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ORGANIZATIONAL FACTORS ASSOCIATED WITH BURNOUT SYNDROME IN HEALTHCARE PROFESSIONALS: EVIDENCE ON LEADERSHIP, WORKPLACE BULLYING, AND WORK ENVIRONMENT

FATORES ORGANIZACIONAIS ASSOCIADOS À SÍNDROME DE BURNOUT EM PROFISSIONAIS DA SAÚDE: EVIDÊNCIAS SOBRE LIDERANÇA, ASSÉDIO MORAL E CLIMA DE TRABALHO

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ABSTRACT

Burnout syndrome among healthcare professionals represents a significant occupational health issue, whose manifestation is associated not only with workers' individual characteristics but also with the organizational conditions under which work is performed. The general objective was to analyze the influence of organizational factors, with an emphasis on leadership, workplace bullying, and work environment, on the development of burnout syndrome among healthcare professionals, based on evidence available in the scientific literature. The study adopted a qualitative approach, guided by a contextualized understanding of the relationships between work organization and mental health. The research procedures comprised a bibliographic review based on scientific articles published in national and international journals, as well as books, and documentary research conducted through the analysis of institutional and regulatory documents related to mental health in the workplace and burnout. The findings indicated that leadership, workplace bullying, and organizational climate are dimensions associated with the mental health of healthcare professionals and with the manifestation of burnout syndrome. Accordingly, addressing this phenomenon requires institutional actions aimed at preventing abusive practices, strengthening professional relationships, valuing workers, and improving organizational working conditions.

Keywords: Burnout syndrome; leadership; workplace bullying; organizational climate.

RESUMO

A Síndrome de burnout entre profissionais da saúde constitui uma relevante questão de saúde ocupacional, cuja manifestação está relacionada não apenas às características individuais dos

trabalhadores, mas também às condições organizacionais em que o trabalho é desenvolvido. O objetivo geral foi analisar a influência dos fatores organizacionais, com ênfase na liderança, no assédio moral e no clima de trabalho, sobre o desenvolvimento da Síndrome de burnout em profissionais da saúde, a partir das evidências disponíveis na literatura científica. A pesquisa adotou uma abordagem qualitativa, orientada pela compreensão contextualizada das relações entre organização do trabalho e saúde mental, utilizando como procedimentos a revisão bibliográfica, baseada em artigos científicos publicados em periódicos nacionais e internacionais e em livros, e a pesquisa documental, realizada mediante a análise de documentos institucionais e normativos relacionados à saúde mental no trabalho e ao burnout. Os resultados evidenciaram que liderança, assédio moral e clima organizacional constituem dimensões relacionadas à saúde mental dos profissionais da saúde e à manifestação da Síndrome de burnout. Nesse sentido, o enfrentamento do fenômeno requer ações institucionais direcionadas à prevenção de práticas abusivas, ao fortalecimento das relações profissionais, à valorização dos trabalhadores e à melhoria das condições organizacionais de trabalho.
Palavras-chave: Síndrome de burnout; liderança; assédio moral; clima organizacional.

1. INTRODUCTION

The issue of burnout syndrome among healthcare workers is a highly significant phenomenon for occupational health and the quality of interpersonal relationships within healthcare organizations. Analyzing organizational conditions is particularly relevant given the emotional intensity, responsibility for patient care,

continuous interaction with patients and their families, and the need for collaboration among different professional categories that characterize this field. From this perspective, burnout should not be regarded solely as an individual experience of exhaustion, but also understood in connection with the circumstances surrounding the organization, management, and experience of work. Analyzing the organizational factors associated with the phenomenon, in turn, contributes to a broader understanding of the circumstances that may foster work-related distress and affect professionals' well-being.

Among the factors that shape the work experience, leadership, workplace bullying, and organizational climate occupy a central position, as they directly influence interpersonal relationships, management practices, and how workers perceive their work environment. The way teams are managed, conflicts are addressed or neglected, abusive behaviors are handled, and communication, recognition, support, and collaboration are established largely determines the daily experiences of professionals.

By connecting these dimensions, it becomes possible to understand burnout from an organizational perspective, recognizing that workers' mental health depends not only on individual aspects but also on the social and institutional conditions present in the workplace. It is within this context that the present study, entitled *"Organizational Factors Associated with Burnout Syndrome in Healthcare Professionals: Evidence on Leadership, Workplace Bullying, and Work Environment"*, is situated.

