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PROFESSIONAL BURNOUT SYNDROME IN NURSES IN THE HOSPITAL OF THE CONTEXT OF THE COVID-19 PANDEMIC: AN INTEGRATIVE REVIEW

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ABSTRACT

Objective: To analyze the repercussions of the Professional Burnout Syndrome on nurses in the hospital network in the context of the COVID-19 pandemic. **Methodology:** This is an integrative review, carried out in September 2021. The search was carried out through the Portal of Periodicals of the Coordination for the Improvement of Higher Education Personnel and the Virtual Health Library, which cover the main databases and their publications on health-related topics. 1,010 articles were found on the CAPES platform, and 259 on the VHL, totaling 1,269 articles, and after analysis following the fundamental instructions of Preferred Reporting Items for Systematic Reviews and Meta Analyses, ten articles were included in the review, published in the National Library of Medicine National Institutes of Health and Scientific Electronic Library Online. **Results:** The studies reveal a series of repercussions that SEP generates on nurses in the hospital network in the context of the COVID-19 pandemic, which were separated into four categories: 1- Physical repercussions; 2- Psychological repercussions; 3- Repercussions on nursing care; 4- Social repercussions. **Conclusion:** The present study contributes to the provision of information that can be used in the training process of the team and managers, in the identification of possible effects caused by the SEP. Thus, it is possible to establish coping measures in this illness process, in order to avoid further damage to this worker.

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INTRODUCTION

Global public health has been facing one of the greatest challenges in history: the COVID-19 pandemic. The first cases were reported as pneumonia of unknown cause, which occurred in the city of Wuhan,

China, in December 2019. In January of the following year, the virus (SARS-CoV-2) was also identified in China, and in three February, Brazil declared a Public Health Emergency of National Importance (ESPIN), with its first case confirmed on the 26th of the same month (Croda, 2020). On March 11, 2020, the World Health Organization

(WHO) changed the classification of global epidemic and declared the disease COVID-19 a pandemic. 517,097,886 have already been registered of contaminated people in the world, and in Brazil, 30,558,530 contaminated people and 664,126 deaths have already been confirmed (data referring to epidemiological week n° 18, from May 8 to 14, 2022) (Croda, 2020). This causes direct changes in daily life, generating anguish, insecurities and anxiety for all involved, especially in health professionals who work on the front line, directly caring for people suspected or confirmed by the disease.

The severity caused by the COVID-19 pandemic required the action of several health professionals in the services, mainly hospitals, who, living moments of insecurity and fear, suffered different repercussions, among them the Professional Burnout Syndrome (SEP). About 3.5 million health professionals are acting as direct caregivers in hospitals, dealing with work overload, lack of supplies and individual equipment (PPE), essential for their safety during the care provided. According to the World Health Organization (WHO), nursing professionals have developed high levels of anxiety, depression and stress, associated with the risk of becoming ill, impacting mental health and increasing the development of EPS (Humerez, 2020). SEP can be understood as a response to chronic occupational stress installed in the professional, characterized by signs and symptoms focused on three dimensions, namely: Emotional Exhaustion (EE); Depersonalization (PD); and Dissatisfaction or Reduction in Professional Achievement (RRP) (Silva, 2012; Meneghini, 2011; Perniciotti, 2022). In EE, there is lack of motivation, irritability, feeling of physical and emotional exhaustion, feeling of dread due to work overload and high pressure; PD is characterized as an emotional insensitivity of the professional, and to cold and impersonal contact; In RRP, the worker has a decrease in satisfaction in performing their work activities, has a low self-esteem (Pereira, 2022).

