levels of Nurses in Oncology Outpatient Units. *Clin J Oncol Nurs.* 2016 Apr;20(2):158-64. Doi: [10.1188/16.CJON.158-164](https://doi.org/10.1188/16.CJON.158-164)

5. Taleghani F, Ashouri E, Saburi M. Empathy, burnout, demographic variables and their relationships in oncology nurses. *Iran J Nurs Midwifery Res.* 2017 Jan/Feb;22(1):41-5. Doi: [10.4103/ijnmr.IJNMR_66_16](https://doi.org/10.4103/ijnmr.IJNMR_66_16)

6. Knuth BS, Silva RA, Osés JP, Radtke VA, Cocco RA, Jansen K. Mental Disorders Among Health Workers in Brazil. *Ciênc Saúde Coletiva.* 2015 Aug;20(8):2481-8. Doi: <http://dx.doi.org/10.1590/1413-81232015208.05062014>

7. Menezes PCM, Alves ÉSRC, Araújo Neto AS, Rejane Marie Barbosa Davim RMB, Guaré RO. Burnout syndrome: a reflective analysis. *J Nurs UFPE Online.* 2017 Dec;11(12):5092-101. Doi: <https://doi.org/10.5205/1981-8963-v11i12a25086p5092-5101-2017>

8. Lee HF, Yen M, Fetzer S, Chien TW. Predictors of Burnout Among Nurses in Taiwan. *Community Ment Health J.* 2015 Aug; 51(6):733-7. Doi: [10.1007/s10597-014-9818-4](https://doi.org/10.1007/s10597-014-9818-4)

9. Park SA, Ahn SH. Relation of compassionate competence to burnout, job stress, turnover intention, job satisfaction and organizational commitment for oncology nurses in Korea. *Asian Pac J Cancer Prev.* 2015;16(13):5463-9. PMID: [26225695](https://pubmed.ncbi.nlm.nih.gov/26225695/)

10. Barbour LC. Exploring oncology nurses' Grief: a self-study. *Asia Pac J Oncol Nurs* [Internet]. 2016 [cited 2017 Dec 28];3(3):233-40. Doi: [10.4103/2347-5625.189817](https://doi.org/10.4103/2347-5625.189817)

11. Götze H, Brähler E, Gansera L, Schnabel A, Köhler N. Exhaustion and overload of family caregivers of palliative cancer patients. *Psychother Psychosom Med Psychol.* 2015 Feb; 65(2):66-72. Doi: [10.1055/s-0034-1385933](https://doi.org/10.1055/s-0034-1385933)

12. Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory Manual*. 3rd ed. Palo Alto (CA): Consulting Psychology Press; 1996.

13. Lautert L. The professional fatigue: empirical study with hospital nurses. *Rev Gaúcha Enferm* [Internet]. 1997 July [cited 2018 Mar 25];18(2):133-44. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchaEnfermagem/article/view/4140/42827>

14. Lorenz VR, Benatti MCC, Sabino MO. Prevalence of Burnout syndrome in health professionals of an onco-hematological pediatric hospital. *Rev Esc Enferm USP.* 2015 Mar/Apr;49(2):251-8. Doi: <http://dx.doi.org/10.1590/S0080-623420150000200010>

15. Probst H, Griffiths S, Adams R, Hill C. Burnout in therapy radiographers in the UK. *Br J Radiol.* 2012 Sep;85(1017):e760-5. Doi: [10.1259/bjr/16840236](https://doi.org/10.1259/bjr/16840236)

16. Kutluturkan S, Sozeri E, Uysal N, Bay F. Resilience and burnout status among nurses working in oncology. *Ann Gen Psychiatry.* 2016 Nov;15:33. Doi: [10.1186/s12991-016-0121-3](https://doi.org/10.1186/s12991-016-0121-3)

17. Tuna R, Baykal Ü. The relationship between job stress and burnout levels of oncology nurses. *Asia Pac J Oncol Nurs.* 2014 Apr/June;1(1):33-9. Doi: [10.4103/2347-5625.135818](https://doi.org/10.4103/2347-5625.135818)

18. Jasperse M, Herst P, Dungey G. Evaluating stress, burnout and job satisfaction in New Zealand radiation oncology departments. *Eur J Cancer Care.* 2015 Jan;23(1):82-8. Doi: [10.1111/ecc.12098](https://doi.org/10.1111/ecc.12098)

19. Henry BJ. Nursing burnout interventions: What is being done? *Clin J Oncol Nurs.* 2014 Apr;18(2):211-4. Doi: [10.1188/14.CJON.211-214](https://doi.org/10.1188/14.CJON.211-214)

20. Duarte J, Pinto-Gouveia J. The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms. *Eur J Oncol Nurs.* 2017 June;28:114-21. Doi: [10.1016/j.ejon.2017.04.002](https://doi.org/10.1016/j.ejon.2017.04.002)

21. Mcmillan K, Butow P, Turner J, Yates P, White K, Lambert S, et al. Burnout and the provision of psychosocial care amongst Australian cancer nurses. *Eur J Oncol Nurs.* 2016 June;22:37-45. Doi: [10.1016/j.ejon.2016.02.007](https://doi.org/10.1016/j.ejon.2016.02.007)

22. Gómez-Urquiza JL, Aneas-López AB, Fuente-Solana EI, Albendín-García L, Díaz-Rodríguez L, Fuente GA. Prevalence, risk factors, and levels of burnout among oncology nurses: a systematic review. *Oncol Nurs Forum.* 2016 May;43(3):E104-20. Doi: [10.1188/16.ONF.E104-E120](https://doi.org/10.1188/16.ONF.E104-E120)

23. Adriaenssens J, De Gucht V, Maes S. Determinants and prevalence of burnout in emergency nurses: a systematic review of 25 years of research. *Int J Nurs Stud.* 2015 Feb; 52(2):649-61. Doi: [10.1016/j.ijnurstu.2014.11.004](https://doi.org/10.1016/j.ijnurstu.2014.11.004)

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