

## Factors Associated to Burnout Syndrome in nurses from Primary Health Care

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**Received:** October 16, 2019; **Published:** October 28, 2019

### Abstract

**Introduction:** Burnout Syndrome is perceived as a reaction to chronic stress at work when the professional extrapolates the adaptive threshold with no control of it, resulting in negative consequences for mental and physical health. In this regard, nursing is inserted in Primary Health Care on work dynamic contexts whose intense environments, functions and interpersonal relationships, depending on the professional susceptibility, might predispose the development of the disease.

**Objective:** To correlate socioeconomic and occupational factors with Burnout incidence on nurses from Primary Health Care.

**Method:** Descriptive, transversal and quantitative approach study with 75 nurses from Primary Health Care. Data was collected through a sociodemographic/occupational questionnaire and the Burnout Characterization Scale.

**Results:** Among the recruited nurses, 2,8% presented prevalence of Burnout Syndrome on severe level, 6,6% on moderate level, 85,3% on light level and 5,3% did not have the Burnout Syndrome. It was identified a moderate presence of emotional exhaustion dimension and light dimension of dehumanization and disappointment with the work at Primary Health Care. Nurses with less service time and larger workload demonstrate higher exhaustion and disappointment at work. The disappointment was also a Burnout dimension more present among older nurses.

**Discussion:** In the present study, some correlations of statistical significance were highlighted among the variables: exhaustion and service time; disappointment and service time; disappointment and dehumanization; and disappointment and age (statistical tendency). This way, it is possible to consider the analysis that there is an increase in emotional exhaustion and disappointment with the work among professionals with less service time, while the worker gets more exhausted and disappointed, dehumanization at work increases, and there is a tendency of a rising disappointment with work along with the nurse aging process.

**Conclusion:** There is an important vulnerability for the syndrome at these professionals work, bringing a relevant contribution for the Burnout prevalence among nurses from Primary Health Care.

**Keywords:** Burnout Syndrome; Nurse; Primary Health Care

### Introduction

Acknowledged as being harmful to the worker's health and due to its high prevalence on nursing, Burnout Syndrome (BS), or simply Burnout, is being studied for several years and has been related to stress [1,2]. However, this syndrome is perceived as a reaction to chronic stress at work when the worker extrapolates the adaptive threshold without controlling it, resulting in negative consequences to mental and physical health [2-4].

BS encompasses the following dimensions: emotional exhaustion, related to physical and mental fatigue, with the feeling of extinguishing emotional resources to deal with stress; dehumanization, whose distancing from interpersonal relationships comes from negative attitudes, callousness and unconcern; at last, there is disappointment at work with dissatisfaction, incompetence and negative feelings about oneself. Emotional exhaustion and dehumanization are considered the core of this disease [4,5].

Several studies [2-4,6,7] have demonstrated that Burnout's prevalence is mainly caused by a disorganized work environment, overload, lack of autonomy and support to perform tasks, among other factors. In this sense, nursing is inserted in dynamic work contexts whose environments, functions and intense interpersonal relationships, depending on the professional's susceptibility, might predispose the disease development [3].

Primary Health Care (PHC) has the fundamental role of being the most effective and efficient level of assistance and, for this to happen, the professionals work is essential. However, this work involves a series of tasks such as collecting the patient's history, assessment, intervention, health education, home visits and care coordination, exposing these workers to BS due to their direct relation to health promotion, rehabilitation and maintenance in an integral, continued, co-participatory and equanimous way [4].

The work on Family Health Strategy teams occurs in a different way and under conditions and workloads that lead their professionals, especially nurses, to waste and also productivity loss [8,9]. This way, it is necessary to broaden the understanding about the factors associated to Burnout in order to look for coping, control and prevention alternatives of the harm caused on the workers by this disease.

### Aim of the Study

This study aimed to correlate socioeconomic and occupational factors to Burnout's incidence on Primary Health Care nurses. The hypothesis for this work is the existence of socioeconomic and occupational factors associated to the risk faced by nurses and workers of PHC, in Natal, Rio Grande do Norte State, of developing Burnout Syndrome.

### Materials and Methods

#### Study type

This is a descriptive, transversal and quantitative approach study.

#### Population

Study's population was formed by the nurses of the PHC network from Natal, Rio Grande do Norte Brazil.

#### Selection criteria

Each unit's nurses were randomly recruited according to the inclusion criteria: nurses with minimum service time of one year at the same unit and without double professional tie. The nurses on medical leave or vacation who also had functions on the hospital network were excluded.

