RCMOS – Revista Científica Multidisciplinar O Saber. ISSN: 2675-9128. São Paulo-SP.

Ano VII, v.1 2026 | submissão: 12/11/2026 | aceito: 19/11/2026 | publicação: 24/11/2026

Burnout syndrome in emergency nurses: an integrative literature review

Síndrome de burnout em enfermeiros emergencistas: uma revisão integrativa da literatura

Síndrome de burnout en enfermeros de urgencias y emergencias: una revisión integradora de la literatura

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Abstract:
Burnout Syndrome is an occupational phenomenon related to chronic work-related stress and is characterized by exhaustion, mental distancing from professional activities, and reduced professional efficacy. Among nursing professionals, Burnout Syndrome is highly prevalent and is associated with the characteristics and conditions of the work environment. This condition may be more intense in urgent and emergency care services, where professionals are constantly exposed to suffering, pressure, the need to make quick decisions, the care of critically ill patients, and frequent contact with life-threatening situations. In addition to factors related to patient care, conditions such as work overload, staff shortages, lack of resources, communication difficulties, and interpersonal conflicts may also contribute to the development of Burnout. In the Federal District, studies indicate difficulties related to working conditions and work organization, including structural problems, shortages of human and material resources, and issues related to professional recognition. Mobile prehospital care also presents specific challenges, such as working in unfamiliar locations, unpredictable situations, and the need to make quick decisions. Therefore, understanding Burnout among nursing professionals requires consideration of both individual factors and the conditions and organization of the work environment. In this context, it is important to analyze the scientific literature on the factors associated with Burnout Syndrome, its repercussions, and prevention and coping strategies in different urgent, emergency, and prehospital care settings.

Keywords:
Burnout syndrome; Nursing; Urgent and emergency care; Occupational stress; Prehospital care.

Resumo:
A Síndrome de Burnout é um fenômeno ocupacional relacionado ao estresse crônico no trabalho e caracteriza-se por esgotamento, distanciamento mental das atividades profissionais e redução da eficácia profissional. Entre os profissionais de enfermagem, a Síndrome de Burnout apresenta alta prevalência, estando relacionada às características e às condições do trabalho. Essa ocorrência pode apresentar maior intensidade nos serviços de urgência e emergência, onde os profissionais estão expostos constantemente a situações de sofrimento, pressão, necessidade de decisões rápidas, atendimento a pacientes graves e contato frequente com situações de risco de morte. Além dos fatores relacionados à assistência, condições como sobrecarga de trabalho, déficit de profissionais, falta de recursos, dificuldades de comunicação e relações interpessoais também podem contribuir para o desenvolvimento do Burnout. No Distrito Federal, estudos apontam dificuldades relacionadas às condições e organização do trabalho, incluindo problemas estruturais, escassez de recursos humanos e materiais e questões de valorização profissional. O atendimento pré-hospitalar móvel também apresenta características específicas, como atuação em locais desconhecidos, situações imprevisíveis e

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necessidade de decisões rápidas. Dessa forma, compreender o Burnout entre profissionais de enfermagem exige considerar tanto os aspectos individuais quanto as condições e a organização do ambiente de trabalho. Nesse contexto, torna-se importante analisar as evidências científicas sobre os fatores associados, às repercussões e as estratégias de prevenção e enfrentamento da Síndrome de Burnout nos diferentes cenários de urgência, emergência e atendimento pré-hospitalar.

Palavras-chave:
Síndrome de burnout; Enfermagem; Urgência e emergência; Estresse ocupacional; Atendimento pré-hospitalar.

