

Quality of life and work of the physiotherapist who works in the Intensive Care Unit and the effects on care

Qualidade de vida e no trabalho do fisioterapeuta que atua na Unidade de Terapia Intensiva e os reflexos na assistência

Calidad de vida y trabajo del fisioterapeuta que trabaja en la Unidad de Cuidados Intensivos y los efectos en los cuidados

Maycon Verdan Sodré¹, Magali Hiromi Takashi²

How to cite: Sodré MV, Takashi MH. Quality of life and work of the physiotherapist who works in the Intensive Care Unit and the effects on care. REVISIA. 2022; 11(2): 127-37. Doi: <https://doi.org/10.36239/revisa.v11.n2.p127a137>

REVISIA

1. Brazilian Multidisciplinary Health Education Institute. São Caetano do Sul, São Paulo, Brazil.
<https://orcid.org/0000-0001-5154-5316>

2. Brazilian Multidisciplinary Health Education Institute. São Caetano do Sul, São Paulo, Brazil.
<https://orcid.org/0000-0001-7774-7178>

Received: 22/01/2021
Accepted: 19/03/2021

RESUMO

Objetivo: Analisar a qualidade de vida e no trabalho do fisioterapeuta que atua na UTI e os reflexos na assistência. **Método:** Revisão integrativa da literatura realizada no período de junho a agosto de 2021 nas bases de dados Medline, Scielo, Lilacs e Pubmed. **Resultados:** Foi realizado uma busca pelos descritores em saúde determinados e após análise sistemática dos artigos foram selecionadas 12 produções científicas que atenderam os critérios de inclusão. **Conclusão:** pode-se dizer que a qualidade de vida e satisfação no ambiente de trabalho dos fisioterapeutas precisa ser revisto e alguns aspectos melhorados para que possam realmente alcançar a qualidade de vida e satisfação ideais para que possam desempenhar o trabalho com eficácia.

Descritores: Qualidade de Vida; Fisioterapeutas; Unidade de Terapia Intensiva.

ABSTRACT

Objective: To analyze the quality of life and work of physical therapists who work in the ICU and the effects on care. **Method:** Integrative literature review carried out from June to August 2021 in the Medline, Scielo, Lilacs and Pubmed databases. **Results:** A search was performed for the determined health descriptors and after systematic analysis of the articles, 12 scientific productions that met the inclusion criteria were selected. **Conclusion:** Therefore, we can say that the quality of life and satisfaction in the work environment of physical therapists needs to be reviewed and some aspects improved so that they can really reach the ideal quality of life and satisfaction so that they can perform their work effectively.

Descriptors: Quality of Life; Physiotherapists; Intensive Care Unit.

RESUMEN

Objetivo: Analizar la calidad de vida y el trabajo de los fisioterapeutas que trabajan en la UCI y los efectos en la atención. **Método:** revisión integrativa de la literatura realizada de junio a agosto de 2021 em las bases de datos Medline, Scielo, Lilacs y Pubmed. **Resultados:** se realizó una búsqueda de los descriptores de salud determinados y luego de un análisis sistemático de los artículos, se seleccionaron 12 producciones científicas que cumplieron con los criterios de inclusión. **Conclusión:** Por tanto, podemos decir que es necesario revisar la calidad de vida y satisfacción en el ambiente laboral de los fisioterapeutas y mejorar algunos aspectos para que realmente puedan alcanzar la calidad de vida ideal y la satisfacción para que puedan realizar su trabajo de manera eficaz.

Descritores: Calidad de vida; Fisioterapeutas; Unidad de Terapia Intensiva.

Introduction

The expression Quality of Life (QOL) requires a broad and generic understanding, making its use cross several themes, both technical and everyday. However, the World Health Organization (WHO) classifies the term as the individual's perception of his or her position in life, in the context of culture and value systems in which he/she lives and in relation to his/her goals, expectations, standards and concerns. This same institution reaffirms the subjective nature of the concept, constructed together with several experts, highlighting that the expression deals with the perception of each individual, which favors his personal and relative characteristic.¹

The concept created to define Quality of Life encompasses all its complexity and relates factors intrinsic to the human being, namely: environment, physical, psychological aspects, beliefs, social relations, cultural context and level of independence. It is understood that the imbalance or threat to one or more of these elements directly influences the level of quality of life of the individual.¹

However, in the literature they describe that the conception of Quality of Life remains controversial and there is still no definition that is accepted by all scholars of the theme. Several terms equate quality of life to attributes such as: satisfaction with life, well-being, health, happiness, self-esteem. Consequently, the dimensions of the concepts vary from study to study.²

