NURSES'S QUALITY OF LIFE AND STRESS
QUALIDADE DE VIDA E ESTRESSE DOS ENFERMEIROS
CALIDAD DE VIDA Y ESTRÉS DE LOS ENFERMEROS

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ABSTRACT

Objective: to analyze what has been produced regarding the quality of life and the stress of the nurse triggered by the work. **Method:** it is an integrative review, with a temporal cut from 2013 to 2017, carried out in the LILACS, MEDLINE and BDNF databases. For the data collection of the articles, an instrument was used that included: title, year of publication, database, periodical, method and level of evidence. For the analysis and subsequent synthesis of the articles, another instrument was used with the following elements: results and conclusion. The results were presented in a descriptive way. **Results:** a total of eight publications were included that included the criteria of the research and emerged the categories "Stress and Burnout" and "Quality of Life of Nurses". **Conclusion:** it was identified the need to carry out more research on this topic, since there was a predominance of integrative review methodology, and the absence of studies in the Southeast, North and Central-West regions. **Descriptors:** Quality of Life; Nursing; Stress; Occupational Stress; Professional Exhaustion; Worker's Health.

RESUMO

Objetivo: analisar o que se tem produzido a respeito da qualidade de vida e o estresse do enfermeiro desencadeado pelo trabalho. **Método:** trata-se de uma revisão integrativa, com recorte temporal de 2013 a 2017, realizada nas bases de dados LILACS, MEDLINE e BDNF. Empregou-se, para a coleta de dados dos artigos, um instrumento que contemplou: título, e ano de publicação, base de dados, periódico, método e nível de evidência. Para a análise e posterior síntese dos artigos, utilizou-se outro instrumento com os seguintes elementos: resultados e conclusão. Apresentaram-se os resultados de forma descritiva. **Resultados:** evidenciou-se o total de oito publicações que contemplaram os critérios da pesquisa e emergiram as categorias "O Estresse e Burnout" e "Qualidade de Vida dos Enfermeiros". **Conclusão:** identificou-se a necessidade de se realizar mais pesquisas acerca dessa temática, uma vez que houve a predominância de pesquisas de metodologia de revisão integrativa e, ainda, a ausência de estudos nas regiões Sudeste, Norte e Centro-Oeste. **Descritores:** Qualidade de Vida; Enfermagem; Estresse; Estresse Ocupacional; Esgotamento Profissional; Saúde do Trabalhador.

RESUMEN

Objetivo: analizar lo que se ha producido respecto a la calidad de vida y el estrés del enfermero desencadenado por el trabajo. **Método:** se trata de una revisión integrativa, con recorte temporal de 2013 a 2017, realizada en las bases de datos LILACS, MEDLINE y BDNF. Se empleó, para la recolección de datos de los artículos, un instrumento que contempló: título, y año de publicación, base de datos, periódico, método y nivel de evidencia. Para el análisis y posterior síntesis de los artículos, se utilizó otro instrumento con los siguientes elementos: resultados y conclusión. Se presentaron los resultados de forma descriptiva. **Resultados:** se evidenció el total de ocho publicaciones que contemplaron los criterios de la investigación y emergieron las categorías "El Estrés y Burnout" y "Calidad de Vida de los enfermeros". **Conclusión:** se identificó la necesidad de realizar más investigaciones acerca de esta temática, una vez que hubo la predominancia de investigaciones de metodología de revisión integrativa y, además, la ausencia de estudios en las regiones Sudeste, Norte y Centro Oeste. **Descritores:** Calidad de Vida; Enfermería; Estrés; Estrés Laboral; Desgaste Profesional; Salud Laboral.