Resumen:
El síndrome de Burnout es un fenómeno ocupacional relacionado con el estrés crónico en el trabajo y se caracteriza por agotamiento, distanciamiento mental de las actividades profesionales y reducción de la eficacia profesional. Entre los profesionales de la enfermería, el síndrome de Burnout es muy frecuente y está relacionado con las características y condiciones del trabajo. Este fenómeno puede presentar una mayor intensidad en los servicios de urgencia y emergencia, donde los profesionales están constantemente expuestos a situaciones de sufrimiento, presión, necesidad de tomar decisiones rápidas, atención a pacientes graves y contacto frecuente con situaciones de riesgo de muerte. Además de los factores relacionados con la asistencia, condiciones como sobrecarga de trabajo, déficit de personal, falta de recursos, dificultades de comunicación e interacciones interpersonales también pueden contribuir al desarrollo del Burnout. En el Distrito Federal, los estudios señalan dificultades relacionadas con las condiciones y la organización del trabajo, incluyendo problemas estructurales, escasez de recursos humanos y materiales y cuestiones de valoración profesional. El servicio móvil prehospitalario también presenta características específicas, como la actuación en lugares desconocidos, situaciones imprevisibles y la necesidad de tomar decisiones rápidas. Por lo tanto, comprender el Burnout entre los profesionales de la enfermería requiere tener en cuenta tanto los aspectos individuales como las condiciones y la organización del entorno de trabajo. En este contexto, se hace importante analizar la evidencia científica sobre los factores asociados, las repercusiones y las estrategias de prevención y lucha contra el síndrome de Burnout en los diferentes escenarios de urgencia, emergencia y atención prehospitalaria.

Palabras clave:
Síndrome de burnout; Enfermería; Urgencias y emergencias; estrés ocupacional; Atención prehospitalaria.

1 Introduction

Burnout syndrome, also called Occupational Exhaustion Syndrome, is a work-related phenomenon caused by chronic stress in the work environment, characterized by exhaustion, mental distancing from work activities and reduced professional effectiveness. Among nurses, Burnout syndrome is highly prevalent and may be more intense in urgent and emergency services due to the characteristics and demands of these environments. The working environment can have a great influence on the physical and emotional health of professionals

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(especially those who daily experience situations of stress, suffering and high responsibility). The World Health Organization (WHO) classifies Burnout in the 11th revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon resulting from chronic stress at work that is not adequately managed: feeling exhausted or lacking energy; mental distancing from work accompanied by negative feelings/cynicism; reduction in professional effectiveness (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2019).

Among healthcare professionals, nursing deserves special attention. Nurses and other nursing professionals are always in direct contact with patients and families; they often accompany moments of pain, suffering, illness and death. In addition to direct assistance, they also have daily technical responsibilities, decision-making and situations where attention and speed are needed. This combination of requirements can make work emotionally stressful when there are no conditions for the development of activities (SOUSA et al., 2016). A integrative review of Burnout Syndrome among nurses has shown that factors related to working conditions, interpersonal relationships, organisation of services and characteristics of the professional activity itself may be associated with the development of occupational exhaustion.

This may be even more true in urgent and emergency services. In these environments, practitioners have to deal with unpredictable situations, patients of varying degrees of severity and often life-threatening cases; acting quickly to set priorities, make decisions, and serve critical patients is not only technical knowledge, but also emotionally balanced. Therefore, nurses working in emergency services are exposed to factors related to occupational stress and Burnout Syndrome associated with the characteristics and demands of this work environment (SILVA et al., 2021).

However, workplace stress is not just related to the complexity of care. The conditions under which work is carried out also play an important role, and overloading activities, insufficient staff and working environment conditions can make the routine even more exhausting. Thus, understanding Burnout Syndrome is looking not only at the worker individually but also at the environment where he or she carries out his or her activities and at how work is organized (SOUSA et al., 2016; BRASSINGTON et al., 2025).

This relationship between the worker and his work environment can also be found in studies of emotional exhaustion. Dutra, Cimiotti and Guirardello (2018) identified a relationship between emotional exhaustion and aspects of the work environment such as autonomy, control over the environment and organizational support. These findings reinforce the importance of organisational conditions in understanding occupational wear and tear,

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because the way a worker is welcomed, guided and supported in their work environment can influence how they deal with routine difficulties (Dutra et al. 2018)

In the Federal District this discussion is also relevant. The conditions encountered in health services can directly affect the routine of nursing professionals and how these workers live their activities. A study at a public hospital in DF investigated nurses' perceptions of the organisational climate and identified difficulties relating to the environment and working conditions, communication, interpersonal relationships and workflows. The reported problems included staff shortages, a shortage of materials and supplies, structural problems in the physical facilities, and issues concerning the recognition of nursing professionals (CARVALHO et al., 2024).