In view of this issue, the general objective was established as follows: to analyze the influence of organizational factors, with an emphasis on leadership, workplace bullying, and work environment, on the

development of burnout syndrome among healthcare professionals, based on the evidence available in the scientific literature. The specific objectives were defined as follows: to analyze the relationship between leadership styles and the occurrence of burnout syndrome among healthcare professionals; to investigate how workplace bullying contributes to the development of burnout syndrome among healthcare professionals; and to examine the influence of organizational climate on mental health and the manifestation of burnout syndrome among healthcare professionals.

Regarding the methodological procedures, this study adopted a qualitative approach, which is particularly appropriate for achieving a contextualized understanding of the organizational elements associated with burnout syndrome among healthcare workers. A bibliographic review was conducted based on national and international scientific articles and books, together with documentary research grounded in the analysis of normative and institutional documents addressing mental health in the workplace and burnout. The articulation of these two procedures made it possible to bring together different bodies of knowledge in order to investigate the phenomenon under study and to establish a consistent relationship between the scientific literature and institutional documents addressing the subject.

The article is structured into four sections in order to achieve the proposed objectives. The first section, the Introduction, presents the contextualization of the topic, the research problem, the objectives, and the methodological orientation of the study. The second section presents the Methodology, encompassing the approach and methods employed in the research. The third section is devoted to

the Theoretical Framework, addressing the organizational factors associated with burnout syndrome, with particular emphasis on leadership, workplace bullying, and organizational climate. Finally, the fourth section presents the Final Considerations, highlighting the main findings of the study, its contributions to understanding the phenomenon, and possibilities for further research on the subject.

2. THEORETICAL FRAMEWORK

The theoretical framework of this investigation was structured around three interconnected topics, with the aim of addressing the main organizational aspects associated with burnout syndrome among healthcare workers. The first topic focuses on leadership within organizations and its influence on the mental health of healthcare workers, considering different leadership styles and how they may affect well-being in the workplace. The second topic addresses workplace bullying in healthcare settings and its relationship with burnout syndrome, taking into account its manifestations, the organizational factors associated with it, and its effects on professionals' health. Finally, the third topic examines organizational climate as a factor influencing mental health and burnout syndrome, considering institutional support, communication, recognition, collaboration, autonomy, and working conditions. The organization of these three themes enables an integrated reflection on the organizational dimensions that may either intensify or mitigate work-related distress among healthcare professionals.

2.1. Organizational Leadership And Its Impacts On The Mental Health Of Healthcare Professionals

Organizational leadership is one of the key elements for understanding the experiences of healthcare professionals, particularly in contexts characterized by high levels of care complexity, substantial emotional pressure, and the continuous need for integration among different professional categories. Its role extends beyond the mere supervision of tasks or allocation of responsibilities, encompassing relational, communicative, and psychosocial aspects that directly influence how employees perceive their work environment. According to Ferreira and Dias (2017, p. 4),

> *Quality of Working Life (QWL) is a construct that enables the adjustment and well-being of individuals in psychological, health, and social dimensions, which are important aspects for superior employee performance: satisfaction with the work performed, promotions, professional recognition, salary received, interpersonal relationships, training, the work environment, freedom to act and make decisions, and opportunities to participate actively in the organization. Thus, leadership can establish an environment that promotes trust, recognition, and participation, but it can also create circumstances that lead to insecurity, isolation, and burnout.*

The development of leadership theories demonstrates a gradual shift from a focus on leaders' personal characteristics toward an emphasis on behavior, interactions, and the specific context of the organizational environment. Consequently, several theories, including transformational, transactional, authentic, servant, and toxic leadership, have emerged to explain, in different ways, how

leaders influence their teams, motivate employees, and organize work processes.

This diversity is particularly significant in the healthcare sector, where teams are often multidisciplinary and interdependent and are required to make decisions involving technical, ethical, and human dimensions simultaneously. “Emotions are a central feature of workplace experiences, and the tasks and interpersonal demands faced by leaders generally arise in emotionally charged contexts” (Taube; Carlotto, 2024, p. 3).

Healthy leadership is particularly capable of creating an environment of psychological safety while also striving to ensure that relationships within the team are as transparent as possible. Such leaders consistently recognize their employees’ efforts and achievements while promoting autonomy and freedom to act. In this way, they create work environments in which employees not only feel recognized but also supported in addressing the different needs and challenges that arise in their professional routines. Although effective and positive leaders are far from perfect, dysfunctional or even toxic leaders exhibit a range of behaviors that undermine the work environment. These behaviors include authoritarian attitudes, which often restrict employees’ freedom of expression, and a lack of empathy, which prevents an adequate understanding of others’ needs and emotions. Furthermore, aggressive communication and the systematic devaluation of individual contributions contribute to a hostile environment in which practices that foster insecurity and fear become predominant. Taken together, these aspects constitute significant risk factors for the emergence of mental disorders directly associated with the workplace environment (Galli, 2025).