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INTRODUCTION

The quality of life is defined by the World Health Organization (WHO) as the individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns.¹ Such a concept can be complemented by obtaining satisfaction and fulfillment, in the professional, personal and social spheres, which becomes fundamental for the fullness of harmony in the work environment.²

It is known that the quality of life in the work and social environment can have direct interference in the stress coming from work. Several studies are associated with stress at work, which indicates concern about the negative impact on workers' well-being and quality of life.³

It is important to emphasize that the reality of working conditions is, in most cases, precarious, leading professionals to feelings of insecurity and poor quality of personal and professional life, which negative repercussions on health, whether in physical or mental form.⁴

The stress experienced by nursing professionals on their quality of life and their care is affected by the commitment to work and the degree of personal and professional satisfaction.³ They are listed as factors that may contribute to the increase of stress at work, unhealthy conditions of the environment, work overload, low wages and inflexible shifts wearing the professional at the physical and psychological levels and compromising their social relations.⁵ It is necessary to point out that sick workers reduce labor productivity, becoming more vulnerable to absenteeism and prolonged absences, thus damaging the entire work environment.

It can be seen that nurses suffer directly from precarious working conditions, inadequate wages and work overload leading to wear, limitations and illness.⁵ The development of stress in the context of work and its interference with the quality of life and its assistance.

It is believed that these psychological burns provoke, in the nurse, demotivation, depression and frustration, triggering Burnout Syndrome, which is considered to be a work-related occupational illness causing implications on the quality of life of nurses and the quality of care provided to clients.⁶

It is explained that Burnout can be known as the professional stress syndrome due to the

psychic suffering related to the work context, as a response to chronic stress, causing the professional to develop difficulties in the work environment and generating negative behaviors and consequences that directly affect the professional and his work context.⁷

It is observed that such syndrome affects workers since the end of the last century bringing implications in the relations of work and the quality of care. However, this disease is still poorly understood by the population and the workers. This contributes to the lack of access to relevant health information for worsening symptoms, as well as significantly increasing the number of absenteeism contributing to the underreporting of the disease.⁶

Among the health professionals, the prevalence of this syndrome for the category of nurses stands out because they deal directly with the direct and uninterrupted care of the patients and with situations of mourning and death, being exposed to emotional situations that cause exhaustion and work-related stress.⁸

Burnout Syndrome is configured when work stress exceeds adaptive levels and is chronicled. Regarding symptomatology, the most important are isolation, discouragement, negative thinking, anxiety, sleep disorders and feelings of guilt.⁹

It is added to this that Burnout Syndrome is considered an important public health problem that interferes with the quality of life, since the quality of life of the professional includes all the physical, psychic, social and technological dimension related to employee satisfaction in a work scenario with security, respect and ethics for the development of their duties.¹⁰

Among the manifestations of Burnout Syndrome, the physical, psychic, behavioral and defensive forms stand out. The physical form can be characterized by fatigue, sleep disturbances, cardiovascular and respiratory disorders. The psychic form is characterized by lack of attention, anxiety, impatience and distrust. The behavioral form can be characterized by aggression and irritability and, finally, the defensive form is related to the isolation and sensation of omnipotence.¹¹

It is understood that nurses deal with various stressors in the workplace such as complexity of procedures, lack of materials, work overload, length of work day, interpersonal relationship, dissatisfaction with salary leading to demotivation with the work and causing damages to the health, besides

interfering, in a significant way, in the quality of life.⁹

It is recorded that, being care the essence of Nursing, this is always guided by ethics, respect and responsibility. Quality Nursing provides quality care through technical and scientific knowledge, therapeutic environment, interpersonal relationship, autonomy and the formation of bond provided, in this way, an assistance of excellence.

It is reflected that, on the other hand, the extrinsic factors can lead to stress in the scope of work interfering both in the delivery of care, and in the quality of life leading the professional to the development of Burnout Syndrome.

OBJECTIVE

- Analyze what has been produced about the quality of life and stress of the nurse triggered by work.

METHOD

This is a descriptive study of Integrative Review of Literature, whose purpose is to gather and synthesize research results on a particular subject.¹² This research method is considered a procedure of Evidence-Based Practice (EBP) Systematic condensation of knowledge incorporating evidence from clinical practice.⁶

A methodological rigor was used for the elaboration of the integrative review for the information collection. The stages comprised: the identification of the original article within the inclusion and exclusion criteria; analysis of the studies; the interpretation; the synthesis and formulation of conclusions.