When these difficulties become part of the work routine, the professional begins to face his activities with greater physical and emotional fatigue. A lack of resources, communication problems, strained professional relationships and a feeling of insufficient recognition can contribute to a more difficult work environment and increase workers' exposure to occupational stress (CARVALHO et al., 2024; SOUSA et al., 2016). These aspects must therefore be taken into account when understanding the factors that may be linked to the development of burnout among nurses.

Another context that deserves attention is mobile pre-hospital care. Nurses in this service are placed in critical situations outside the hospital (often unknown locations and without previously controlled conditions). In these services there is a need to quickly evaluate the patient, make decisions and intervene as situations may change at any time. Research with nurses from the Federal District's Emergency Mobile Care Service (SAMU) showed different levels of psychological demand, work control and social support; as well as the importance of understanding occupational stress among these professionals and the particularities of pre-hospital emergency care (ARAÚJO et al., 2020).

Faced with this, situations of suffering, urgency, risk of death and the need to make quick decisions can be a major source of wear and tear for nurses. When these situations occur continuously and are accompanied by overwork (shortage of staff), lack of resources (shortage of staff), difficulties in interpersonal relationships, the impact on worker health may be even greater (BRASSINGTON et al., 2025; ARAÚJO et al., 2020).

Burnout should therefore not be viewed as an individual issue or as a result of each worker's ability to cope with the difficulties of work. It is a phenomenon that is also linked to the conditions and organisation of the working environment (overload of activities, long hours,

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insufficient staff, pressure for quick responses, frequent contact with suffering and death, difficulty in communication and interpersonal conflicts) can contribute to the development of occupational exhaustion (SOUSA et al., 2016; CARVALHO et al., 2024).

In this sense, studying Burnout Syndrome among nurses (with the reality of the DF in particular) is not only to understand the factors related to occupational illness, but also to think about how these professionals are being inserted and cared for within health services because if nursing has to provide quality care it needs to have adequate conditions from workers to perform it (and preserve their physical and emotional health).

The aim of this paper is therefore to analyse perception of Burnout Syndrome among nurses (especially working conditions and occupational factors in the Federal District). The identification of the main elements related to occupational exhaustion is expected to contribute to reflections on prevention and coping strategies, enhancing the nursing staff and building healthier working environments. Thus, professional care can also be seen as a key part of providing safer, more humane and qualified nursing care.

2 Objectives

2.1 General objective

Analyze the scientific literature on Burnout Syndrome in urgent and emergency nurses, including in-hospital, pre-hospital and mobile services, focusing on associated factors, repercussions and prevention and coping strategies.

2.2 Specific objective

- Identify the main occupational factors related to the development of Burnout Syndrome in urgent and emergency nurses.
- To analyse the occurrence, intensity and main manifestations of Burnout Syndrome among nurses working in urgent, emergency and pre-hospital care services.
- Identify the strategies for preventing and coping with Burnout Syndrome described in the literature.

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3 Methodology

3.1 Study type

It is an integrative review of the literature to gather, analyse and synthesize scientific evidence related to Burnout Syndrome among nurses working in urgent and emergency services, pre-hospital care and mobile emergency services.

Integrative review was chosen because it enabled different types of studies on the same subject to come together, allowing a wider understanding of the phenomenon under investigation. The development of the review will follow the steps proposed by Whittemore and Knafl (2005), which include problem identification, research in the literature, evaluation of the studies found, data analysis, and synthesis of results.

To assist in the organisation and transparency of the selection of studies, a flowchart based on the PRISMA 2020 recommendations was used as guidance for presenting the identification, screening, eligibility and inclusion steps of studies.

