Journal of Nursing
UFPE On Line
ISSN: 1981-8963

J Nurs UFPE on line.
2019;13:e241609
DOI: 10.5205/1981-8963.2019.241609
https://periodicos.ufpe.br/revistas/revistaenfermagem

ORIGINAL ARTICLE

RISK OF BURNOUT SYNDROME IN MENTAL HEALTH NURSES*

RISCO DE SÍNDROME DE BURNOUT EM ENFERMEIROS DA SAÚDE MENTAL

RIESGO DE SÍNDROME DE BURNOUT EN ENFERMEROS DE SALUD MENTAL

Daiane da Silva Azevedo[1], Mônica Madeira Martins Ferraz[2], Ravena de Sousa Alencar Ferreira[3], Jefferson Abraão Caetano Lira[4], Daline da Silva Azevedo[5], Sabrina Maria Ribeiro Amorim[6], Lorena Uchôa Portela Veloso[7]

ABSTRACT

Objective: to evaluate the risk of Burnout Syndrome in nurses working in mental health. ***Method:*** this is a quantitative, descriptive, cross-sectional and analytical study with 23 nurses who work in a psychiatric hospital and in Psychosocial Care Centers. Data were collected through a validated questionnaire and the Maslach Burnout Inventory instrument. Pearson's chi-square test was used to associate the variables. Results were presented in tables and figures. ***Results:*** it was found that 60.9% of professionals had low emotional exhaustion; 65.2%, low depersonalization and 47.8%, high professional achievement. It is noteworthy that, although professionals do not have Burnout Syndrome, 47.8% demonstrated a high risk for its development. ***Conclusion:*** it was evidenced that mental health nurses had a high risk for Burnout Syndrome and showed significant associations with some predictors and symptoms of this condition. ***Descriptors***: Burnout, Professional; Mental Health; Nursing; Mental Health Services; Occupational Health; Psychiatric Nursing.

RESUMO

Objetivo*:** avaliar o risco de Síndrome de Burnout em enfermeiros que atuam na saúde mental. ***Método*:** trata-se de um estudo quantitativo, descritivo, transversal e analítico, com 23 enfermeiros que atuam em um hospital psiquiátrico e em Centros de Atenção Psicossociais. Coletaram-se os dados por meio de um questionário validado e do instrumento *Maslach Burnout Inventory*. Utilizou-se o teste qui-quadrado de Pearson para se associar as variáveis. Apresentaram-se os resultados em forma de tabelas e figura. ***Resultados*:** constatou-se que 60,9% dos profissionais apresentaram baixa exaustão emocional; 65,2%, baixa despersonalização e 47,8%, alta realização profissional. Destaca-se que, apesar de os profissionais não apresentarem a Síndrome de Burnout, 47,8% demonstraram um alto risco para o seu desenvolvimento. ***Conclusão: evidenciou-se que os enfermeiros da saúde mental apresentaram um elevado risco para a Síndrome de Burnout e demonstraram associações significativas a alguns fatores preditores e sintomas desse agravo. ***Descritores*:** Esgotamento Profissional; Saúde Mental; Enfermagem; Serviços de Saúde Mental; Saúde do Trabalhador; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: evaluar el riesgo de síndrome de *Burnout* en enfermeros que trabajan en salud mental. ***Método:*** estudio cuantitativo, descriptivo, transversal y analítico con 23 enfermeros que trabajan en un hospital psiquiátrico y en Centros de Atención Psicosocial. Los datos fueron recolectados a través de un cuestionario validado y el instrumento *Maslach Burnout Inventory*. La prueba de chi-cuadrado de Pearson se utilizó para asociar las variables. Los resultados se presentaron en tablas y figuras. ***Resultados:*** se encontró que el 60.9% de los profesionales tenían bajo agotamiento emocional; 65,2%, baja despersonalización y 47,8%, alto rendimiento profesional. Es de destacar que, aun que los profesionales no tienen síndrome de *Burnout*, el 47.8% demostró un alto riesgo para su desarrollo. ***Conclusión:*** se evidenció que los enfermeros de salud mental tenían un alto riesgo de síndrome de *Burnout* y mostraron asociaciones significativas con algunos predictores y síntomas de este agravio. ***Descriptores***: Agotamiento Profesional; Salud Mental; Enfermería; Servicios de Salud Mental; Salud Laboral; Enfermería Psiquiátrica.