In this methodological perspective, the following research question was selected: "How does stress affect the nurse's quality of life?".

The inclusion criteria were: articles available in Portuguese, English and Spanish, with a time cut from 2013 to 2017, which included the objectives of the study, with full online text availability and free download. Articles that did not fit this theme and that were not in the temporal cut were excluded, as well as doubly indexed articles in databases and incomplete articles.

A bibliographic survey was carried out in February, 2018. The research was conducted by the Virtual Health Library (VHL) using the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Analysis and Recovery of Online Medical Literature (MEDLINE) and Nursing

Database (BDENF). The following Health Sciences Descriptors (DeCS) were used: Quality of life; Nursing; Stress; Burnout using the Boolean operator and between them.

It was identified, initially during the search in the VHL 180 articles, then for the selection a thorough reading of the titles and abstracts was carried out, identifying and if they contemplated the objectives of the study and answered the guiding question of the research, being suppressed any publication based exclusion criteria.

Afterwards, a complete reading of the selected papers was performed, and the information was organized into a collection tool built for the work. After reading the articles in full, eight publications that referred to the guiding question and that met the criteria of this research.

Based on the research design, the classification of the six levels of evidence was based: level 1 - evidence resulting from the meta-analysis of multiple controlled and randomized clinical studies; level 2 - evidences obtained in individual studies with experimental design; level 3 - evidence of quasi-experimental studies, time series or case-control; level 4 - evidence from descriptive (non-experimental) studies or qualitative approach; level 5 - evidence from case or experience reports and level 6 - evidence based on expert opinions including interpretations of non-research based information, non-regulatory or legal opinions.

For the collection of data of the selected articles, an instrument was used that included: title, year of publication, database, periodical, method and level of evidence. Another instrument was used for the analysis and subsequent synthesis of the articles with the following elements: results and conclusion.

The thematic categorization was identified in the article analysis process: Stress and the development of Burnout Syndrome and Quality of life of nurses.

The presentation of the results was carried out using tables in a descriptive way, respecting the selection criteria and the identification of the articles.

RESULTS

The selected articles with the title of the study, the database, the periodical, the method used and the year of publication were presented in Figure 1 below.

Num	Title	Database and Journal	Method	Year of publication
1	Occupational stress and dissatisfaction with Quality of Life in Nursing Work	LILACS/ Nursing Text and Context	Crossectional cohort Study	2017
2	Quality of Life at Work of nursing professionals in a hospital environment: an integrative review	LILACS/ Health Space Journal	Integrative Review	2015
3	<i>Burnout Syndrome in Nurses: An Integrative Review</i>	LILACS/ Care is Fundamental Online Journal	Integrative Review	2013
4	The scientific production on the health of the nursing worker	BDENF and LILACS/ Care is Fundamental Online Journal	Integrative Review	2013
5	Burnout Syndrome in the context of Nursing	LILACS/ Baiana Public Health Journal	Integrative Review	2017
6	Occupational stress and quality of life in nursing professionals	LILACS/ Paidéia (Ribeirão Preto)	Epidemiological and cross-sectional model	2016
7	Quality of Work Life and Burnout in nursing workers of the Intensive Care Unit	MEDLINE/ Brazilian Journal of Nursing	Descriptive and correlational cross-sectional cohort study	2013
8	<i>Burnout syndrome in nursing professionals of emergency and emergency services</i>	BDENF and LILACS/ Care is Fundamental Online Journal	Integrative Review	2015

Figure 1. Bibliographic identification of the articles selected for the integrative review. Rio de Janeiro (RJ), 2017, Brazil.

It is evident that three articles were published in 2013, no article was published in 2014, two articles were published in the years of 2015 and 2017 and only one publication occurred in the year 2016.

It is pointed out, in relation to the publication periodical, the highlight for Care is Fundamental Online Journal, with three publications. It is seen that the other journals, Nursing Text and Context, Health Space Journal, Baiana Public Health Journal, Paidéia and Brazilian Journal of Nursing, had only one publication each.