#### Sample definition

To select the sample, we received the number of Health Basic Units and Municipal Family Health Units from the Municipal Health Secretariat. The units are divided into five health sanitary districts (North I, North II, South, East and West), totalizing 52 units with 165 nurses. We selected a stratified sampling by proportional sharing, so all districts could be represented. Among the population of active

nurses of the health services, sample calculation pointed to a total of 116 participants from 42 units as final sample of the study. After the application of selection criteria, only 75 nurses were included in this study.

### Data collection

To collect the data, from January to June of 2017, we used an identification questionnaire with socioeconomic (gender, age, marital status, schooling, number of children) and occupational variables (workload, service unit, service time and type of work ties). It was also applied to the Burnout Characterization Scale (BCS), developed in Portuguese language by Tamayo and Tróccoli [10], which uses a three-dimensional structure divided in emotional exhaustion, dehumanization and disappointment at work. This scale was based on international instruments such as the Staff Burnout Scale for Health Professionals (SBS-HP), the Burnout Measure (BM) and the Maslach Burnout Inventory (MBI), obtaining a great value of Cronbach in its three measures: Emotional Exhaustion (Alpha = 0.93); Dehumanization (Alpha = 0.84) and Disappointment at Work (Alpha = 0.90).

Its structure with 35 questions is subdivided by dimensions. So, Emotional Exhaustion has 12 questions, Dehumanization has 10 questions, and Disappointment at Work has 13 questions. We chose this tool because it is a scale adapted to the Brazilian context and due to its psychometric qualities that are superior to other existing scales [10].

This way, the outcome variable was the presence of Burnout Syndrome. To identify its presence or absence we assumed the multi-dimensional concept, obtained with the analysis of each one of the three subscales, not combined into only one total counting [10]. BS presence, through Burnout Characterization Scale, was obtained by the sum of the averages of each dimension that had to be a number between 1 (little/less) and 5 (bigger/a lot), which represents the amplitude of the response scale. For example, values higher than 4 tend to indicate a lot of emotional exhaustion; and values lower than 2 point to a little exhaustion. Emotional exhaustion and dehumanization factors are the central core of the disease and, therefore, levels higher than the average already characterize the syndrome. Finally, the groups were separated and stratified after the quartiles calculation in order to establish the cut points for each Burnout dimension - light, moderate, and high. These procedures were adopted as recommended by the authors of BCS [10]. Besides this, we performed an analysis of variance (ANOVA) to compare the dimensions of the Burnout Characterization Scale. For all analyzes, it was considered a 95% significance level ( $p < 0,05$ ).

### Data analysis and processing

Data was fed to an electronic spreadsheet (Excel 2010) and transposed to the Statistical Package for the Social Sciences v 20.0 for a statistical analysis. It were used techniques of descriptive statistics with frequency measurements for variables like category, average, standard deviation, minimum and maximum values with results depicted on graphics and tables. An analysis of the scale internal consistency by the Cronbach's Alpha Coefficient was also performed. The internal consistency of a questionnaire has acceptable alpha values, in general, when they vary from 0,70 and 0,95 [11].

In the inferential analysis it was used the Chi-square test to verify the association among the categorical variables of marital status, children and schooling. Posteriorly, it was tested the data normality for the numerical variables through the Kolmogorov Smirnov test and the T Student test was applied to make a comparison among groups, BCS's dimensions and socioeconomic and occupational variables. The correlation analysis was performed using Pearson's Correlation Test. The following intervals were used to interpret these correlations' strength: 1,0 were considered perfect; between 0,90 and 0,60 were considered strong; between 0,59 and 0,30 were deemed as moderate; and the ones below 0,30 were considered weak [11].

### Ethical aspects

Because this is a research that involves human beings, the study took into account the guarantee of legal and ethical aspects that govern research on humans, recommended in Resolution 466/12 of the National Health Council with the Ministry of Health, aiming to ensure rights and duties related to the scientific community, the research subjects and the State, being approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte (opinion number 2,444,525; CAAE: 62001016.4.0000.5537), as a component

of a bigger study called “Burnout Syndrome and Integrative and Complementary Practices in Primary Health Care Nurses”. Research subjects were guided to and signed the Informed Consent Form.

**Results**

In relation to the sample, from a total of 116 subjects only 75 nurses met the study inclusion criteria (64% of the expected sample). Results showed that the study subjects were from 28 to 69 years old, with average and standard deviation (SD) of 50,85 ± 9,52.