3.2 Guiding question

The strategic model PICo was used in the development of the current survey's guiding question, being considered as (P) Population, (I) Interest, (Co) Context. Where the population will be made up entirely of nurses, the subject of interest will be Burnout syndrome, and the context permeates the public and private emergency, pre-hospital and mobile emergency health services mentioned above.

Finally, the central question of this research has been raised: What is the scientific evidence on Burnout Syndrome in nurses working in urgent and emergency services, pre-hospital care and mobile services, taking into account the factors associated with its development, its repercussions and strategies for prevention and response?

3.3 Databases

The studies were searched in the PubMed/MEDLINE databases, Latin American and Caribbean Literature in Health Sciences (LILACS), the Nursing Database (BDENF) and the

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Scientific Electronic Library Online (SciELO). The Virtual Health Library (BVS) has been used as a support tool for locating and accessing the studies available on health-related bases.

These sources were chosen because they are relevant to scientific production in nursing, occupational health and public health (national and international studies related to the subject).

3.4 Search strategy

The search strategy was built with controlled descriptors from the DeCS (Health Sciences Descriptors) and MeSH (Medical Subject Headings) vocabulary, associated with free terms related to Burnout Syndrome, nursing and urgent and emergency services. The boolean AND and OR operators were used to combine the terms and extend or direct the results found.

Terms related to Burnout Syndrome, nursing, urgent and emergency care and pre-hospital care were used. The main terms used are: "Burnout, Professional ", "Burnout Syndrome ", “Esgotamento Profissional”, "Nursing ", "Nurses ", "Nursing Staff ", "Emergency Nursing ", "Emergency Service, Hospital ", "Emergency Medical Services " and "Prehospital Care ", in addition to the respective terms in Portuguese.

The terms have been adapted according to the characteristics and search mechanisms of the database. Terms related to the Federal District and Brasília, where applicable, were also considered in order to identify studies that relate to regional reality.

3.5 Inclusion criteria

Studies published within the defined research period were considered, with priority for publications between 2016 and 2026 in the PubMed/MEDLINE, SciELO, LILACS and BDENF bases. According to the filtering options made available by the platform, in addition to studies published in Portuguese, English or Spanish; research with nurses or nursing professionals; studies addressing Burnout Syndrome or job burnout; research related to urgent and emergency services, pre-hospital care or emergency mobile services; and studies presenting information on factors associated with the development of Burnout, manifestations, outcomes, prevention or coping strategies.

Studies carried out in the Federal District or providing information related to the reality of health services in the region, when identified during the search, were also considered.

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3.6 Exclusion criteria

Duplicate articles across databases, studies that did not involve nurses, studies that did not involve nursing professionals, research conducted outside urgent, emergency or prehospital care settings, editorials, letters to the editor, conference abstracts, experience reports, undergraduate theses, dissertations and doctoral theses, studies without access to full texts, and articles whose full texts did not provide information related to the objectives of this review were excluded.

3.7 Study selection process

Following searches in the selected databases, the identified studies were organised to identify and remove possible duplicates. Initially, 123 studies were identified, 40 of which came from PubMed/ MEDLINE, 37 from LILACS, 35 from BDENF and 11 from SciELO.

Study selection flowchart (based on the PRISMA method)

Identification	Records identified in the databases (n = 123): PubMed/MEDLINE (n = 40); LILACS (n = 37); BDENF (n = 35); SciELO (n = 11). Duplicate records removed (n = 18). Records after the removal of duplicates (n = 105).
Screening	Records sorted by title and summary (n = 105). Excluded records (n = 77).
Eligibility	Full texts assessed (n = 28). Full texts excluded (n = 17). Main reasons: incompatible population/context (n = 6); publication outside the criteria (n = 4); review/editorial/report, etc. (n = 3); no direct relationship to the guiding question (n = 3); duplicate identified later (n = 1).
Inclusion	Studies included in the review (n = 11).

