Chapter 1

Burnout syndrome: the impact on people management and prevention ways

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ABSTRACT
This scientific article discusses Burnout Syndrome: the impact on people management and ways of prevention. This study methodology will be anchored in two scientific axes: quantitative and bibliographic research. A field survey was carried out with 89 students from a private educational institution in the extreme south of Bahia through a closed questionnaire. The main results obtained in the sample were the presence of many symptoms that occurred in the three main dimensions approached by Benevides-Pereira (2002). This research's current theme must be observed accurately by the people management because it is a silent and devastating danger to lives and it represents a warning factor for enterprises around the modern world.

Keywords: Burnout Syndrome, People Management, Ways of prevention.

1 INTRODUCTION

Reflection on the impacts caused by Burnout Syndrome, henceforth referred to as BS, on people management is current and extremely important considering the post-pandemic scenario that humanity faces.

Currently, Brazil ranks 2nd in the ranking of workers with BS, second only to Japan (ESTADÃO, 2021). The increase in this reality was due to the pandemic, but this condition already existed. The pressure caused by routine stress when working at home, studying, and domestic activities aligned with an unpleasant and mentally unhealthy work environment left a much greater burden than before the pandemic when some of these activities could be attributed to third parties.

The specific stress caused by the attempt to establish bonds in the business environment and the breach of expectations are factors that can "drain the energy" of an individual within a company, either because of the organizational culture or even by living with colleagues.

In addition, low personal fulfillment at work caused by the frustration of not being able to perform the activities proposed for the position can generate hierarchical blocks, factors that can also lead the individual to feel inferior to the collective. From this, professional bonds end up suffering from a distancing

Development and its applications in scientific knowledge
Burnout syndrome: the impact on people management and prevention ways

1

concerning team spirit, prevailing the solely rational feeling of the craft, leaving the worker overloaded to carry out their activities.

The main authors referenced in this research were Benevides Pereira (2002), Chiavenato (2014), and Freudenberger (1975).

SB is being more popularized due to the new Coronavirus pandemic and its effects extend into the post-pandemic period. However, this reality is not a current condition and there have been studies on this topic for some time. With this, companies need to understand the impact and how this syndrome can affect their employees. That way, they will be able to make the right decisions to avoid these situations within the organization. So, how can people management prevent Burnout Syndrome?

The general objective of this article was to know BS and forms of prevention through people management. And the specifics are to understand the studies in the area focused on BS, to analyze a study through field research in the light of the research of its three dimensions by Benevides-Pereira (2002), and to present possible forms of prevention through people management.

2 THEORETICAL REFERENCE

2.1 BURNOUT SYNDROME (CONCEPT, ORIGIN, APPROACHES, AND TIMELINESS)

According to the World Health Organization (2022), BS is defined as an occupational phenomenon, a syndrome resulting from chronic stress in the work environment that has not been successfully managed.

Burnout happens when the professional go through stressful situations routinely and ends up accumulating this load over time. Within this, situations of exacerbated demands, the frustration of plans, and repression of freedom within the company are examples that cause energy depletion. The repressed energy aligned with lack of care generates emotional exhaustion, social distancing, and a reduction in the feeling of accomplishment in the profession.

Benevides Pereira (2002) completes that it is a process that develops sequentially, and its three dimensions must be considered to characterize the syndrome. According to the aforementioned author, the Emotional Exhaustion dimension presents characteristics that influence motivation, and the feeling that you have reached the limit of your attempts, whether social or organizational. In addition, there are symptoms of headaches, feelings of exhaustion, loneliness, and even distrust of other people.

In the Depersonalization dimension, feelings of tiredness when making social contact and ironic and violent behavior are addressed. In addition, the reduction in routine satisfaction and apathy to daily tasks is added.

Finally, the Low Personal Achievement at Work dimension addresses the frustration of no longer fitting in with the functions that he used to perform with joy. With this, attention and concentration drop, personal and group effectiveness is reduced and the person suffers damage to self-esteem. These factors happen due to a long time of contact that the individual has with his work and the permanence of negative

thoughts within that context. Then the feeling of insufficiency comes and the victim ends up deteriorating every part of life: health, relationships and work.

