

Professional burnout among nurses working in palliative care: an integrative review

Esgotamento profissional de enfermeiros que atuam em cuidados paliativos: revisão integrativa

Agotamiento profesional de enfermeros que trabajan en cuidados paliativos: revisión integrativa

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Abstract:

Objective: to investigate scientific evidence regarding professional burnout among nurses providing palliative care.

Methods: an integrative review was conducted, searching the Latin American and Caribbean Health Sciences Literature (LILACS) and Nursing Database (BDENF) via the Virtual Health Library portal, as well as the National Library of Medicine, Scopus, Web of Science, and Embase databases. The search covered the period from 2020 to 2025 and included studies in Portuguese, English, and Spanish. Selection was performed by two independent reviewers, and the studies were critically analyzed and organized into thematic categories. **Results:** a total of 907 studies were identified, 18 of which comprised the final sample. There was a predominance of international, quantitative, descriptive, and cross-sectional studies, classified as Level VI evidence. Findings revealed moderate to high levels of professional burnout among palliative care nurses, with emotional exhaustion identified as the most prevalent dimension. Key associated factors included workload, administrative demands, human resource shortages, and continuous exposure to suffering and death. Conversely, factors such as resilience, social support, peer support, and the meaning attributed to caregiving were identified as protective elements. **Conclusion:** professional burnout is a recurring condition among nurses working in palliative care, influenced by organizational and emotional factors. The need for institutional strategies aimed at promoting mental health is highlighted.

Keywords: Burnout, professional; Burnout, psychological; Nursing; Palliative care; Occupational health.

Resumo:

Objetivo: investigar as evidências científicas sobre o esgotamento profissional de enfermeiros que atuam na assistência a pacientes em cuidados paliativos. **Método:** revisão integrativa, com busca nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde e Base de Dados de Enfermagem via portal Biblioteca Virtual em Saúde, *National Library of Medicine*, Scopus, *Web of Science* e Embase, entre 2020 e 2025, nos idiomas português, inglês e espanhol. A seleção ocorreu por dois revisores independentes, e os estudos foram analisados criticamente e organizados por categorias temáticas. **Resultados:** foram identificados 907 estudos, dos quais 18 compuseram a amostra final. Observou-se predominância de estudos internacionais, quantitativos, descritivos e transversais, classificados como nível de evidência VI. Os achados evidenciaram níveis moderados a elevados de esgotamento profissional entre enfermeiros em cuidados paliativos, com destaque para a exaustão emocional como dimensão mais prevalente. Os principais fatores associados incluíram sobrecarga de trabalho, demandas administrativas, escassez de recursos humanos e contato contínuo com o sofrimento e a morte. Por outro lado, fatores como resiliência, suporte social, apoio entre colegas e sentido atribuído ao cuidado foram identificados como elementos protetores. **Conclusão:** o esgotamento profissional é uma condição recorrente entre enfermeiros que atuam em cuidados paliativos, influenciado por fatores organizacionais e emocionais. Destaca-se a necessidade de estratégias institucionais voltadas à promoção da saúde mental.

Palavras-chave: Esgotamento profissional; Esgotamento psicológico; Enfermagem; Cuidados paliativos; Saúde ocupacional.

Resumen:

Objetivo: investigar evidencias científicas sobre el agotamiento profesional de enfermeros que trabajan en la atención de pacientes en cuidados paliativos. **Método:** revisión integrativa, con búsqueda en las bases de datos Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Base de Datos de Enfermería a través del portal Biblioteca Virtual en Salud, *National Library of Medicine*, Scopus, *Web of Science* y Embase, durante el período de 2020 a 2025, en los idiomas portugués, inglés y español. La selección fue realizada por dos revisores independientes, y los estudios fueron analizados críticamente y organizados en categorías temáticas. **Resultados:** se identificaron 907 estudios, de los cuales 18 conformaron la muestra final. Se observó un predominio de estudios internacionales, cuantitativos, descriptivos y transversales, clasificados como nivel de evidencia VI. Los hallazgos evidenciaron niveles moderados a elevados de agotamiento profesional entre enfermeros en cuidados paliativos, con énfasis en el agotamiento emocional como la dimensión más prevalente. Los principales factores asociados incluyeron sobrecarga de trabajo, demandas administrativas, escasez de recursos humanos y contacto continuo con el sufrimiento y la muerte. Por otro lado, factores como la resiliencia, el apoyo social, el apoyo entre compañeros y el sentido atribuido al cuidado fueron identificados como elementos protectores. **Conclusión:** el agotamiento profesional es una condición recurrente entre los enfermeros que trabajan en cuidados paliativos, influenciada por factores organizacionales y emocionales. Se destaca la necesidad de estrategias institucionales orientadas a la promoción de la salud mental.

Palabras clave: Agotamiento profesional; Agotamiento psicológico; Enfermería; Cuidados paliativos; Salud laboral.

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INTRODUCTION

Palliative Care (PC) is defined by the World Health Organization (WHO) as a healthcare approach aimed at improving the quality of life of patients facing life-threatening illnesses through the prevention and relief of suffering¹. Although frequently associated with cancer treatment, PC also encompasses patients with chronic, progressive diseases such as heart failure, chronic obstructive pulmonary disease, degenerative neurological disorders, chronic kidney failure, advanced HIV/AIDS, and liver disease².

In this context, nurses play a central role in the care process, as they are the professionals who remain closest to the patient and their family throughout the course of the illness. In PC, this role extends beyond technical aspects to encompass human and ethical dimensions focused on acknowledging suffering, promoting comfort, and preserving dignity until the end of life. To this end, the professional employs both technical skills and relational competencies, such as the precise observation of signs and symptoms and effective communication with the patient and their family³.

