



The Impact of Burnout Syndrome on Professionals Working in Intensive Care Units: A Literature Review

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ABSTRACT

Burnout syndrome is characterized by a feeling of emotional exhaustion, being a mental health problem related to chronic stress at work that has not been properly managed, directly impacting work relationships and reducing productivity. Furthermore, this reality is experienced by many health professionals working in the intensive care unit due to the high morbidity and mortality of patients as well as situations of stress and psychological pressure. The present study seeks to identify and understand the impact and preponderant factors of Burnout Syndrome on health professionals working in the intensive care unit. This is a retrospective review of the literature using the Pubmed, Scielo and Medline databases covering the period from 2002 to 2023. From this study, it is observed that burnout syndrome is the main responsible for physical and mental exhaustion, being characterized by the triad: emotional exhaustion, depersonalization and low professional achievement. Furthermore, due to chronic stress at work, there is a negative impact on healthcare professionals working in Intensive Care Units (ICUs). These professionals face a considerable emotional and physical burden, which can lead to a series of harmful consequences for both themselves and patients and healthcare institutions. In summary, it is confirmed that the impact of burnout syndrome on professionals working in ICUs is profound and multifaceted, affecting both the health of professionals and the quality of care provided to patients.

INTRODUCTION / INTRODUÇÃO

The transformations that the modern world has undergone have notably changed the work scenario, in which competitiveness and productivity are increasingly gaining prominence, in order to meet the needs of consumers and the economy. Nowadays, capital is valued to the detriment of workers, who are pressured by the work environment to seek productivity and qualification. All these changes, demands and the devaluation that workers have suffered can generate exhaustion and stress, seriously impacting their physical and mental health (1).

Burnout syndrome is characterized by a feeling of emotional exhaustion, being a mental health problem related to chronic stress at work that has not been properly managed, directly impacting work relationships and reducing productivity. This

pathology can result from several factors intrinsic and extrinsic to individuals, including: role and activity overload, inability to manage time, lack of support network, conflicts over values and with colleagues, dissatisfaction with existing working conditions, salary and emotional distress. In this context, these factors can negatively affect the physical and mental health of individuals, predisposing them to organic diseases, anxiety, depression and other psychiatric disorders. Treatment for this condition can be carried out through psychological support, changes in the work environment and self-care strategies (2).

Furthermore, the clinical manifestations attributed to this syndrome are defined in four categories: the physical ones, related to sleep disorders, headache and fatigue, the psychological ones represented by the lack of concentration and/or attention, the behavioral ones delimited by negligence,

risky behavior and irritability, in addition to defensiveness characterized by isolation, feelings of incompetence and loss of interest in work. Under this bias, the propensity of health professionals to Burnout syndrome is well documented in the literature, studies indicate a higher prevalence in intensive care unit doctors with 25%, resident doctors with 7% and nurses with 10%, depending on the location. of work around the world (3).

It is known that Burnout can have a significant impact on the productive capacity, satisfaction, quality of life and mental health of healthcare professionals, especially those who work in intensive care units (ICU) due to situations of great psychological pressure in decision-making, salary devaluation, excessive working hours, an extremely competitive environment, recurrent coexistence with the situation of death and the fear of being held responsible for patients' therapeutic failure, especially in situations of poor family support and strict organizational norms, can end up helping in the development of occupational stress (4).

In view of the points presented, the importance of a study on the impact of Burnout Syndrome in the intensive care unit is confirmed, as this condition significantly affects the physical and mental health of healthcare professionals, leading to symptoms of emotional exhaustion, depersonalization and decreased personal fulfillment. Identifying and understanding this impact can help develop strategies to protect the health of these professionals and improve the quality of care provided (5).

METHODS

This work was prepared based on a retrospective review of the literature using the PubMed, Medline and SciELO databases. The descriptors used were “Burnout Syndrome”, “Health Professionals”, “Intensive Care Unit” and their corresponding English “Burnout Syndrome”, “Health Professionals”, “Intensive Care Unit”, in addition, the descriptor Booleanian “AND” for searching the database. The exclusion criteria were: articles that do not correlate with the topic of burnout syndrome in health professionals working in intensive care units, as well as published articles that do not cover the period studied from 2002 to 2023. 633 articles were found, adding all databases. After reading the titles of the articles, it was observed that some of them did not meet the inclusion criteria for this study. Thus, it was possible to remove 243 duplicate articles and 390 articles were selected for reading the abstract. Of these, 374 works were removed based on the abstract analysis and did not meet the objective of elucidating the impact of burnout syndrome on intensive care unit professionals as well as its preponderant factors, resulting in 16 complete texts included in this literature review. The selection criteria were studies that necessarily met the following criteria: studies published in English and Portuguese, systematic reviews, case reports, clinical studies and articles published between 2002 and 2023.