Schiavao *et al.* (2025, p. 2) explain that the phenomenon of burnout

> *has gained increasing attention over recent decades, particularly in the context of contemporary organizations, which demand high levels of productivity and performance from their employees. This psychosocial disorder is characterized by emotional exhaustion, depersonalization, and a sense of reduced professional accomplishment, factors that compromise both individual well-being and performance in the workplace.*

Particularly with regard to multidisciplinary healthcare teams, leadership assumes a strategic role because orchestrating different forms of knowledge and professional practices requires more than technical expertise. It also requires the ability to mediate conflicts, foster dialogue among professional groups, and establish common goals. Transformational leadership, in turn, has been associated with higher levels of job satisfaction, greater organizational engagement, and fewer burnout symptoms because it inspires employees through a shared vision, intellectual stimulation, and individualized consideration (Lindert *et al.*, 2022).

Transactional leadership, which is based on conditional exchanges and continuous supervision, may be useful in situations requiring compliance and standardization but is less effective in promoting innovation and sustained psychological well-being (Santos; Oliveira, 2026).

Research on different leadership styles indicates that they have clear and significant effects on employee satisfaction, engagement,

psychological safety, and even burnout prevention among healthcare professionals. According to a range of studies, leaders who recognize employees' contributions, provide constructive feedback, communicate openly, and offer emotional support create healthier work environments. Under such circumstances, employees tend to feel supported, recognized, and motivated to develop and reach their full potential (Lindert *et al.*, 2022).

Conversely, environments characterized by authoritarian leadership, strict control over employees, lack of clarity in decision-making, aggressive communication that generates tension, and insufficient emotional support constitute risk environments. These conditions considerably increase the likelihood that occupational exhaustion will occur and become more frequent and severe. This phenomenon has been extensively discussed in the specialized literature, as noted by Schiavao *et al.* (2025). Therefore, leadership is indeed a dual-factor variable: it can function either as a protective factor or as a risk factor for burnout, depending on the leadership styles and management practices implemented on a daily basis within healthcare institutions and organizations (Taube; Carlotto, 2024).

Table 1, presented below, summarizes the main characteristics of the different leadership styles discussed in this section, highlighting their impacts on the mental health of healthcare professionals and their relationship with burnout syndrome. The table was developed based on the contributions of Ferreira and Dias (2017), Schiavao *et al.* (2025), Taube and Carlotto (2024), Santos and Oliveira (2026), Galli (2025), Lindert *et al.* (2022), Edú-Valsania, Laguía, and Moriano (2022), Pacheco, Peixoto, and Muniz (2023), as well as contemporary scientific literature on leadership and occupational health in the healthcare sector.

Table 1. Leadership Styles and Their Impacts on the Mental Health of Healthcare Professionals

Leadership Style	Main Characteristics	Impact on Mental Health	Relationship with Burnout
Transformational	Inspiration, shared vision, intellectual stimulation, individualized consideration	Promotes satisfaction, engagement, and psychological safety	Protective factor (Lindert *et al.*, 2022)
Transactional	Contingent exchanges, active monitoring, management by exception	Effective for compliance, but limited for sustained well-being	Neutral or moderately protective (Santos; Oliveira, 2026)
Authentic	Self-awareness, transparency, balanced processing, ethical conduct	Strengthens psychological safety and reduces workplace bullying	Protective factor (Edú-Valsania; Laguía; Moriano, 2022)
Servant	Priority given to followers' development, empathy, active listening	Promotes well-being, belonging, and professional fulfillment	Protective factor (Santos; Oliveira, 2026)
Toxic	Abusive behaviors, manipulation, narcissism, disrespect	Generates insecurity, isolation, and psychological distress	Significant risk factor (Galli, 2025)

Source: Prepared by the author based on Ferreira and Dias (2017), Schiavao *et al.* (2025), Taube and Carlotto (2024), Santos and Oliveira

(2026), Galli (2025), Lindert *et al.* (2022), Edú-Valsania, Laguía, and Moriano (2022), Pacheco, Peixoto, and Muniz (2023).

Analyzing different leadership styles helps to understand how distinct forms of exercising authority can generate substantially different work experiences. In the healthcare context, where professionals deal daily with pressure, human suffering, and high-impact decisions, the way leaders manage their teams can have profound effects on the emotional and psychological well-being of each worker. Therefore, it is important to examine how leadership is practiced in the daily routine of healthcare services.