Quality of Life depends both on the recognition of personal and social needs and on individual and collective action in response to or in anticipation of those needs. Individuals should develop perspectives, values and skills necessary to maintain the quality of their life in an appropriate and desired way in their community and culture that is socially integrated, cohesive, and that gives moral and material support when necessary.³

In Brazil, concern about the health of hospital workers began in the 1970s, when researchers from the University of São Paulo (USP) focused on occupational health in hospital workers. However, only in the 1990s, ethical and psychic aspects of work in the health area were taken into account. Despite this fact, diseases or complaints not related to work remain subject to a more accurate analysis to exclude their causal link related to the work process.⁴

Some authors state that the transformations in the productive processes that have happened in recent decades, the relations between work, stress and its repercussions on the mental health of workers have been researched with different methodological approaches and among workers from various professional categories.⁵

Work is a relevant activity in the health and life of individuals, in which physical and psychic aspects are directly related, through it man constitutes himself as a subject and maintains interpersonal relationships. The conditions and forms of organization of the work process can provide balance and satisfaction, as they can generate tension, dissatisfaction and consequently illness of the worker.³

Work is considered one of the most relevant and significant foundations in an individual's life, being inseparable from his own existence, being also seen as a means of insertion of the individual in society, encompassing a range of related physical and psychic aspects. The work is also responsible for ensuring the subsistence of the worker and his family, being an identity builder, however it

can acquire a harmful and pathogenic character or be a source of mental and physical health problems. Furthermore, the authors reiterate that with the current forms of work organization and productive restructuring, there was a huge increase in productivity and intensification of this, making the work environment generating new risks, resulting in greater demand and overload for professionals.⁶

The changes are characterized by increased work rhythm, long hours, time pressure, repetitiveness and monotony of tasks, interpersonal conflicts, social isolation, absence of decision-making power, as well as greater control of the workforce. Thus, the work requirements, related to the individual conditions of the worker, can have a negative impact on their physical and mental health.

Such changes in the universe of work have also influenced hospital institutions. Thus, there is a growing concern about the effects caused by work on health professionals. The psychic suffering tied to work in the hospital environment can affect all professionals, generating somatization, absenteeism, and the development of mental disorders, such as anxiety and depression.⁶

Emotional exhaustion, the responsibility to care, the fear of making mistakes, tiredness, the difficulty of the relationships established with the multidisciplinary team, culminate in a state of occupational distress, with significant psychological repercussions on the individual, as well as in his/her relationship with patients, generating feelings of dissatisfaction for the professional and external clients (family members and patients).⁷

When analyzing this relationship between man and work, it was observed that there are subjects who get sick due to the injunctions of work organization in psychic functioning. Therefore, the work can configure a source of illness because it contains risk factors for workers' health, since experiences of suffering and pleasure arise from this process of attribution of meanings. Pleasure occurs when conditions of psychological instability can be overcome, resignifying suffering. The pathological picture, in turn, points out flaws in the way of coping with suffering and settles when the desire for production overcomes the desire of the working subjects. In this context, the physiotherapy professional, also exposed to the harmfulness of work and the way it is organized, experiences pleasure and suffering in his routine.⁸

The intensive care unit (ICU) is a sector for the care of critically or at-risk patients who have uninterrupted care, with qualified professionals, specific equipment, specialized human resources, in addition to access to other technologies aimed at diagnosis and therapy, in this environment it is necessary to work multiprofessionally, with a team with doctors, nurses, physiotherapists, nutritionists, among others.⁹

These professionals, as well as other specialties in the health area, are exposed to significant physical and mental load during their work, with extensive working hours and a high psychological cost due to the close number of patients, not being uncommon in the category stress conditions and cases of Burnout Syndrome among others.⁸

Quality of Life depends both on the recognition of personal and social needs and on individual and collective action in response to or in anticipation of those needs. Individuals should develop perspectives, values and skills necessary to maintain the quality of their life in an appropriate and desired way in their

community and culture that is socially integrated, cohesive, and that gives moral and material support when necessary.¹⁰

Thus, the importance of Quality of Life also enters the work environment, because it is in this place that individuals spend most of their lives, therefore it is relevant and relevant the development of aspects that favor the care and development of the human being as a biopsychosocial being, recognizing their most varied and wide needs, in all areas of his life.