However, constant proximity to situations involving pain, loss, and the end of life, combined with the emotional demands of caregiving, can negatively impact these professionals' mental health. Studies indicate that frequent exposure to patient suffering and death, coupled with factors related to the organizational work environment, can contribute to psychological distress and increase vulnerability to burnout among professionals directly involved in patient care^{4,5}.

Professional burnout, also known as Burnout Syndrome, is a complex work-related condition characterized by three dimensions: emotional exhaustion (a sense of drained mental energy), depersonalization (progressive detachment from tasks), and low personal accomplishment (feelings of incompetence or reduced efficacy). It is an occupational phenomenon recognized by the WHO as the result of chronic workplace stress that has not been adequately managed⁶.

Various factors contribute to the etiopathogenesis of Burnout Syndrome, which can be classified as either internal or external to the professional. Internal factors include perfectionism, idealized expectations, the suppression of personal needs, and a desire to please. External aspects include leadership issues, pressure for productivity, excessive workload, and low autonomy. In caregiving professions, such as healthcare, these factors can be intensified by the emotional demands inherent in caring for patients who are suffering⁷.

In the context of PC, caring for patients and families with complex needs can expose healthcare professionals to emotionally intense experiences. These include managing hard-to-

control symptoms, delivering difficult news, dealing with death and dying, facing uncertain prognosis, and absorbing the conflicting emotions experienced by patients and their families. Furthermore, these patients' needs may arise in various care settings, increasing the complexity of the care provided⁴.

Thus, considering care demands, the needs of patients and families, and organizational conditions, professionals involved in the PC journey may be exposed to high levels of occupational stress. A study of 110 nursing professionals working at a high-complexity oncology center identified a 21.8% prevalence of professional burnout. Furthermore, moderate levels of emotional exhaustion, high levels of depersonalization, and reduced personal accomplishment were observed; these conditions were associated with factors such as poor working conditions, job dissatisfaction, and unhealthy lifestyle habits⁸.

Given this scenario, understanding professional burnout among nurses working in PC is crucial for informing strategies to prevent burnout, promote mental health, and improve working conditions, as well as for enhancing the quality of care provided to patients and their families. Although studies addressing burnout among healthcare and nursing professionals exist, specific evidence regarding nurses working in PC remains scattered and lacks consolidation; this hinders a comprehensive understanding of the problem's magnitude, associated factors, and its repercussions for clinical practice and service organization.

Thus, synthesizing available findings can inform actions aimed at promoting nurses' occupational health and strengthening the quality of PC⁹. Therefore, this study aimed to investigate the scientific evidence regarding professional burnout among nurses providing care to patients in PC settings.

METHODS

This is an integrative review that seeks to gather, analyze, and synthesize existing scientific knowledge on a specific topic of interest. The review was conducted following six stages: identification of the topic and formulation of the guiding question; sample selection; definition of study characteristics; critical analysis of included studies; interpretation of results; and presentation of the review (synthesis of articles)⁹.

The Population, Interest, and Context (PICO) strategy was adopted, considering: Population (P) – nurses; Variable of Interest (I) – professional burnout; and Context (Co) – care for patients in PC. The guiding question was: *“What research has been produced regarding professional burnout among nurses providing care to patients in palliative care?”*

The literature search was conducted in July 2025 using the following databases: Latin

American and Caribbean Health Sciences Literature (LILACS) and the Nursing Database (BDENF) via the Virtual Health Library (VHL) portal, as well as the National Library of Medicine (PubMed), Scopus (Elsevier), Web of Science (WoS), and Excerpta Medica Database (Embase). Health Sciences Descriptors (*Descritores em Ciência da Saúde* - DeCS), along with their synonyms, hierarchical codes, and Medical Subject Headings (MeSH) equivalents, were used in combination with the Boolean operators AND and OR: “Nurses,” “Palliative Care,” “Professional Burnout,” and “Occupational Stress.”

Inclusion criteria were: original articles available in full text; published between January 2020 and July 2025; in Portuguese, Spanish, or English; and addressing burnout among nurses caring for patients in PC. Studies that did not address professional burnout, as well as editorials, dissertations, theses, and other review studies, were excluded.

EndNote and Rayyan software were used to remove duplicates and manage references; titles and abstracts were screened by two independent reviewers, with disagreements resolved by the supervisor. Subsequently, the studies were read in full to select the final sample.

The publications were analyzed and organized into a data collection form containing: article title, journal, author, year, country of publication, objectives, study type, level of evidence, population and sample, intervention (if applicable), assessment instruments used, main results, and conclusions.

Levels of evidence were classified as follows: I – systematic review, meta-analysis, or clinical guidelines derived from a systematic review of randomized controlled trials (RCTs); II – evidence from at least one RCT; III – well-designed clinical trials without randomization (quasi-experiments); IV – well-designed cohort and case-control studies; V – systematic review of descriptive or qualitative studies; VI – evidence from a single descriptive or qualitative study; VII – expert opinion and/or expert committee reports¹⁰.

Following critical analysis and interpretation of the results, a synthesis of the articles was conducted, organized by thematic categories.

RESULTS

During the database search process, 907 scientific articles related to the topic were identified; following selection based on eligibility criteria, 18 studies were included, as shown in Figure 1.

Analysis of the selected articles revealed a predominance of international studies (94.4%), distributed as follows: two studies each (11.1%) from Portugal, Italy, the United States, and China, and one study each (5.5%) from the remaining countries (Türkiye, Poland,

the Netherlands, Croatia, Spain, Romania, Kazakhstan, France, and Singapore). One study conducted in Brazil (5.5%) was also identified. Most articles (94.4%) were written in English (Chart 1).

In terms of methodological design, quantitative, descriptive, and cross-sectional studies (72.2%) and qualitative studies (27.8%) prevailed; all were classified as Level of Evidence VI according to the hierarchy used (Chart 1).

