

Burnout Syndrome in Nursing Professionals Working in Intensive Care Units

Síndrome de Burnout em Profissionais de Enfermagem que Atuam em Unidades de Terapia Intensiva
Síndrome de Burnout en Profesionales de Enfermería que Actúan en Unidades de Terapia Intensiva

RESUMO:

Objetivo: Avaliar o conhecimento dos profissionais de enfermagem sobre os sinais e sintomas da Síndrome de Burnout em Terapia Intensiva. **Método:** Estudo quantitativo, transversal e descritivo, realizado com 29 profissionais de enfermagem de um hospital filantrópico do sul de Minas Gerais, utilizando questionário estruturado. **Resultados:** Identificou-se elevada frequência de exaustão física e mental, irritabilidade, sobrecarga emocional e alterações do sono entre os participantes. **Conclusão:** O ambiente intensivo favorece o desgaste ocupacional, evidenciando a necessidade de estratégias preventivas e promoção da saúde mental dos profissionais de enfermagem.

DESCRIPTORES: Burnout; Unidade de terapia intensiva; Enfermagem; Saúde do Trabalhador.

ABSTRACT

Objective: To evaluate nursing professionals' knowledge about the signs and symptoms of Burnout Syndrome in Intensive Care. **Method:** A quantitative, cross-sectional, and descriptive study conducted with 29 nursing professionals from a philanthropic hospital in southern Minas Gerais, using a structured questionnaire. **Results:** A high frequency of physical and mental exhaustion, irritability, emotional overload, and sleep disturbances was identified among the participants. **Conclusion:** The intensive care environment favors occupational exhaustion, highlighting the need for preventive strategies and mental health promotion for nursing professionals.

DESCRIPTORS: Burnout; Intensive Care Units; Nursing; Occupational Health.

RESUMEN

Objetivo: Evaluar el conocimiento de los profesionales de enfermería sobre los signos y síntomas del Síndrome de Burnout en Terapia Intensiva. **Método:** Estudio cuantitativo, transversal y descriptivo, realizado con 29 profesionales de enfermería de un hospital filantrópico del sur de Minas Gerais, utilizando un cuestionario estructurado. **Resultados:** Se identificó una elevada frecuencia de agotamiento físico y mental, irritabilidad, sobrecarga emocional y alteraciones del sueño entre los participantes. **Conclusión:** El ambiente intensivo favorece el desgaste ocupacional, evidenciando la necesidad de estrategias preventivas y promoción de la salud mental de los profesionales de enfermería.

DESCRIPTORES: Burnout; Unidades de Cuidados Intensivos; Enfermería; Salud Laboral.

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INTRODUCTION

Burnout syndrome is a psychological disorder related to chronic occupational stress, characterized by emotional exhaustion, depersonalization, and a diminished sense of professional fulfillment¹.

Healthcare professionals, especially nurses and nursing technicians working in highly complex environments—such as Intensive Care Units—are subject to intense emotional pressures and constant decision-making demands, factors that contribute to the onset of this disorder and may compromise the quality of care provided to patients¹. Symptoms such as emotional exhaustion—characterized by fatigue, loss of energy and motivation, depersonalization, and feelings of low professional fulfillment—have been reported in approximately 25.5% of nursing technicians working in Intensive Care Units².

To understand and diagnose the syndrome, the Maslach Burnout Inventory has been widely used in Brazilian research, as it provides a systematic assessment of burnout levels and facilitates the development of

prevention and intervention strategies; the use of this tool is essential for identifying the effects of burnout syndrome on workers' health and supporting actions that promote a safer and healthier work environment³.

The condition is recognized by the World Health Organization as an occupational phenomenon, classified in the ICD-11 and considered a risk to workers' health; in Brazil, Ministry of Health regulations emphasize the responsibility of institutions to ensure safe and healthy working conditions, including preventive measures, training, and psychological support for nursing professionals⁴.

In this context, nursing professionals in Intensive Care Units frequently face severe impacts from the syndrome; its delayed identification exacerbates the physical and emotional consequences, compromising both workers' health and the quality of care provided to patients⁵.

The choice of this topic arose from the lived experience and perception of the intense daily routine of nursing professionals in highly complex settings, such as Intensive Care Units, where emotional and physical pressure is constant. In these environ-

ments, it is possible to observe signs of fatigue, stress, and even absenteeism related to occupational health issues. This reality sparks an interest in better understanding how burnout syndrome affects these workers and how knowledge of its signs and symptoms can contribute to prevention and the promotion of mental health.