Chart 1: The three dimensions of Burnout Syndrome

Emotional Exhaustion	Lack of energy
	The feeling of energy depletion in the physical and body aches
	Mental tension
	Demotivation
	Sleep disorders
	A feeling of having reached the limit
	Emotional distancing
Depersonalization	Irony and ironic behavior
	Cold contact with customers
	Indifference to work partners
	Impatience
	I want to quit my job
	Job dissatisfaction
Low Personal Fulfillment at Work	Feeling of inadequacy
	Low self-esteem
	Low efficacy
	Frustration
	Drop in concentration

Source: Adapted from Benevides Pereira (2002).

According to Benevides Pereira (2002), the Emotional Exhaustion dimension presents characteristics that influence motivation, feeling that you have reached the limit of your attempts, whether social or organizational. In addition, there are symptoms of headaches, feelings of exhaustion, loneliness and even distrust of other people.

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Finally, the Low Personal Achievement at Work dimension addresses the frustration of no longer fitting in with the functions that he used to perform with joy. With this, attention and concentration drop, personal and group effectiveness is reduced and the person suffers damage to self-esteem. These factors happen due to a long time of contact that the individual has with his work and the permanence of negative thoughts within that context. Then the feeling of insufficiency comes and the victim ends up deteriorating every part of life: health, relationships and work.

Burnout is studied and proven with a greater focus on public service professionals due to contact with clients, patients, or students. Sé et al (2020) provides a great example of this, studying pre-hospital care nurses, who go through exhausting routines, lack of rest, high levels of tension and the anguish of experiencing scenes of destruction, pain and death. Positions like this bring stressful situations to the professional that drain emotional, physical and mental energy.

In addition, Benevides Pereira (2002) brings the perception that there are ideal candidates for burnout, who are highly motivated people, with high job expectations, who are self-critical and perfectionists. These people go to great lengths and live with busy work schedules, prioritizing work above all else. On the other hand, people who have fewer expectations, know their potential and are consistent with the amount of time they can work are less prone to BS. It is clear, then, that the cause of the problem due to the environment is not absolute, but there is also a relationship between expectation and reality in the worker's mind.

But not only teachers, doctors and nurses do BS happen. Because it is a syndrome that is influenced by the work environment, it also happens in the world of business and industry. (Freudenberger, 1975).

Andrade (2012) adds saying that the observations already extend to all professionals who interact actively with people, who take care of and/or solve other people's problems, who obey complex techniques and methods, being part of work organizations submitted to reviews.

2.2 IMPACT ON PEOPLE MANAGEMENT

The reflection on the impacts caused by BS in the management of people in organizations is current and extremely important considering the post-pandemic scenario that humanity faces.

The concept of people management, according to Chiavenato (2014) is formed by individuals and organizations in an incredible and lasting interdependence. On the one hand, people spend a good part of their lives working in organizations. And these depend on those to be able to function and achieve their results. The initial purpose of the personnel department was to handle hiring and firing from within the manufacturing plants, but time has proven to be much bigger than that.

The impact of BS on organizations comprises three levels, according to Fritche (2020): personal, group and organizational. At the personal level, absenteeism, drug abuse and lack of confidence in decisions are the main impacts. Still, the feeling of not belonging is one of the worst consequences for an individual. It is possible that the person is a relevant part of the work and does not feel as if it were, or there is true non-belonging. At the group level, sabotage, unnecessary discussions, isolation and low level of contribution are the main consequences of employees with BS.

Finally, at the organizational level, the main effects are turnover, rivalries, constant delays in deliveries and organizational goals. In addition, strikes, breakdowns in communication and accidents at work are other results of this system of chaos.

As stated by Chiavenato (1999, p.391), "the quality of life at work (QWL) is of paramount importance and represents the ability of members of the organization to satisfy their personal needs through their work in the company".

According to the author, the factors involved in the quality of life at work are satisfied with the activity performed, the possibilities of career advancement, the recognition obtained through their results, the salary they receive, the benefits offered, the organizational climate and relationships, both the

psychological and physical work environment, the possibility of participation and freedom and responsibility in decision-making.