It should be noted that the term SEP is a translation into Portuguese of the expression *Burnout Syndrome*, recognized at an equal level in Annex II of Decree 3048/99 (Secretary of Social Security of the Ministry of Welfare and Social Assistance) (Santini, 2004). In 2019, SEP was included in the ICD-11, which will come into force in 2022, as a work-related problem that influences health status⁸. In terms of the economy, the SEP is understood by *the International Labor Organization* (ILO) as one of the biggest concerns of the sector, since it entails expenses without financial return to the public coffers⁹. Considering the multiplicity of concepts about SEP, it is necessary to understand the term and its impact on people's lives so that strategies can be created to face the phenomenon. Brazil is one of the countries most affected by stress, including SEP. The *Stress Management Association* (ISMA) recognizes Brazil as the second country with the most people affected by stress, and among these, it is estimated that 30% are affected by SEP. In addition, he adds that mental illnesses are the third cause of disability for Brazilian workers, leading to considerable costs, both in the treatment of the syndrome and in sickness benefits or absences to the National Institute of Social Security (INSS) (Azevedo, 2019). The literature highlights the difficulty of accounting for the amount spent on the repercussions generated by the SEP on health professionals and others. It is estimated that the total world value is close to 200 million, since there are expenses for Social Security, by increasing the number of increasingly younger professionals retired, reducing the workload, in addition to implying in the absences and replacements of these professionals. Professionals (Perniciotti, 2020; Azevedo, 2019). It is noteworthy that there is a difficulty in pointing out concrete statistical data on the incidence of SEP in the world and in Brazil. International studies reveal that about 30 to 47% of health professionals are affected by EPS, and in Brazil this number reaches 10%.

The rates in the countries reflect how nursing is affected by the SEP, and these numbers, even in developed countries, reach high percentages such as in England, which is 42%, Greece 44% and Germany, which reaches 4.2% of people affected (Silva, 2022; Ribeiro, 2014; Silva, 2015). Thus, it can be seen that the development of the SEP is also linked to the socioeconomic factors of the country,

and the more developed the lower the incidence rates will be, and there may be changes, such as a pandemic, which can increase these numbers even more. Living with the pandemic leads workers in the nursing field to focus their efforts and attention on fighting the virus and providing clinical care, while permeating the insecurity of contaminating themselves and being a propagator of the virus. In this scenario, workers' health is often neglected, and signs of physical and mental exhaustion go unnoticed or ignored, as a result of meeting the existing demand (Borges, 2021). These and other issues of the pandemic generate an increase in health professionals, especially nurses, affected by SEP (Ribeiro, 2020). An understanding of such repercussions on hospital nurses in the context of the COVID-19 pandemic is necessary for prevention and intervention in the face of the problem. Thus, the present study aims to analyze the repercussions of SEP on nurses in the hospital network in the context of the COVID-19 pandemic.

METHODOLOGY

This is an integrative literature review, which allows the identification of publications on a given topic, through the collection, organization and analysis of studies, evidencing results that aim to guide a better clinical practice. Integrative reviews aim to present strategies that support better performance in health care, and enable the identification of scientific gaps within the theme and the needs that future research needs to explore. The review was carried out in six stages, which will be detailed below (Souza, 2010; Sousa, 2017). In the first step, which refers to the elaboration of the guiding question, the acronym PCC - Population (P), Concept (C) and Context (C) was used (Chart 1), which resulted in the following question: What are the repercussions of the Syndrome? of Professional Exhaustion in nurses of the hospital network in the context of the Covid-19 pandemic?

Chart 1. Application of the PCC strategy

Acronym	Definition	Application
P	Population	Nurses in the hospital network.
C	Concept	Repercussions of the burnout syndrome.
C	Context	Covid-19 pandemic.

Source: Authors.

As for the second step, search or sampling in the literature, it was carried out during the month of September 2021, using the following search strategy: (Nurs* AND Burnout) AND ("Coronavirus infections") OR (SARS-CoV-2) OR (Corona) OR (COVID), established from the Health Sciences Descriptors (DECS): "Nursing staff", "Burnout" and "Coronavirus infection" and their alternative terms (SARS-CoV-2) OR (Corona) OR (COVID), considering their respective translations into English. The search was carried out through CAPES and the VHL, which cover the main databases and their publications on health-related topics, allowing for the diversity of articles that were found. Original, complete, free articles published between the years 2019 to August/2021 were included. It is noteworthy that the time cut chosen reflects the years in which the COVID-19 pandemic is installed. Duplicate articles in the databases and those that did not meet the objective of this integrative review were excluded. Initially, 1,010 articles were found on the CAPES platform, and 259 on the VHL, totaling 1,269 articles.

