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RESEARCH

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Síndrome de *burnout* em profissionais do serviço de atendimento móvel de urgência

Burnout Syndrome in urgency mobile service professionals

Síndrome de Burnout en profesionales del servicio móvil de urgencia

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Article from the paper entitled Burnout Syndrome in the Emergency Mobile Service Professionals presented in the graduate course of Nursing at the Federal University of Piaui in 2011.

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ABSTRACT

Objective: To analyze the prevalence of Burnout Syndrome in professionals of the Mobile Urgency Service. **Methods:** Descriptive, transversal and quantitative research, in which 32 professionals participated. The data were collected through the Maslach *Burnout* Inventory and analyzed using SPSS for Windows. The Research Ethics Committee under the CAAE No. 0040.0.045.000-11 approved the study. **Results:** For the team as a whole, there were high scores for Emotional Exhaustion (28.1%), Depersonalization (21.9%) and Professional Incompetence (28.1%) (reverse score). Among doctors, the Emotional Exhaustion and Depersonalization were higher when compared to the nursing staff; and Professional Incompetence scores were higher for nursing technicians. **Conclusion:** The increase in knowledge on the subject can contribute to the daily life of these professionals, since the syndrome was found among professionals of this study.

Descriptors: Occupational health, Burnout professional, Emergency medical services.

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RESUMO

Objetivo: Analisar a prevalência da Síndrome de Burnout em profissionais do Serviço de Atendimento Móvel de Urgência. **Métodos:** Pesquisa descritiva, transversal e quantitativa, da qual participaram 32 profissionais. Os dados foram coletados por meio do Inventário Maslach de *Burnout* e analisados no SPSS for Windows. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa sob CAAE n° 0040.0.045.000-11**. Resultados:** Para a equipe como um todo, houve escores altos para Desgaste Emocional (28,1%), Despersonalização (21,9%) e Incompetência Profissional (28,1%) (escore reverso). Na equipe médica, o Desgaste Emocional e Despersonalização foram maiores quando comparado a equipe de enfermagem; e em Incompetência Profissional os escores foram mais elevados para os técnicos de enfermagem. **Conclusão:** A produção de maior conhecimento sobre a temática pode contribuir no cotidiano destes profissionais, visto que a síndrome manifestou-se entre os profissionais do presente estudo.

Descritores: Saúde do trabalhador, Esgotamento profissional, Serviços médicos de emergência.

RESUMEN

Objetivo: Analizar la prevalencia del síndrome de burnout en profesionales del Servicio de Atención Móvil de Urgencia. **Métodos:** Estudio descriptivo, transversal y de investigación cuantitativa, a lo que asistieron 32 profesionales. Los datos fueron recolectados a través del Inventario *Maslach* de Burnout y fueron analizados a través del programa SPSS para Windows. El estudio fue aprobado por el Comité de Ética de Investigación en el CAAE nº 0040.0.045.000-11. **Resultados:** Para el equipo en su conjunto, hubo altas puntuaciones de desgaste emocional (28.1%), despersonalización (21,9%) y incompetencia profesional (28,1%) (puntuación inversa). En el personal médico, el agotamiento emocional y despersonalización fueron más altos en comparación con el personal de enfermería; mientras las notas en incompetencia profesional fueron mayores para los técnicos de enfermería. **Conclusión:** La producción de más conocimientos sobre el tema puede contribuir a la vida diaria de estos profesionales, ya que el síndrome se manifestó entre los profesionales de este estudio.

Descriptores: Salud laboral, Agotamiento profesional, Servicios médicos de urgencia.

INTRODUCTION

The changes that occurred in recent decades in the labor market have impacted the health of individuals and the collective of workers. The work has always been present in all societies since the dawn of humanity, but over the centuries, its role has undergone changes in the social context: the work for the subsistence turned to the work currently conceived as a way to make men become human, accumulating wealth, social mobility and status.

From a sociological perspective, work is an action performed by humans for a particular purpose, consciously desired, and implemented through participation in physical and intelligence energy, usually with instrumental support, which produces an effect on the agent.[1]

Often the work without meaning leads to the emergence of adverse effects to the individual and causes the onset of diseases related to work. Among the determinants of worker's health there are social, economic, technological and organizational constraints, aside from the constraints of occupational hazards - physical, chemical, biological, mechanical and those arising from work organization - present in work processes.