A variety of instruments were employed in the analyzed studies; however, the Maslach Burnout Inventory (MBI) was the most common, used in seven studies (38.9%), alongside adapted versions such as the MBI-Human Services Survey (MBI-HSS), used in three articles (16.7%). These are widely used to assess the dimensions of emotional exhaustion, depersonalization, and professional accomplishment. Other studies utilized the Copenhagen Burnout Inventory (CBI) (11.1%) and the Professional Quality of Life Scale – Version 5 (ProQOL-V) (11.1%), which measure aspects related to compassion fatigue, compassion satisfaction, and secondary traumatic stress (Chart 1).

Complementary instruments were also identified, such as the Resilience Scale (RS-14) (11.1%), used to assess psychological resilience; the General Health Questionnaire (GHQ-12) (11.1%), intended for screening emotional distress and mental health; and the Brief Nursing Stress Scale (BNSS) (5.5%), created specifically to measure occupational stress among PC nurses (Chart 1). The variety of instruments demonstrates researchers' interest in understanding the phenomenon of professional burnout across different psychological, occupational, and emotional dimensions.

Figure 1. Flowchart of study identification, selection, and inclusion, developed based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations. Uberaba, MG, Brazil, 2025.

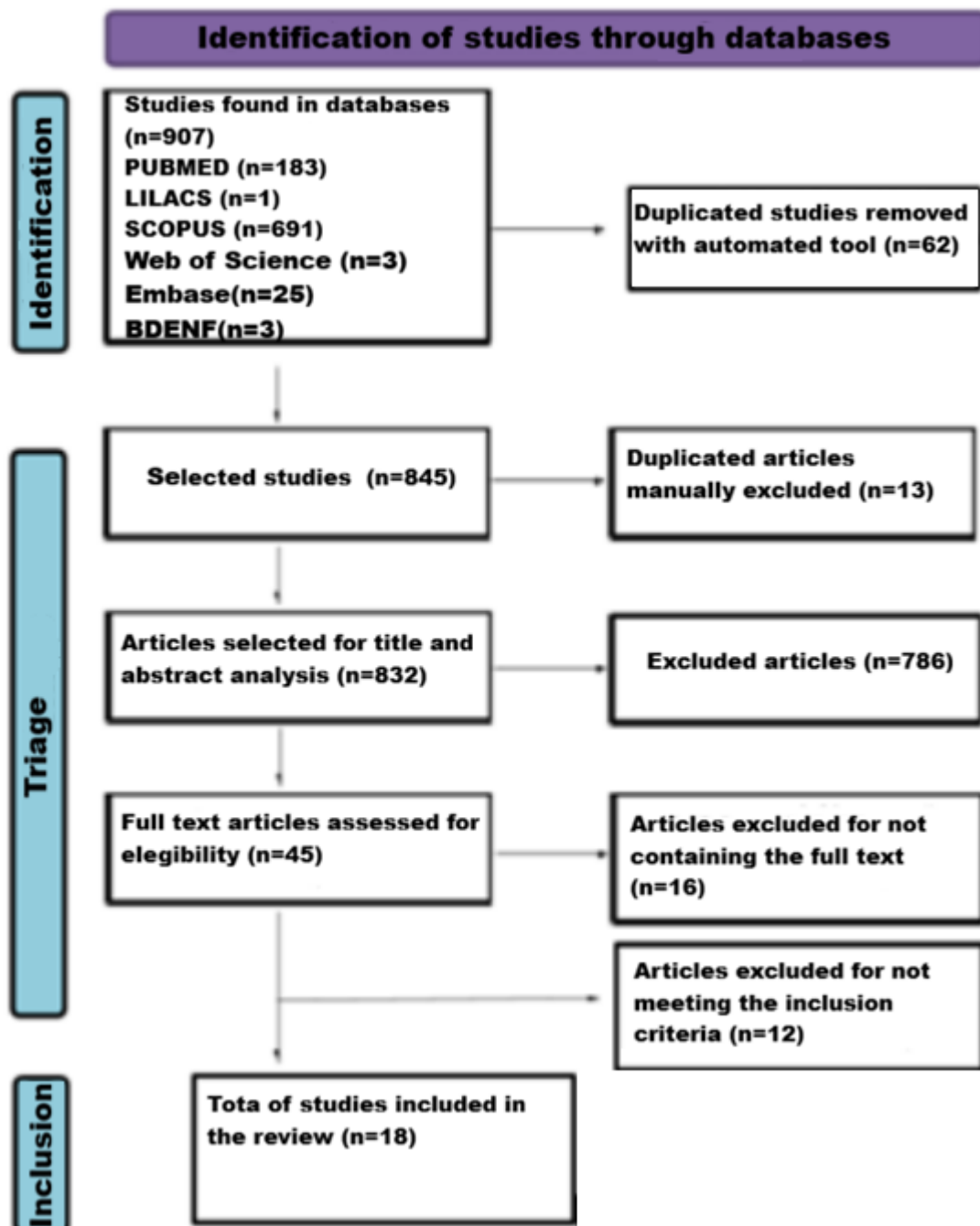


Chart 1. Classification of studies by author, year, country, study design, sample, objectives, and results. Uberaba/MG, Brazil, 2025.