The results were forwarded to the *Mendeley academic software*, a platform used to manage storage and verify the duplication of studies. The screening of studies was performed by two reviewers, independently, applying the inclusion and exclusion criteria. We excluded 245 studies that were unavailable free of charge and in full, and 76 articles, because they were duplicates. Subsequently, the titles and abstracts of the remaining 948 studies were read, verifying that 879 were not related to the object of the study. After that, 69 articles were read in full. Of these, 59 did not answer the guiding question or did not make clear the repercussions of SEP on nurses in the context of the COVID-19 pandemic, leaving 10 articles included in this review. The fundamental instructions for reviews from *Preferred*

Reporting Items for Systematic Reviews and Meta Analyses (PRISMA), with regard to identification, eligibility and inclusion of studies, as shown in Figure 1.

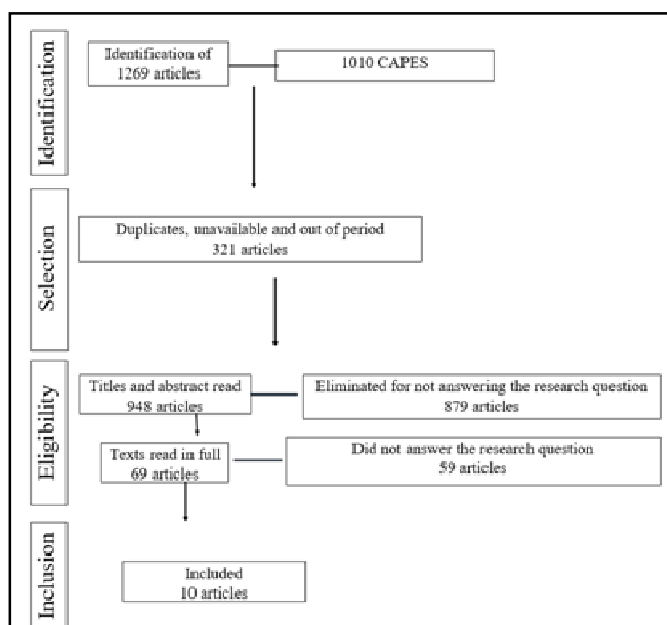


Figure 1. PRISMA flowchart of the selection of studies included in the review

In the third stage, for data extraction, a synoptic chart was prepared in order to organize the data that integrated the analytical *corpus*, composed of information such as reference, title and country, method, objectives, categories and level of evidence. The fourth stage, which corresponds to the evaluation of the included studies, was performed according to the categorization of the *Agency for Healthcare Research and Quality* (AHRQ), which classifies the levels of evidence of the studies in: Level 1 - meta-analysis of multiple controlled studies; Level 2- individual studies of experimental design; Level 3- studies with a quasi-experimental design; Level 4- studies with a non-experimental design, such as descriptive or qualitative ones; Level 5- case reports/experiences; Level 6- opinions or interpretation of information by experts (Souza, 2010; Galvão, 2006). Regarding the fifth step, which corresponds to the interpretation of the results, they were discussed based on Lazarus' Adaptation Theory (Silva, 2012; Dias, 2019). The sixth and final step, presentation of the review, is discussed below, with all the evidence and the main results found in this review (Souza, 2010; Ercole, 2014; Mendes, 2008).

RESULTS

Ten articles were included in this study that deal with the repercussions of SEP on nurses in the hospital network in the context of the COVID-19 Pandemic. Although the VHL and CAPES cover more than five databases, the results of this review were found in only two of them: *National Library of Medicine National Institutes of Health* (PubMed) and *Scientific Electronic Library Online* (SciELO). To facilitate the discussion of the results, the included studies will be identified by a sequential unit: E1, E2, E3 and so on, followed by the number corresponding to their reference and year, title, method, objective, category and level of evidence.

DISCUSSION

In view of the scientific context of nursing and the numerous theories that can be used to correlate the findings, Lazarus' Theory of Adaptation to Coping with Stress is one of the most accepted to support the associations that involve the repercussions caused by EPS on nurses. Theories are foundations that support the behaviors adopted by workers, in order to ensure that they are applied according

to the individual's response to a conflicting or atypical situation (Bitencourt, 2020). Considering an intellectual and reactionary view, the theory of Lazarus is described by the authors as a strategic way used by the individual to adapt to the different situations that may occur during his existence. Thus, these techniques may or may not have positive consequences for the individual, whether physical, mental, social, among others (Dias, 2019). To systematize the discussion of the results and facilitate their understanding, four categories were listed: 1- Physical repercussions; 2- Psychological repercussions; 3- Repercussions on nursing care; 4- Social repercussions.