One of the diseases directly related to the work process is called *Burnout* Syndrome. According to the Ministry of Health,[2] Burnout Syndrome has been described as the result of professional experience in a context of complex social relations, involving the representation that a person has of herself and of others. The worker, who once was very emotionally involved with customers, patients or work itself, gets worn out and at any given time, gives up, loses energy or "burns out".

Burnout indicates that the depletion of the professional has already gone beyond the permissible limits. Generally, it expresses something that burned completely, crashing for lack of energy. *Burnout* is a defense response, even if improper, to the chronicity of occupational stress that reached unbearable limits.[3]

In Brazil, according to the Decree nº 3048 of 6 May 1994 which deals with professional or occupational diseases pathogens, the Burnout Syndrome is classified as Mental and Behavior Disorders Related to the Work (group V of ICD-10, code Z73.0), manifesting itself as the feeling of being exhausted, and appearing as a synonym for Professional Burnout Syndrome.

The Ministry of Health in Brazil[2] points out to the prevalence of the syndrome mainly in professionals of services field or caregivers when in straight contact with users, such as doctors, nurses, social workers, teachers, police officers, correctional officers, among others.

Every professional in direct contact with customers is susceptible to stress at work. Therefore, there is an urgent need for health professionals to have sufficient knowledge and to be able to distinguish and deal with work-related illnesses such as burnout. This is inextricably tied to the maintenance of workers' health in their own work environment.

Given that health professionals of the pre-hospital service - Mobile Emergency Service (SAMU) are potentially susceptible to labor exhaustion, it is important to analyze the prevalence of Burnout Syndrome in these professionals deepening the knowledge of the occupational risks of developing the syndrome of this professional activity, and thereby contribute to increased knowledge among health professionals, especially nurses as direct care providers to users of the health system, aiming to direct a personalized care affected customer and even recognize and avoid the illness itself.

This study aims to identify the occurrence of Burnout Syndrome in health professionals of the Mobile Emergency Care Service.

METHODS

This is a descriptive, exploratory and cross-sectional study conducted among health professionals of SAMU in the city of Picos, Piaui, from August 2010 to June 2011.

40 professionals compose the referred SAMU: 15 doctors, 9 nurses, 6 nursing technicians, 2 nursing assistants and 8 drivers.

Inclusion criteria for sample selection were to perform pre-hospital care activity in SAMU ambulances, to perform basic support or advanced life support; and exclusion criteria were to be on vacation, maternity or sick leave license.

Data were collected in May 2011, by using two data collection instruments. We used a form with items on sociodemographic characteristics of the participants composed of fourteen (14) questions about gender, age, marital status, the number of children, education level, occupation, income, the length of service and week working hours, prepared exclusively for this study. To assess the presence of Burnout Syndrome, the *MBI - Maslach Burnout Inventory* was used (version aimed at health professionals, named MBI-Human Services Survey (MBI-HSS), consisting of 22 items).[5-6] This instrument is intended for detection of Burnout Syndrome, it is a self-administered questionnaire of the *likert* type in which the individual chooses one of the alternatives: "never," "sometimes a year," "a few times a month", "sometimes a week" and "daily" (with values ranging from zero to four) that best depicts their daily work experience. This instrument covers aspects of Emotional Exhaustion, Depersonalization and Professional Incompetence.

For classification of Burnout, cut points were used as in a Lautert study. [6] Thus, to the dimensions of Emotional Exhaustion (DE) and Depersonalization (DP) the 75 percentile was used and for Professional Incompetence dimension (IP), which has a reverse score, the 25 percentile was used. As the *burnout* reflects high level in its dimensions, it was necessary to classify the scores for each dimension in low/moderate or high. We used the score 14 as the minimum score, the professionals who obtained scores between 0 and 14 had low/moderate level and those who obtained scores between 16 and 28 presented high level of exhaustion.[6-7-8]

The results were analyzed using descriptive statistics of data (frequency, mean, standard deviation and percentages), using Excel®, an Office application, version 2007, of the operating system Windows 7 Starter, Microsoft Corporation© and presented as tables, subsequently imported for analysis using the *Statistical Package for Social Science (SPSS)* software version 17.0.