This involves investigating how leadership can play a role in both the prevention and mitigation of occupational burnout. Managers' decisions and attitudes are not limited to the administrative sphere; they influence the organizational climate, relationships among team members, and the emotional atmosphere that permeates the environment in which professionals perform their daily activities (Pacheco; Peixoto; Muniz, 2023). Thus, leadership goes beyond being a technical management competency and becomes a factor that directly affects the mental health of those who work in healthcare settings.

Developing and strengthening these skills represents a promising pathway toward building healthier and more sustainable work environments, particularly in the healthcare sector, where caring for those who provide care must be a priority in order to promote employees' well-being and foster a positive organizational culture (Galli, 2025; Schiavao *et al.*, 2025).

2.2. Moral Harassment In The Healthcare Workplace And Its Relationship With Burnout Syndrome

Moral harassment in the workplace is a psychosocial phenomenon that may threaten workers' dignity, health, and employment within organizations. In the healthcare field, its study becomes particularly important due to the complexity of professional relationships, existing hierarchies, pressure for productivity, and constant exposure to human suffering. Interpersonal conflicts are common in workplace relationships; however, not every disagreement should be confused with moral harassment. The latter refers to abusive behaviors that, when repeated and embedded within a particular power dynamic, may cause embarrassment, isolation, devaluation, or deterioration of working conditions. Making this conceptual distinction is crucial to avoid excessively broad interpretations while also recognizing situations that effectively compromise workers' health.

Thus, moral harassment within organizations encompasses interactions between individuals and the organization, generally mediated by abusive practices adopted by managers, executives, or other representatives. It involves a systematic set of repeated practices arising from organizational management methods and manifested through pressure, humiliation, and coercion (Souza; Oliveira, 2020). Freitas and Boynard (2023) discuss how mental health is related to a workplace culture characterized by harassment and manifestations of occupational suffering, positioning burnout as a phenomenon that may emerge in professional environments marked by adverse psychosocial conditions.

The dimension of intentionality plays a significant role in understanding psychological violence. Hirigoyen (2006 *apud* Gomes, 2022, p. 16) emphasizes that “psychological aggression cannot be separated from the discussion of intent, since its intentional nature may intensify the effects produced on the affected person.” The author distinguishes situations in which behavior is consciously directed toward causing harm from those in which an individual recognizes that their conduct causes suffering but is unable to discontinue it. This contribution makes it possible to understand that the analysis of moral harassment requires simultaneous attention to the practices adopted, their recurrence, the relationships established among those involved, and the effects produced within the workplace. However, characterizing a situation as moral harassment should not rely exclusively on the subjective perception of one of the parties; rather, the circumstances as a whole and the configuration of the observed behaviors must be considered.

In the contemporary context, manifestations of harassment may also extend beyond the organization’s physical space and reach digital environments. The use of messaging applications, electronic mail, digital platforms, and computerized systems has transformed forms of professional communication and, consequently, expanded the means through which abusive practices may occur. Lopes and Santos (2020, p. 13) characterize virtual organizational moral harassment as “psychological torture perpetrated through a set of abusive and repeated behaviors,” carried out through different digital media and directed toward the workforce as a whole or specific groups, with the purpose of exercising control over the collective. This formulation is particularly relevant to healthcare organizations that use instant messaging groups to organize

schedules, communicate decisions, distribute tasks, and monitor activities. When digital communication is employed abusively and repeatedly, an administrative tool may become a mechanism of control and coercion, making the boundary between professional management, performance demands, and psychological violence more complex.

Organizational conditions influence the occurrence and perpetuation of abusive practices. Rigid hierarchical structures, communication failures, the absence of institutional channels for listening, tolerance of hostile behaviors, and difficulties in conflict management may foster environments in which situations of psychological violence remain invisible or become normalized. In healthcare settings, these conditions may interact with intensive working hours, high levels of professional responsibility, the need for rapid responses, and strong interdependence among workers. The World Health Organization and the International Labour Organization (2022) advocate a workplace mental health approach that considers psychosocial risks and organizational conditions, including interventions aimed at preventing and addressing factors capable of compromising workers' well-being. This perspective shifts the discussion from individual behavior toward institutional responsibility for creating work environments that reduce exposure to adverse psychosocial conditions and promote respectful professional relationships.