Thus, it is understood that both organizational and individual characteristics are determining factors for achieving quality of life at work. Cavalcante (2018) brings the view that the emphasis of QWL is still on human behavior, however, it takes into account the organizational context, which encompasses the influence of this behavior on the organization as a whole and the perspectives of people about organizations.

There is also a relationship between positions held and their reflections that positively influence psychologically, as stated by Hackman and Oldham (1999). These dimensions would be varied skills; task identity; the meaning of the task; autonomy of execution; retroaction of the work itself; external feedback and interrelationship.

People spend most of their time in the organization in a workplace that constitutes their habitat, formed by physical, material, psychological and social conditions. We have, on the one hand, environmental aspects that impress the senses and that can also affect physical well-being, health and physical integrity and, on the other hand, we have environmental aspects that can affect psychological, intellectual, people's mental health and moral integrity. (CHIAVENATO, 2010, p.401)

It is observed that quality of life is not only affected by personal factors, it is clear that professional activities are directly linked to mental health. Therefore, care for the employee and application of strategies to avoid BS is even more requested factors in companies. Therefore, organizations must bear in mind this care in worrying about the quality of life, and physical and mental well-being of their employees so that they feel that they belong and have purposes aligned with the company, aiming as a consequence to increase productivity, motivation, better income, performance and development of their activities.

2.3 FORMS OF PREVENTION

BS, according to the new guidelines of the World Health Organization (WHO), since January 2022, is considered an occupational disease, being included in the ICD-11, therefore the intervention and indication for the best treatment must be done by a physician. According to OLIVEIRA's thinking (2016), when taking measures, whether for prevention or treatment, it is necessary to know the concepts of such states in their essence, so that distortions do not occur as commonly happens, referring to Burnout as a synonym for stress, when in fact it is a chronic stress response. It is, however, relevant to associate these terms by relating them to practice within the organizational context.

According to Trindade (2010), the prevention of Burnout should not be considered only in the organizational sphere, but also in the individual, group and social spheres, requiring educational and therapeutic actions. Fleury (2010) cites some basic actions in everyday life that can help in coping with and preventing BS, such as: adopting healthier habits; regulating feeding schedules and keeping them balanced; sleeping and resting well, as needed; practicing physical exercises regularly; performing pleasant and

enjoyable activities in free time; discover personal talents; learn to say no; know how to manage time better; make friendships; learn to be more flexible; try to get away from stressors and relax.

Some actions can and should be taken by organizations. Trindade (2010) suggests the development of some programs that can encompass social support, the improvement of group work, and carrying out dynamics aimed at the integration between team members, thus favoring the personal and professional growth of workers, contributing directly for the quality of services provided and preventing work-related stress.

In addition, Silva et al (2016) emphasize that prevention also involves changing the routine of the workplace, seeking not only to achieve goals but, including the well-being of each person, seeing the professional from a more holistic and analyzing the work environment as a whole, whether in terms of air conditioning, material resources or noise reduction.

Still, as a way of preventing Burnout, Pego (2016) addresses several actions that can be implemented: The redefinition and reorganization of work processes, perception of the meaning of work, in addition to the sense of belonging and individual responsibility for what they do, without feeling coerced by rigid norms and policies.

In continuation, one of the main strategies to prevent the syndrome is to emphasize the promotion of human values in the work environment, to make it a source of health and fulfillment. It is up to each person to initiate a process of personal and institutional change, with constructive and participatory proposals. If environments are more closed and resistant, it is advisable to manage your health and seek allies to start a movement that leads to the construction of healthier spaces in the work context.

Thus, BS can be avoided, as long as the organization's culture favors the implementation of preventive measures for chronic stress. The search for BS prevention also depends on an internal decision, on wanting to change, on the search for a new meaning of work and life.

3 METHODOLOGY

This study is anchored in two scientific axes, which will be: bibliographic and field research. Both directions will be based on Gil's (2008) definition. Bibliographical research, the basis for the theoretical framework, is developed from material already prepared, consisting mainly of books and scientific articles. Being indispensable in historical studies, in many situations there is no other way of knowing past facts other than based on secondary data. These advantages of bibliographic research have, however, a counterpart that can greatly compromise the quality of the research.