[1,2,3,6,7]State University of Piauí / UESPI. Teresina (PI), Brazil. [1]http://orcid.org/0000-0003-2401-0716 [2]http://orcid.org/0000-0001-9148-727X [3]http://orcid.org/0000-0001-7311-2212 [6]http://orcid.org/0000-0002-2172-9648 [7]http://orcid.org/0000-0002-8062-3624 [4] Federal University of Piauí / UFPI. Teresina (PI), Brazil. [4]http://orcid.org/0000-0002-7582-4157 [5] Federal University of Piauí. Parnaíba (PI), Brazil. [5]http://orcid.org/0000-0002-4872-2614

*Article extracted from Course Conclusion Work << Burnout Syndrome in mental health nurses: CAPS and psychiatric hospital >>. State University of Piauí, 2017.

How to cite this article

Azevedo DS, Ferraz MMM, Ferreira RSA, Lira JAC, Azevedo DS, Amorim SMR, *et al*. Risk of burnout syndrome in mental health nurses. J Nurs UFPE on line. 2019;13:e241609 DOI: https://doi.org/10.5205/1981-8963.2019.241609

INTRODUCTION

Stress at work is constituted by physical and mental conditions that impair productivity, effectiveness, psychophysical health, work ability, satisfaction and the quality of individual work, and it appears to involve a mismatch between environmental demands and personal skills.[1]

It is noteworthy that the sensation of loss, combined with vulnerability, fatigue and frustration in the workplace, can lead to Burnout Syndrome, defined as a psychological response to chronic stressors of interpersonal and emotional work.[2] It is emphasized that this syndrome is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal fulfillment that can affect workers in different occupational contexts.[1]

Emotional exhaustion is characterized by the exhaustion or loss of emotional and energy resources that lead to lack of enthusiasm and frustration, tension and fatigue. Depersonification is known to involve the development of negative feelings and attitudes at work, and is considered an exclusive feature of this syndrome. It is emphasized that, in the triggering dimension of the process, the worker adopts negative attitudes, accompanied by insensitivity and lack of motivation. As for the low personal accomplishment, there is a negative tendency towards professional self-assessment, increased irritability, low productivity, poor professional relationship and loss of motivation.[3]

Burnout syndrome affects individuals of all ages and occupations, with a high prevalence among health professionals due to the intense and continuous nature of contact with caregivers. Aspects such as age, gender, years of practice, interpersonal conflicts, training and low participation in decision making are also strongly associated with the syndrome. Institutions also suffer significant losses due to high rates of sick absenteeism and presenteeism, which compromises the quality of service.[4]

It is emphasized that Nursing is associated with, most of the time, exhausting work hours, due to the high demand of patients and the short rest time, which changes the sleep patterns, diet and social activities of these professionals.[5] Among health professionals, nurses have the highest levels of pressure at work and are exposed daily to a large number of factors that aggravate mental and psychic load, which may culminate in situations of occupational stress.[6]

It is pointed out in the work process of psychiatric institutions, which also represent a field of action of nurses, that mental distress assumes relevance as a result of the psychic burdens experienced daily in the care of people with mental disorders. Among the triggering factors of mental distress are stress, the need to maintain a permanent alertness, sexual harassment, verbal aggression, lack of supervision and support from the boss, the intense pace of work and devaluation of the worker.[7]

This study is relevant since identifying the predisposing factors of burnout syndrome in mental health nurses is crucial for the implementation of interventions and for the development of coping strategies in order to minimize the risks of the syndrome. in these professionals.

OBJECTIVE

- To assess the risk of Burnout Syndrome in mental health nurses.

METHOD

This is a quantitative, descriptive, cross-sectional and analytical study conducted in a psychiatric hospital and in Psychosocial Care Centers II in the city of Teresina (PI), Brazil.

The population consisted of 31 nurses, of which 15 worked in the psychiatric hospital and 16 worked in the Psychosocial Care Center II. Nurses working in mental health for periods over one year were included. Those who were away from work for more than one month were excluded. After applying these criteria, 23 nurses were identified and participated in the research.

Data was collected through the application of a validated questionnaire, which addressed sociodemographic data, professionals, organizational factors predicting burnout and some symptoms related to this condition. Responses were organized based on a Likert scale, whose parameters range from zero to six points. We also used the Maslach Burnout Inventory (MBI) instrument, which identifies the symptomatic dimensions of Burnout Syndrome, and questions one to nine identify the level of emotional exhaustion, questions ten to 17 are related to professional achievement and items 18 to 22, to depersonalization.[8]

For the diagnosis of Burnout Syndrome, the joint identification of the three factors classified as: high (26 to 54 points), for emotional exhaustion; high (nine to 30 points) for depersonalization and low (zero to 33 points) for professional achievement, according to the Center for Advanced Studies and Research on Burnout Syndrome (NEPASB). The sample was classified according to the process of manifestation of burnout: syndrome found or high, moderate or reduced risk.