It is also necessary to understand the relationship between moral harassment and burnout as an intersection between psychological suffering and working conditions. Burnout is not merely temporary fatigue; rather, it results from prolonged periods of poorly managed work-related stress. Burnout is recognized as an occupational health

phenomenon, and its relevance to healthcare workers has been acknowledged by the Federal Nursing Council (2025), particularly because of the consequences it may entail. In this regard, Carneiro *et al.* (2026) investigated the relationship between moral harassment and burnout among healthcare workers, integrating abusive practices into the range of factors associated with occupational exhaustion. It may be argued that repeated exposure to humiliation, hostility, devaluation, or isolation, as well as other situations capable of generating psychological distress, interacts with other demands inherent to healthcare work. Nevertheless, this relationship should be understood as a multifactorial phenomenon, since burnout results from the interaction of individual, professional, and organizational conditions.

The consequences of moral harassment may affect different dimensions of professional experience. At the psychological and emotional levels, continued exposure to abusive behaviors may be associated with distress, insecurity, and deterioration of workplace relationships. At the occupational level, it may affect job satisfaction, performance, organizational commitment, and employee retention. Silva and Melo (2023), when discussing Burnout Syndrome in light of the deregulation of the work environment, emphasize the need to understand work-related illness by considering the concrete conditions under which professional activities are performed. This approach is particularly relevant when examining moral harassment because an analysis restricted to the individual conduct of the perpetrator may conceal organizational factors that allow violence to persist. Therefore, the existence of institutional mechanisms for prevention, support, and accountability is an integral part of the discussion on occupational health.

The Brazilian regulatory framework has also incorporated mechanisms aimed at both promoting mental health and managing occupational risks. Law No. 14,831/2024 established the Mental Health-Promoting Company Certificate, providing an institutional reference for initiatives aimed at promoting mental health in the workplace (Brasil, 2024). In parallel, MTE Ordinance No. 1,419/2024 amended Regulatory Standard No. 1, concerning general provisions and occupational risk management, increasing the relevance of identifying and managing factors present in the workplace (Brasil, 2024). These regulatory instruments are connected to the international guidelines of the World Health Organization and the International Labour Organization (2022), which recommend the adoption of organizational measures aimed at promoting mental health. In the case of moral harassment, this perspective reinforces that prevention should not depend exclusively on workers' individual ability to cope with abusive situations. Rather, it should involve institutional policies, reporting procedures, training for managers, safe communication channels, and actions aimed at improving workplace relationships.

Therefore, combating moral harassment among healthcare workers requires an institutional strategy integrating prevention, early identification, support, and intervention. Establishing formal non-violence policies is insufficient if the organizational culture remains tolerant of abusive practices or if employees lack safe mechanisms for reporting violence. Gomes (2022) highlights the relevance of this issue by investigating moral harassment against public servants through messaging applications, as well as the responses provided by state legislation in this regard, emphasizing that changes in communication technologies also create new challenges for worker protection. Together with the contributions of Carneiro and

colleagues (2026), Freitas and Boynard (2023), Silva and Melo (2023), the World Health Organization and the International Labour Organization (2022), the Federal Nursing Council (2025), and the Brazilian regulatory framework, these references support the urgency of investigating moral harassment as an organizational factor contributing to suffering in the workplace. The synthesis presented in Table 2 organizes the main dimensions of this relationship by articulating forms of harassment, organizational conditions, occupational repercussions, and institutional strategies for addressing the phenomenon.

The synthesis presented in Table 2 organizes the main dimensions of this relationship, articulating forms of harassment, organizational conditions, repercussions for workers, and institutional strategies for addressing the phenomenon.

Table 2. Moral Harassment in Healthcare Workplaces, Organizational Factors, Occupational Repercussions, and Coping Strategies

Analysis dimension	Characterization	Repercussions related to work and health	Institutional prevention and response strategies
Interpersonal moral harassment	Abusive and repeated behaviors directed at a particular worker, which may involve humiliation, disqualification, isolation, or coercion	Psychological distress, deterioration of professional relationships, insecurity, and occupational exhaustion	Support channels, incident reporting, institutional investigation, and protection measures

Organizational moral harassment	Abusive practices related to the organization's own management dynamics and work control	Intensification of suffering, deterioration of the organizational climate, and increased exposure to occupational stressors	Review of management practices, monitoring of psychosocial risks, and institutional prevention policies
Virtual organizational moral harassment	Abusive and repeated behaviors through messaging applications, electronic platforms, e-mail, or computerized systems	Increased exposure to psychological violence and the extension of abusive situations beyond the physical workplace	Protocols for communication and digital conduct, rules for the use of communication tools, and reporting mechanisms
Associated organizational factors	Failures in communication, rigid hierarchical structures, lack of listening, tolerance of abusive behaviors, and inadequate conflict management	Deterioration of professional relationships, reduced well-being, and greater exposure to psychosocial risks	Participatory management, training for managers, dialogue channels, and periodic assessment of the work environment
Moral harassment and burnout	Relationship between repeated exposure to abusive practices and occupational suffering processes	Exhaustion, distancing in relation to work, and reduced perception of professional accomplishment	Early identification of suffering, organizational intervention, and actions to promote mental health