The research was approved by the Research Ethics Committee of the Federal University of Piauí (CEP-UFPI) for analysis of the ethical and legal principles recommended in Resolution No. 196/969 of the National Health Council of Brazil on research involving human subjects and was approved under the CAAE protocol (Presentation of Certificate for Ethics Assessment) nº 0040.0.045.000-11.

RESULTS

Socio-demographic data

The sample was composed of 32 professionals, 8 (25%) doctors, 8 (25%) nurses, 6 (18.8%) nursing technicians, 2 (6.3%) nursing assistants and 8 (25%) drivers. As for gender, 24 (75%) were male, the predominant age group was 20 to 30 years-old 14 (43.8%), followed by 16 (40.6%) aged between 31 and 40 years; 15 (46.9%) were married and 18 (56.3%) had children. Regarding the level of education, 12 (37.6%) had a graduate degree, of these, 7 (21%) had a specialization degree in emergency.

With regard to occupational data, 13 (40.6%) have had less than 5 years of training, 27 (84.4%) have worked in SAMU from 1 to 5 years. With regard to workload in SAMU, 12 (37.5%) worked over 40 hours; 25 (78.1%) worked in other health services with a cumulative week workload of 40 to 60 hours per week, 10 (31.3%) and 12 (37.5%) worked more than 60 hours per week. The payment ranged from 1 to 2 minimum wages 13 (40.6%), followed by 10 (31.3%) who earned above 5 minimum wages.

Maslach Burnout Inventory – MBI Data

It was found that professionals had average scores of 10.9 (SD = 7.3) for emotional distress, 4.6 (SD = 3.5) for depersonalization and 26.8 (SD = 5.8) for professional incompetence.

In the evaluated dimensions, there was a prevalence in low/moderate level in the emotional exhaustion 23 (71.9%), the depersonalization 25 (78.1%) and professional incompetence 23 (71.9%).

Relating the dimensions of burnout and gender of participants, it was observed that in the subscale emotional exhaustion, in both genders there was a prevalence of low/moderate level, female 6(75%) and male 17(70.8 %).

On the issue of depersonalization, 7 (87.5%) women had a low/moderate level, and as for the male group, 18 (75%) subjects had a low/moderate level. With regard to professional incompetence, 7 (87.5%) women and 16 (66.7%) men had a low/moderate level (Table 1).

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Table 1 – Frequency and percent of SAMU team professionals in each dimension of Burnout and the respective levels associated with gender

Level	Emotional Exhaustion		Depersonalization		Professional Incompetence	
	Female n (%)	Male n (%)	Female n (%)	Male n (%)	Female n (%)	Male n (%)
Low/moderate	6 (75,0%)	17 (70,8%)	7 (87,5%)	18 (75,0%)	7 (87,5%)	16 (66,7%)
High	2 (25,0%)	7 (29,2%)	1 (12,5%)	6 (25,0%)	1 (12,5%)	8 (33,3%)

Source: Research data collected during May 2011 in Picos/PI.

When correlated to the professional category and the levels of the subscales, it is observed that 7 (87.5%) of the doctors showed a high level of emotional distress. In the category of nurses, 6 (75%) had a low/moderate level in the same dimension. The individuals in the categories of nursing technicians, nursing assistants and drivers, occupied in its entirety the low/moderate level of emotional distress.

In the depersonalization dimension, 6 (75%) doctors presented high level. In the category of nurses, 7 (87.5%) subjects had a low/moderate level. The subjects of the categories of nursing technicians, nursing assistants and drivers, occupied in its entirety the low/moderate level of depersonalization.

The professional incompetence dimension had a larger number of doctors 6 (75%) in the low/moderate level. As for the nurses, the vast majority presented low/moderate levels 7 (87.5%). Of nursing technicians, 4 (66.7%) had high level and 2 (33.3%) had low/moderate level. All nursing assistants 2 (100%) had low/moderate level in this dimension. As for drivers, 6 (75%) had low/moderate level.

Doctors and nurses had the most significant high level percentage in the three subscales in comparison to other categories. However, most nursing technicians presented high level in the dimension professional incompetence (Table 2).