PHYSICAL REPERCUSSIONS

The scientific literature on the repercussions of SEP on nurses during the COVID-19 pandemic reports that the consequences for these workers can also affect their physical condition. Among these physical effects, studies point to interference in sleep quality and insomnia symptoms, reported by many workers. In a study carried out in Italy, most participating nurses had symptoms of insomnia noted after the start of the pandemic. In addition, insomnia was related to the high levels of emotional exhaustion identified in these workers²⁴. The interference in the sleep quality of these workers was also evidenced in another study, stating an association between sleep and EE, which was exacerbated in these workers, compared to other determinants of SEP, such as PD and RRP.

The higher the EE indexes, the greater the number of nurses who noticed a decrease in sleep quality, because the psychological effects caused by SEP will directly affect the individual's physical health (Aydin Sayilan, 2021). The quality of sleep and insomnia are described as one of the main aspects that cause damage to the health of nurses, being factors that interfere in the quality of life and work offered to clients and institutions. This can be explained by Lazarus as the relationship between coping strategies and the effects it causes, since the method adopted by the person will interfere with their biological functioning, such as, for example, in the neuroendocrine sphere, which may have an influence in human behavior (Dias, 2019).

PSYCHOLOGICAL REPERCUSSIONS: The psychological repercussions, as expected, are the most evident and reported in most studies. The consequences of a mental nature in these workers encompass the three main determinants of SEP, EE, which presents itself, in most studies, with high levels, PD and RRP. In addition, stress, depression, anxiety and feelings of fear were also reported. Regarding EE, the study by E1 reports that the workers had a moderate level, but in relation to the other symptoms of EPS, they were high. This same study associates psychological-level repercussions with physical ones, such as sleep quality, which was discussed earlier. Such evidence is in agreement with the consequences generated by occupational stress that, when not reversed or treated, cause an individual's energy wear, given that there will be an attempt to restore the balance that was modified by that environment or stressor agent.

Thus, in this coping process, emotional exhaustion ends up becoming even more inevitable for this worker (Dias, 2019). Such repercussions are similar to the results found by E2²¹, E9 and E10, when they converge with the idea that the workers who participated of the studies indicated a high level of EE, and moderate of PD and RRP. In these studies, stress was perceived by most workers, revealing the identification of such exacerbated situations in the care provided during the COVID-19 pandemic. The results of the E7 study confirm the impacts of COVID-19 among intensive care workers at a hospital in Italy. EE levels were high and moderate for the other two SEP determinants, as in the aforementioned studies. It is noteworthy that COVID-19 can lead to serious conditions that require intensive care, with the Intensive Care Unit being a place of direct contact with critically ill patients at risk of imminent death. Such characteristics contribute to the development of SEP.