It is noteworthy that the high risk consists of two altered dimensions: moderate, in an altered dimension and reduced, in three dimensions with values considered normal.[9]

Data was organized and digitized into Excel spreadsheets, which were later processed in SPSS®, version 21.0. Descriptive data analysis was performed, presenting absolute values, percentages, mean and standard deviation. Pearson's chi-square test was used to verify the association between the dependent variable (risk of burnout) and the independent variable (predictor factors and signs). Values of p <0.05 were considered significant.

They complied with the ethical aspects of Resolution 466/2012 of the National Health Council, which deals with research with human beings. This study was approved by the Research Ethics Committee (REC) of the State University of Piauí, with CAAE 67864417.1.0000.5209 and opinion No. 2,111,984.

RESULTS

The prevalence of females (95.7%) was recorded in the sample's sociodemographic data, and 52.2% of the interviewees were married, 60.9% had children and the predominant age group was 40%. to 49 years (39.1%).

Figure 1 shows that 73.9% of the professionals had specialization in the area and 8.7% had a master's degree. It was found that 34.8% had a workload of more than 60 hours per week, because they had more than one job (73.9%). Regarding the working period, it was identified that 39.1% worked in the afternoon and the minority (13%) at night.

Table 1. Professional profile of nurses working in mental health. Teresina (PI), Brazil, 2017.

Variables	n	%
Work situation		
Temporary	2	8.7
Statutory	1	91.3
Number of weekly hours		
20	2	8.7
24	2	8.7
30	17	73.9
54	1	4.3
60	1	4.3
Work period		
Morning	8	34.8
Morning and afternoon	3	13
Afternoon	9	39.1
Night	3	13
Title		
Graduation	4	17.4
Specialization	17	73.9
Masters	2	8.7
Readapted		
Yes	3	13
No	20	87
Other job		
Yes	17	73.9
No	6	26.1
Amount of other jobs		
1	16	69.6
2	1	4.3
0	7	26.1
Period of other jobs		
Morning	8	34.8
Afternoon	6	26.1
Night	2	8.7
Weekends	1	4.3
Without information	6	26.1
Total weekly hours of work		
20	1	4.3
30	4	17.4
36	1	4.3
38	1	4.3
40	2	8.7
44	1	4.3
50	2	8.7
54	3	13
60	8	34.8

Table 2 shows that 60.9% of the professionals had low emotional exhaustion, 65.2%, low depersonalization and 47.8% had high professional achievement. It was found that none of the nurses presented the diagnosis of Burnout Syndrome.

Table 2. Distribution of the degree of burnout syndrome by dimension in nurses working in mental health. Teresina (PI), Brazil, 2017.

Dimensions	Low	Medium	High	Mean (standard deviation)
Emotional exaustion	14 (60.9%)	4 (17.4%)	5 (21.7%)	14.39 (13.05)
Depersonalization	15 (65.2%)	5 (21.7%)	3 (13%)	7.00 (20.71)
Personal achievement	6 (26.1 %)	6 (26.1%)	11 (47.8%)	39.04 (7.57)

It is noteworthy, although the results show that nurses who work in mental health did not have Burnout Syndrome, that a significant portion (47.8%) showed high risk for its development, according to Figure 1.

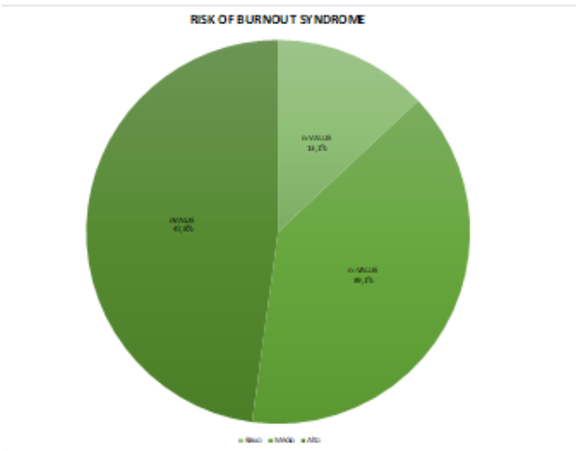

Figure 1. Risk of Burnout Syndrome in nurses working in mental health. Teresina (PI), Brazil, 2017.