It was demonstrated by the analysis of the articles, in relation to the type of methodology applied to the studies selected for this study, that five articles are literature reviews and the others are cross-sectional,

epidemiological and cross-sectional studies, and a cross-sectional cohort descriptive study.

Several places of study were highlighted: in the Northeast, there is a predominance of studies in the area of Quality of Life and Burnout. It is seen that in the South region it appears in second place with publications, however, there was no research carried out in the Southeast, North and Central West regions.

In terms of the specificities of each article, the results and conclusion are summarized in figure 2.

Num	Results	Conclusion
1	The overall prevalence of dissatisfaction with QWL was 36.7% among the Nursing staff.	To assist the hospital and nursing managements in the development and implementation of strategies in order to reduce the excess of demands and labor overload and to increase the social support in the work between the Nursing team.
2	The most mentioned factors were the physical and psychological shocks in 32.46% (12) of the articles, the poor environmental structure and the lack of materials in 10.8% (4) and dissatisfaction with remuneration in 10.8% (4) of the articles.	It is recommended the implementation of institutional policies and programs aimed at the QWL of nursing professionals seeking, through internal actions, physically and psychically prepare the workers.

3	The articles were categorized to address leisure, quality of life and working time; Stress as the triggering factor of SB; Burnout Assessment in Nurses.	The articles presented a concern only in the sectors of the hospital environment, mainly in closed sectors.
4	The nurses' working conditions are reflected in physical and emotional exhaustion. The professionals look for motivation like the money and the knowledge to follow a double journey of work taking that professional to a life stressful as a result of the long work day.	The continuity and the carrying out of more extensive researches on the occupational health of the Nursing can contribute, in a significant way, to the better quality of life to the Nursing workers.
5	Among the disorders due to stress situations in Nursing, this syndrome is present as an occupational disorder that has impacted the provision of the assistance of these workers.	To devise strategies that allow the prevention, intervention and adequate management of the coping of this syndrome in order to achieve a higher quality of the services provided and improvements to the health and quality of life of these professionals.
6	It was verified that 60.8% of the participants experience a high demand in the work; 71.8%, a high control over the activity performed and 85.5%, a low social support. Of the eight health-related QWL domains, the most affected were pain and vitality.	It was concluded that, although the majority of the sample experienced an intermediate risk of stress, health-related quality of life was compromised.
7	The mean QWL for the total sample showed a satisfactory evaluation for this measure. The QWL measurement only obtained a statistically significant association with the Emotional Exhaustion dimension.	New research can be carried out in order to deepen the knowledge about the work of Nursing in the different areas of practice, pointing out alternatives that make possible a minimally exhausting professional practice, besides contributing to the professional satisfaction and the improvement of QWL
8	Among the articles, seven dealt with stress; four were about quality of life and leisure; one dealt with the somatic symptoms associated with Burnout and three details about Burnout Syndrome addressing the predictive factors and the symptomatological dimensions according to the Maslach Burnout Inventory	This study is important for the population, professionals and managers to acquire knowledge about the syndrome and contribute to the development of coping strategies that will minimize the risks of triggering Burnout.

Figure 2. Synthesis of articles included in the integrative review according to results and conclusion. Rio de Janeiro (RJ), 2017, Brazil.

In a study, the dissatisfaction with the quality of life of the nurses' work was discussed in a study, proposing measures in order that the hospital and nursing managements would meet to reduce the work overload, besides investing in social support in the work as a strategy to help minimize and even eliminate dissatisfaction with the work environment and, in this way, to obtain the quality of life of the assistance.¹³

Physical and psychological shocks, lack of materials and dissatisfaction with remuneration are shown as reasons for dissatisfaction in the work environment.¹⁴ Another factor that triggers is the double working day, leading the professional to a life stressful.¹⁵ It is stressed that the dissatisfaction in the work environment is related to the overload of activities, the staffing, the exhausting work process, the night work and the lack of professional recognition.¹⁴

It is important to emphasize that working hours, shifts and dissatisfaction with remuneration directly influence the quality of life of nurses, who are affected by the emotional, psychological and biological aspects.¹⁶

It is emphasized that Burnout Syndrome has an impact on the health of nurses affecting the quality of care provided by the workers.¹⁷ It is important to highlight the importance of carrying out more research in this area to deepen knowledge about the subject, job satisfaction and improve the quality of life of workers.¹⁵⁻⁸

DISCUSSION

It was chosen, in order to facilitate the understanding about the theme, by dividing it into two categories: Stress and the Development of Burnout Syndrome and Quality of Life of Nurses.