Table 2 – Frequency and percent of SAMU team professionals in each dimension of Burnout and respective levels associated with professional category

Profissional Category	Emotional Exhaustion		Depersonalization		Professional Incompetence	
	Low/ moderated n (%)	High n (%)	Low/ moderated n (%)	High n (%)	Low/ moderated n (%)	High n (%)
Doctor	1 (12.5%)	7(87.5)	2 (25.0%)	6 (75.0%)	6 (75.0%)	2 (25.0%)
Nurse	6 (75.0%)	2 (25.0%)	7 (87.5%)	1 (12.5%)	7 (87.5%)	1 (12.5%)
Nursing technician	6 (100%)	-	6 (100%)	-	2 (33.3%)	4 (66.7%)
Nursing auxiliary	2 (100%)	-	2 (100%)	-	2 (100%)	-
Driver	8 (100%)	-	8 (100%)	-	6 (75.0%)	2 (25.0%)

Source: Research data collected during May 2011 in Picos/PI.

When data from the three dimensions of burnout is associated with the work of professionals who are employed in other institutions than SAMU, it can be noted that 8 (32%) showed high levels in the subscales of emotional exhaustion, 8 (32.0%) in professional incompetence and 7 (21.9%) showed high levels of depersonalization (Table 3).

With regard to the workplace, 7 (21.9%) worked exclusively at SAMU, and of those, the vast majority had low/moderate levels in emotional exhaustion 6(85.7%) and professional incompetence 6(85.7 %). In the dimension depersonalization, the entire sample remained at a low/moderate level.

It is observed that another employment contributes significantly to increased levels of burnout subscales, but it is not a decisive factor since in any group high values exceeded half of the sample.

Table 3 – Frequency and percent of SAMU team professionals in each dimension of Burnout and respective levels associated with employment bond

Employment in other institutions	Emotional Exhaustion		Depersonalization		Professional Incompetence	
	Low/ moderated n (%)	High n (%)	Low/ moderated n (%)	High n (%)	Low/ moderated n (%)	High n (%)
Yes	17 (68%)	8 (32%)	18 (78.1%)	7(21.9%)	17 (68.0%)	8 (32.0%)
No	6 (85.7%)	1(14.3%)	7 (100%)	-	6 (85.7%)	1 (14.3%)

Source: Research data collected during May 2011 in Picos/PI.

When hours worked per week and the levels of the three dimensions evaluated are correlated, it could be noted low/moderate levels among participants who indicated to work up to 40 hours total per week. Almost half 5 (41.7%) of the subjects who worked more than 60 hours a week had a high level of emotional exhaustion.

At the professional incompetence subscale, there was a prevalence of low/moderate 9 (90%) among those working up to 40 hours followed by 8 (66.7%) who worked more than 60 hours, and the high level stood out 4 (40%) among the ones who worked between 41 and 60 hours (Table 4).

The highest and most significant scores for the three burnout dimensions were concentrated in groups working between 41 hours to 60 hours and more than 60 hours a week.

Table 4 – Frequency and percent of SAMU team professionals in each dimension of Burnout and respective levels associated with week workload

Total week workload	Emotional Exhaustion		Depersonalization		Professional Incompetence	
	Low/moderated	High	Low/moderated	High	Low/moderated	High
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Less than 40 hours	8 (75.0%)	2 (25.0%)	9 (90.0%)	1 (10.0%)	9 (90.0%)	1 (10.0%)
41 to 60 hours	8 (75.0%)	2 (25.0%)	8 (80.0%)	2 (20.0%)	6 (60.0%)	4 (40%)
Over 60 hours	7 (58.3%)	5 (41.7%)	8 (66.7%)	4 (33.3%)	8 (66.7%)	4 (33.3%)

Source: Research data collected during May 2011 in Picos/PI.

DISCUSSION

In terms of sociodemographic characteristics of SAMU health professionals of this study, we can see that there are similarities in the percentages found for some sociodemographic variables such as age, marital status and number of children. However, higher percentages match the profile of young adults, male, married, with one or more children, with more than six years of experience in the profession, experienced more than a year in the SAMU job, working in more than one place and total week workload over 40 hours.