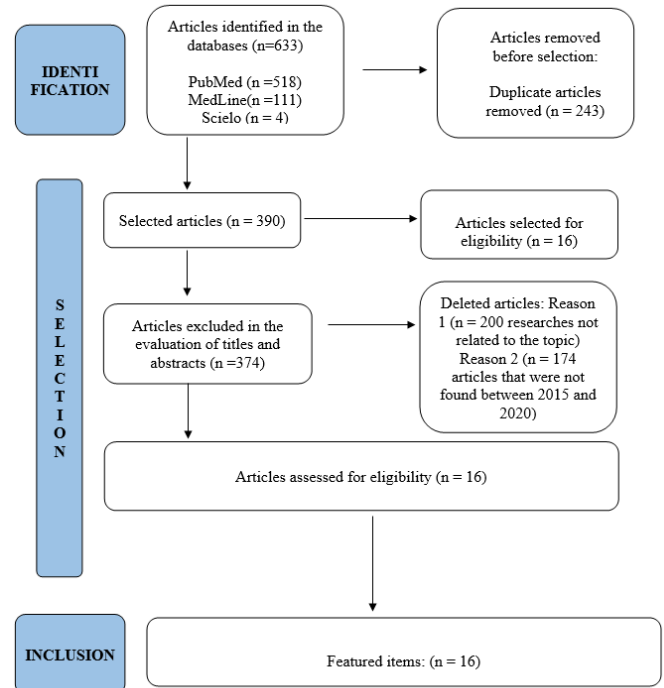


Figure 1. PRISM method of the research.

RESULTS & DISCUSSION

From this study it was possible to observe that burnout syndrome is the main responsible for physical and mental exhaustion, being characterized by the triad: emotional exhaustion, depersonalization and low professional achievement. Furthermore, due to chronic stress at work, there is a negative impact on healthcare professionals working in Intensive Care Units (ICUs). These professionals face a considerable emotional and physical burden, which can lead to a series of harmful consequences both for them and for patients and health institutions (6,7).

Furthermore, the exhaustion caused by burnout significantly compromises the ability of healthcare professionals to act efficiently and safely. The constant pressure to make quick decisions and the high demand for continuous care increase the risk of medical errors, which are critical in ICUs. Furthermore, depersonalization, one of the main components of burnout, leads to reduced empathy and emotional distancing from patients, which can harm the quality of care and patient satisfaction (8,9).

The physical and mental impacts of burnout are widely documented. Healthcare professionals in ICUs often face problems such as insomnia, headaches, gastrointestinal problems and cardiovascular diseases. From a psychological point of view, the prevalence of anxiety, depression and substance abuse is high. These conditions not only deteriorate the well-being of professionals, but also contribute to increased absenteeism and turnover, placing more pressure on colleagues and creating a vicious cycle of professional burnout (10,11).

In this context, health institutions face serious consequences due to burnout among their professionals. The costs associated

with treating physical and mental health problems, along with the need to replace and train new employees, are significant. Reduced quality of care can lead to litigation and damage the reputation of institutions. Under this bias, high turnover and absenteeism increase the workload on the remaining professionals, further exacerbating the problem of burnout (12-14).

Therefore, healthcare professionals such as doctors and nurses are more likely to develop burnout syndrome, particularly because dissatisfaction with working conditions and a feeling of lack of professional fulfillment can lead to family conflicts, social isolation and a general decrease in health. quality of life. In some cases, burnout can result in career abandonment, which worsens the shortage of qualified professionals in ICUs (15,16).

CONCLUSION

It is therefore inferred that the impact of burnout syndrome on professionals working in intensive care units is profound and multifaceted, affecting the health of assistant professionals, the quality of care provided to patients and the effectiveness of health institutions. Therefore, recognizing the signs of burnout and implementing prevention and intervention strategies is essential to promote a healthy and sustainable work environment, ensuring that healthcare professionals can continue to play their vital role effectively and with quality of life.

In short, to mitigate the effects of burnout, it is essential that healthcare institutions implement effective prevention and intervention strategies. This includes promoting a healthy work environment, with reasonable workloads and adequate emotional support. Furthermore, it is necessary to create well-being programs that offer resources for stress management and psychological support for professionals in intensive care units. Foster a culture of support and collaboration among team members, especially as it helps reduce isolation, depersonalization and competitiveness. Furthermore, training to develop resilience skills is important to help professionals deal with chronic stress and the fear of therapeutic failure among their patients.

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