◆ Stress and the development of Burnout Syndrome

It is revealed that Burnout Syndrome is the expression of the most advanced stage of stress affecting nurses around the world regardless of the work context. It begins with discouragement and discouragement with the work, which can lead to the removal of functions, absenteeism and to diseases.¹⁶

Burnout is characterized by three components: emotional exhaustion, depersonalization and lack of professional achievement.¹⁸ It is a disorder that results from occupational stress involving the physical and psychological dimensions of nurses favoring situations of conflict and dissatisfaction with the work environment.¹⁷

It is understood that some of the stress factors that interfere in Nursing care are the long working day, the double working day, the night work causing emotional and physical exhaustion and affecting the quality of life of the care in the work and in the your social and family life.¹⁵

In nurses, feelings that transcend stress affect their quality of life and the quality of work provided to patients with feelings of frustration, coldness and indifference.¹⁶

Throughout Burnout, negative behavioral changes are generated in the context of work, reaching not only the team but also the care, family and social relations.¹¹ It is important to note that the influence of physical and psychological shocks indicates that health professionals of nursing has a high degree of impairment demonstrated through records of depression, stress, mental disorders, sleep disorders, chronic pain, among others.¹⁴

With respect to the symptomatology, it is detected that there is the prevalence of irritability and stress associated with anxiety, carelessness, inattention, chronic and headaches, physical and mental fatigue leading to depressive episodes.¹⁷

It was published a study evidencing that the work of high exigency generated more negative repercussions to the health of the worker when compared to the passive work, with greater prevalence of dissatisfaction with the quality of life of the work. It is emphasized that the autonomy and the responsibility of the nurse cause greater work overload and pressure, negatively impacting on their quality of life.¹³

It is important to emphasize that the quality of Nursing care is related to physical and psychological integrity, however, when the professional exercise becomes

overwhelmed, it increases the stress in the work.¹⁶

Another factor is related to the dissatisfaction in the work of the workers of direct assistance to the patient in comparison to those in administrative sectors. This difference is shown to be significant in relation to nurses working in critical units such as intensive care unit and surgical center.¹³

In a study, the importance of an organized, participative management that empowers its workers to the benefit of the excellence in the quality provided in search of improvements for the professional of Nursing and for the served population is reported.¹⁵

Thus, it is important to remember that the high psychological demand is inherent in nursing professionals who work 24 hours a day with the care provided to other sick human beings and in situations of fragility and vulnerability.¹⁹

The stress and professional dissatisfaction present in nurses' daily life are related to the complexity of human and work relations, responsibilities, professional autonomy and professional skills and abilities.¹⁸

It is pointed out, in studies, that there is a multi-causality of factors that interfere in job dissatisfaction. The daily life of nurses is thus surrounded by daily challenges such as lack of materials and human resources, night work and long hours of work, and the lack of staffing that leads to physical and psychological exhaustion, compromising quality of work and the provision of health services.¹⁷

◆ Quality of life of nurses

The quality of life of a person is related to the work that the work exerts, because, through work, it is possible to have access to education, housing, culture, leisure, being most of the time destined to work.¹⁴

It is confirmed in studies that the quality of life of nurses is related in order to meet their basic needs such as housing, access to education, family and social life, decent work and satisfactory remuneration.¹⁶

It was asserted that leisure and quality of life are indispensable to the good performance of professionals, especially those who deal with stressful situations and tiredness interfering with physical and psychological factors. They are used in such situations to wear and reduce the time that would be allocated to leisure and quality of life, as well as self-care, balanced eating, activities that lead to pleasure, family contact

and friends significantly interfering in health and quality of life.¹¹

Desvela-se que a saúde do trabalhador de enfermagem é um problema que afeta não somente a categoria, como, também, a população que é atendida, pois interfere na qualidade da assistência e na própria qualidade de vida dos profissionais. Considera-se necessário investimento, por parte dos gestores de saúde e serviços administrativos, para compreender as condições de trabalho dos enfermeiros.¹⁵