The research did not reveal the percentage similarity between female (25.0%) and male (75.0%), since the larger participation of men in this study might be explained by the composition of this kind of work, which often requires physical strength, demanding a larger participation of men in the teams.[10]

This study has similarities with other researches involving medical groups, because they are mostly composed of men, but differs from studies that focus on nursing, mostly female. Thus, the parallel between gender and presence of Burnout Syndrome does not appear to be substantial, given the significant disproportion (8/24) between women and men in the pre-hospital service in this study.[11-2]

Women can better verbalize their feelings and problems experienced in the day-to-day and although noticeably more burdened than men due to family-work routine, resulting from the adaptation generated by the classical form of female education that already prepares them for these situations, they know better how to deal with stress. Men, however, are educated from an early age to endure adversity and protect themselves from any communication about their problems that might be seen as fragility.[13]

The greater presence of women in studies of nursing can substantially influence the Burnout process in a disguised way, attributing thus to the female gender a greater propensity to develop the syndrome.[14]

As the marital status variable, 46.9% are married and 56.3% have one child or more. It appears that a possible stability generated by the emotional satisfaction of being a parent or responsible for a family can be considered as a possible external factor for lower stress levels among married people.[14]

It is noteworthy that it is not enough to have a stable relationship; one must also pay attention to the quality of this relationship, because, otherwise, it can work inversely as a stressor. In this context, variables such as age and psychosocial issues are inherent to each being and therefore are also subject to such controversies.[15]

Burnout is predominant among single people,[14] but other studies attribute the fact of being married or in a stable relationship to the presence of more exhaustion at work.[5,16] This can occur due to emotional instability caused by conflicting family relationships that go beyond domestic boundaries and accompany the individual even during professional practice. On the other hand, single people can feel the emptiness of the absence of affective ties and the need for family relationships to bring stability and companionship.

In the sample educational level analysis, 59.5% have higher education or a post-graduate degree, reflecting a high level of education among the research group, a factor that can be presented as employee stress due to the high expectation around the performance of these professionals, leading to greater accountability requirements in team leaders.

A small percentage in relation to the overall group of professionals, but very significant in relation to the top-level professionals, concerns those who have expertise in a field similar to the type of their work. Among the nineteen 19

professionals (59.5%) who have graduate or post-graduate degrees, seven have expertise in emergency, which shows a concern of professionals to acquire greater knowledge and confidence to perform their actions.

Analyzing the length of professional experience, 59.4% of the professionals have been working for an average of over six years in the profession and 84.4% more than a year in SAMU service, which means more familiarized and experienced professionals in the service. When analyzing the variable that measures the week working time in the SAMU pre-hospital service, 62% of professionals' workload is less than 40 hours per week.

This point can lead to misinterpretations that a lesser workload does not create conditions for the propensity to *burnout*, however, the workload of these professionals is standardized to the urgent care service of this nature. In this case, there is less workload, but there is a greater demand overload for these professionals in directing the team's actions.

Regarding the experience time in the profession, professionals with recent training tend to be more susceptible to stressors due to lack of experience and the initial idealism at work, followed by disappointment at the reality.[17] Professionals with longer career time are regarded as more experienced and more adapted to the stress caused by work, which possibly would make them more confident in their performance.[18] However, being subject to the work demands for long years could foster the syndrome.

It is noteworthy that the Burnout Syndrome can arise because of a chronic distress by the time of work. The greater the length of service in a given area, the higher the level of stress, and there is, therefore, a significantly high correlation between stress and time of work in a certain field.[19]

In this context, the variables related to the workload of the professionals of this study show not only the significant number of professionals working in sites other than SAMU (78.1%), as well as the total amount of working hours above 40 hours during the week when added the working time in other places (68.8%).

In addition to the overload of work, the monthly salary can act as a significant factor in the need of the professional to seek income supplement by working in other institutions, fairly common practice among health workers, which weekly demands of the professional, to act in various functions depending on the demands of other workplaces.