The risk of burnout was found to be higher in institutions that rarely recognized or rewarded the professional for the procedures performed (72.7%) and in those that invested or rarely encouraged professional development (100%). A significant statistical association was identified between the risk of burnout and the predicting factors recognition and reward of the institutions where the respondents act (p = 0.017), as well as between the risk of burnout and the predicting factors investment and incentive for the professional development of the institutions where they work (p = 0.017), according to table 3.

Table 3. Association between the risk of burnout syndrome and the predictive factors presented by nurses working in mental health. Teresina (PI), Brazil, 2017.

(to be continued)

Variables		Risk of burnout syndrome			*p*-value
		Reduced risk n (%)	Moderate risk n (%)	High risk n (%)	
Do the activities I perform require more time than I have on a workday?	Few times	1 (8.3)	5 (41.7)	6 (50.0)	0.774
	Many limes	2 (18.2)	4 (36.4)	5 (45.5)	
I feel I can control the procedures and care I am assigned to at the institution I work for?	Few times	0 (0.0)	0 (0.0)	0 (0.0)	_
	Many limes	3 (13.0)	9 (39.1)	11 (47.8)	
Do the institutions where I work recognize and reward their employees for accurate diagnostics and care and procedures?	Few times	0 (0.0)	3 (27.3)	8 (72.7)	0.017
	Many limes	3 (25.0)	6 (50.0)	3 (25.0)	

Table 3. Association between the risk of burnout syndrome and the predictive factors presented by nurses working in mental health. Teresina (PI), Brazil, 2017.

(continuation)

I realize that in the institution where I work, the professional is sensitive to employees, ie, values and recognizes the work done, as well as invests and encourages the professional development of its employees?	Few times	0 (0.0)	3 (27.3)	8 (72.7)	0.017
	Many limes	3 (25.0)	6 (50.0)	3 (25.0)	
Do I clearly perceive that there is respect in the institution's internal relations (in the work team and in the coordination of its employees)?	Few times	0 (0.0)	0 (0.0)	2 (100.0)	0.336
	Many limes	3 (14.3)	9 (42.9)	9 (42.9)	
At the institution where I work, do I have the opportunity to do work that I consider important?	Few times	0 (0.0)	0 (0.0)	0 (0.0)	_
	Many limes	3 (13.0)	9 (39.1)	11 (47.8)	

Table 4 shows a statistically significant association between risk of Burnout Syndrome and symptoms of easy irritability (p = 0.014), loss or excess of appetite (p = 0.046), feeling of mental tiredness (p = 0.034). , allergic problems (p = 0.037) and loss of sexual desire (p <0.001). The prevalence of high risk of burnout was found in those who often had easy irritability (100%), loss or excess of appetite (93.3%), feeling of mental tiredness (70%) and allergic problems (100%). There was a moderate risk of burnout in those who often had sexual desire loss (57.1%).

Table 4. Association between the risk of Burnout Syndrome and the symptoms presented by nurses working in mental health. Teresina (PI), Brazil, 2017.

(to be continued)

Variables	Risk of burnout syndrome Reduced risk			Reduced risk	
Variables				Variables	Reduced risk
Headache	Few times	1 (6.2)	5 (31.2)	10 (62.5)	0.05
	Many limes	2 (28.6)	4 (57.1)	1 (14.3)	
Easy irritability	Few times	3 (16.7)	9 (50.0)	6 (33.3)	0.014
	Many limes	0 (0.0)	0 (0.0)	5 (100.0)	
Loss or excess appetite	Few times	3 (17.6)	8 (47.1)	6 (35.3)	0.046
	Many limes	0 (0.0)	1 (16.7)	5 (93.3)	
High blood pressure	Few times	3 (13.0)	9 (39.1)	11 (47.8)	_
	Many limes	0 (0.0)	0 (0.0)	0 (0.0)	
Shoulder or neck pain	Few times	2 (10.0)	9 (45.0)	9 (45.0)	0.627
	Many limes	1 (33.3)	0 (0.0)	2 (66.7)	
Chest pain	Few times	3 (13.0)	9 (39.1)	11 (47.8)	_
	Many limes	0 (0.0)	0 (0.0)	0 (0.0)	
Sleep difficulties	Few times	1 (7.7)	6 (46.2)	6 (46.2)	0.502
	Many limes	2 (20.0)	3 (30.0)	5 (50.0)	
Feeling of mental tiredness	Few times	3 (23.1)	6 (46.2)	4 (30.8)	0.034
	Many limes	0 (0.0)	3 (30.0)	7 (70.0)	
Sexual difficulties	Few times	3 (13.0)	9 (39.1)	11 (47.8)	_
	Many limes	0 (0.0)	0 (0.0)	0 (0.0)	
Little time for yourself	Few times	2 (15.4)	4 (30.8)	7 (53.8)	0.502
	Many limes	1 (10.0)	5 (50.0)	4 (40.0)	
Generalized fatigue	Few times	2 (13.3)	7 (46.7)	9 (40.0)	0.336
	Many limes	1 (12.5)	2 (25.0)	40 (62.5)	
Small infections	Few times	3 (13.0)	9 (39.1)	11 (47.0)	_
	Many limes	0 (0.0)	0 (0.0)	0 (0.0)	
Increased consumption of alcohol, cigarettes or chemicals	Few times	3 (13.0)	9 (39.1)	11 (47.0)	_
	Many limes	0 (0.0)	0 (0.0)	0 (0.0)	
Memory and concentration difficulties	Few times	2 (13.3)	6 (40.0)	7 (46.7)	0.574
	Many limes	1 (12.5)	3 (37.5)	4 (50.0)	
Gastrointestinal problems	Few times	3 (14.3)	8 (38.1)	10 (47.6)	0.609
	Many limes	0 (0.0)	1 (50.0)	1 (50.0)	
Allergic problems	Few times	3 (15.8)	9 (47.4)	7 (6.8)	0.037
	Many limes	0 (0.0)	0 (0.0)	4 (100.0)	
Continuous acceleration state	Few times	2 (11.8)	9 (52.9)	6 (35.3)	0.177