This topic is socially relevant because the physical and emotional exhaustion of nursing professionals affects both the quality of care provided to critically ill patients and their own mental and personal health⁶. Recognized by the World Health Organization as an occupational phenomenon in the ICD-11, Burnout Syndrome represents a significant public health problem due to its association with chronic work-related stress⁷.

From an academic perspective, this study contributes to a broader understanding of nursing workers' health, highlighting the need to deepen knowledge about the signs and symptoms of Burnout Syndrome⁸.

From a professional perspective, the study identifies gaps in the knowledge of nurses and nursing technicians. It contributes to the literature on Burnout Syndrome in Intensive

Care Units, supporting the development of future research and the creation of institutional protocols.

In light of this, the following questions arise: What is the level of knowledge among nursing professionals working in Intensive Care Units regarding the signs and symptoms of Burnout Syndrome, and how can this knowledge inform strategies for prevention and the promotion of occupational health?

The study aimed to assess nursing professionals' knowledge of the signs and symptoms of Burnout Syndrome, with the goal of identifying gaps in their understanding and informing strategies for prevention and the promotion of mental health in the Intensive Care Unit setting.

METHOD

This is a quantitative, cross-sectional, and descriptive study involving human subjects, using a questionnaire administered via structured interviews.

The results of quantitative research can be quantified⁹. Since the samples are large, they provide a fairly accurate picture of the studied population, with a focus on objectivity. The author believes that reality can only be understood through the analysis of raw data, using standardized and neutral instruments, with purely mathematical language to describe the causes of a phenomenon. By using quantitative research, it is possible to gather more information than would be possible through isolated methods.

Structured or formalized interviews are those in which the questions are fixed, ordered, and numerous, yielding a significant amount of data¹⁰.

The interviewer needs a script developed on a theoretical and scientific basis, containing well-structured questions to ensure that the objective is achieved^{11, 12}.

The research was conducted

through a field study carried out at a philanthropic hospital located in a medium-sized municipality in southern Minas Gerais.

The municipality has a land area of approximately 828 km² and a population of about 80,000 inhabitants¹³. The population density is approximately 91.16 inhabitants per km². The region also comprises neighboring small and medium-sized municipalities, which influence one another reciprocally in economic, social, and public health matters.

The research site was selected due to its representativeness and ease of access for obtaining data related to the subject of study, with the participation of individuals who were willing to collaborate with the research and who worked in the municipality.

The inclusion criteria for the study were nursing professionals working in Intensive Care Units who had more than four months of experience in that role.

The study population consisted of 49 nursing professionals working in the Neonatal Intensive Care Units and the Adult Intensive Care Center () at Hospital Filantrópico. With a margin of error of 5% and a 95% confidence level, the sample size was calculated at 29 participants, all of whom were surveyed.

Data collection was conducted using a structured questionnaire, administered individually to nursing professionals working in the Intensive Care Units and Centers, with the aim of assessing their knowledge of Burnout Syndrome, including signs and symptoms, risk factors in the workplace, and strategies for prevention and mental health promotion. The instrument, developed by the author, included sociodemographic data and multiple-choice questions, allowing for the identification of the level of knowledge and potential gaps regarding the topic; it was administered after the participants signed the

Informed Consent Form. The survey was administered anonymously and confidentially to ensure more reliable responses; the results will inform educational initiatives, mental health promotion strategies, workplace improvements, and the reduction of occupational stress, as well as the development of a booklet distributed to participants at the end of the interviews.

Data analysis was conducted after the questionnaire was administered, with the data interpreted and transcribed by the study's author in the "Results and Discussion" section. Numerical data were tabulated using Excel and organized into tables and graphs to facilitate the visualization and compilation of information.

The study was conducted in accordance with Law No. 14,874, dated May 28, 2024¹⁴, which establishes the National System of Ethics in Research Involving Human Subjects, as well as with the ethical guidelines set forth by CNS Resolution No. 466/2012¹⁵ for research in the health field, and by CNS Resolution No. 510/2016¹⁶, applicable to the humanities and social sciences, for as long as they remain in effect.

The project was submitted for review and approved by the Research Ethics Committee (CEP) of UninCor, under Opinion No. 8,271,047, CAAE No. 95871926.9.0000.0295, in accordance with the aforementioned ethical principles.