The relation or influence of the profession for the development of burnout has been described in several studies. The results presented here are contrary to what the bibliography has shown that, in most cases, nurses have higher levels of emotional distress and depersonalization.[20-1]

In relation to the profession and the levels presented in the three dimensions, there is a higher prevalence of high level of Burnout Syndrome among doctors, matching a study about health professionals in Spain and Argentina.[22] The responsibility arising from the condition of dealing with the lives of others and the consequences of their decisions represent constant impediment to a more serene performance of the profession.

In a study developed in Salvador,[23] it was found high levels of emotional distress among doctors, being the main affected dimension and considered the first reaction to the stress generated by the work demand. When exhausted, people with emotional stress find it difficult to relax. This exhaustion can be linked to the burden generated by the society's point of view that the doctors are infallible, either in professional, ethical, moral or even family issues.[15]

This study contradicts a study of emergency service nursing professionals in Cartagena, Colombia[24] where there was prevalence of high level in the dimension of emotional exhaustion in this group. However, the high level found in some dimension, even in small numbers, corroborates to this study as significant association with the professional distress.

It should be noted that this research is focused on the emergency pre-hospital service professionals, unlike other studies, which mostly address professionals working in the hospital. In these studies, nursing had become more susceptible to the development of Burnout Syndrome due to the distressful role of conduct of the health team and because they spend more time with patients than doctors.[5,14,25]

Nursing professionals have obtained almost identical percentages for the three dimensions, except for a small oscillation in emotional exhaustion factor with a higher percentage of subjects at a high level.

The factors related to burnout in nurses appear to be numerous. It should be noted that, in addition to socio-demographic, occupational and behavioral characteristics, there is variability and individual susceptibility of individuals to certain situations that often influence and determine the changes in behavior and attitudes.

Nursing technicians obtained a single high level frequency in the dimension of professional incompetence, in this dimension, the findings in high level exceeded the low/moderate level. The lack of autonomy at work highlighted by Silva, Loureiro and Peres[26] in their study show that such positions allow little freedom of action since these professionals are practically unable to make decisions without consulting or obtaining approval of a nurse or a doctor.

The category of drivers was the one with the lowest high-level frequencies in two of the three dimensions. The entire sample of drivers presented the low/moderate level in the dimensions of emotional exhaustion and depersonalization. Only in professional incompetence dimension 25% of drivers showed a high level.

The role played by drivers is mainly to support the team, especially when advanced support ambulance is required, situation in which the doctor, followed by nurses and nursing technicians, has the greatest responsibility in the team's leadership. The hierarchy of functions ends up diluting the responsibility at every level, however, the need for a good performance of this professional function is increased on the

occurrences in basic support ambulances when they provide assistance to staff only with the nursing technician.

Emotional exhaustion is considered the first step of the central factor of Burnout Syndrome.[27] It is the dimension easily accepted by the professional who expresses a conscious aspect of Burnout, as it seeks to establish a positive environment for the patients it serves, promoting the physical and emotional exhaustion to avoid disclosing the present difficulties in the workplace. The emotional distress dimension is the most affected in most of the professionals who are susceptible to or are suffering from the syndrome.[28]

When the professional develops depersonalization, he has cold and negative attitudes, occurring a derogatory treatment to people directly involved with the work, even being cynical and ironic.[15] In the present study, however, this dimension had lower prevalence over emotional exhaustion and professional incompetence.

As a follow-up event, when the professional is inefficient and has failure feelings, there is professional incompetence. This dimension is considered to be the last response generated by work stress.[23] The person then starts to question her own professional performance.

As for professionals working in help functions, unlike others, they are more likely to develop the Burnout Syndrome due to three levels: the ills of society, the needs of individuals looking for these professionals and the individual needs.[15,29]

There is no consensus in the bibliography for the definition of professional Burnout Syndrome from the values found in the Maslach questionnaire. Most authors describe the levels obtained in three different dimensions, but without a defined criterion for grouping them. Thus, the definition of professional burnout is confused with the dimensions itself.[30]

According to Grunfeld et al,[31] the syndrome is characterized by the presence of high emotional exhaustion or depersonalization and low professional competence. According to Ramirez et al[32], only people who have the three professional distress dimensions can be considered to have the syndrome. Thus, even though the Maslach inventory is the most used instrument for the assessment of burnout, a lack of standardization for evaluation makes it difficult to interpret the results.

