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Signs and Symptoms of Burnout Syndrome in Health Providers working at the Infulene Psychiatric Hospital, in the first semester of 2025: Descriptive Cross-Sectional Study

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Abstract

Burnout syndrome is an important occupational health problem among professionals who work in contexts of high emotional demand, such as specialized mental health services. This study aimed to evaluate the signs and symptoms of burnout syndrome among health providers working at the Infulene Psychiatric Hospital, in Maputo, in the first half of 2025.

Methods: A descriptive cross-sectional study with a quantitative approach was carried out,between the months of May and June 2025, 106 health professionals from different categories were included, selected by census sampling. A sociodemographic questionnaire and the Burnout Questionnaire in Health Professionals were used, including dimensions of emotional exhaustion, depersonalization, and personal fulfillment. Data were analyzed using descriptive statistics, Pearson correlation and ANOVA, with a significance level of $p<0.05$.

Results: The sample was predominantly female (68.9%), aged between 30 and 49 years (74.6%) and with more than five years of service (70.8%). The most prevalent signs were: tiredness before starting work (42.9%), tiredness after work (36.4%) and emotional exhaustion during work (25.2%). There was a significant positive correlation between occupational stress and pre-work fatigue ($r=0.298$; $p=0.002$), mechanical task performance ($r=0.295$; $p=0.002$) and negative discourse about work ($r=0.320$; $p=0.001$). The ability to manage the workload showed significant differences between groups ($p=0.003$).

Conclusions: The results show the presence of moderate signs of burnout among the professionals of the Infulene Psychiatric Hospital, particularly associated with occupational stress and the perception of work overload. The need for institutional strategies aimed at promoting mental health and emotional support for workers is reinforced.

Contextualization

Psychological stress can be defined as a physical or behavioral response to an adverse circumstance, which disturbs the individual's homeostasis [10], so stress is associated in various ways with all types of work, harming not only the health, but also the performance of workers. [5] Not to mention the fact that occupational stress can compromise the quality of performance, increase absenteeism and generate physical and emotional symptoms [8].

The concept of burnout was described in 1974 by Herber Freudenberger as a state of fatigue or frustration motivated by the dedication to a cause, a way of life or a relationship that did not meet expectations [3]. It is defined as a set of physical and/or emotional symptoms that are directly related to the way each individual deals with stressful events in the work environment [1]. This condition is especially prevalent in professionals who have direct contact with other people, as occurs in the health area.

Subsequently, [7] they systematized the concept, defining it as a syndrome characterized by three fundamental dimensions: emotional exhaustion, depersonalization and reduction of personal and professional fulfillment, constituting a clinical picture that compromises both the well-being of the professional and the quality of the care offered, among the factors that favor the development of Burnout, the burden of work, the lack of autonomy, the lack of appreciation of the psychologist and the absence of emotional support or regular supervision. These conditions significantly increase the emotional exhaustion of professionals [1].

In the Mozambican context, the Infulene Psychiatric Hospital is the main national reference in mental health, meeting a high demand of patients from different regions, thus, the systematic analysis of the signs and symptoms of burnout among the health providers of the Infulene Psychiatric Hospital is necessary, not only to understand the internal repercussions of this phenomenon, but also to support institutional strategies to promote well-being, prevent occupational illness and qualify mental health care.

The lack of studies focused on the reality of the Infulene Psychiatric Hospital limits the understanding of the working conditions and mental health of its professionals. This study seeks to fill this gap by offering contextually relevant data.

Methods

Drawing and study configuration

This is a descriptive cross-sectional study, with a quantitative approach, carried out at the Infulene Psychiatric Hospital, a national reference institution in mental health, located in the north of Maputo city in Zimpeto, Mozambique. The study was conducted during the first half of 2025, covering health professionals who work directly in the provision of clinical and psychosocial care.

Participants and sampling

The target population consisted of 106 health professionals, including nurses, doctors, psychologists, psychiatry technicians and clinical assistants, all of whom were working during the data collection period.

The selection of participants occurred by census sampling, including all eligible professionals present in the service during the collection period, the inclusion criteria were: being linked to the institution during the period studied, performing direct care functions, voluntarily consenting to participate in the study and as exclusion criteria: professionals absent due to sick leave or vacation, professionals in a non-regularized administrative situation and professionals who did not consent to their participation in the study.

Procedures and instruments

The data collection began after the ethical approval of the Bioethics Committee of the Faculty of Medicine of the Eduardo Mondlane University and the authorization of the Infulene Psychiatric Hospital. Data collection was carried out with the support of three trained research assistants. The professionals were approached individually in their workplaces, and the objective of the study was explained. Those who agreed to participate signed the Informed Consent Form. The questionnaires were applied in private consultation offices, ensuring the confidentiality of the answers. The estimated time to fill out the questionnaire will be 10 to 15 minutes, over a period of one month.