Secondary sources often present data collected or processed in the wrong way. Thus, a work based on these sources will tend to reproduce or even expand its errors. To reduce this possibility, the researchers aim to seek the veracity of the data that were obtained, in addition to analyzing each piece of information in depth to discover possible inconsistencies or contradictions and to make use of different sources, analyzing carefully.

The quantitative approach is characterized by the formulation of hypotheses, operational definitions of variables, quantification in data and information collection modalities, and the use of statistical treatments.

The quantitative model establishes hypotheses that require a cause-and-effect relationship and supports its conclusions with statistical data, evidence and tests. The criteria of scientificity are verification, demonstration, tests and mathematical logic. (Gil, 2008).

The data collection instrument was the application of a closed questionnaire in an online format, which facilitated the tabulation of data and the anonymity of the participants. The sample was defined at random, contemplating the amount of 89 participants from an estimated population of 600 students from a private HEI located in the extreme south of Bahia, aged over 18 years old, who are working in the labor market.

The chosen context was visualized in a post-pandemic scenario watered with the culture of exacerbated productivity, which has been spread over the internet on the screens of young people who are entering the job market.

4 RESULTS AND DISCUSSION

Of the total 89 responses obtained, 57% were women and 43% were men. Regarding the division of age groups, the survey revealed the following classification: 82% of participants were aged 18 to 25 years, 12% were aged 26 to 33 years and 5% are over 33 years old.

The analysis of results was divided according to the 3 dimensions of the Benevides-Pereira study with aspects of emotional exhaustion; depersonalization and low professional achievement. Data collection was through the application of a closed online questionnaire, among an estimated population of 800 students enrolled in the 2022.2 semesters at an HEI in the extreme south of Bahia in October 2022. Data tabulation took place between October and November of the same year.

4.1 EMOTIONAL EXHAUSTION

Within the questions of this dimension, the answers were interpreted by the researchers and it was possible to prepare the following table:

Table 1: I wake up tired in the morning

Answers	Percentage
I don't feel it	14,6%
1 to 2 times a week	32,6%
3 to 4 times a week	19,1%
Every day of the week	33,7%
Total	**100%**

Source: Research data

Development and its applications in scientific knowledge
Burnout syndrome: the impact on people management and prevention ways

7

According to the survey, 33.7% of the sample claim to wake up tired every day in the morning. Already 51.7% say at least twice a week describes this same characteristic. Still, 14.6% say they don't feel indisposed when waking up. This thought is reinforced when asked if they make a great effort to get up in the morning, where 33.3% claim it happens every day of the week. Still, 47.1% say that this happens at least twice a week. Finally, 19.5% say they don't have that feeling.

In addition, respondents were asked how they feel after a day at work, and the results were as follows:

Table 2: I feel like I run out of energy after a day at work.

Answers	Percentage
I don't feel it	5,6%
1 to 2 times a week	41,6%
3 to 4 times a week	29,2%
Every day of the week	23,6%
Total	**100%**

Source: Research data

According to the survey, 70.8% of the sample say they feel without energy after a day at work at least twice a week. Already 23.6% claim to have this feeling every day of the week. Only 5.6% say they don't feel it.

In this dimension, it is possible to perceive that the motivation of young people to work is reduced. The feeling of lack of energy after a day at work is the majority among respondents several times a week. This energy reduction happens progressively according to the stressors in the work routine.

Emotional exhaustion, according to Benevides Pereira (2002), refers to the feeling of physical and mental exhaustion, the feeling of no longer having energy for absolutely nothing. Of having reached the limit of possibilities.

4.2 DEPERSONALIZATION

Still, according to Benevides Pereira (2002), Depersonalization occurs when the professional starts to treat clients, colleagues and the organization in a distant and impersonal way. This question was also asked in the questionnaire and yielded the following results:

Table 3: I realize that I avoid closer contact with people at work.