RESULTS

Twenty-nine nursing professionals working in the Intensive Care Unit (ICU) and Intensive Care Center (ICC) of a medium-sized municipality located in southern Minas Gerais participated in this study. Analysis of the sociodemographic and e profile revealed a predominance of female participants (82.75%), a finding that reinforces the historical feminization

of Brazilian nursing and underscores the relevance of the discussion on mental health within this professional category. Regarding age group, the highest proportion of participants

was found among those aged 26 to 35 (41.37%), followed by professionals aged 36 to 45, indicating a predominance of workers in the prime of their careers.

The table below describes the sociodemographic variables of the nursing professionals who participated in the study.

Table 01 – Sociodemographic variables of nursing professionals, n = 29, medium-sized municipality in southern Minas Gerais. Brazil, 2026.

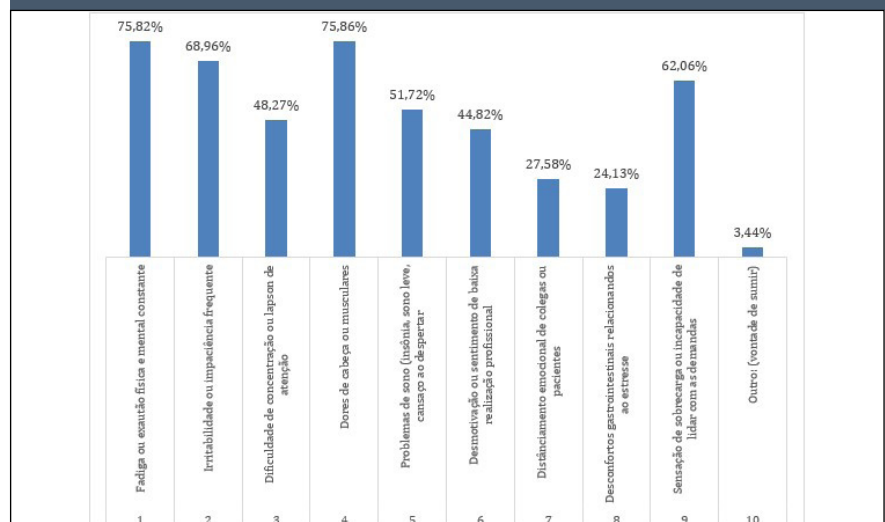
Profile Variable	N	Value	Relative Value
Age	29		
26 to 35 years old		12	41,37%
36 to 45 years old		11	37,93%
Ages 46 to 55		05	17,25%
>56 years old		01	3,45%
Gender	29		
Female		24	82,75%
Male		05	17,25%
Vocational Training	29		
Nursing Technician	23	/	79,30%
Registered Nurse	06	/	20,70%
Nurse with a Postgraduate Degree in Intensive Care	04	/	/
Years of experience in the field	29		
1 to 5 years		05	17,25%
6 to 10 years		09	31,03%
11 to 20 years		13	44,82%
>21 years		02	6,90%

Source: Study authors (2026).

It was observed that 41.37% of the participating professionals were between 26 and 35 years old. There was a predominance of females (82.75%) and nursing technicians (79.30%). Among the nurses (20.70%), four were found to have a specialization in intensive care (66.70%). Regarding length of professional experience, 44.82% of the participants reported having between 11 and 20 years of experience.

Table 02 shows the work routine of professionals working in intensive care over the past 30 days.

Table 02 - During the work routine of intensive care professionals over the past 30 days, the following signs and symptoms were reported, No. 29, Medium-Sized Municipality in Southern Minas Gerais. Brazil, 2026.



Source: Study authors (2026).

Original Article

Jesus M, Theodorio LM, Fonseca JPS, Viana LGL, Oliveira AM, Silva RS, Lima ERV, Rosa SVA
Burnout Syndrome in Nursing Professionals Working in Intensive Care Units

As shown in Table 02, a high prevalence of signs and symptoms related to physical and mental exhaustion was observed among intensive care professionals over the past 30 days. Notable findings included headaches or muscle pain (75.86%) and constant physical and mental fatigue or exhaustion (75.82%), followed by frequent irritability or impatience (68.96%) and a feeling of being overwhelmed or unable to cope with demands (62.06%).

Additionally, 51.72% of partici-

pants reported sleep-related problems, while 48.27% experienced difficulty concentrating or lapses in attention. Demotivation or a sense of low professional fulfillment was reported by 44.82% of the professionals. To a lesser extent, emotional detachment from colleagues or patients (27.58%) and stress-related gastrointestinal discomfort (24.13%) were identified. The “other” category had a low frequency of responses (3.44%).

The findings highlight the signifi-

cant presence of symptoms consistent with occupational overload, suggesting a substantial impact of working conditions on the physical and mental health of these professionals.