Author/Year/ Country	Design/Sample	Objective	Results
Yildirim, Kocatepe; 2020, Türkiye ¹¹	Quantitative, cross-sectional study. Sample: 153 nurses.	Determine and compare the levels of burnout and job satisfaction among nurses working in oncology, hematology, and PC clinics.	PC nurses exhibited higher levels of emotional exhaustion and lower job satisfaction compared to oncology and hematology nurses. Burnout was associated with job satisfaction and the quality of interpersonal relationships ($p < 0.001$), highlighting the need for institutional strategies to provide support and promote mental health.
Ogińska-Bulik, Michalska; 2020, Poland ¹²	Quantitative, cross-sectional study. Sample: 72 nurses.	Determine the mediating role of burnout in the relationship between psychological resilience and secondary traumatic stress among professionals working with terminally ill patients.	Burnout was positively associated with secondary traumatic stress, whereas resilience showed a negative correlation with both. Exhaustion acted as a mediator between resilience and secondary traumatic stress, indicating that resilience can serve as a protective factor against the consequences of occupational stress.
Lehto <i>et al.</i> , 2020, United States ¹³	Qualitative study. Sample: 19 participants (5 nurses).	Assess perceptions of the work environment among members of an interdisciplinary hospice team providing end-of-life care.	Professionals reported various stressors in PC work, including excessive workloads, administrative demands, communication difficulties, and coping with grief. Positive factors highlighted included job satisfaction, recognition from patients and families, and teamwork. Strategies such as self-care, time off, meditation, and peer support were employed to reduce burnout.
Dijxhoorn <i>et al.</i> , 2021, Netherlands ¹⁴	Quantitative, cross-sectional study. Sample: 179 PC professionals (85 nurses).	Investigate occupational stress among PC professionals and their strategies for maintaining work-life balance.	Most professionals presented moderate levels of burnout, with a high frequency of exhaustion, mental detachment, and emotional and cognitive impairment. Younger and less experienced professionals presented higher levels of burnout. Coping strategies such as peer support and leisure activities were frequently used.
Kirby <i>et al.</i> , 2021, Brazil ¹⁵	Qualitative study. Sample: 20 nurses.	Identify key psychological influences on the perceptions of nursing staff working in oncology PC during the COVID-19 pandemic.	During the COVID-19 pandemic, oncology PC nurses reported physical and emotional symptoms linked to professional burnout, such as persistent fatigue, anxiety, distress, and irritability. Emotional overload, fear of infection, frequent exposure to death, and a lack of institutional recognition intensified psychological distress, while spirituality and peer support were identified as protective factors.
Tucak, Macuka; 2021, Croatia ¹⁶	Quantitative, cross-sectional study. Sample: 68 nurses.	Analyze the influence of job demands, control, and social support on burnout and job satisfaction among PC nurses.	Nurses reported moderate work demands, high control over their work, and strong social support, all of which were associated with greater job satisfaction and lower levels of burnout. High demands correlated with greater exhaustion and disengagement, whereas autonomy and social support proved to be protective factors, reducing the impact of occupational demands.

Chart 1. Classification of studies by author, year, country, study design, sample, objectives, and results. Uberaba/MG, Brazil, 2025.

Author/Year/ Country	Design/Sample	Objective	Results
Gonçalves <i>et al.</i> , 2021, Portugal ¹⁷	Quantitative, cross-sectional study. Sample: 153 nurses.	To assess burnout levels and determinants among nurses in the Portuguese national PC network during the COVID-19 pandemic.	A high prevalence of burnout was observed among PC nurses during the pandemic across personal, work-related, and patient-related dimensions. Factors such as PC specialization, better self-perceived health, and work environment characteristics influenced burnout levels, with specialized training and good perceived health identified as protective factors.
Sansó, Vidal-Blanco, Galiana; 2021, Spain ¹⁸	Methodological and cross-sectional study. Sample: 129 nurses.	To develop and validate the Brief Nursing Stress Scale to measure stress among end-of-life care nurses.	The primary stressors for PC nurses were related to coping with death and interactions with patients' family members. Nurses working in general hospitals exhibited higher stress levels than those in specialized PC units. Occupational stress correlated positively with burnout and negatively with job satisfaction.
Varani <i>et al.</i> , 2021, Italy ¹⁹	Quantitative, cross-sectional study. Sample: 2016: 179 PC professionals (75 nurses) and 2020: 145 PC professionals (68 nurses).	To investigate the impact of the COVID-19 pandemic on burnout and psychological morbidity among home-based PC professionals in Italy.	During the COVID-19 pandemic, a reduction was observed in certain burnout indicators, such as depersonalization and combined burnout, alongside an increase in personal accomplishment. However, there was a significant rise in psychological morbidity, indicating increased emotional distress among home-based PC professionals.
Ercolani <i>et al.</i> , 2022, Italy ²⁰	Quantitative, cross-sectional study. Sample: 145 home-based PC professionals (59 nurses).	To assess burnout and psychological morbidity among PC professionals one year into the COVID-19 pandemic.	One year into the pandemic, burnout levels among home-based PC nurses remained stable, with no significant increase in the dimensions of emotional exhaustion, depersonalization, or personal accomplishment. Nurses showed better occupational and emotional indicators than physicians, suggesting possible adaptation and resilience amidst the prolonged pandemic context.
Cohen <i>et al.</i> , 2022, United States ²¹	Quantitative, longitudinal study. Sample: 89 nurses.	To determine differences in burnout scores between PC nurses and standard care nurses.	Both PC nurses and standard care nurses exhibited low levels of depersonalization and high levels of personal accomplishment, with low to moderate emotional exhaustion. After one year of follow-up, no significant differences in burnout scores were observed between the groups evaluated.
Li <i>et al.</i> , 2022, China ²²	Quantitative, cross-sectional study. Sample: 318 nurses.	To assess the prevalence of and factors associated with compassion fatigue and compassion satisfaction among PC nurses.	PC nurses demonstrated significant levels of burnout, secondary traumatic stress, and compassion satisfaction. Factors such as social support, resilience, positive coping strategies, family recognition of the work, and satisfaction with income acted as important protective factors against compassion fatigue.

Chart 1. Classification of studies by author, year, country, study design, sample, objectives, and results. Uberaba/MG, Brazil, 2025.