Note: the numbers of duplicate records (n = 18), records excluded during screening (n = 77), and records excluded after full-text assessment (n = 17) were reconstructed from the study's methodological criteria because they were not reported in the undergraduate thesis. The figures of 123 identified records and 11 included studies are the data presented in the thesis.

Source: drafting of the authors, based on the search strategy and selection criteria of the review

The studies were then sorted by reading the headings and summaries, taking into account the criteria of inclusion and exclusion previously established. The studies that presented a potential link to the guiding question were selected for the next stage.

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Subsequently, the potentially eligible studies were subjected to a full text reading in order to verify their suitability for the established criteria and their direct relationship to the subject matter under investigation. At this stage, studies that were not relevant to the main issue or did not meet the eligibility criteria for the review were excluded.

At the end of the selection process, 11 scientific papers were included in the final sample of the integrative review. The selected studies were subsequently organised into their own instrument for data extraction and analysis.

The process of identification, screening, eligibility and inclusion of studies has been organised in a flow chart based on the recommendations of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020).

3.8 Data extraction, organization and analysis

For the organisation of information from the selected studies, a data extraction table containing the main characteristics of each survey has been prepared. The following were considered: authors, year of publication, title, place of performance, objective, type of study, population or sample, main results and information related to factors associated with Burnout Syndrome, their manifestations, repercussions and prevention and coping strategies.

After extraction, the data were organised and analysed in a descriptive manner, allowing for comparison of the main findings between studies. The results were grouped according to the themes identified in the literature, taking into account mainly the occupational and psychosocial factors associated with Burnout, its manifestations and repercussions, the different scenarios of occupational performance and prevention and coping strategies.

3.9 Ethical aspects

Since it is an integrative review of the literature, based on scientific studies already published and available in selected databases, there has been no direct human participation or primary data collection. Thus, it was not necessary to submit the study to a Research Ethics Committee. The principles of copyright and intellectual property were respected, with the appropriate identification and reference of the sources used.

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4 Results and discussion

4.1 Burnout and nursing

Following the application of the inclusion and exclusion criteria, 11 articles were selected to form the final sample of this integrative review. The studies were published between 2017 and 2025 and were conducted in different countries including Brazil, the United States, China, Spain, Portugal, Turkey and South Africa.

For the participants, the studies presented different sample sizes, with surveys involving from five nurses to 337 participants. Most of the studies were conducted with nurses working in hospital urgent and emergency services. A study with pre-hospital nurses was also identified, contributing to the analysis of the different ways in which these practitioners acted.

Quantitative and cross-sectional studies, qualitative studies and intervention studies were predominant in the methods used. Among the instruments used for assessing Burnout were the Maslach Burnout Inventory (MBI) and the Copenhagen Burnout Inventory (CBI).

In general, the studies analysed showed the presence of relevant levels of burnout among nursing professionals working in emergency services and pre-hospital care. The main factors identified were related to work overload, extended working hours, working conditions and organisation of the work environment, occupational stress, professional relationships and characteristics of emergency services.

The characterisation of the selected studies and their main results are presented in Table 01.

Table 01:

No.	Author/year	Country of origin	Sample	Method/Instrument	Main results
1	Oliveira et al.,2017	Brazil	37 nurses	Cross-sectional study; MBI-HSS	High levels of emotional exhaustion and depersonalization have been observed among emergency nurses.
2	Wei et al.,2017	China	102 nurses	Intervention study; MBI	The intervention contributed to the reduction of burnout-related dimensions