Table 4. Association between the risk of Burnout Syndrome and the symptoms presented by nurses working in mental health. Teresina (PI), Brazil, 2017.

(continuation)

	Many limes	1 (15.7)	0 (0.0)	5 (83.3)	
Feeling unwilling to start anything	Few times	2 (11.8)	9 (52.9)	6 (35.3)	0.177
	Many limes	1 (15.7)	0 (0.0)	5 (83.3)	
Loss of sense of humor	Few times	2 (11.1)	9 (50.0)	7 (38.9)	0.308
	Many limes	1 (20.0)	0 (0.0)	4 (80.0)	
Colds and Flu	Few times	3 (14.3)	7 (33.3)	11 (52.4)	0.391
	Many limes	0 (0.0)	2 (100.0)	0 (0.0)	
Loss of sexual desire	Few times	3 (13.0)	9 (39.1)	11 (47.8)	<0.001
	Many limes	2 (28.6)	4 (57.1)	1 (14.3)	

DISCUSSION

In national and international studies, the predominance of females in samples associated with risk for Burnout Syndrome was identified, corroborating this research.[10,11] It was also noted in this study that the mean age was 43, eight years, a result similar to that found in a research that aimed to associate the burnout domains with the characteristics of the work environment, in which the average age recorded was 43.[12] However, it is noteworthy that, in a study developed in Cameroon , to identify the determinants of burnout in nurses, the average age of the professionals was 29.75 years and the age range ranged from 20 to 55 years.[13]

Regarding the marital status and number of children of the participants, this study differed from the results found in a cross-sectional study on the prevalence and predictors of burnout syndrome in intensive care nurses, in which 62.6% 71.4% reported having no children.[14] It is noteworthy that, for some researchers, having children is considered a reason for professional balance, which enables better coping strategies for conflicting situations and occupational stressors. It is added that other researches bring the absence of significant differences in this aspect.[15]

In a study conducted with nursing residents, it was found that the predominantly young female, single and childless profile showed a significant association with the development of Burnout Syndrome. It is pointed out that the short working time, associated with the young age, is a risk factor for this syndrome, since the beginning of the professional career can cause fear and stress and, as the professionals acquire skills and competences in the exercise of the profession. In this function, the increased possibility of coping with these stressful situations is perceived, which reduces the likelihood of chronic stress and Burnout Syndrome occurring.[16]

It is emphasized that the titling result in this study corroborates a research carried out to identify the level of burnout in nurses from different sectors of a public hospital in the interior of the state of São Paulo, in which 72.1% had specialization in Nursing area.[17] It is noted that the search for postgraduate nursing is growing due to the market demand for qualified professionals. It is noteworthy that graduate education is a way for newly graduated nurses to improve the skills and abilities inherent to the profession, improving self-confidence and, at the same time, reducing fear, insecurity and work stress.

It was identified in a study about Burnout Syndrome in nurses of an emergency room that 70.4% of these professionals worked 30 hours per week, however, it was found that 59.3% had another employment relationship.[18] Thus, the excessive workload, linked to the various work bonds, causes physical and mental exhaustion, which are risk factors for Burnout Syndrome.