Author/Year/ Country	Design/Sample	Objective	Results
Zhang <i>et al.</i> , 2022, China ²³	Quantitative, cross-sectional study. Sample: 319 nurses.	To analyze the mediating effect of resilience between perceived social support and burnout among PC nurses.	PC nurses exhibited higher levels of burnout than generalist nurses. Burnout was negatively correlated with social support and resilience; the latter was identified as a mediator in the relationship between perceived social support and the dimensions of professional burnout.
Gonçalves, Gaudêncio; 2023, Portugal ²⁴	Quantitative, cross-sectional study. Sample: 34 PC professionals (16 nurses).	To evaluate quality of life and burnout risk among healthcare professionals at an oncology hospital.	Nurses and physicians showed higher levels of emotional exhaustion compared to other team members, with nurses exhibiting lower levels of quality of life. Although no statistically significant differences were found between the groups, nurses tended to show higher levels of burnout.
Popa <i>et al.</i> , 2024, Romania ²⁵	Qualitative, cross-sectional study. Sample: 56 PC professionals (41 nurses).	To understand sources of stress and coping strategies among PC professionals.	Key stressors for PC professionals included workload, emotional strain, patient deaths, and communication difficulties with family members. The COVID-19 pandemic intensified these stressors, and professionals working in pediatric PC reported greater emotional challenges.
Crape <i>et al.</i> , 2025, Kazakhstan ²⁶	Qualitative, exploratory study. Sample: 60 PC professionals (41 nurses).	To investigate the emotional impact of providing PC among healthcare professionals in Kazakhstan.	Stressors associated with burnout included emotional involvement with patients, frequent exposure to suffering and death, difficult communication with families, and a sense of low professional accomplishment. A tendency to deny the emotional impact of the work was also observed, alongside the normalization of stress and the suppression of emotions among professionals.
Cuchet, Maneval, Dambrun; 2025, France ²⁷	Quantitative, cross-sectional study. Sample: 379 PC professionals (128 nurses).	To examine stressors experienced by PC professionals and their associations with mental health.	PC professionals exhibited high levels of occupational stress and psychological distress linked to frequent contact with end-of-life patients. Internal resources, such as self-compassion and psychological flexibility, demonstrated a protective effect, mitigating the impact of stress on psychological well-being.
Ng <i>et al.</i> , 2025, Singapore ²⁸	Quantitative, cross-sectional study. Sample: 115 PC professionals (51 nurses).	To assess the prevalence of burnout, associated factors, and support resources among PC professionals during COVID-19.	Nearly half of the professionals experienced burnout syndrome during the COVID-19 pandemic. Burnout was associated with higher anxiety, perceived risk of infection, workload, and lower confidence in protective measures. Peer support, access to information, and psychological support programs were identified as important coping strategies.

After reading and analyzing the included studies, the findings were organized into three thematic categories based on the convergence of the identified results: *Prevalence of professional burnout among nurses working in palliative care*; *Occupational and emotional factors associated with professional burnout*; and *Protective factors and coping strategies*.

DISCUSSION

Prevalence of professional burnout among nurses working in palliative care

The included studies revealed moderate to high levels of professional burnout among nurses working in PC, with emotional exhaustion standing out as the most frequently identified dimension. Overall, the findings demonstrated that the syndrome manifests through various components, including emotional exhaustion, depersonalization, and reduced professional accomplishment, indicating that professionals in this care setting are exposed to demands capable of compromising their psychological well-being and their relationship with their work^{11,17,20,23}.

The variability in burnout levels observed across studies suggests that its manifestation is influenced by contextual characteristics, such as the care setting, institutional demands, and external events affecting professional practice. During the COVID-19 pandemic, for instance, some studies identified an increase in psychological distress and burnout-related symptoms^{15,17}, while others observed stability or a reduction in certain burnout indicators^{19,20}. Consistent with these results, a systematic review found that the majority of studies reported moderate to high levels of burnout among nurses during the pandemic, reinforcing its impact on these professionals' mental health²⁹.

In this context, a comparative study evaluating burnout symptoms among physicians and nurses before, during, and after caring for COVID-19 patients demonstrated a significant increase during pandemic peaks, followed by a return to levels similar to the pre-pandemic period. These findings reinforce that professional burnout exhibits dynamic behavior and is linked to the interaction between individual, organizational, and situational factors, highlighting the importance of continuously monitoring the professionals' occupational health³⁰.

Beyond the repercussions associated with the pandemic, studies conducted in various countries, such as Türkiye and Poland, have demonstrated a link between burnout, job satisfaction, and the quality of workplace interpersonal relationships, indicating that organizational aspects can directly influence the experience of PC nurses^{11,12}. Similar results were found in a study involving nursing professionals, which revealed significant levels across

the syndrome's dimensions, specifically depersonalization (67.3%), reduced professional accomplishment (51.8%), and moderate levels of emotional exhaustion (45.5%), thereby reinforcing the presence of these various burnout components in clinical practice⁸.

The magnitude of this issue is also evident in other contexts involving the care of patients with serious illnesses. A meta-analysis of 9,959 oncology nurses identified significant prevalence rates of emotional exhaustion (30%), depersonalization (15%), and low professional accomplishment (35%), highlighting that professionals continuously exposed to suffering, end-of-life issues, and ethically complex decisions are more vulnerable to emotional strain³¹. Although these findings are not limited solely to PC, they help elucidate how environments characterized by proximity to death and human suffering can foster the development of professional burnout.

Occupational and emotional factors associated with professional burnout

The findings demonstrate that professional burnout among PC nurses is strongly linked to occupational and emotional factors inherent to the work environment. Key elements identified include heavy workloads, administrative demands, frequent exposure to patient suffering and death, communication challenges with family members, and difficulties related to work organization. Furthermore, professional characteristics, such as less experience and working in settings with limited institutional support, were also associated with higher levels of burnout, underscoring the pivotal role of organizational conditions in shaping these professionals' mental health^{13-15,18,25,26}.