Quality of life in the work environment is characterized by the well-being and satisfaction of the individual in the development of his tasks, developing skills, productivity, social relations with other workers, ethics, respect and commitment.¹⁴

It is recommended that nurses should take care of the same responsibility with which they develop the process of caring for the other, however, it is possible to identify nurses who experience stress in their work environment interfering in their quality of life to seek to soften the suffering triggered by work.¹⁵

Nursing encompasses holistic care through ethics, responsibility and commitment. It is considered to be a profession that deals with challenges that require the professional to adapt to conflicting situations that generate stress and interfere in the quality of life.¹⁷

CONCLUSION

The prevalence of stress related to burnout syndrome related to dissatisfaction in the work environment, such as excessive work hours, the devaluation of the professional, among others, was identified in view of the analyzes of the publications on stress and the quality of life of nurses.

Provided support for the understanding of the importance of investigating the stress triggered by work and how it interferes in the quality of life of nurses both in the scope of their work, in their care provided to patients, and in their social, family and social relationships as a whole.

It was also verified the need for more research on this topic, since there was a predominance of research on integrative revision methodology, and also the absence of studies in the Southeast, North and Mid-West regions.

It should be emphasized that, in addition to this, there is a need for health managers to be more attentive to professionals and that there are incentives for studies on the subject to make a change in the organization of work.

It is hoped, therefore, that this study contributes to the development of new research in this area and that collaborates holistically for the quality of life of the nurses.

REFERENCES

1. The World Health Organization quality of life assessment (WHOQOL): position paper from the World Health Organization. *Soc Sci Med*. 1995 Nov; 41(10):1403-9.
2. Cruz AM, Almeida NG, Fialho AVM, Rodrigues DP, Figueiredo JV, Oliveira ACS. Perception of female nursing professors about their quality of life. *Rev Rene*. 2015 May/June; 16(3):382-90. Doi: [10.15253/2175-6783.2015000300011](https://doi.org/10.15253/2175-6783.2015000300011)
3. Kestenberg CCF, Felipe ICV, Rossone FO, Delphim LM, Teotonio MC. The stress of nursing workers: study in different units of a university hospital. *Rev enferm UERJ*, Rio de Janeiro, 2015 jan/fev; 23(1):45-51. Doi: <http://dx.doi.org/10.12957/reuerj.2015.11487>
4. Ramos EL, Souza NVDO, Gonçalves, FGA, Pires AS, Santos DM. Quality of work life: repercussions for the health of nursing worker in intensive care. *J Res Fundam Care Online* 2014 Apr/June;6(2):571-83. Doi: [10.9789/2175-5361.2014v6n2p571](https://doi.org/10.9789/2175-5361.2014v6n2p571)
5. Cacciari P, Haddad MCL, Vannuchi MTO, Dalmas JC. Health status of nursing workers in functional retraining and readaptation. *Rev Bras Enferm*. 2013 Nov/Dec; 66(6): 860-5. Doi: <http://dx.doi.org/10.1590/S0034-71672013000600008>
6. Araújo LM, Araújo LM de, Moura KS, Germano RM, Costa EO. Burnout in nursing professional: a critical view about the scientific production of nursing *J Nurs UFPE online*. 2014 July; 8(Suppl 1):2472-8. Doi: [10.5205/reuol.5927-50900-1-SM.0807suppl201435](https://doi.org/10.5205/reuol.5927-50900-1-SM.0807suppl201435)
7. Oliveira LPS, Araújo GF. Characteristics of the syndrome burnout in emergency nurses of a public hospital. *REC* 2016 Jan/June;5(1):34-42. Doi: [10.17267/2317-3378rec.v5i1.834](https://doi.org/10.17267/2317-3378rec.v5i1.834)
8. Medeiros-Costa ME, Maciel RH, Rêgo DP, Lima LL, Silva MEP, Freitas JG. Occupational Burnout Syndrome in the nursing context: an integrative literature review. *Rev Esc Enferm USP*. 2017;51:e03235. Doi: <http://dx.doi.org/10.1590/S1980-220X2016023403235>
9. Vasconcelos EM, De Martino MMF, França SPS. Burnout and depressive symptoms in intensive care nurses: relationship analysis. *Rev Bras Enferm*. 2018 Jan/Feb;71(1):135-41. Doi: <http://dx.doi.org/10.1590/0034-7167-2016-0019>