In recent years WQL (Quality of Life at Work), has been understood as the dynamic and contingency management of physical, technological and sociopsychological factors that affect culture and renew the organizational climate, reflecting on the worker's well-being and the productivity of the company, sometimes associated with the intrinsic characteristics of technologies introduced in companies and their impact; economic elements, such as salary, incentive, allowances, or factors related to physical, mental and safety health, and, in general, the worker's well-being.¹¹

In general, some authors believe that the quality of life at work includes: pride in the work produced, income capable of meeting personal and social expectations, satisfactory emotional life, self-esteem, company/institution image with public opinion, work-leisure balance, sensible work schedules and conditions, career opportunities and prospects, possibility of using potential, respect for rights, and justice in the reward.¹²

Some scholars have affirmed the dual character of human work as a means and purpose in itself. As a means, work gives resources to man to acquire goods necessary for life, and finally, to socialize man, to place him in front of the other and, therefore, before him.¹³

In addition, quality of life at work is also of utmost importance for workers who have growth goals in their careers. When the quality of life at work is high, the trend is more delivery and passion for the activities performed.¹⁴

Worker satisfaction does not depend exclusively on the company, as everyone has their lives, difficulties and goals outside the corporate environment. But creating a culture focused on worker support, development and well-being is a big step for everyone to benefit. It is very important to emphasize that the human being brings with him feelings, ambitions, creates expectations, engages, seeks growth within what he develops and accomplishes. Much has been said about quality of life at work, but job satisfaction cannot be isolated from the life of the individual as a whole.¹⁵

As for professional satisfaction or satisfaction at work Batista (2020) mentions that it can be conceptualized as a pleasant feeling or positive emotional state of the worker, resulting from the perception/evaluation of his work experience, according to his personal values and also his/her goals, and may be modified or influenced by internal or external forces to work.

In view of the above, the choice of the theme is justified by believing that in the area of physiotherapy studies focused on quality of life at work is scarce, especially tied to the work of the physiotherapist in ICUs.

The physiotherapist, as a component of the health teams of ICUs when performing their daily activities, is in different situations that can compromise their health. In this sense, one can focus the relationships of physical therapists with their work environment, not only in relation to the environment itself, but

also their social relationships, work instruments, the activities performed by them and the work organization itself.

Therefore, the need for the physiotherapist to be in balance and satisfaction with his/her work, because when the worker attributes positive meaning to his work, he remains motivated and acts efficiently.

Thus, it is believed that this theme can contribute to the performance of physical therapists so that they can identify the aspects that compromise care and possible action strategies aimed at eliminating these damages.

In this sense, the aim of this study was to analyze the quality of life and work of the physiotherapist who works in the ICU and the reflexes in care.

Method

Integrative literature review study, whose method provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in practice.¹⁶

For the preparation of this review, the following methodological procedures were followed: formulation of the question and the objectives of the review; establishment of criteria for the selection of articles; categorization of studies; evaluation of the studies included in the integrative review; analysis of the data and presentation of the results.

Integrative review of the literature conducted from June to July 2021. A systematic research of the literature published between January 2016 and May 2021 was conducted through the Virtual Health Library (VHL) and the Medical Literature Analysis and Retrieval System Online (Medline), Scientific Electronic Library Online (Scielo), Latin American and Caribbean Literature in Health Sciences (Lilacs) and Pubmed were used.

The descriptors used were "Quality of Life"; AND "Physiotherapist"; AND "Intensive Care Unit; AND "Patient".

The inclusion criteria were: the studies that described the main characteristics of quality of life in the Intensive Care Unit by the physiotherapist; the characteristics of stress and burnout syndrome that affect the physiotherapist intensivists barriers and the profile of the physiotherapist who works in ICUs and the possible factors that can impact the quality of life of this professional; documents written in Portuguese, English and Spanish; available in full text and free of charge; publication date between January 2015 and May 2021. All studies that did not meet these criteria were excluded from the study.

Results and Discussion

With a total of 100 articles identified in the databases, 30 documents previously for review were analyzed according to the inclusion and exclusion criteria, of which 6 were selected for the study and that met the research objective (Chart 1).

Table 1- Articles selected for the study, according to: author/year, title and objective.