In this context, nursing professionals are continuously exposed to multiple stressors that heighten the risk of developing Burnout Syndrome. A notable factor is the constant requirement to provide emotional support to patients and their families while navigating the various stages of illness in PC, ranging from diagnosis and potential rehabilitation to the progression toward poor prognoses, death, and the post-mortem period. Prolonged exposure to these processes, particularly those involving end-of-life care, is a significant factor associated with professional burnout⁸.

Moreover, the impact of these factors varies depending on the type of healthcare setting, given differences in organizational dynamics and resource availability. Structural limitations and inadequate working conditions are common realities; prolonged exposure to them can compromise professionals' physical and mental health, increasing their vulnerability to burnout³².

Continuous exposure to pain, suffering, and the reality of death, compounded by staff shortages, high emotional demands, and a lack of professional recognition intensifies physical

and psychological strain. In this context, professional burnout manifests recurrently and is directly linked to organizational and emotional work conditions, particularly the lack of institutional support and the accumulation of care-related demands¹³.

Corroborating these findings, a systematic review involving PC nurses demonstrated that burnout experiences are influenced by the interplay between clinical and organizational challenges, including the emotional impact of witnessing suffering, relationships with patients and their families, and the need for ongoing professional support. The authors emphasize that supervision strategies and institutional support are crucial for mitigating the negative effects arising from the complexities of PC work³³.

Similarly, studies conducted in various countries, such as the Netherlands and Spain, highlight that the institutional environment and difficulties in communicating with the families of terminally ill patients intensify emotional distress and contribute to professional burnout. These findings underscore the complexity of PC work, in which technical, organizational, and emotional factors are interconnected^{14,18}.

Protective factors and coping strategies

Despite evidence of physical and emotional strain, the included studies identified various factors associated with reduced professional burnout and better adaptation to occupational stress among nurses working in PC. Consistently, the findings indicated that protective factors can be grouped into individual, relational, and organizational dimensions, encompassing personal resources, social support, and favorable work environment conditions^{12,16,22,23}.

Among individual resources, psychological resilience, self-compassion, psychological flexibility, and spirituality stood out as strategies associated with improved emotional regulation in the face of demands related to end-of-life care and patient suffering. These elements appear to facilitate the process of finding meaning in PC experiences, helping professionals cope with emotionally challenging situations^{15,27}.

At the relational and organizational levels, social support, peer support, professional autonomy, and workplace recognition were identified as factors associated with reduced burnout and increased job satisfaction^{12,16,22}. Studies conducted in various settings, such as Croatia and France, corroborate these findings by demonstrating that professional environments characterized by greater institutional support, positive interpersonal relationships, and increased autonomy help protect the mental health of PC nurses^{16,27}. Furthermore, recent studies emphasize that individual coping strategies should be paired with institutional interventions, highlighting the importance of ongoing professional support and

the implementation of organizational measures aimed at preventing and reducing burnout^{33,34}.

On the other hand, there is a significant gap between the emphasis placed on humanized care, widely advocated in healthcare practices, and the attention actually directed toward the professionals themselves. Although nursing in PC is grounded in patient-centered care, a unidirectional flow of care often occurs, wherein the emotional needs of nurses are neglected. In this context, work efforts tend to be directed primarily toward the patient's benefit, at the expense of self-care and boundary-setting, which can intensify psychological distress³⁵.

Consequently, coping strategies must move beyond placing the burden solely on the individual professional and instead include institutional actions aimed at strengthening support networks, developing emotional competencies, fostering professional appreciation, and promoting healthier work environments. While individual characteristics, such as greater age and years since graduation, may facilitate more effective coping strategies due to accumulated professional experience, preventing burnout depends equally on organizational changes that recognize and support those who provide care³⁶.

CONCLUSION

This integrative review indicated that professional burnout is a frequent condition among nurses working in palliative care, with emotional exhaustion being its most recurrent manifestation. Studies also demonstrated that organizational factors, such as workload, long shifts, and insufficient human resources, combined with the emotional demands inherent in caring for end-of-life patients, are the primary factors associated with the development of the syndrome. Conversely, aspects such as resilience, peer support, professional recognition, and the meaning attributed to care emerge as important protective factors, contributing to well-being and the ability to cope with occupational stress.

By gathering and synthesizing this evidence, this review broadens the understanding of the phenomenon and provides a basis for planning institutional strategies aimed at promoting mental health and valuing nursing professionals in palliative care. Key strategies include psychological support programs, spaces for listening and emotional support, and policies that foster adequate working conditions, rest periods, and work-life balance.

Regarding limitations, the studies identified predominantly feature cross-sectional and descriptive designs, which restricts the strength of the evidence and the ability to establish causal relationships. Furthermore, a scarcity of Brazilian was noted; this hinders a deeper understanding of the specificities of professional burnout among palliative care nurses in Brazil and hinders the identification of unique characteristics of the national scenario.

The predominance of cross-sectional studies classified as Level VI evidence, combined with the lack of research conducted in Brazil, highlights the need for national studies using longitudinal and intervention designs capable of generating more robust evidence regarding professional burnout among nurses working in palliative care.