Answers	Percentage
I don't feel it	56,3%
1 to 2 times a week	26,4%
3 to 4 times a week	8%
Every day of the week	9,2%
Total	**100%**

Fonte: Dados da pesquisa

According to the survey, the majority of respondents, ie 56.3%, said they did not avoid closer contact with people at work. Already 43.6% claim, in some way, to avoid contact with co-workers at least twice a week. Reinforcing this analysis, 62.9% say they no longer have patience with some people in the work environment. On the other hand, 37.1% claim to be tolerant.

When asked if they feel more rigid overtime at work, 53.9% confirmed the idea. With feeling more technical and less human with co-workers, 62.9% of them claim not to have this feeling. Including, 68.5% claim to be sensitive to people's problems in the work environment.

In this dimension, it is noticeable that more than half of the sample revealed a certain degree of depersonalization, feeling impatient or tired of making social contact in the work environment. This information helps to characterize the stressful routine that many of them go through, which leads them to feel distant from their personalities at work and their satisfaction in the common office environment.

It is essential to analyze the result of this specific dimension, as the other dimensions (emotional exhaustion and decreased personal fulfillment) can be confused with other types of syndromes. This makes depersonalization essential for the diagnosis of BS.

Basing this analysis, Benevides-Pereira (2002) states that the individual does not lose his personality, but begins to change. Interpersonal contact becomes cold, cynical and ironic with service users (customers, suppliers, students and colleagues), leading to a certain degree of indifference to what can happen to others.

4.3 LOW PROFESSIONAL ACHIEVEMENT

When asked about their professional fulfillment and the feeling that the job is right for them, 57.3% say they do not feel that way. Still, 77.5% say they do not carry out the activity they always wanted. However, 87.6% say they perceive that they carry out important work.

In the dimension of low professional achievement, the most recurrent consequence is the feeling of frustration with the activity they perform. This happens because many times the opportunities offered do not match the high expectations of workers. When thinking about the sample studied, it can be said that young people are great candidates for this, as they do not have enough experience and are going through their first years in the job market.

In addition, young people do not always enter the labor market in their area of expertise. Mostly because they don't have enough experience or knowledge or because they are still discovering the activities they have more affinity with. In addition, many look for a job due to financial need and therefore end up accepting what is best offered, without taking into account, in fact, the career they want to build.

The author's Maslach and Johnson (1998) state that in this dimension there is a decline in the feeling of productivity and competence at work. This feeling of low efficacy can be related to depression and can be even worse when there is no social support and opportunities for career development.

This dimension is considered by the authors the self-assessment dimension, receiving confirmation from the Brazilian Journal of Medicine, which according to Pêgo (2016), low professional fulfillment occurs when there is a feeling of dissatisfaction that the person has with himself and with the work he has developed, generating feelings of incompetence and low self-esteem.

Finally, when asked if they know the term "Burnout Syndrome", 61.8% say yes. In short, knowing the term already allows the person to reflect a little more on the subject and make use of some form of prevention. However, based on the theoretical framework studied, it is important to carry out awareness campaigns on the part of people management departments and the implementation of the preventive actions mentioned in this article, since shallow knowledge about the subject does not guarantee that prevention takes place. Thus, the question was asked last as a way of not inducing the participants to make previously biased statements.

Given the symptoms presented by the research participants, it is imperative to apply forms of prevention with lectures, newsletters, performance analysis, teamwork, and tools that can and should be applied by managing people at a group and organizational level and even encouraged on a personal level. It is the responsibility of the leadership functions to carry out this work so that mental and physical damage does not occur in the life of the company and of each employee acting in the business system.

5 FINAL CONSIDERATIONS

 The general objective of this article of getting to know BS and forms of prevention through people management was achieved, as well as the specific ones of understanding the studies in the area focused on BS, analyzing a study through field research in the light of the research of its three dimensions of Benevides-Pereira (2002) and present possible forms of prevention through people management.

Burnout Syndrome is a response to work stress, and when it becomes chronic, generating negative feelings and attitudes. Organizations need to be able to prevent and create a pleasant environment for their employees to work in, aiming at the integrity and good development of their careers and, consequently, the success of the company.