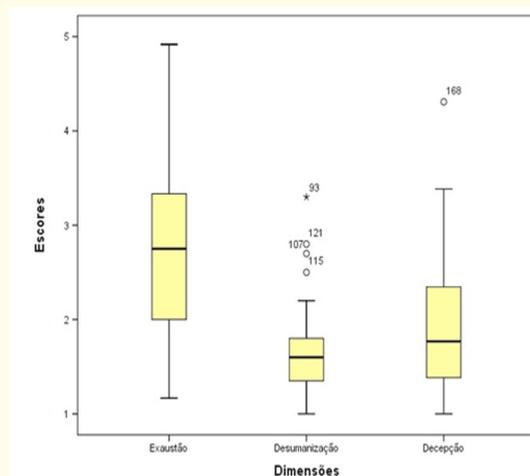
About the occupational variables, the average professional practice time was of 18,85 ± 10,65 years. Labor relationship analysis showed that 61 (81,3%) nurses were hired through official contest and 14 (8,7%) are service providers, both have a workload that varies from 30 to 40 hours. From them, 4 (5,3%) workers meet workload of 30 hours per week and 71 (94,7%) meet workload of 40 hours; 9 (12,0%) nurses were allocated at the Southern sector health district, 14 (18,7%) in the East sector, 25 (33,3%) in the West, 14 (18,7%) in the North I sector and 13 (17,3%) in the North II sector.

Internal consistency analysis on BCS resulted on a good Cronbach’s Alpha Coefficient of 0,937 among the variables. All factors presented Alpha values above 0,60: Exhaustion = 0,943; Dehumanization = 0,824; Disappointment at work = 0,738. The nurses surveyed presented moderate percentage frequency of emotional exhaustion (74,7%) along with light dehumanization (81,3%) and light disappointment at work (60%). Figure 1 shows the average values of exhaustion that was of 2,735 ± 0,821; disappointment of 1,938 ± 0,689, and dehumanization of 1,630 ± 0,433.

BCS variance analysis revealed a statistically significant difference among all dimensions (Emotional Exhaustion, Dehumanization and Disappointment with work) (Table 1). We notice the difference among groups in the dehumanization dimension that is significantly smaller than the other two dimensions - exhaustion and disappointment - (p < 0,001) (Figure 1).

	Sumo of Squares	Gl	Square Average	F	Value of p
Between dimensions	48,772	2	24,386	54,65	< 0,0018*
In dimensions	99,048	222	0,446		

**Table 1:** ANOVA’s results: comparison of the BCS tool’s dimensions - Natal - RN - 2018.  
 \* Statistically significant difference-ANOVA One Way.



**Figure 1:** Comparison of BCS’s dimensions - Natal - RN - 2018.

According to BCS quartile calculation, we considered individuals suffering from Burnout those allocated in the quart 4, and those in quart 1 were deemed without Burnout. Thus, we obtained a prevalence of Burnout Syndrome: two at severe level (2,8%), five at moderate level (6,6%), and 64 at light level (85,3%). Only four nurses did not present the syndrome.

Correlations between socio-demographic variables and those of the occupational profile showed weak statistical significance for negative relations between exhaustion and service time, and disappointment and service time; and weak positive relations between dehumanization and: exhaustion and disappointment. At last, it was observed a strong statistical trend for the positive correlation between disappointment and age (Table 2).

Variables	1.	2.	3.	4.
Age				
<i>r</i>				
p value				
Service Time				
<i>r</i>	0,560**			
p value	< 0,001			
Exhaustion				
<i>r</i>	- 0,030	<b>-0,229*</b>		
p value	0,803	<b>0,048</b>		
Disappointment				
<i>r</i>	0,223#	<b>-0,315*</b>	<b>0,578**</b>	
p value	0,056	<b>0,006</b>	<b>&lt; 0,001</b>	
Dehumanization				
<i>r</i>	0,132	0,039	<b>0,269*</b>	<b>0,425**</b>
p value	0,264	0,743	<b>0,020</b>	<b>&lt; 0,001</b>

**Table 2:** Correlation Coefficient (*r* of Pearson) among the study’s variables - Natal - RN - 2018.

**Bold text signals:** \*Statistically significant correlation.

*p* < 0,05 and \*\*Statistically significant correlation *p* < 0,001.

#Statistical significance trend.

*r* = Pearson’s Correlation Coefficient.

In the comparison among BCS’s dimensions and socio-demographic variables marital status, children and academic level, there was no statistically significant difference (Table 3).

However, in the comparison among BCS’s dimensions and occupational profile variables there was a statistically significant difference between exhaustion and disappointment dimensions in relation to service time, and between the exhaustion dimension in relation to workload (Table 4).