It was observed in one study that the search for financial self-sufficiency pressures nurses to have more than one employment relationship, however, this overload can cause stress and, generally, occupational impotence, compromising the quality of life of these professionals.[19] In a study about Burnout Syndrome in hospitals in Curitiba (PR), Nursing professionals working in another institution have greater emotional exhaustion.[20]

It was found in a research that aimed to determine the degree of professional exhaustion in nurses from Boyacá, Colombia, that night work is a risk factor for the development of Burnout Syndrome.21 It is added that, despite the minority Of the nurses in this study working at night, a large number have multi-jobs and, in the long run, the night service ends up wearing the professional. It is noteworthy that, in this context, most institutions already organize the routine of services so that most nursing care is performed during the day shift, in order to minimize the wear and tear of these professionals.[22]

It was noticed, in a study with nurses from the prehospital rescue team about Burnout Syndrome, as well as in this research, regarding the mean of the MBI subscales, that there was no presence of the syndrome, and most of the sample (76.47%) had low or moderate levels of emotional exhaustion, depersonalization and professional fulfillment.[23]

In a cross-sectional census study about burnout in nurses of a tertiary level hospital in Recife (PE), it was noted that the dimension personal fulfillment at work was high, with a percentage of 84.1% of professionals in this classification, and

The high levels of emotional exhaustion (49.1%) and depersonalization (27%) indicated a strong propensity for the development of the syndrome.[24] It is reinforced due to the fact that most nurses in this study have emotional exhaustion and depersonalization. high, the need for organizations to care about the mental health of these professionals.

In this study, it was pointed out that nurses who work in mental health, even with adverse conditions, had high personal fulfillment, which may be justified by the fact that most work in the area by choice. It is emphasized that the high rate in the personal fulfillment dimension, associated with the feeling of gratification for work, attenuates the occurrence of burnout, which contributes to the professional's permanence in activity and reduces absenteeism at work.[25]

In a cross-sectional correlational study on burnout syndrome in nurses of the Mobile Emergency Care Service (SAMU) in the municipalities of Maceió and Arapiraca (AL), an incidence of 76.2% of burnout was found. It was also concluded that burnout is more related to organizational factors (physical environment, organizational changes, institutional norms, climate, bureaucracy, communication, autonomy, rewards and safety) than to other factors, such as personal factors (age, gender , educational level, children, leisure) and work (type of occupation, length of profession, time of institution, shift or night work, overload and type of client).[26]

From this perspective, it was identified in another study that the organizational dynamics in the emergency room generates overload and occupational tension, requiring continuous monitoring of the mental and physical health of these workers, based on strategies that reorganize the work process to reduce the sources of stress. It is pointed out that Burnout Syndrome can be avoided, provided that the organizational culture favors the execution of preventive activities of chronic stress, through the valorization of interprofessionality, in order to rescue the affective characteristics in the routine of the caregiver.[27]

In this study, it was noted that professionals who had a high risk of burnout reported little recognition, reward and appreciation by the institution where they work. It should be noted that rewards from work, whether material or symbolic, act as protective factors, as they contribute to job satisfaction, motivation, a sense of belonging and the exchange of experiences, and should be valued by the employing organization.[28]

Recognition, feeling of importance and appreciation are believed to be fundamental resources for workers and constitute essential human needs for job satisfaction. In addition, resource-poor work environments, appreciation and satisfaction contribute to the increased risk of Burnout Syndrome, while environments that promote appreciation and harmony in interpersonal relationships tend to be protective factors.[29]

It is suggested in this study that easy irritability, loss or excess of appetite, feeling of emotional tiredness, allergic problems and loss of sexual desire were symptoms that were associated with the risk of Burnout Syndrome in nurses who work in mental health. On the other hand, it is emphasized in one research that the symptoms related to burnout, manifested by nurses, were shoulder and neck pain, sleep difficulties, irritability and headache.[30] In addition, these predictive symptoms of burnout end up going unnoticed by the nurses who work in mental health, which makes early intervention difficult.

CONCLUSION

Although nurses working in mental health did not have Burnout Syndrome, 47.8% showed high risk for the development of the disease, besides having predictors and symptoms of this syndrome. As Burnout Syndrome develops gradually and is characterized by emotional exhaustion, depersonification and low personal fulfillment, it is necessary a greater concern of health organizations with professional valorization, considering the significant statistical association between the risk of burnout and the predictors of recognition and reward and investment and incentive.

In mental health nurses, a statistically significant association between risk of burnout and symptoms of easy irritability, loss or over appetite, feeling of mental tiredness, allergic problems and loss of sexual desire was indicated. Therefore, the need to adopt measures to cope with occupational stress is emphasized, since emotional, physical and mental disorders are psychosocial and early treatment is essential.