The data collection instrument was developed based on an adaptation carried out by the authors at the Psychology Laboratory of the Polytechnic University (Polytechnic), using scales previously validated in the international literature. The final version was organized into two sections:

1. *Sociodemographic Questionnaire and professional data*: containing variables such as age, gender, length of service, professional category and working hours.
2. *Burnout Scale in Health Professionals*: a standardized and validated instrument for care contexts, composed of indicators that assess the dimensions of emotional exhaustion, depersonalization, and personal fulfillment. The answers were auto-completed, with guidance from the research assistants for clarification when necessary.

Data analysis

The data were analyzed using descriptive statistics (frequencies, means and standard deviations), as well as Pearson's correlation to verify relationships between psychosocial variables and burnout symptoms, to verify differences between professional groups and workload variables, one-way ANOVA was applied. The level of significance adopted was $p < 0.05$, the analysis was performed using the IBM SPSS software, version 25.

Ethical considerations

The study was approved by the Bioethics Committee of the Faculty of Medicine of the Eduardo Mondlane University. It was conducted in accordance with the principles of the Declaration of Helsinque. Confidentiality, privacy and anonymity were guaranteed throughout the research process, all participants signed the Informed Consent Form, guaranteeing voluntariness, anonymity and the possibility of withdrawal without professional harm.

Results

Sociodemographic characteristics

The sample consisted of 106 health providers, of which the majority were female (68.9%), predominantly in the age group of 30 to 49 years (74.6%), with the group of 30–39 years being the most representative (42.5%). In terms of training, a heterogeneous distribution was observed, with professionals with Medium Technical Level (37.7%) **and** Bachelor's Degree (24.5%) standing out. Regarding length of service, most participants had five or more years of professional activity (70.8%), indicating an experienced workforce already exposed, for long periods, to the demands of the care and institutional routine (Table 1).

Table 1
Sociodemographic data (N = 106).

Sex	**Fa**	**%**
Female	73	68.9%
Male	33	31.1%
Total	**106**	**100%**
Age	**Fa**	**%**
25–29 Years	14	13.2%
30–39 Years	45	42.5%
40–49 Years	34	32.1%
50	13	12.3%
Total	**106**	**100%**
Marital status	**Fa**	**%**
Single	41	38.7%
Lives Maritally	23	21.7%
Married	35	33.0%
Divorced/Separated	1	0.9%
Widower	6	5.7%
Total	**106**	**100%**
Training Level	**Fa**	**%**
Coach Medium	40	37.7%
Graduate	26	24.5%
Doctorate	1	0.9%
Nurse	1	0.9%
Training	1	0.9%
High School	2	1.9%
Other	24	22.6%
Empty	10	9.4%
Total	**106**	**100%**

In the professional sphere, the majority of respondents (70.8%) have a length of service equal to or greater than 5 years, indicating an experienced workforce. The "Work Area" presents a great diversity, with the category "Other" being the most frequent (37.7%), followed by Nurses (18.9%). This heterogeneity reflects the multifunctional nature of a hospital institution (Table 2).

Table 2
Professional Data (n = 106).

Service Time	**Fa**	**%**
0–4 Years	28	26.4%
5–9 Years	21	19.8%
10–14 Years	26	24.5%
15–19 Years	12	11.3%
⩾20 Years	12	11.3%
Missing	7	6.6%
Total	106	100%
Work area	**Fa**	**%**
Psychologist	7	6.6%
Psychiatrist	4	3.8%
Psychiatry Technology	2	1.9%
Nurse	20	18.9%
Other	40	37.7%
Empty	6	5.7%
Maid	1	0.9%
Administrative	6	5.7%
Service Agent	5	4.7%
APSS	1	0.9%
Heritage	1	0.9%
Pharmcy	1	0.9%
Activist	1	0.9%
Social Work	1	0.9%
Accounting	1	0.9%
UGEA	1	0.9%
Human Resources	3	2.1%
Hospital Maintenance	2	1.9%
Missing	3	2.8%

Service Time	Fa	%
Total	106	100%

How Stress Affects Work

The results indicate that an overwhelming majority of professionals (78.3%) claim to have knowledge related to burnout syndrome. However, when asked about the impact of stress on their work, half of respondents (50.5%) report that stress affects their work "Always" or "Almost always", and 33% report that it occurs "Often". Only a minority (6.5%) say that stress "Never" or "Rarely" interferes.

Symptomatologia of Burnout (burnout indicators)

The analysis of the symptoms reveals worrying indicators of *burnout*. The most prevalent sign is tiredness even before arriving at work, reported by 42.9% of professionals. This is followed by tiredness after work (36.4%). A quarter of respondents (25.2%) feel "emotionally drained" during work. Other significant signs are performing tasks in a "mechanical" way (12.1%) and speaking "negatively about work" (11.2%). It should be noted that almost half (45.8%) still feel energetic for other activities after work, indicating that the phenomenon is not homogeneous.