**Discussion**

The surveyed nurses’ average age was 50,85 (SD = 9,52) compared to the study about Burnout and nursing workload in Sao Paulo [6] with age average of 51,55. The professionals of this study had profession average length of 18 years, most of them were permanent nurses (hired by contest) with workload of 40 hours per week. These data are similar to a Burnout prevalence study in Primary Health Care at

Socio-demographic variables/ occupational profile	BCS's dimensions		
	Exhaustion (p value)*	Dehumanization (p value)*	Disappointment (p value)*
Marital status	0,598	0,114	0,649
Children	0,311	0,076	0,704
Academic level	0,423	0,072	0,365

**Table 3:** Association among BCS's dimensions and socio-demographic variables - Natal - RN - 2018.

Variables	BCS's Dimensions					
	Exhaustion Average ± SD	p value	Dehumanization Average ± SD	p value	Disappointment Average ± DP	p value
<b>Service Time</b>						
Until 8 years	2,912 ± 0,813	0,052 <sup>#</sup>	1,684 ± 0,516	0,264	2,215 ± 0,743	< 0,001*
More than 8 years	2,544 ± 0,797		1,572 ± 0,316		1,638 ± 0,478	
<b>Workload</b>						
30 hours	1,791 ± 0,632	0,017*	1,625 ± 0,298	0,979	1,750 ± 0,629	0,578
40 hours	2,788 ± 0,80		1,631 ± 0,440		1,949 ± 0,695	
<b>Bond</b>						
Permanent	2,762 ± 0,855	0,560	1,641 ± 0,451	0,670	1,884 ± 0,670	0,155
Service Provider	2,619 ± 0,669		1,585 ± 0,350		2,175 ± 0,749	

**Table 4:** Comparison of BCS's dimensions and occupational profile variables - Natal - RN - 2018.

SD: Standard Deviation. \*Statistically significant difference T Student test. <sup>#</sup>Statistical trend T Student test.

Juiz de Fora, Minas Gerais [4], which revealed professionals working for more than 10 years in the PHC (79,5%), hired by contest (87,5%) and with workload of 40 hours (69,5%).

The internal consistency above 0,6 for all dimensions of the tool, evidenced by Cronbach's Alpha, was consistent with the original research of scale's building and validation, overcoming indexes showed by other Burnout scales such as Staff Burnout Scale for Health Professionals, Burnout Measure and Maslach Burnout Inventory [4].

In this context, Burnout levels obtained in PHC of 2,8% of nurses with the disease in severe condition; 6,6% in moderate condition; 5,3% with no harmful condition and the rest of the sample in a light condition (85,3%) are relevant since the percentage of emotional exhaustion found was moderate (74,7%) accompanied by dehumanization (81,3%) and disappointment at work (60%) in a light level for these workers. An integrative literary review showed that nursing professionals, most of the cases, manifest the disease with low to moderate emotional exhaustion, low dehumanization and moderate disappointment with work [12].

The same literary review also highlighted a reduced number of studies (5,35%) about the theme in relation to PHC on several Brazilian contexts [12]. Among the surveys developed about BS in this health area, we found, in Minas Gerais, Burnout prevalence of 51%, showing variations at least in one of the assessed dimensions, with Cronbach's Alpha of 0,90 for emotional exhaustion, 0,67 for dehumanization, and 0,82 for disappointment at work [4]. In another study, Burnout's prevalence in employees of Family Health in a city in Brazilian southern region [13] was of 82,1% and of 58,3% in nurses from Primary Care in Bahia's southwest [14].

Nevertheless, in Pojuca, Bahia, nurses of Primary Care [15] showed a somewhat lower prevalence of BS (7,1%) with high level of emotional exhaustion (28,6%) and dehumanization (21,5%); as well as the study with Sergipe's Primary Health Care, in which Burnout's presence [16] varied from 6,7% to 10,8% in the surveyed workers, from which 37% were nurses.

Nurses and other professionals from the basic network are more exposed to BS, because they work too close to the users, suffering pressure for accountability for complex social determinants that generate impact on community illness, tension and stress on workers [4].

In Brazil, the Family Health Strategy on Health Unique System develops individual and collective actions to promote communities' health. In this context, workload and complex tasks demand high physical and psychological effort: pressure for deadlines, administrative, environment and relationship issues, competitiveness, low autonomy, job insecurity, overload, lack of team work and task repetition contribute to the syndrome's development [8].

Some studies show factors associated to Burnout, such as age, degree of kinship, marital status, maternity with a father figure, service time, life quality, shifts and workload [1,17]. Notwithstanding, there are many controversies about these and other factors and no consensus about them.