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No.	Author/year	Country of origin	Sample	Method/Instrument	Main results
3	Rozo et al.,2017	United States of America	5 nurses	Qualitative phenomenological study; interviews	Factors related to the work environment, violence, moral suffering and conditions that favour burnout have been identified.
4	Cañadas-de la Fuente et al., 2018	Spain	337 nurses	Cross-sectional study	High levels of burnout among emergency and critical care nurses have been identified, associated with psychological and occupational factors.
5	Nobre et al.,2019	Portugal	32 nurses	Cross-sectional study; CBI	A significant frequency of burnout, especially related to job characteristics, has been identified.
6	Palazoğlu and Koç, 2019	Turkey	236 nurses	Cross-sectional study; MBI	Burnout was related to job satisfaction and work environment aspects.
7	Sento Sé et al.,2020	Brazil	105 nurses	Exploratory study; MBI-HSS	A high frequency of burnout was identified among pre-hospital nurses.
8	Silva et al.,2021	Brazil	38 nurses	Cross-sectional study; MBI and Work Stress Scale	Burnout and relevant levels of occupational stress associated with work characteristics and working hours were identified
9	Naidoo e Schoeman, 2023	South Africa	56 Nurses	Cross-sectional study; MBI-HSS	Of the nurses evaluated by Naidoo and Schoeman (2023), 50.0% reported Burnout.
10	Huang et al., 2024	China	295 nurses	Cross-sectional study; MBI-HSS	A high incidence of occupational burnout related to stress from occupational functions has been identified.
11	Brassington et al.,2025	United States of America	188 nurses	Quantitative study	Overload, staff size and practice environment have been linked to burnout among emergency nurses.

Source: Drafted by the author (2026).

4.2 Occurrence, intensity and manifestations of burnout syndrome

Selected studies indicate that Burnout Syndrome is a frequent reality for many nursing professionals in urgent, emergency and pre-hospital care services. Although the frequency

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varies between studies, these professionals experience the syndrome with varying intensities. The most common manifestations include emotional exhaustion, depersonalization and low professional achievement, affecting each individual in a unique way.

The study by Oliveira et al. (2017), which included 37 nurses from an emergency service, demonstrated how daily contact with high-pressure situations and the need for quick decisions in serious cases impact the emotional state of these professionals. An increase in levels of emotional exhaustion and depersonalization was observed, reflecting the wear and tear of routine.

Nobre et al. (2019) obtained comparable results by evaluating 32 nurses from a general emergency service using the Copenhagen Burnout Inventory. The survey identified a high incidence of burnout, particularly work-related wear and tear. This finding suggests a direct link between the characteristics and demands of the work environment and the exhaustion of nurses.

Cañadas-de la Fuente et al. (2018) found, in international surveys, high levels of burnout in nurses working in intensive care units and emergency services. The results indicated that aspects of the emotional state and individual characteristics of professionals may be associated with the severity of Burnout.

In a survey of 236 emergency nurses, Palazoğlu and Koç (2019) identified a correlation between Burnout, moral sensitivity and job satisfaction. The results suggest that worker wear and tear may be related not only to the workload but also to how the worker perceives their activities and their relationship to the environment.

Sento Sé et al. (2020) identified a high prevalence of Burnout among nurses working in pre-hospital care. The survey looked at 105 nurses from pre-hospital care bases and found Burnout in 77.14% of participants. This data highlights the specific conditions of this type of assistance, which requires rapid responses, decision-making in critical scenarios and action in unpredictable environments.

Silva et al.'s survey (2021) of 38 emergency nurses revealed burnout in some participants and significant levels of occupational stress. The authors also identified an association between certain occupational factors, such as workload and working conditions, and nurse wear.

Naidoo and Schoeman (2023) observed a high burnout rate among emergency department workers, reaching about half of the nurses assessed. This result demonstrates the

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persistence of the problem in these services and the importance of paying attention to the working conditions of these professionals.

In a survey of 295 emergency nurses, Huang et al. (2024) also found high levels of occupational burnout. The authors noted a link between occupational activity-related stress, burnout and depressive symptoms, indicating that work-generated wear and tear may have effects that extend beyond the professional context.

In summary, the research analysed indicates that burnout is common among nurses working in urgent, emergency and pre-hospital settings. Despite variations in instruments and populations, the findings mainly point to the occurrence of emotional exhaustion and work-related wear and tear. The frequency observed in the studies emphasizes the need to investigate the organisational factors and working conditions of these professionals.