The analysis of prevalence or not of the Burnout Syndrome vary according to the selected approach to research. In our study, after covering the analysis of the SAMU professional groups, we defined the purpose of the focus of the survey to analyze the teams as a whole.

It was found 28.1% of emotional exhaustion at a high level in the sample with all professionals, intermediate value to the bibliography.[25] The severe depersonalization found in our sample (21.9%) is in the parameter of other studies[5,14 25] in which it ranged from 15% to 22.1%. As the professional incompetence scale, 28.1% of the sample showed a high level in this dimension.

The Burnout Syndrome is not an individual problem, but of the social environment in which one performs work activities. It is known that many changes have occurred in the workplace, such as those relating to technology, organizational management, employment transience, among others. In this scenario, new ways of organizing work and the relationship of individuals with it are build up, including positions, ambiguity of functions, quality requirements in performing the tasks, skills and competence of the worker.[33]

CONCLUSION

This study enabled to delineate the socio-demographic and professional profile of the emergency pre-hospital service professionals, to trace possible parameters for the manifestation of burnout, in addition to detecting the prevalence of the syndrome in the research participants. The issue addressed here is broad as it concerns the knowledge of this pathological entity, however, it is restricted within the study population.

The main findings of this study relate to the confirmation of the presence of Burnout Syndrome in the SAMU professionals. However, this parameter is not prevalent to the team as a whole, given that the findings are diluted by professional category, the group of doctors presented more frequently high levels of emotional exhaustion and depersonalization, and nursing technicians presented more than half of high level percentages for the professional incompetence dimension.

It is considered as limitations of this study the fact that it has been conducted in a single center and in a small size sample, in addition to sample loss, resulting from refusal and absence of inclusion factor in the study for some subjects. It was not possible to establish true comparisons of results with those of other investigations because most of them used different cut criteria from those used in this study; however, there is a certain uniformity with regard to the incidence and prevalence of burnout when professionals who work in emergency services are analyzed.

Research in the pre-hospital area is still not addressed on the Burnout Syndrome, since most of the studies are guided in the hospital and teaching field, making better comparisons impossible in this study, as certain professional categories framed within SAMU, such as drivers, could not be adequately studied in those situations.

To evaluate and identify the preponderant agents to the occurrence of Burnout Syndrome is necessary to know its manifestations. Thus, it is necessary that all professionals know about the syndrome and that healthcare organizations implement measures for prevention and treatment at individual, group and organizational level.

As this psychosocial phenomenon is better understood as a process, identifying its stages, dimensions and its most important stressors, one can plan actions to help prevent, reduce or deter Burnout. Thus, it is clear the importance of the individual's welfare and health at work, since it is at work that the person spends most of the time. The quality of life is

directly related to the needs and human expectations and the satisfaction of these.

Every professional in straight contact with customers is more susceptible to stress at work, there is, therefore, an urgent need for health professionals to have sufficient knowledge to be able to distinguish and deal with work-related illnesses such as Burnout. This is inextricably tied to the maintenance of workers' health in their own work environment.

It can be said that the Burnout Syndrome is becoming a public health problem and should be an issue for constant research. If the caregivers themselves are exhausted, it is logical to think that the whole society loses. Therefore, one should consider the welfare of all professionals, not only health professionals, as a social priority.

Studies, such as this, go beyond their goals and serve as a warning parameter to the presence of diseases that result in deviations of psychological behavior at work. We suggest the development of new research on the subject to elucidate research gaps, so it may be possible to have a better focus on the occurrence of Burnout Syndrome in several areas and professional categories.

As for the professional working environment, we suggest the installation of psychological and social care service, the incentive to the development of leisure activities involving the working environment professionals, as well as the improvement in working conditions and the creation of multidisciplinary teams able to deal with occupational diseases through the awareness of the vulnerabilities and limitations of each professional as possible preventive and support measures.

Considering that nurses are one of the professional categories which most have extensive contact with patients and other health professionals, from primary to tertiary care, it is necessary for this professional to have the appropriate knowledge to be able to distinguish the Burnout Syndrome and other work diseases, aiming to direct a personalized care to the affected customer and even to be able to recognize their own work stress and avoid getting ill.

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