Institutional prevention	Set of policies, standards, procedures, and practices aimed at reducing situations of violence in the workplace	Improvement of psychosocial conditions and strengthening of respectful professional relationships	Mental health policies, psychosocial risk prevention, professional training, and safe communication channels
Institutional response	Actions aimed at welcoming, investigating, and responding to identified situations	Protection of workers and reduction of the permanence of abusive practices	Formal reporting procedures, investigation, monitoring of cases, and accountability in accordance with applicable regulations

Source: Prepared by the authors based on Gomes (2022), World Health Organization and International Labour Organization (2022), Brazil (2024a), Brazil (2024b), Freitas and Boynard (2023), Silva and Melo (2023), Federal Nursing Council (2025), and Carneiro *et al.* (2026).

Table 2 highlights the need to understand moral harassment as a phenomenon that extends beyond individual relationships, involving management practices, institutional conditions, and mechanisms for protecting workers' health. In this regard, its analysis reinforces the importance of coordinated organizational responses capable of interrupting abusive situations and reducing their effects on occupational well-being.

2.3. Organizational Climate as a Determinant Of Mental Health And Burnout Syndrome

Initially, it should be emphasized that Burnout Syndrome is characterized by three dimensions: emotional exhaustion, which encompasses feelings of failure, indecisiveness, and insecurity; depersonalization, which leads to reduced empathy, detachment, and a sense of alienation from others; and reduced professional accomplishment, which results in diminished motivation and a decreased sense of achievement (Villagran *et al.*, 2025).

Therefore, organizational climate constitutes a relevant dimension for understanding how professionals perceive, interpret, and experience working conditions. Although related to organizational culture, climate specifically refers to shared perceptions regarding the practices, relationships, and conditions present in the institutional daily routine. Its components include organizational support, communication quality, professional recognition, fairness in relationships, autonomy, cooperation among workers, and the way work demands are distributed. In healthcare services, these dimensions are particularly relevant given the complexity of care activities and the need for continuous coordination among different professionals. Pereira and Mahnic (2025, p. 25) emphasize that "organizational climate is a management element with a direct and measurable impact on the mental health and productive performance of the team," further highlighting that weaknesses related to recognition, appreciation, communication with leadership, and opportunities for professional growth may contribute to demotivation and emotional exhaustion. Thus, the perceptions that workers develop regarding the institutional environment constitute an important dimension for analyzing psychosocial conditions associated with mental health.

Accordingly, the demands imposed by the organization, combined with an unbalanced work environment, affect workers' mental, emotional, and physical health. This context, therefore, provides a basis for the development of occupational illnesses such as Burnout Syndrome, also known as Professional Exhaustion Syndrome (Souza; Oliveira, 2020).

The relationship between organizational climate and Burnout Syndrome becomes more evident when considering that occupational exhaustion does not result exclusively from individual characteristics of workers, but also from the conditions under which work is performed. Oliveira *et al.* (2022, p. 4) explain that:

> *Burnout Syndrome consists of emotional exhaustion, a reduced sense of personal accomplishment, and depersonalization. Among healthcare professionals, emotional exhaustion includes feeling "exhausted" at the end of a work shift, with nothing left to offer the patient emotionally. Depersonalization involves treating patients in the same manner as objects rather than human beings, in addition to treating them insensitively. A reduced sense of personal accomplishment encompasses feelings of ineffectiveness in helping patients with their problems and a lack of value attributed to the outcomes of work-related activities, such as patient care or professional achievements.*

This characterization makes it possible to establish an analytical connection with organizational climate, since environments marked by low recognition, inadequate communication, limited institutional

support, or weak cooperation may constitute contexts in which occupational exhaustion becomes more frequent or intense. Almeida *et al.* (2023), when jointly examining organizational climate, job satisfaction, and burnout among nursing workers, reinforce the relevance of analyzing these variables in an integrated manner.