Table 03 describes the symptoms reported by the professionals who participated in the study on burnout syndrome.

Table 03 – Description of symptoms reported by the professionals studied, related to Burnout Syndrome, n = 29, medium-sized municipality in southern Minas Gerais, Brazil, 2026.

Profile Variable	Value	Relative Value
Strongly Agree	13	45%
Partially Agree	14	48%
Neither agree nor disagree	01	3.5%
I completely disagree	01	3.5%

Source: Study authors (2026).

According to Table 03, there was a high level of agreement among professionals regarding the presence of symptoms associated with Burnout Syndrome. Most participants reported partially agreeing (48%) or completely agreeing (45%) with the statements related to the syndrome, totaling 93% positive responses.

On the other hand, a small proportion of professionals remained neutral (3.5%) or strongly disagreed (3.5%), while there were no reports of partial disagreement. These findings indicate that most professionals recognize the presence of signs consistent with Burnout Syndrome in their work environment.

The results reinforce the relevance

of this issue in the intensive care setting, suggesting a high level of exposure to occupational stressors and a possible impairment of these workers' mental health.

Table 04 presents the interviewees' opinions on the measures that can reduce these symptoms and prevent Burnout Syndrome

Table 04 – In the respondents' opinion, actions that can reduce these symptoms and prevent Burnout Syndrome, No. 29, Medium-Sized Municipality in Southern Minas Gerais, Brazil, 2026.

Profile variable	Value	Relative Value
Time for rest and leisure outside of work	15	51.72%
Psychological support or therapy	22	75.86%
Balanced diet and adequate sleep	15	51.72%

Source: Study authors (2026).

As shown in Table 04, participants indicated different strategies for reducing symptoms and preventing burnout syndrome. Psychological support or therapy was the most frequently cited option, mentioned by 75.86% of the professionals.

In addition, periods of rest and leisure outside the workplace, as well as adopting a balanced diet combined with adequate sleep, were cited by 51.72% of respondents, respectively.

The findings suggest that professionals recognize both the importance of mental health interventions

and healthy lifestyle habits as relevant measures for coping with occupational stress, highlighting a multifactorial perspective on the prevention of Burnout Syndrome.

Table 05 – In the respondents' opinion, the actions that can reduce these symptoms and prevent Burnout Syndrome, n.29, Medium-Sized Municipality in Southern Minas Gerais, Brazil, 2026.

Profile Variable	Value	Relative Value
Reduced workload and regular breaks	11	37.93%
Appropriate number of staff	12	41.37%
Training, lectures, and continuing education in mental health	13	44.82%
A welcoming work environment and nonviolent communication	11	37.93%
Support and recognition from management	18	62.06%
I don't believe there are any effective measures	01	3.44%
Other	02	6.89%

Source: Study authors (2026).

As shown in Table 05, participants identified multiple actions considered important for reducing symptoms and preventing burnout syndrome. Support and recognition from management were the most frequently cited strategies (62.06%).

Next were training sessions, lectures, and continuing education ini-

tiatives on mental health (44.82%), as well as ensuring an adequate number of staff (41.37%). Reducing the workload and implementing regular breaks, as well as fostering a welcoming work environment and nonviolent communication, were cited by 37.93% of respondents, respectively.

A small proportion of participants (3.44%) stated they did not believe ef-

fective measures existed, while 6.89% mentioned other unspecified actions.

The results show that professionals recognize the importance of organizational, educational, and managerial interventions for addressing occupational stress and preventing burnout syndrome, with particular emphasis on the role of institutional leadership.

Table 06 – Frequency with which professionals experience emotional exhaustion at work, No. 29, Medium-Sized Municipality in Southern Minas Gerais, Brazil, 2026.

Profile variable	Value	Relative Value
Never	02	6.90%
Rarely	02	6.90%
Sometimes	13	44.82%
Often	08	27.58%
Always	04	13.80%

Source: Study authors (2026).

As shown in Table 06, most professionals reported experiencing emotional exhaustion to some degree in the workplace. It was observed that 44.82% of participants reported feeling emotional exhaustion "sometimes," while 27.58% reported this feeling "frequently" and 13.80% "always."

On the other hand, 6.90% of the professionals stated that they never experienced emotional exhaustion, and the same proportion (6.90%) reported that the symptom occurred rarely.

The findings indicate a predomi-

nance of emotional exhaustion among the professionals evaluated, suggesting a recurrent presence of psychological burnout associated with the Intensive Care Unit work environment.