Author/Year	Title	Objective
Camargo, Gonçalves e Mazzo (2019)	Evaluation of the satisfaction of physical therapy in a hospital environment	To evaluate the degree of satisfaction regarding the physiotherapeutic care of patients hospitalized in the wards of the Regional University Hospital of Campos Gerais (HURCG).
Dantas e Lima (2019)	Stress level and quality of life in physiotherapists working in intensive care units	Evaluate the level of stress and quality of life in intensivist physiotherapists and correlate with weekly workload. Methods: Cross-sectional study conducted with 56 physiotherapists working in ICUs
Nascimento et al. (2017)	Burnout syndrome in intensivist physiotherapists	Evaluate the presence of aspects related to Burnout Syndrome in intensivist physiotherapists from Vitória da Conquista-BA and correlate with their quality of life.
Rocha et al. (2019)	Professional exhaustion and job satisfaction in emergency and intensive care workers in a public hospital	Estimate factors associated with the prevalence of Burnout syndrome (BS) and job satisfaction (TS) of emergency room and intensive care center (ICU) teams of large public hospital.
Santos, Neri e Wanderley (2018)	Burnout syndrome in physiotherapists of a public hospital of high complexity in the city of Recife, Pernambuco	To investigate the frequency of BS in physical therapists of a public hospital, verifying associations with demographic and labor variables.
Silva et al. (2018)	Burnout syndrome: reality of intensivist physiotherapists?	To evaluate the profile and prevalence of Burnout syndrome in intensive care physiotherapists in public networks in the city of Recife, comparing them between adult, pediatric and neonatal units.

Quality of life and job satisfaction have stood out as one of the main topics of study nowadays due to the growing interest of institutions in retaining and valuing human capital.¹⁷

Satisfaction is responsible for personal and organizational growth and development, and is achieved when we achieve a desired result, being one of the main indicators of QVT.

The study points out that for there to be quality of life at work outside and within the company, several measures are necessary: adequate and fair compensation, without a living wage, there is no personal satisfaction; safety and health conditions at work: workload and an appropriate at-work environment; immediate opportunity for the use and development of human capacity; opportunity for continued growth and security; social integration in the organization; constitutionalism in the organization of work; work and total space of life; the social relevance of life at work.¹⁷

Health professionals, especially physical therapists, are part of a group of professionals exposed to excessive tension states: frequent emergency situations, numerous risk conditions and circumstances that provide the constant need for the right, and these are some of the factors that justify the high probability of occupational stress in the class.¹⁸

The research shows that there are preventive measures that can be applied in the scope of professional practice and the psychologist can collaborate emphasizing the need for investment in a work focused on stimulating the growth and improvement of professionals, through team activities, such as training and case discussion groups with the participation of the various areas of knowledge involved in care, providing the circulation of information, interdisciplinarity and better conduct.¹⁸

The differences in training of professionals in each area can be adapted and integrated in the form of development of protocols or therapeutic programs, elaborated by the technical team itself, and offered to the clientele in an organized and productive way, within the real and possible, ensuring a good flow in the use of resources, where the fields of knowledge do not overlap and the conducts and procedures integrate in a harmonious and efficient way for patients and staff.¹⁸

Caring for ICU patients can bring numerous psychological gratuities when improving the patient's condition (success), but it also brings the need to face the numerous frustrations (successes) with important repercussions on the mental health of physical therapists.¹⁹

Some authors assure that in icuss, physical therapists are exposed to occupational risks and loads that can impair their quality of life and even result in the emergence of work-related diseases. These diseases can bring dissatisfaction and unhappiness to the professional in their daily activity. The physical therapist's performance is a specialty in which stress factors triggered by the dynamism in the care of patients in severe condition are present. Living with suffering and death is capable of generating feelings of helplessness in these professionals.²⁰

Thus, the importance of quality of life in the work environment, having as definition the set of factors present in a given institution, enabling the worker of this scenario the complete development of their physical, intellectual potentialities associated with physical, mental, material and social well-being, respecting the principles of safety, hygiene and ergonomics, allowing each individual to achieve their citizenship rights.²¹

In the organizational scope, quality of life is an extremely important theme, because it directly interferes in the issue of competitiveness, space in the market, productivity of the company. In this context, the quality of life at work can be understood as the involvement of people, work and organizations, where the concern for the well-being of the worker and the efficiency of the organization are the most relevant aspects.¹⁷

Health organizations need to offer more incentives for physical therapists: career plan, better salaries, dignity to be able to support their families. And above all respect for this profession that has as main goal to take care of others with technique, respect, competence and affection.²²

Efforts to improve QOL contribute to making positions more productive and satisfactory, since QOIT is affected by several factors such as sensible

working hours and working conditions, career perspective, satisfactory salaries and benefits, satisfactory emotional life, self-esteem, work-leisure balance, among other factors, however, job satisfaction is not isolated from the life of the individual as a whole. Quality of life at work is the major determinant of quality of life and life without work has no meaning. Work must therefore be seen as an inseparable part of life and a determinant of personal identity.²²