The characteristics of the work environment may also affect how workers cope with periods of high care-related pressure. In intensive care units, work organization encompasses not only technical aspects but also emotional and relational dimensions, requiring coordination among the various members of the team. Dorneles *et al.* (2023), in their study on burnout, ethical climate, and work organization in intensive care units during the COVID-19 pandemic, demonstrated the importance of considering organizational factors and workers' experiences together. In this sense, ethical climate refers to how professionals understand the institutional values, practices, and conditions that influence decision-making and interactions in the workplace. Analyzing this type of context makes it clear that workers' mental health is intrinsically linked to the way organizations structure their processes, delegate responsibilities, and provide support in situations of high pressure. Thus, the work climate functions as a bridge between organizational conditions and workers' daily experiences.

From this perspective, psychological safety constitutes a fundamental theoretical foundation for connecting organizational management practices with the mental health care of healthcare teams. Introduced by Edmondson (1999), this concept refers to the collective belief within a team that the workplace is safe for expressing hesitations, mistakes, and vulnerabilities without the risk of retaliation or humiliating situations.

When this construct is applied to the hospital context, Nembhard and Edmondson (2006) demonstrate that healthcare teams led by inclusive leaders who value agency and transparency regarding human limitations exhibit higher levels of psychological safety and engagement in improving the quality of care. Thus, organizational climate ceases to function merely as a productivity indicator and becomes a source of emotional support: when individuals perceive that there is openness toward vulnerability, defensive behavior, frequently associated with emotional exhaustion, is replaced by the exchange of experiences and group resilience. Conversely, the absence of such support keeps individuals in a state of continuous alertness, accelerating the emotional isolation and progressive exhaustion inherent to Burnout Syndrome (Oliveira *et al.*, 2022).

The quality and nature of interpersonal interactions and relationships in the workplace constitute fundamental pillars that significantly and decisively influence the professional experience of each employee or staff member. When employees feel that they are treated with respect, receive support, have their opinions heard, and have their value recognized, they are able to experience an environment more conducive to performing their tasks and dealing with everyday challenges. This sense of appreciation creates more favorable conditions for effective performance and positive interaction at work. Conversely, interpersonal relationships characterized by frequent conflicts, lack of recognition, ineffective dialogue, or a sense of injustice may cause the workplace to become an extremely exhausting and uninspiring experience for those involved (Ferreira; Dias, 2017; Silva; Melo, 2023; Galli, 2025).

According to Pereira and Mahnic (2025), weaknesses related to employee recognition, appreciation of the work performed,

communication established with leaders, and opportunities for professional development are closely connected to how employees assess and interpret the institutional environment in which they work. This relationship demonstrates the importance of these factors in shaping workers' overall perceptions of their workplace.

Similarly, Silva and Silva (2024), in an investigation into the impact of Burnout Syndrome on workers' mental health, significantly emphasize that organizational conditions play an essential role in understanding this complex phenomenon. From this perspective, organizational climate transcends the mere function of being a simple indicator of workplace satisfaction. The authors present a series of perceptions concerning how workers experience and understand the various interpersonal relationships, work practices, and conditions that shape and influence their professional trajectories over time.

The literature on healthcare workers also highlights the need for organizational interventions aimed at preventing exhaustion. Moss *et al.* (2017), in a collaborative statement by scientific societies in the field of critical care, present burnout among critical care professionals as an issue requiring institutional actions rather than merely individual coping strategies. This perspective is consistent with the understanding that healthy organizational environments depend on conditions that promote support, communication, cooperation, recognition, and adequate work organization (Ferreira; Dias, 2017; Silva; Melo, 2023; Galli, 2025). Research conducted by Villagran *et al.* (2025) demonstrated that various psychological manifestations associated with Burnout Syndrome were identified among nursing professionals, including negative feelings such as excessive fatigue, anxiety, and depression.

Almeida *et al.* (2023) add to the discussion by examining the relationship between organizational climate, job satisfaction, and burnout, indicating the relevance of jointly considering perceptions of the environment and workers' subjective experiences. In this regard, measures aimed at promoting mental health need to address actual working conditions, including management processes, relationships among teams, the distribution of demands, and mechanisms for professional recognition.

When organizational climate is considered as a factor affecting mental health, burnout can be understood in a broader and more interconnected manner. A healthy work environment is not based on a single institutional characteristic, but rather on the interrelationship among support, communication, recognition, fairness, autonomy, cooperation, and the way demands are organized. While Oliveira *et al.* (2022) address manifestations of burnout among healthcare workers, Dorneles *et al.* (2023) emphasize the importance of studying the phenomenon in relation to ethical climate and work organization.

Pereira and Mahnic (2025) also state that factors such as recognition, appreciation, communication with leaders, and opportunities for professional growth influence how professionals perceive the work environment and the emotional exhaustion they experience. Based on these contributions, organizational climate can be viewed as a variable that helps explain why workers facing the same professional demands may experience different levels of well-being, satisfaction, and exhaustion throughout their careers. This emphasizes the importance of examining not only the presence of burnout but also the organizational conditions that may increase or minimize its occurrence among healthcare professionals.