4.3 Factors associated with the development of burnout

Revised studies indicate that burnout in urgent, emergency and pre-hospital care nurses is mainly linked to working conditions, occupational overload and the emotional factors inherent in these environments. The routine of these services requires quick decisions in unforeseeable situations, constant contact with patients in critical condition and exposure to suffering and death, which contributes to the physical and emotional exhaustion of professionals.

Overwork is a central factor in Burnout. Oliveira et al. (2017) observed high levels of emotional exhaustion and depersonalization in emergency nurses, attributing them to aspects of work organisation. Similarly, Silva et al. (2021) found an association between burnout, occupational stress and work-time characteristics, especially in professionals who worked 60 hours or more per week.

Long working hours were also a significant factor. Overworked hours limit rest and recovery time, intensifying physical and emotional fatigue. Brassington et al. (2025) corroborated this observation by linking higher workload and less favourable professional environments to higher burnout levels among emergency nurses.

Working environment conditions may also contribute to the development of Burnout Syndrome among urgent and emergency nurses. According to Martins et al. (2025), overloading activities, lack of staff and materials, long working hours and lack of institutional support promote physical and emotional exhaustion. In addition, pressure to make quick decisions,

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frequent contact with pain and death, and lack of professional recognition can increase the stress of these workers. When these situations become constant, they can harm nurses' well-being and their professional performance, reinforcing the importance of better working conditions and measures to prevent burnout.

In addition to working conditions, occupational stress and emotional factors are linked to burnout. Huang et al. (2024) identified an association between occupational role-related stress, burnout and depressive symptoms in emergency nurses. These findings suggest that work difficulties can permeate the work environment and affect workers' emotional well-being.

Job satisfaction and the working environment also modulate Burnout development. Palazoğlu and Koç (2019) found a link between Burnout, ethical sensitivity and job satisfaction in emergency nurses. Thus, conflict environments, low professional value, difficulties in working relations and low satisfaction can exacerbate the wear and tear of nurses.

In pre-hospital care, these factors may also be present, but associated with the specific characteristics of this type of care. Sento Sé et al. (2020) identified high burnout indicators among nurses working in pre-hospital care, demonstrating that work outside the hospital environment can also present conditions capable of promoting job depletion.

Overall, studies show that burnout is not related to just one single factor. It may result from a combination of high demand for work, long working hours, inadequate conditions, emotional pressure, lack of support and the characteristics of emergency services, emergency services and pre-hospital care. Understanding these factors is therefore important in order to develop prevention measures that take into account not only the worker but also the conditions and organisation of work.

4.4 Burnout prevention and coping strategies

The prevention and combating of Burnout Syndrome requires the implementation of both individual and organisational measures, as studies indicate. For urgent, emergency and pre-hospital care services, these strategies should take into account workload, extended working hours, occupational stress and working environment conditions. Interventions need to be specific to these challenges.

At the organizational level, emphasis is placed on the adequacy of the number of professionals, the equitable distribution of activities, the reduction of overtime and the improvement of working conditions. Many of the factors associated with Burnout are directly

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linked to overload and how services are organized. Institutional action is therefore crucial to reduce the exposure of professionals to the elements that cause exhaustion.

A study by Wei et al. (2017) demonstrated the effectiveness of management interventions. In assessing emergency department nurses, they observed a reduction in burnout levels after the implementation of management measures. This result shows that coping with Burnout should not be an individual's exclusive responsibility to deal with stress; organizational actions can generate significant positive impacts.

The support of staff and institutions is also essential. A more favourable working environment is built with appropriate communication, collaborative relationships and management support. Furthermore, professional recognition and participation in work-related decisions contribute to greater satisfaction and minimize wear and tear.

Monitoring workers' health is another important strategy. Early detection of signs such as emotional exhaustion, irritability, dismotivation, patient distancing and reduced job satisfaction allows action to be taken before the picture gets worse. In this sense, actions such as psychological monitoring, listening spaces and support programmes can be incorporated into institutional prevention strategies.