10. Holmes ES, Santos SR, Farias JA, Costa MBS. Burnout syndrome in nurses acting in primary care: an impact on quality of life. *J Res Fundam Care Online*. 2014 Oct/Dec; 6(4):1384-95. Doi: [10.9789/2175-5361.2014.v6i4.1384-1395](https://doi.org/10.9789/2175-5361.2014.v6i4.1384-1395)
11. Portela NLC, Pedrosa AO, Cunha JDS, Monte LRS, Gomes RNS, Lago EC. Burnout syndrome in nursing professionals from urgency and emergency services. *J Res Fundam Care Online*. 2015 July/Sept; 7(3):2749-60. Doi: [10.9789/2175-5361.2015.v7i3.2749-2760](https://doi.org/10.9789/2175-5361.2015.v7i3.2749-2760)
12. Tavares KFA, Farias SNP, Souza NVDO. Scientific literature about the occurrence of the burnout syndrome in nurse residents: an integrative review. *J Nurs UFPE on line*. 2016 June; 10(6):2189-97. Doi: [10.5205/reuol.9199-80250-1-SM1006201634](https://doi.org/10.5205/reuol.9199-80250-1-SM1006201634)
13. Azevedo BDS, Nery AA, Cardoso JP. Occupational stress and dissatisfaction with quality of work life in nursing. *Texto contexto-enferm*. 2017 Mar; 26(1):e3940015. Doi: <http://dx.doi.org/10.1590/0104-07072017003940015>
14. Amaral JF, Ribeiro JP, Paixão DX. Qualidade de vida no trabalho dos Profissionais de enfermagem em ambiente Hospitalar: uma revisão integrativa. *Rev Espaço Saúde*. 2015 Jan/Mar; 169(1):66-74.
15. Valença CN, Azevêdo LMN, Oliveira AG, Medeiros SSA, Malveira FAS, Germano RM. The scientific production about occupational health of nursing. *J Res Fundam Care Online*. 2013 Dec; 5(5):52-60. Doi: [10.9789/2175-5361.2013v5n5esp52](https://doi.org/10.9789/2175-5361.2013v5n5esp52)
16. Oliveira RKM, Costa TD, Santos VEP. Burnout syndrome in nursing: an integrative review. *J Res Fundam Care Online*. 2013 Jan/Mar; 5(1):3168-75. Doi: [10.9789/2175-5361.2013v5n1p3168](https://doi.org/10.9789/2175-5361.2013v5n1p3168)
17. Mourão AL, Costa ACC, Silva EMM, Lima KJ. Burnout syndrome in the context of nursing. *Rev Baiana Saúde Pública*. 2017 Dec; 41(1):131-43. Doi: [10.22278/2318-2660.2017.v41.n1.a1926](https://doi.org/10.22278/2318-2660.2017.v41.n1.a1926)
18. Schmidt DRC, Paladini M, Biato C, Pais JD, Oliveira AR. Quality of working life and burnout among nursing staff in Intensive Care Units. *Rev Bras Enferm*. 2013 Jan/Feb; 66(1): 13-7. Doi: <http://dx.doi.org/10.1590/S0034-71672013000100002>
19. Silva AM, Guimarães LAM. Occupational Stress and Quality of Life in Nursing. *Paidéia*. 2016 Jan/Apr; 26(63):63-70. Doi: [10.1590/1982-43272663201608](https://doi.org/10.1590/1982-43272663201608)

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