However, currently the market has required professionals with a profile adaptable to various performances. However, such demands can generate impacts on workers' health, such as physical and psychological imbalances. These, in turn, promote the increase of the stress level and the decrease in the performance of tasks, and may have repercussions on the quality of work. Health professionals in general are examples of individuals often exposed to high physical and mental load during work.¹⁹

In recent decades, intensive care units (ICUs) have become a concentration not only of critical and advanced technology patients, but also of an experienced multidisciplinary team with specific skills. The physical therapist, as a member of this team, increasingly needs improvement and specialized education to face the advance of intensive care.¹⁹

Psychological stress is developed when external demands of individuals exceed their abilities. If excessively present, it has deleterious effects, leading to the feeling of overload and may result in insomnia, fatigue, irritability, anxiety and depression. Working in intensive care units (ICU) is especially stressful due to the high morbidity of patients. In addition, there are also limited time and resources to serve them in some cases.¹⁹

Other factors such as tiredness, a constant state of alertness, dealing with family members with proper skills, excessive workload, unpredictability, in addition to ethical dilemmas, are also some subjective sources of stress in ICU.¹⁹

Regarding the mental fatigue generated in the ICU, two major problems are noted: Burnout Syndrome and Secondary Traumatic Stress, both associated with situations of traumatic stress or progressive and/or continuous stress. Burnout syndrome is a psychic disorder that is linked to a person's work and/or function, and can become a chronic source of emotional stress.²¹

The chronic stress present in the routine of health workers, different from the common stress, causes emotional and/or physical problems in the workplace. The physical and mental tension caused in this environment is what leads them to Burnout syndrome. This syndrome is a disorder characterized by emotional exhaustion, depersonalization and reduced professional achievement, which can occur with professionals working mainly in care functions, which require great investment in interpersonal relationships and are marked by care and dedication.²¹

The professional who suffers from this syndrome feels exhausted, is often ill, suffers from insomnia, has ulcers, headaches, muscle tension, and chronic fatigue. It may present association of other pathologies, such as psychiatric diseases, depressive disorder and cardiovascular problems. There has also been an association with increased consumption of tranquilizers, antidepressants, drugs and alcohol. For all these findings, burnout syndrome is currently pointed out as an essential issue in public health.²⁰

The second burnout is a psychological syndrome, of professional snare, caused by chronic work-related stress in workers who present direct and

prolonged contact with other human beings and propitiate the appearance of the multidimensional factors of the syndrome: emotional exhaustion, affective distancing (depersonalization), low professional achievement (inefficacy), and exhaustion is the precursor dimension of the syndrome, followed by depersonalization and, finally, by the feeling of diminishing personal fulfillment at work.¹⁹

This syndrome affects health professionals and results in increased absenteeism due to psychological diseases, comorbidities and even the abandonment of the profession. All this causes an overload in the daily lives of co-workers, increased costs for institutions and, consequently, for public health.²¹

Final Considerations

Considering that the intensive work of physical therapists reduces the risk of complications and hospital infections, reduces the suffering of patients and, consequently, allows the faster and safer release of hospital bed vacancies, it also implies the cost of health in general.

The analysis performed in the articles selected for this study showed the importance of the physiotherapist and multidisciplinary team in maintaining their quality of life, as this directly affects their professional practice and consequently will reflect on the patient in a negative or positive way.

Therefore, the studies demonstrate the importance of quality of life and the impact on the care of the physiotherapist in the occupational environment, and how much the themes deserve attention, because psychological damage generated by excessive or overly stressful work can directly interfere in the work performance, compromising quality and safety in general.

A work environment that favors the balance between personal and professional life, which seeks the valorization of the professional, creates a safe and conducive environment for the exchange of experiences, respect among professionals and sharing of tasks and functions, will certainly reflect on the good performance in the care provided by physiotherapists to patients, family members and multidisciplinary team.

Therefore, it is necessary to analyze these issues by the institutional and personal/professional spectrum, linked to the actions of analysis and discussions on the dimensioning of weekly workloads and the number of people trained to repute this professional in their rest, training and better work resources so that this professional can work safely, with quality and psychological support.

Aknowledgement

This research did not receive funding for its realization.

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Correspondent Author

Maycon Verdan Sodré
4 Denise Vidal St. ZIP:28893-794. Village Sol e
Mar. Rio das Ostras, Rio de Janeiro, Brazil.
mayconverdan@hotmail.com