A limitation of this study is the fact that the assessment of the risk of burnout occurred in a single moment. Thus, longitudinal studies are suggested to produce more accurate results about this syndrome. The knowledge and self-recognition of Burnout Syndrome and its predictive factors by mental health nurses is also essential to seek early help and treatment.

REFERENCES

1. Ezenwaji IO, Eseadi C, Okide CC, Nwosu NC, Ugwoke SC, Ololo KO, et al. Work-related stress, burnout, and related sociodemographic factors among nurses. Medicine (Baltimore). 2019 Jan ;98(3):e13889. DOI: 10.1097/MD.0000000000013889

2. Vega VP, González RR, Bustos MJ, Rojo SL, López EM, Rosas PA, et al. Relationship between

grief support and burnout syndrome in professionals and technicians of pediatric health. Rev Chil Pediatr. 2017 Nov/Apr;88(5):614-21. DOI: 10.4067/S0370-41062017000500007

3. Silva JLL, Soares RS, Costa FS, Ramos DS, Lima FB, Teixeira LR. Psychosocial factors and prevalence of burnout syndrome among nursing workers in intensive care units. Rev bras ter intensiva. 2015 Apr/June;27(2):125-33. DOI: http://dx.doi.org/10.5935/0103-507X.20150023

4. Paiva LC, Canário ACG, China ELCP, Gonçalves AK. Burnout syndrome in health-care professionals in a university hospital. Clinics. 2017 May;72(5):305-9. DOI: 10.6061/clinics/2017(05)08

5. Ruback SP, Tavares JMAB, Lins SMSB, Campos TS, Rocha RG, Caetano DA. Stress and Burnout Syndrome Among Nursing Professinals Working in Nephrology: an integrative review. J res fundam care online. 2018 July/Sept;10(3):889-99. DOI: http://dx.doi.org/10.9789/2175-5361.2018.v10i3.889-899

6. Sena AFJ, Lemes AG, Nascimento VF, Rocha EM. Stress and anxiety among nursing employees in hospitals. J nurs health. 2015; 5(1):27-37. DOI: http://dx.doi.org/10.15210/jonah.v5i1.5089

7. Rocha FLR, Gaioli CCLO, Camelo SHH, Mininel VA, Vegro TC. Organizational culture of a psychiatric hospital and resilience of nursing workers. Rev Bras Enferm. 2016 Sept/Oct;69(5):765-72. DOI: http://dx.doi.org/10.1590/0034-7167.2016690501

8. Maslach C, Jackson SE. The measurement of experienced burnout. J Organiz Behav. 1981 Apr; 2(2):99-113. DOI: https://doi.org/10.1002/job.4030020205

9. Magnabosco G, Goulart CB, Haddad MCL, Vannuchi MTO, Dalmas JC. Burnout syndrome in workers of a medium complexity public hospital. REME rev min enferm [Internet]. 2009 Oct/Dec [cited 2019 June 07];13(4):506-14. Available from: http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=17900&indexSearch=ID

10. Rivas E, Barraza-Macías A. Burnout syndrome among nursing staff and its association with four work-related variables. Enferm univ. 2018 Apr/June;15(2):136-46. DOI: http://dx.doi.org/10.22201/eneo.23958421e.2018.2.65171

11. Menzani G, Bianchi ERF. Stress among Brazilian nurses working in emergency rooms. Rev eletrônica enferm. 2009 June;11(2):327-33. DOI: 10.5216/ree.v11.46978

12. Nogueira LS, Sousa RMC, Guedes ES, Santos MA, Turrini RNT, Cruz DALM. Burnout and nursing work environment in public health institutions. Rev Bras Enferm. 2018 Mar/Apr;71(2):336-42. DOI: http://dx.doi.org/10.1590/0034-7167-2016-0524

13. Mbanga C, Makebe H, Tim D, Fonkou S, Toukam L, Njim T. Determinants of burnout syndrome among nurses in Cameroon. BMC res notes. 2018 Oct/Dec;11:893. DOI: https://doi.org/10.1186/s13104-018-4004-3

14. Vasconcelos EM, Martino MMF. Predictors of burnout syndrome in intensive care nurses. Rev Gaúcha Enferm. 2017 June;38(4):e65354. DOI: http://dx.doi.org/10.1590/1983-1447.2017.04.65354

15. França SPS, Martino MMF, Aniceto EVS, Silva LL. Predictors of Burnout Syndrome in nurses in the prehospital emergency services. Acta Paul Enferm. 2012;25(1):68-73. DOI: http://dx.doi.org/10.1590/S0103-21002012000100012