Risk Factors and Statistical Associations

Analyses of variance (ANOVA) confirmed significant differences between groups in critical variables:

- The "ability to manage the amount of work" ($p = 0.003$) and the "ability to withstand pressure" ($p = 0.009$) vary significantly among professionals, indicating that the perception of workload is a differentiating factor in well-being.
- The "frequency of emotional exhaustion" also presents significant differences between groups ($p = 0.019$).

Correlation analyses demonstrate statistically significant and positive relationships between occupational stress and various burnout symptoms:

- There is a moderate positive correlation between stress and tiredness before work ($r = 0.298$; $p = 0.002$).
- Stress is also correlated with speaking negatively about work ($r = 0.320$; $p = 0.001$) and performing tasks mechanically ($r = 0.295$; $p = 0.002$).
- A strong and highly significant correlation was found between "pre-work fatigue" and "emotional exhaustion" ($r = 0.456$; $p < 0.001$), suggesting that physical exhaustion is a potent precursor of psychological exhaustion.

Discussion

The data allowed the identification of the sociodemographic and professional profile of the participants, where a variety was observed in terms of gender, function and sex, highlighting the predominant profile being female and diversity in age mostly between 30 and 49 years old, as well as in relation to the length of service, in which most respondents have a length of service equal to or greater than 5 years, indicating an experienced workforce.

The results of this study align with previous research conducted in the Mozambican context. For example [4], they conducted a study with health professionals in Nampula, also identified a greater presence of women in the provision of mental health care and significant levels of work overload. Similarly [6], when analyzing the vulnerability to burnout in professionals from a public hospital in northern Mozambique, they found a similar sociodemographic profile, with predominant ages between 25 and 50 years and time of professional practice of more than five years.

The significant correlation between tiredness before starting work and perceived impact of stress on performance ($r = 0.298$; $p = 0.002$) confirms that workers recognize the negative effects of burnout element. However, there was also a negative correlation between tiredness and seeking psychological support ($r = -0.291$; $p = 0.002$), revealing a gap between awareness of the problem and the adoption of coping measures. This discrepancy is discussed by [9], who identified the same pattern in health professionals during the pandemic: even recognizing burnout, many do not implement self-care strategies or seek specialized support.

The study showed that the most prevalent signs among HPI professionals are fatigue before the workday, emotional exhaustion and the negative impact of stress on performance. These results are in line with the study by [2], which identifies how principais Manifestations of the syndrome are physical exhaustion, mental fatigue and the feeling of loss of vital energy.

Correlation analysis showed significant associations between reported symptoms and occupational factors. The positive relationship between fatigue and stress impact confirms that wear and tear is directly related to the perception of overload. This evidence is supported by the study by [9], which identified task overload and adverse working conditions as the main predictors of burnout in health professionals.

Limitations

The cross-sectional nature of the study prevents the establishment of direct causality between organizational factors and burnout symptoms. The data were self-reported, which may introduce individual perception biases. However, the results have internal consistency and practical relevance to the analyzed context

Conclusões

The results of this study showed the presence of moderate signs of burnout syndrome among the health providers of the Infulene Psychiatric Hospital, manifested mainly by physical and emotional fatigue,

exhaustion during the exercise of functions and attitudes of distancing in relation to work. These findings confirm that the work context in mental health services presents high emotional demands and can contribute to the progressive exhaustion of professionals.

The correlations observed between occupational stress, anticipatory fatigue and exhaustion show that organizational factors, such as workload and institutional dynamics, play a significant role in the development of burnout. These results reinforce the need for systematic actions to prevent and promote occupational well-being in the environment studied.

It is concluded, therefore, that psychosocial support strategies, balanced management of workloads and strengthening of institutional policies for the care of workers are fundamental for mitigating the effects of burnout syndrome, contributing to the improvement of the mental health of professionals and the quality of care provided in the field of mental health in Mozambique.

Conclusions

The results of this study showed the presence of moderate signs of burnout syndrome among the health providers of the Infulene Psychiatric Hospital, manifested mainly by physical and emotional fatigue, exhaustion during the exercise of functions and attitudes of distancing in relation to work. These findings confirm that the work context in mental health services presents high emotional demands and can contribute to the progressive exhaustion of professionals.

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Abbreviations

OMS - World Health
SPSS - IBM SPSS statistical analysis software

Declarations

Ethical approval and consent to participate

The study was approved by the Bioethics Committee of the Faculty of Medicine of the Eduardo Mondlane University, Maputo, Mozambique. Written informed consent was obtained from all health care

providers and assent from all participants. All methods were carried out in accordance with the relevant guidelines and regulations (Declaration of Helsinki).

Consent to publicationNot applicable.

Availability of data and materials

The datasets used and/or analyzed during the present study are available upon reasonable request to the corresponding author.

Conflict of interest

The authors declare no conflict of interest.

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Authors' contributions

[Author 1]: Conceptualization, data collection, analysis, and writing of the original draft.

[Author 2]: Supervision, data analysis, validation, review and editing of the original draft. All authors have read and approved the final version of the manuscript.

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