DISCUSSION

The findings of this study revealed a high frequency of signs and symptoms related to Burnout Syndrome among nursing professionals working in the Intensive Care Unit, confirming the relevance of this issue in the context of occupational health. The intensive care

unit environment is characterized by highly complex patient care, constant emotional pressure, physical overload, and continuous exposure to human suffering—factors that contribute to occupational illness and compromise the professionals' quality of life.

The predominance of female nurses was observed in a study that identified a higher incidence of burnout among women in nursing¹⁷. This finding may be related to the "double burden" frequently experienced by these professionals as they juggle work, family, and social demands. They reinforce the

finding that nursing work conditions, associated with physical and emotional overload, contribute significantly to the development of professional burnout¹⁸.

The high rates of constant physical and mental fatigue and muscle pain identified in this study confirm the findings of research pointing to emotional exhaustion as an important predictor of burnout syndrome among ICU nursing professionals during the COVID-19 pandemic². Similarly, studies highlight that long work shifts, staff shortages, excessive responsibilities, and care-related pressure contribute to the development of physical and emotional symptoms related to burnout⁷.

The frequent irritability and impatience observed among participants were also described in studies that linked ongoing occupational stress to the emergence of significant emotional changes, compromising interpersonal relationships, professional performance, and the quality of care provided to patients⁵.

The sense of being overwhelmed and the inability to cope with work demands found in this study confirms the results previously presented, highlighting the intensive care unit environment as a factor that exposes professionals to situations of high psychological pressure, contributing to emotional distress, anxiety, and ongoing mental exhaustion⁸.

The sleep disturbances reported by the participants are consistent with research findings that identified high prevalences of sleep disorders, anxiety, and emotional exhaustion among nursing professionals subjected to intense working conditions during the COVID-19 pandemic⁷.

Furthermore, the results regarding difficulty concentrating and lapses in attention are consistent with observations found in studies that linked occupational stress, emotional fatigue, and cognitive impairment among nursing

professionals¹⁹.

The demotivation and sense of low professional fulfillment identified in this study are characterized as Burnout Syndrome due to the presence of emotional exhaustion, mental detachment from work, and reduced professional effectiveness resulting from chronic occupational stress⁴.

The high level of agreement among professionals regarding the presence of symptoms consistent with burnout demonstrates a significant collective awareness of emotional distress in the hospital setting. The Maslach Burnout Inventory (MBI) was used as a key tool for assessing levels of emotional exhaustion, depersonalization, and professional fulfillment²⁰.

In the present study, psychological support was identified as the primary preventive strategy, demonstrating recognition of the importance of mental health care. This finding is consistent with the guidelines of the Ministry of Health, which recommends psychological counseling, work-life balance, and improved working conditions as fundamental measures for preventing burnout syndrome²¹.

Another relevant aspect concerns the importance of institutional support and professional recognition as coping strategies. This result reinforces the arguments put forward by the Federal Nursing Council and other authors, who advocate for better working conditions, reduced working hours, and the strengthening of policies aimed at the health of nursing professionals^{22,23}.

Thus, the results of this study show that Burnout Syndrome represents a significant occupational health problem among intensive care nursing professionals, highlighting the need for institutional interventions, preventive measures, and the strengthening of policies to promote mental health in the hospital setting.

CONCLUSION

It is concluded that nursing professionals working in Intensive Care Units and Intensive Care Centers exhibited a high frequency of signs and symptoms related to Burnout Syndrome, indicating significant impairment of these workers' physical, emotional, and psychological health.

The results demonstrated a predominance of manifestations consistent with occupational burnout, notably constant physical and mental exhaustion, muscle pain, irritability, sleep disturbances, difficulty concentrating, and a sense of work overload. These findings indicate that the intensive care environment, characterized by high clinical and emotional pressure, contributes to the development of psychological distress and occupational illness.

Furthermore, a high level of awareness among professionals regarding the presence of burnout-related symptoms was observed, reinforcing the need for greater attention to the mental health of the nursing staff and to the impact of working conditions on these professionals' quality of life.

Among the main preventive strategies highlighted were psychological support, rest periods, healthy habits, institutional support, professional recognition, and initiatives focused on continuing education in mental health, demonstrating that both individual and organizational measures are essential for preventing professional burnout.

Thus, it is essential to implement institutional and public policies that promote professional recognition, ensure adequate staffing levels, reduce work overload, and strengthen mental health care in the hospital setting.

Finally, this study contributes to expanding scientific discussions related to burnout syndrome among intensive care nursing professionals, while also reinforcing the importance of conducting new research focused on preventing occupational illness and promoting the quality of life of healthcare workers.

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