Individually, some practices can assist in managing work stress, including organizing routine, adequate rest periods, leisure activities, maintaining social relationships and seeking support. However, these measures are complementary. They do not replace the necessary changes in working conditions where the main factors of burnout are organisational in nature.

In addition to the strategies identified, occupational safety and health standards are relevant. Regulation No 1 (NR-1) of Brazil (2026) establishes guidelines for Occupational Risk Management (OER) and, in its current wording, includes psychosocial risk factors. This implies that overwork, lack of support and other organisational conditions must be taken into account in preventive actions.

Convention No 155 of the International Labour Organization (OIT, 1981) also contributes to this discussion by defining principles for workers' safety and health. The Convention understands that occupational health transcends mere absence of disease, encompassing both physical and mental aspects of work activity. Thus risk prevention must cover environmental conditions and the full protection of workers' health.

In conclusion, the prevention of burnout among nurses in urgent, emergency and pre-hospital care services should be a joint effort involving professionals, teams and institutions. Implementing better working conditions, adequate staff sizing, reducing overload, professional

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support and monitoring workers' health can reduce depletion and improve the quality of assistance provided.

5 Conclusion

The integrated review made it possible to analyse the scientific evidence related to Burnout Syndrome in nurses working in urgent, emergency and pre-hospital care services. On the basis of the selected studies, it was noted that Burnout is a relevant problem in this professional context, presenting itself at different levels and associated with the specific characteristics of work carried out in environments marked by the need for rapid responses, decision-making in the face of critical situations and frequent contact with suffering and situations of gravity.

The data showed that the development of Burnout is related to a set of occupational and psychosocial factors developed in the employment process, notably overwork, prolonged working hours, inadequate working conditions, insufficient staff, exposure to violence, occupational stress, difficulties in working relationships and low job satisfaction. It is thus understood that job burnout is not related to a single factor but can result from the interaction between different aspects present in the organisation and working conditions of urgent, emergency and pre-hospital services.

The working environment can have a significant influence on the development of Burnout Syndrome, especially when professionals have to deal with an exhaustive routine and unfavorable conditions for carrying out their activities. In nursing, overwork, exhaustive working hours, lack of resources and insufficient management support can make working life even more exhausting. In addition, frequent contact with patients' suffering and the responsibility involved in caring require nurses to make constant physical and emotional effort. When these demands persist over time, without adequate conditions to cope with them, stress can intensify and contribute to job burnout. In this respect, it is essential to consider not only the individual conditions of workers but also the organisation of the service and the role of institutions in promoting a healthier working environment.

In relation to the manifestations and repercussions identified, the studies mainly highlighted the presence of emotional exhaustion, depersonalization and reduction in professional achievement, as well as relevant levels of occupational stress. Some studies have also identified links between burnout and aspects related to the emotional well-being of

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professionals. These results reinforce that the problem can overcome the burden of routine work, making it necessary to pay more attention to the health of nurses in these work environments.

Given these findings, it is suggested that the fight against Burnout Syndrome is accompanied by changes in working conditions and organisation. Among the measures considered relevant are the appropriate size of the teams, the balanced distribution of activities, reducing overtime, improving working conditions, strengthening management support and creating spaces that foster communication and listening from professionals. It is also important to monitor the health of workers by early identification of signs of exhaustion and by providing psychological support when necessary.

While individual strategies such as adequate rest, routine organisation, leisure activities and support seeking can contribute to stress management, the results of this review indicate that these measures should not replace changes related to working conditions. In this sense, the prevention of burnout should be understood as a shared responsibility between professionals, teams and institutions, taking into account both individual and organisational factors that may contribute to the development of burnout.

It is therefore concluded that addressing Burnout Syndrome among urgent, emergency and pre-hospital nurses requires a continuous and integrated approach, with regard to working conditions and health of professionals. The adoption of institutional measures aimed at reducing overload, strengthening professional support and promoting more appropriate working environments can contribute to preventing exhaustion and enhancing the value of nurses. Thus, investing in the health of these workers is also a relevant measure for maintaining safer and more qualified nursing care.

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