According to the field research carried out, it was possible to visualize aspects related to the dimensions of BS according to the study by Benevides-Pereira (2002). However, based on the theoretical framework studied, it is important to carry out awareness campaigns on the part of people management departments and the implementation of the preventive actions mentioned in this article.

Because of the symptoms presented by the research participants, it is essential to apply forms of prevention. Lectures, newsletters, performance analysis, teamwork and tools that can and should be applied by managing people at a group and organizational level and even encouraged at a personal level, as a form of support and prevention amid work practices.

Development and its applications in scientific knowledge
Burnout syndrome: the impact on people management and prevention ways

10

REFERENCES

ANDRADE, Glauco Valério Pinheiro et al. Síndrome de Burnout em funcionários de uma empresa de eletrificação em Juazeiro do Norte. *Revista de psicologia*, v. 6, n. 16, p. 55-68, jan. 2012. Disponível em: <https://idonline.emnuvens.com.br/id/article/view/7/7>. Acesso em: 07 outubro 2022.

CAVALCANTE, Roberto Medeiros da Fonseca et al. Qualidade de Vida e Qualidade de Vida no Trabalho: Uma Revisão Bibliográfica. *Revista de psicologia*, v. 12, n. 40, p. 21-31, maio 2018. Disponível em: <https://idonline.emnuvens.com.br/id/article/view/882>. Acesso em: 07 outubro 2022.

CHIAVENATO. Idalberto. *Gestão de Pessoas: O novo papel dos recursos humanos nas organizações*. 4 ed. São Paulo. Editora Manole. 2014.
CHIAVENATO. Idalberto. *Gestão de Pessoas: O novo papel dos recursos humanos nas organizações*. 3 ed. Rio de Janeiro. Editora Elsevier. 2010.

CHIAVENATO, Idalberto. *Gestão de Pessoas: o novo papel dos recursos humanos nas organizações*. 21ª Reimpressão. Rio de Janeiro: Editora Campus, 1999.

ESTADÃO, 2021. *Segundo pesquisa, Brasil ocupa 2º lugar no ranking de trabalhadores com Burnout*. São Paulo. 2021. Disponível em: https://patrocinados.estadao.com.br/medialab/releaseonline/releasegeral-releasegeral/segundo-pesquisa-brasil-ocupa-2o-lugar-no-ranking-de-trabalhadores-com-burnout/. Acesso em 04 maio 2022.

FLEURY. M. *A informação como estratégia de prevenção da Síndrome de Burnout.* Novembro de 2010. Disponível em http://www.artigos.com/artigos/humanas/psicologia/a-informacao-como-estrategiade-prevencao-da-sindrome-de-burnout-12274/artigo/#.UjoXNH9Lhfw . Acesso em 10 outubro 2022.

Freudenberger, H. J. *The staff burn-out syndrome in alternative institutions, psychotherapy: theory, research and practice. 1 ed. Washington: Psychotherapy: Theory, Research & Practice* 1975.

FRITCHE, Anna Thais Cantoni. Burnout- uma ameaça à integridade do trabalhador com sérios prejuízos às organizações. *Revista Terra & Cultura*: Cadernos de Ensino e Pesquisa, v. 19, n. 36, dez. 2020. Disponível em: http://periodicos.unifil.br/index.php/Revistateste/article/view/1415>. Acesso em: 12 outubro 2022.

GIL, Antônio Carlos. *Métodos e técnicas de pesquisa social*. 6. ed. São Paulo. Editora Atlas, 2008. Disponível em: https://ayanrafael.files.wordpress.com/2011/08/gil-a-c-mc3a9todos-e-tc3a9cnicas-de-pesquisa-social.pdf. Acesso em 20 de junho de 2022.

HACKMAN, J. N.; OLDHAM, G. R. *Development of the job diagnostic survey.IN: Journal of Applied Psychology*. v 60. n. 2. Illinois. 1975.