16. Tavares KFA, Souza NVDO, Silva LD, Kestenberg CCF. Prevalence of burnout syndrome among resident nurses. Acta Paul Enferm. 2014 May/June; 27(3):260-5. DOI: http://dx.doi.org/10.1590/1982-0194201400044

17. Rissardo MP, Gasparino RC. Emotional exhaustion in nurses of a public hospital. Esc Anna Nery Rev Enferm. 2013 Jan/Mar;17(1):128-32. DOI: http://dx.doi.org/10.1590/S1414-81452013000100018

18. Oliveira LPS, Araújo GF. Characteristics of the syndrome burnout in emergency nurses of a public hospital. Rev Enferm Contemporânea. 2016 Jan/June;5(1):34-42. DOI: http://dx.doi.org/10.17267/2317-3378rec.v5i1.834

19. Oliveira RKM, Costa TD, Santos VEP. Burnout syndrome in nursing: an integrative review. Burnout syndrome in nursing: an integrative review. J res fundam care online. 2013 Jan/Mar; 5(1):3168-75.
DOI: http://dx.doi.org/10.9789/2175-5361.2013.v5i1.3168-3175

20. Chiapetti N, Serbena CA, Bodanese LF, Campos AS, Proença MDC. Burnout Syndrome in nursing professionals. Bol Acad Paul Psicol [Internet]. 2012 [cited 2019 May 03];32(83):353-83. Available from: http://www.redalyc.org/articulo.oa?id=94624915008

21. Verdugo LPA, Bocanegra BMP. Prevalence of Burnout syndrome in nursing staff of a third level hospital Boyacá, Colombia. Enferm glob [Internet]. 2013 Jan [cited 2019 Apr 30];12(29):73-88. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412013000100004&lng=es&nrm=iso&tlng=en

22. Meneghini F, Paz AA, Lautert L. Occupational factors related to Burnout syndrome components among nursing personnel. Texto contexto-enferm [Internet]. 2011 Apr/June [cited 2019 May 01];20(2):225-33. DOI: http://dx.doi.org/10.1590/S0104-07072011000200002

23. Bezerra RP, Beresin R. Burnout syndrome in nurses of prehospital rescue team. Einstein (São Paulo) [Internet]. 2009 [cited 2019 May

01];7(3):351-6. Available from: http://apps.einstein.br/revista/arquivos/pdf/1186-einstein%20v7n3p351-6_port.pdf

24. Galindo RH, Feliciano KVO, Lima RAS, Souza AI. Burnout Syndrome among General Hospital Nurses in Recife. Rev Esc Enferm USP. 2012 Apr;46(2):420-7. DOI: http://dx.doi.org/10.1590/S0080-62342012000200021

25. Santos AFO, Cardoso CL. Mental health professionals: manifestation of stress and burnout. Estud psicol (Campinas). 2010 Jan/Mar; 27(1):67-74. DOI: http://dx.doi.org/10.1590/S0103-166X2010000100008

26. França SPS, Martino MMF. Correlations between stress and burnout in mobile prehospital nursing care. J Nurs UFPE on line. 2014 Dec;8(12):4221-9. DOI: 10.5205/reuol.6825-58796-1-SM.0812201405

27. Jodas DA, Haddad MCL. Burnout Syndrome among nursing staff from an emergency department of a hniversity hospital. Acta Paul Enferm. 2009 July/Oct;22(2):192-7. DOI: http://dx.doi.org/10.1590/S0103-21002009000200012

28. Ferreira GB, Aragão AEA, Oliveira PS. Burnout syndrome in hospital/intensive nursing care: what do the studies say? Sanare [Internet]. 2017 Jan/June [cited 2019 May 01];16(1):100-8. Available from: https://sanare.emnuvens.com.br/sanare/article/view/1100/611

29. Lima AS, Farah BF, Bustamante-Teixeira MT. Analysis of the prevalence of burnout syndrome in professionals of primary health care. Trab Educ Saúde. 2018 Jan/Apr; 16(1):283-304. DOI: http://dx.doi.org/10.1590/1981-7746-sol00099

30. Rossi SS, Santos PG, Passos JP. Burnout syndrome in nursing: a comparative study between primary care and hospital closed. J res fundam care online. 2010 Oct/Dec;2(4):1232-39. DOI: http://dx.doi.org/10.9789/2175-5361.2010.v2i4.%25p

Corresponding author
Jefferson Abraão Caetano Lira
Email: j.abraaolira@gmail.com

Submission: 2019/06/20
Accepted: 2019/09/08