Chart 2. Articles selected for this review

Identification/Reference/ Year	Title/Country	Methodology	Goals	Category	Level of Evidence
E1 (SAYILAN <i>et al.</i> , 2020).	Burnout levels and sleep quality of COVID-19 heroes. / Turkey.	Descriptive and cross-sectional study.	Determining nurses' burnout levels and sleep quality.	Physical repercussions Psychological repercussions	5
E2 (BELLANTI, F. <i>et al.</i> , 2021).	Factors Related to Nurses' Burnout during the First Wave of Coronavirus Disease-19 in a University Hospital in Italy. / Italy.	Cross-sectional study.	Relate SEP and its associated factors to nurses in a hospital in Italy.	Social repercussions Psychological repercussions	5
E3 (MURAT, M. <i>et al.</i> , 2021).	Determination of stress, depression and burnout levels of front-line nurses during the COVID-19 pandemic. / Turkey.	Descriptive study.	To determine the levels of stress, depression and burnout of nurses who worked on the front lines of the COVID-19 pandemic.	Psychological repercussions Repercussions on nursing care.	4
E4 (TAKASHI OT <i>et al.</i> , 2021).	Mental health of nurses involved with COVID-19 patients in Japan, intention to resign, and influencing factors. / Japan.	Cross-sectional study.	To investigate the association between mental health and intention to resign among nurses who worked in the COVID-19 pandemic.	Social repercussions Psychological repercussions	5
E5 (STOCCHETTI, N. <i>et al.</i> , 2021).	Burnout in Intensive Care Unit Workers during the Second Wave of the COVID-19 Pandemic: A Single Center Cross-Sectional Italian Study. / Italy.	Cross-sectional study.	To investigate the prevalence of symptoms of anxiety, depression and insomnia, burnout syndrome and resilience in healthcare workers during the COVID-19 pandemic and to detect factors associated with the psychological response.	Physical repercussions Psychological repercussions	5
E6 (GARCIA, GM; CALVO, JC A, 2021).	The threat of COVID-19 and its influence on nursing staff burnout. / Spain.	Cross-sectional study.	Assess the threat of COVID-19 and its influence and work on the SEP.	Social repercussions Psychological repercussions	5
E7 (KAKEMAN, E. <i>et al.</i> , 2021).	Burnout and its relationship to self-reported quality of patient care and adverse events during COVID-19: A cross-sectional online survey among nurses. / Will.	Cross-sectional study.	To evaluate SEP in nurses and its association with the quality of care and the occurrence of adverse events during the COVID-19 pandemic.	Psychological repercussions Repercussions on nursing care	5
E8 (HU, D. <i>et al.</i> , 2020).	Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study / China.	Cross-sectional, descriptive and large-scale correlational study.	Assess nurses' mental health (depression, anxiety, SEP) and influencing factors during the COVID-19 pandemic.	psychological repercussions	5
E9 (CHEN, R. <i>et al.</i> , 2021).	A Large Scale Survey on Trauma, Burnout, and Posttraumatic Growth among Nurses during the COVID-19 Pandemic/ China and Taiwan	Observational study, using a web-based questionnaire.	Determine burnout levels and factors among healthcare workers who worked during the COVID-19 pandemic.	Social repercussions Psychological repercussions	4
E10 (MORGANTINI, LA <i>et al.</i> , 2020).	Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey/ EUA.	Cross-sectional study.	Assess exposure, perception, workload, and burnout of healthcare workers during the COVID-19 pandemic.	Social repercussions Psychological repercussions	5

Among the effects on the mental health of these workers are depression and anxiety, which are associated with EPS. In this study, anxiety was more perceived compared to depression, which can be explained by the physiological reaction of the human body to a stressful event. Thus, when experiencing a stressful environment, the individual tends to touch the effects caused by that agent, since, in their physiology, there is a drop in immunity and the appearance of pathological conditions, such as depression and anxiety. Stress can be related to the impediment of immune responses when hormones that inhibit the human body's defense are dispensed. These depressive symptoms and anxiety are associated with high emotional exhaustion, which were reported by nurses with feelings of psychological fatigue and fear, which end up corroborating the psychological consequences of EPS. Fear was reported by nurses in association with the resilience experienced in E8's study. For Lazarus and other researchers, this coping process depends on the individual's characteristics, and when experiencing a stressful environment, the person reacts in line with their perceptions.

Thus, and fear, turns out to be a negative measure, as it triggers other processes that do not contribute to changing the stressful environment and becomes an inadequate response. Therefore, we can see the numerous psychological effects that are triggered in nurses who experience SEP in the context of the COVID-19 pandemic, which also impacts the quality of nursing care, which will be discussed in the next category.

REPERCUSSIONS ON NURSING ASSISTANCE

Studies show that workers who experience SEP in the context of the COVID-19 pandemic are more vulnerable to making mistakes in nursing care, as well as generating impacts on the quality of the service provided. These repercussions are caused, in most cases, as a consequence of the other affected spheres (physical and psychological). Nurses who had feelings of inadequacy to provide nursing care were the same nurses who, in the work context, perceived more stressful situations E3.