MASLACH, Christina. *A multidimensional theory of Burnout*. Theories of organizational stress. v. 68. n. 85. Oxfordshire. 1998.. Disponível em: https://scholar.google.com.br/scholar?hl=pt-BR&as_sdt=0%2C5&q=maslach+and+jackson%27s+theory+of+burnout&oq=maslach+and+#d=gs_cit&t=1666642486418&u=%2Fscholar%3Fq%3Dinfo%3AWok-xyOH2nAJ%3Ascholar.google.com%2F%26output%3Dcite%26scirp%3D0%26hl%3Dpt-BR . Acesso em 24 de outubro de 2022.

OLIVEIRA, L. P. S.; ARAÚJO, G. F. Características da síndrome de burnout em enfermeiros da emergência de um hospital público. Revista Enfermagem Contemporânea, *Revista Enfermagem Contemporânea*, v.5, n.1, p.34-42, Jan./Jun., 2016. Disponível em:

Development and its applications in scientific knowledge
Burnout syndrome: the impact on people management and prevention ways

11

https://www5.bahiana.edu.br/index.php/enfermagem/article/download/834/645 . Acesso em 15 de setembro de 2022

Pêgo FPLe, Pêgo DR. Burnout Syndrome. *Revista Brasileira de Medicina do Trabalho*. Belo Horizonte. 2016. Disponível em: https://go.gale.com/ps/i.do?id=GALE%7CA464897356&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=16794435&p=AONE&sw=w&userGroupName=anon%7Ecd123f9f . Acesso em 15 de setembro de 2022.

PEREIRA, Ana Maria T. Benevides. *BURNOUT: Quando o trabalho ameaça o bem-estar do colaborador*. Ed 3. Editora Casa do Psicólogo. São Paulo 2002. Disponível em: https://www.livrebooks.com.br/livros/burnout-ana-maria-t-benevides-pereira-emnnjkladqic/baixar-ebook . Acesso em 13 de setembro de 2022

ROCHA, Fábio Freitas; SANTOS, Gisele Simas. *Síndrome de Burnout em profissionais da saúde*. 2014. Disponível em: http://www.hospitaldecataguases.com.br/wp-content/uploads/2017/04/Sindrome_de_Burnout.pdf. Acesso em 12 de outubro de 2022.

SÉ, A. C. S.; MACHADO, W. C. A.; PASSOS, J. P.; GONÇALVES, R. C. da S.; CRUZ, V. V.; BITTENCOURT, L. P.; PAIVA, A. P. D. L. de; FIGUEIREDO, N. M. A. de. *Prevalence of burnout syndrome in pre-hospital care nurses. Research, Society, and Development,* , v. 9, n. 7. Rio de Janeiro. 2020. Disponível em: https://rsdjournal.org/index.php/rsd/article/view/5265 . Acesso em: 06 de outubro de 2022.

SILVA, A. B. N. et al. Síndrome de Burnout em profissionais de enfermagem na unidade de terapia intensiva. *Revista Ciência Saúde Nova Esperança*, v.14, n.1 . João Pessoa. 2016. Disponível em: http://www.facene.com.br/wp-content/uploads/2010/11/9.-S%C3%8DNDROME-DE-BURNOUT_09.12.15_PRONTO.pdf . Acesso em 07 de outubro de 2022.

SOUSA, Angélica Silva; OLIVEIRA, Guilherme Saramago; ALVES, Laís Hilário; A Pesquisa Bibliográfica: Princípios e Fundamentos, *Cadernos da Fucamp*, v.20, n.43, p.64-83. Monte Carmelo. 2021. Disponível em: https://revistas.fucamp.edu.br/index.php/cadernos/article/view/2336 . Acesso em 10 de outubro de 2022.

TRINDADE, Letícia de Lima; LAUTERT, Liana. Síndrome de Burnout entre os trabalhadores da Estratégia de Saúde da Família. *Revista da Escola de Enfermagem da USP*, v. 44, p. 274-279. São Paulo. 2010. Disponível em:http://www.scielo.br/scielo.phpscript=sci_arttext&pid=S008062342010000200005&lng=en&nrm=iso . Acesso em 10 de outubro de 2022

World Health Organization. *ICD-11 for mortality and morbidity statistics*. Version: 2022. Disponível em: https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/129180281. Acesso em 06 de outubro de 2022.

Development and its applications in scientific knowledge
Burnout syndrome: the impact on people management and prevention ways

12