REFERENCES

1. World Health Organization (WHO). National cancer control programmes: policies and managerial guidelines. 2nd ed. Geneva: WHO; 2002.
2. Ministério da Saúde (BR). Manual de cuidados paliativos. São Paulo: Sírion-Libanês; 2023.424p.
3. Fonseca LS, Carvalho BC, Santos HO, Silva JM, Santos JCO, Ferreira LLL et al. Atuação do Enfermeiro em Cuidados Paliativos na Atenção Primária à Saúde: Revisão Integrativa. Rev Bras Cancerol [Internet]. 2022 [cited in 12 Mar 2026];68(1):e-071383. DOI: <https://doi.org/10.32635/2176-9745.RBC.2022v68n1.1383>
4. Delafontaine AC, Anders R, Mahieu B, Salathé CR, Putois B. Impact of confrontation to patient suffering and death on wellbeing and burnout in professionals: a cross-sectional study. BMC Palliat Care [Internet]. 2024 [cited in 12 Mar 2026]; 23(74). DOI: <https://doi.org/10.1186/s12904-024-01393-8>
5. Gómez-Urquiza JL, Albendín-García L, Velando-Soriano A, Ortega-Campos E, Ramírez-Baena L, Membrive-Jiménez MJ et al. Burnout in Palliative Care Nurses, Prevalence and Risk Factors: A Systematic Review with Meta-Analysis. Int J Environ Res Public Health [Internet]. 2020[cited in 12 Mar 2026]; 17(20):7672. DOI: <https://doi.org/10.3390/ijerph17207672>
6. Maslach C, Leiter MP. Understanding the burnout experience: Recent research and its implications for psychiatry. World Psychiatry[Internet]. 2016[cited in 9 Mar 2026];15(2):103-11. DOI: <https://doi.org/10.1002/wps.20311>
7. Hert S. Burnout in healthcare workers: prevalence, impact and preventative strategies. Local Reg Anesth [Internet]. 2020[cited in 17 Mar 2026];13:171-83. DOI: <https://doi.org/10.2147/LRA.S240564>
8. Garcia AJ, Santos AS, Santos CV, Ferreira MS, Pimentel MMW. Burnout syndrome in oncology nursing professionals: a cross-sectional study. Rev Bras Cancerol [Internet]. 2024[cited in 16 Mar 2026]; 70(4):e-224983.DOI: <https://doi.org/10.32635/2176-9745.RBC.2024v70n4.4983>
9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm [Internet].

2008[cited in 9 Mar 2026]; 17(4):758-64. DOI: <https://doi.org/10.1590/S0104-07072008000400018>

10. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: a guide to best practice. 4ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2015. 823p.

11. Yildirim D, Kocatepe V. A Comparison of Burnout and Job Satisfaction among Cancer Nurses in Oncology, Hematology and Palliative Care Clinics. *Psychiatr Danub* [Internet]. 2020[cited in 9 Mar 2026]; 32(Suppl 4):471-77. Available from: https://www.psychiatria-danubina.com/UserDocsImages/pdf/dnb_vol32_noSuppl%204/dnb_vol32_noSuppl%204_471.pdf

12. Ogińska-Bulik N, Michalska P. Psychological resilience and secondary traumatic stress in nurses working with terminally ill patients—the mediating role of job burnout. *Psychol Serv* [Internet]. 2020 [cited in 9 Mar 2026]; 17(4):364-70. DOI: <https://doi.org/10.1037/ser0000421>

13. Lehto RH, Heeter C, Forman J, Shanafelt T, Kamal A, Miller P et al. Hospice employees' perceptions of their work environment: a focus group perspective. *Int J Environ Res Public Health* [Internet]. 2020 [cited in 9 Mar 2026]; 17(17): 6147 DOI:<https://doi.org/10.3390/ijerph17176147>

14. Dijkhoorn AFQ, Brom L, van der Linden YM, Leget CJW, Raijmakers NJ. Healthcare professionals' work-related stress in palliative care: a cross-sectional survey. *J Pain Symptom Manage*[Internet]. 2021[cited in 9 Mar 2026];62(3):e38-e45. DOI: <https://doi.org/10.1016/j.jpainsymman.2021.04.004>

15. Kirby EEF, Siqueira ASA, Cunha DAO, Santiago FB, Neves LML, Beserra VS. COVID-19 e suas influências psíquicas na percepção da equipe de enfermagem da atenção paliativa oncológica. *REME* [Internet]. 2021 [cited in 9 Mar 2026];25:e1355. DOI: <https://doi.org/10.5935/1415-2762-20210003>

16. Tucak Junaković I, Macuka I. Job demands, job control, and social support as predictors of job satisfaction and burnout in Croatian palliative care nurses. *Arh Hig Rada Toksikol*[Internet]. 2021 [cited in 9 Mar 2026]; 72(3):225-31. DOI: <https://doi.org/10.2478/aiht-2021-72-3556>

17. Gonçalves JV, Castro L, Rêgo G, Nunes R. Burnout Determinants among Nurses Working in Palliative Care during the Coronavirus Disease 2019 Pandemic. *Int J Environ Res Public Health* [Internet]. 2021 [cited in 9 Mar 2026];18(7):3358. DOI: <https://doi.org/10.3390/ijerph18073358>