According to Silva³, when this stressful environment is identified, it causes the appearance of a feeling of incompetence, which has repercussions on a detachment from that worker to the patient, initiating a process of apathy in the face of the individual's demands and needs. This withdrawal process is also explained by Lazarus¹⁷ as one of the responses to stress, being of the manipulative type, which is one in which the person tends to modify their relationship with the conflicting/stressful situation. Thus, he starts to adopt a posture of detachment that, in the case of the nurse, ends up resulting in dehumanized care, which reaffirms the feelings of inadequacy and incompetence to be experienced. In addition, these feelings can interfere in such a way with care that they can lead nursing workers to make mistakes, which can cause serious harm to the patient, interfering with the patient safety process and iatrogenic events. This is evidenced in the study by E7, in which most nurses who claimed to make mistakes in many procedures, most of them without serious consequences, although others stated that these errors brought important complications. Among these workers, more than half reported not paying attention during the performance of the procedures, and, therefore, they committed them. When this decrease in the quality of care plus the worker's apathy is established, the chances of more negligence and errors in the work environment are greater. This all ends up bringing effects that are not limited to the health institution, but ends up reaching the social sphere, since the service offered/performed will be evaluated by the worker, managers and, subsequently, society (Dias, 2019).

SOCIAL REPERCUSSIONS

Conflicts between co-workers, impacts on social relationships, domestic activities, the desire to change hospitals or wards, resign and stop being a nurse, are some of the repercussions reported in the studies by E2, E4, E6 and E10. These social outcomes are related to the process of coping with stress, since they are actions that aim to minimize or definitively resolve that stressful situation (Dias, 2019). When experiencing an environment of conflict, associated with the effects of SEP on the nurse, this worker is inclined to seek strategies that help in this process of chronic stress. Thus, when faced with a problem during their service that enhances their temperament, the occurrence of confrontations between other health workers increases (Silva, 2012; Bellanti, 2021). Or they also generate role conflict, as mentioned in the study by E6. In addition, a study also reveals that nurses demonstrate an intention to change the hospital or ward they work in due to the physical and emotional exhaustion installed in that unit (Murat, 2021). For Lazarus, this process is also part of the manipulative reaction, in which after analyzing the stressing agent/environment and not being able to modify or adapt it, the person chooses to withdraw from that situation (Dias, 2019). The worsening of this repercussion occurs when the worker passes from absenteeism to aggravation in personal fulfillment, in which she no longer sees herself as a nurse and wants to change or leave the profession, as pointed out in the study by E4 (Murat, 2021). This process generates direct social impacts on the worker, given that she ceases to be a professional figure and breaks a cycle that was previously perceived as stable, in addition to the financial consequences that may suggest if such a decision is taken. Still in this social perception, the effects on social relationships outside the work environment are unquestionable. In the study by E2, nurses who had symptoms of EPS reported that their social relationships had been slightly affected due to this chronic stress process. Some workers also stated that they began to have difficulties in carrying out domestic activities that were previously performed²⁹. All these repercussions have an influence on the nurse's quality of life, whether in the work environment, in their social relationships or in their home environment. Therefore, the series of effects that SEP can have on nurses in the context of the COVID-19 pandemic can be seen, perceived in the physiological, psychological, operational and social spheres. Therefore, prudence is necessary in identifying not only the symptoms, but the causes that culminate in the illness of this worker, which becomes much more emerging in the analyzed context, due to the essentiality of the nurse in the front line of the hospital sector.

Limitations of the Study: This study is limited due to the few scientific productions on SEP in nurses in the hospital network in the context of the COVID-19 pandemic.

Contributions to the Practice: In this way, this study contributes to the provision of information that can be used in the training process of workers in the nursing field, as well as to support managers in identifying possible effects caused by SEP. Thus, it is possible to establish coping measures in this illness process, in order to avoid further damage to this worker.

CONCLUSION

In summary, scientific studies on SEP in nurses from the hospital network in the context of the COVID-19 pandemic, produced between 2019 and 2021 show that the repercussions caused in these workers are grouped into four essential categories, being physical, psychological, in care and social. Although these categories were created for didactic purposes, it is worth noting that they are related and directly linked, understanding this allows for an alert about the triggering of other repercussions that can be generated. Although these repercussions are associated, it is not possible to establish the order in which they are established, nor that one will culminate in the development of the other, or if there is a causal relationship between them. The importance of new studies on the subject is also highlighted, given the exacerbation of conditions that can occur as in this period studied and in similar ones, as well as the immeasurable repercussions that can cause nurses.

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