In the present study, some correlations of statistical significance were highlighted among the variables: exhaustion and service time; disappointment and service time; disappointment and dehumanization; and disappointment and age (statistical trend). This way, we can consider the analysis that there is an increase of emotional exhaustion and disappointment with work in professionals with less service time, while the worker grows more exhausted, disappointed and dehumanized at work, and there is a tendency to increase of disappointment with aging.

About Burnout's dimensions identified by BCS, there was no statistical association of them with socio-demographic variables of marital status, existence of children and type of academic formation (degree, specialization, master, and doctorate) among the surveyed nurses. However, comparison tests among the disease's dimensions and the occupational profile variable showed that emotional exhaustion and disappointment with work have a connection with service time (until 8 years or more), occurring a higher level of emotional exhaustion and disappointment with work in nurses with less than 8 years of service time, which corroborates the results of the correlation tests, and between emotional exhaustion and workload (30 or 40 hours per week), with bigger emotional exhaustion in nurses working for 40 hours per week.

Some studies found a similar association of Burnout with high workload [17]; extended working hours with excessive work [18]; and young individuals newly hired more likely to present the syndrome [3]. In the present study, performed in Natal, Rio Grande do Norte, nurses with BS were inserted in a working environment with unfavorable workload and moderate emotional exhaustion.

Nursing working process at PHC can expose the worker to varied workload that can cause physical psychic wear, interfering with their health. A constant exposure might generate illness, absenteeism and low performance at work, as well as Burnout [9]. Numerous damages to the worker are associated with these cases, as irritability, depressive humor, fatigue, low self esteem, suicidal thoughts, aggressiveness, memory and concentration changes, muscle pain, sleep and sexual disorders, immune, cardiovascular and hormonal impairment, social isolation and increase in drug use [4].

In the present research we verified that the nurses with up to 8 years of service feel more exhausted and disappointed with the work than workers with more service time. A similar study identified that professionals working at Primary Health Care for more than ten years have 36% less chance of developing Burnout than the ones who were more recent workers [4].

Thus, young workers with short service time are more likely to illness by BS, because they are in a transition phase from expectation to reality, which might cause a reality shock due to an identity crisis, lack of socialization at work, being unprepared for the profession's responsibilities, insertion difficulties in the work group, immaturity and propensity to disappointment. Older workers, on the other hand, develop coping mechanisms to deal with stressing factors and gain confidence in their work [4].

Other relevant information in this study is that PHC nurses with workload of 40 hours feel more exhausted than the ones working 0 hours per week. Literature points out that workers prone to develop Burnout are the ones over 30 hours of service per week, because professionals with lower workload chose other jobs with better salaries [2].

A similar study revealed that the weekly workload at PHC of 40 hours worked by professionals, presents a higher percentage of Burnout, inferring that the development of activities at PHC has brought wear and tension to the workers [4]. Thus, a potential strategy to reduce the syndrome would be to diminish the weekly workload through task and responsibility sharing among the PHC team members, reducing emotional exhaustion and avoiding physical exhaustion [19].

The comparison of Burnout's dimensions by variance analysis corroborates results in which nurses suffering from BS are more emotionally exhausted than dehumanized and disappointed with work. A transversal study observed, in a similar way, that there was a significant difference concerning the emotional exhaustion and dehumanization domains by groups of work environment researched, evidencing the group of nurses from institutions who were more exhausted, with more intense feelings of dehumanization and low disappointment with work [3].

As limitation of this investigation, it is important to mention the no identification of specific workloads at PHC associated to Burnout, like home visits, welcoming, health education, nursing consultations, goals pressure and moral harassment, among others. Besides this, the exclusion of a great number of nurses because they have a double employment condition might have altered the magnitude of the Syndrome's characteristics.

### Conclusion

The results of the present work bring a relevant contribution to the studies of Burnout Syndrome in nurses acting in the Primary Health Care at the studied city.

A significant association among syndrome, workload and service time corroborates the other studies. However, the results point out that the problem's intensity seen in nurses with less service time and bigger workload is that they are more susceptible to the syndrome due to higher exhaustion and disappointment at work. Studying and acting about this group surfaces as one option for managers and workers in order to avoid the syndrome's worsening. It also enables a change in work management by both the professional and the PHC's managers, since disappointment with the work was also a factor present in older nurses, which leads to think that difficulties with work elements have been recurrent in this work form. We concluded that there is an important vulnerability to the syndrome by the professional nurses; which is enhanced by the presence of moderate emotional exhaustion and light dehumanization and disappointment with work in PHC.

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**Volume 1 Issue 2 November 2019**

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