- 18.** Sansó N, Vidal-Blanco G, Galiana L. Development and Validation of the Brief Nursing Stress Scale (BNSS) in a Sample of End-of-Life Care Nurses. *Nurs Rep* [Internet]. 2021 [cited in 9 Mar 2026]; 11(2):311-19. DOI: <https://doi.org/10.3390/nursrep11020030>
- 19.** Varani S, Ostan R, Franchini L, Ercolani G, Pannuti R, Biasco G et al. Caring Advanced Cancer Patients at Home During COVID-19 Outbreak: Burnout and Psychological Morbidity Among Palliative Care Professionals in Italy. *J Pain Symptom Manage* [Internet]. 2021 [cited in 10 Mar 2026]; 61(2):e4-e12. DOI: <https://doi.org/10.1016/j.jpainsymman.2020.11.026>
- 20.** Ercolani G, Varani S, Ostan R, Franchini L, Yaaqovy AD, Pannuti R et al. Tackling the Pandemic a Year Later: Burnout Among Home Palliative Care Clinicians. *J Pain Symptom Manage* [Internet]. 2022 [cited in 9 Mar 2026]; 63(4):e349-e356. DOI: <https://doi.org/10.1016/j.jpainsymman.2021.12.027>
- 21.** Cohen JB, Reiser VL, Althouse AD, Resick JM, Chu E, Smith TJ et al. Burnout Among Oncology Nurses: The Effects of Providing a Primary Palliative Care Intervention Using CONNECT Protocol. *Clin J Oncol Nurs* [Internet]. 2022[cited in 10 Mar 2026]; 26(4):391-398. DOI: <https://doi.org/10.1188/22.cjon.391-398>
- 22.** Li J, Wang Q, Guan C, Luo L, Hu X. Compassion fatigue and compassion satisfaction among Chinese palliative care nurses: a province-wide cross-sectional survey. *J Nurs Manag* [Internet]. 2022 [cited in 10 Mar 2026]; 30(7):3060-3073. DOI: <https://doi.org/10.1111/jonm.13708>
- 23.** Zhang Y, Guan C, Jiang J, Zhu C, Hu X. Mediating effect of resilience on the relationship between perceived social support and burnout among Chinese palliative nurses. *J Clin Nurs* [Internet]. 2022 [cited in 10 Mar 2026]; 31(21-22):3294-303. DOI: <https://doi.org/10.1111/jocn.16532>
- 24.** Gonçalves F, Gaudêncio M. Burnout and quality of life in Portuguese healthcare professionals working in oncology and palliative care—a preliminary study. *BMC Palliat Care* [Internet]. 2023 [cited in 10 Mar 2026]; 22:155. DOI: <https://doi.org/10.1186/s12904-023-01273-7>
- 25.** Popa MV, Mîndru DE, Hizanu M, Gurzu IL, Anton-Păduraru DT, Ștreangă V, et al. Stress Factors for the Paediatric and Adult Palliative Care Multidisciplinary Team and Workplace Wellbeing Solutions. *Healthcare (Basel)*[Internet]. 2024 [cited in 11 Mar 2026]; 12(9):868. DOI: <https://doi.org/10.3390/healthcare12090868>
- 26.** Crape B, Akhmetniyaz P, Akhmetova M, Foster F, Dauey K, Clementi A, et al. Behind the care: emotional struggles, burnout, and denial in Kazakhstan’s professional palliative care workforce. *BMC Palliat Care* [Internet]. 2025 [cited in 11 Mar 2026];24:161. DOI:

<https://doi.org/10.1186/s12904-025-01798-z>

27. Cuchet I, Maneval A, Dambrun M. Stress, mental health, and resources of palliative care professionals. *Palliat Support Care* [Internet]. 2025 [cited in 12 Mar 2026];23:e34. DOI: <https://doi.org/10.1017/S1478951524002050>
28. Ng WR, Hamizah N, Chen X, Yeo ZZ, Soh KC, Chong PH. Burnout prevalence and associated factors among palliative and hospice care professionals during the COVID-19 endemic: an exploratory survey. *Am J Hosp Palliat Care* [Internet]. 2025 [cited in 12 Mar 2026]; 42(4):365-71. DOI: <https://doi.org/10.1177/10499091241257958>
29. Zareei M, Tabanejad Z, Oskouie F, Ebadi A, Mesri M. Job burnout among nurses during COVID-19 pandemic: A systematic review. *J Educ Health Promot* [Internet]. 2022 [cited in 16 Mar 2026]; 11:107. DOI: https://doi.org/10.4103/jehp.jehp_797_21
30. Valdes-Elizondo GD, Álvarez-Maldonado P, Ocampo-Ocampo MA, Hernández-Ríos G, Réding-Bernal A, Hernández-Solís A. Burnout symptoms among physicians and nurses before, during and after COVID-19 care. *Rev Lat Am Enfermagem* [Internet]. 2023 [cited in 16 Mar 2026]; 31:e4046. DOI: <https://doi.org/10.1590/1518-8345.6820.4046>
31. Cañadas-De-LaFuente G, Gómez-Urquiza JL, Ortega-Campos EM, Cañadas GR, Albendín-García L, Fuente-Solana EI. Prevalence of burnout syndrome in oncology nursing: a meta-analytic study. *Psycho oncology* [Internet]. 2018 [cited in 17 Mar 2026]; 27(5):1426-33. DOI: <https://doi.org/10.1002/pon.4632>
32. Jarruche LT, Mucci S. Síndrome de Burnout em profissionais da saúde: revisão integrativa. *Rev Bioet* [Internet]. 2021 [cited in 16 Mar 2026]; 29(1):162-73. DOI: <https://doi.org/10.1590/1983-80422021291456>
33. Clayton M, Marczak M. Palliative care nurses' experiences of stress, anxiety, and burnout: A thematic synthesis. *Palliat Support Care* [Internet]. 2023 [cited in 24 July 2026]; 21(3):498-514. DOI: <https://doi.org/10.1017/S147895152200058X>
34. Tan L, Ee LS, Jin TH. A qualitative study on burnout and coping in palliative nurses. *Int J Palliat Nurs* [Internet]. 2024 [cited in 24 July 2026]; 30(12):654-62. DOI: <https://doi.org/10.12968/ijpn.2024.30.12.654>
35. Mercês MC, Lopes RA, Silva DS, Oliveira DS, Lua I, Mattos A, et al. Prevalence of Burnout Syndrome in nursing professionals of basic healthcare. *RPCFO* [Internet]. 2017 [cited in 17 Mar 2026]; 9(1):208-14. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i1.208-214>
36. Camargo GG, Saidel MGB, Monteiro MI. Psychological exhaustion of nursing professionals who care for patients with neoplasm. *Rev Bras Enferm* [Internet]. 2021 [cited in 16 Mar 2026]; 74(suppl3):e20200441. DOI: <https://doi.org/10.1590/0034-7167-2020-0441>

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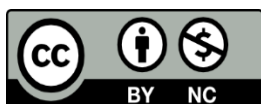
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