3. METHODOLOGY

For the development of this research, which addresses the direct relationship between burnout syndrome (BS) and specific organizational factors, such as leadership practices, episodes of workplace bullying, and Quality of Working Life (QWL), we considered it important to adopt a methodological approach that would be attentive and sensitive to the complex nature of relationships developed in the workplace while, above all, maintaining the impartiality required in scientific research.

A qualitative approach was selected for this study because of its ability to perceive and understand social and organizational phenomena based on the meanings attributed to them, as well as the relationships established among individuals and the specific contexts in which such phenomena are constructed and developed. As emphasized by Creswell (2014), qualitative inquiry constitutes a powerful methodological tool for the in-depth analysis of complex issues through the systematic and detailed interpretation of data closely associated with the phenomenon under investigation. Thus, this approach not only contributes to a better understanding of the context in which events occur but also represents a fundamental and highly relevant element in the production of contemporary scientific knowledge across different fields of study.

Bibliographic review and documentary research were employed as complementary procedures. The bibliographic review was based on the examination of scientific articles published in national and international journals, as well as books addressing the subject under investigation. This approach made it possible to compile, organize, and analyze existing scientific knowledge concerning leadership,

workplace bullying, organizational climate, and burnout syndrome, thereby providing a theoretical foundation for discussing the research problem. According to Lakatos and Marconi (2020), bibliographic research is fundamental to the construction of scientific knowledge because organized and systematic engagement with existing scholarly production makes it possible to situate the object of study within the scientific field, identify different theoretical approaches, and establish relationships among previously produced knowledge.

Documentary research, in turn, was employed to examine institutional and regulatory documents directly related to mental health in the workplace and burnout syndrome. The documents analyzed included: the World Health Organization and International Labour Organization, *WHO Guidelines on Mental Health at Work* (2022); the Federal Council of Nursing, *Burnout: Syndrome Becomes Part of the WHO List of Occupational Diseases* (2025); Brazil, Law No. 14,831 of March 27, 2024, which establishes the *Certificate for Companies Promoting Mental Health*; and Brazil, Ministry of Labour and Employment, Ordinance No. 1,419 of August 27, 2024, which amends Regulatory Standard No. 1 concerning general provisions and occupational risk management. The analysis of these documents added institutional, regulatory, and guiding elements to the study that extend beyond academic literature. According to Salge, Oliveira, and Silva (2021), documentary research constitutes a relevant methodological approach to scientific inquiry because it enables the systematic examination of documents as sources of information about a given phenomenon, taking into account their nature, purpose, and production context.

The integrated use of bibliographic review and documentary research proved appropriate to the objectives of this investigation because it enabled the approximation of two complementary dimensions of the object under analysis. The first made it possible to examine national and international scientific literature and understand how scholarship addresses the relationships between organizational factors and burnout. The second enabled this body of knowledge to be examined in conjunction with institutional and regulatory documents related to mental health and working conditions. This combination supported a more consistent qualitative analysis by bringing together evidence from different types of sources without reducing the phenomenon under investigation to a single perspective. Accordingly, the methodological strategy adopted was consistent with the nature of the research problem and the proposed objectives, contributing to an integrated interpretation of the organizational factors associated with burnout syndrome among healthcare professionals.

4. FINAL CONSIDERATIONS

Burnout among healthcare workers is a phenomenon that deserves both scientific and organizational attention, particularly because it is closely related to the actual conditions under which work is performed and to workers' day-to-day psychosocial experiences. It is within the organization of work that workers' mental health acquires a relevance that cannot be separated from contexts characterized by high levels of responsibility, emotional demands, multiprofessional work, and the constant need to respond to patients' needs. From this perspective, the investigation presented herein examined organizational factors associated with the occurrence of Burnout Syndrome, taking into account leadership, moral harassment, and

organizational climate. This analysis made it possible to understand the phenomenon beyond a merely individual perspective, considering how workplace relationships, management practices, and institutional conditions affect occupational well-being.

The general objective was achieved, as the analysis of the evidence available in the scientific literature made it possible to examine the influence of organizational factors, with an emphasis on leadership, moral harassment, and workplace climate, on the development of Burnout Syndrome among healthcare professionals. The three specific objectives were also addressed. The investigation demonstrated, in the first section of the theoretical framework, that leadership styles are related to workers' experiences, particularly through support, recognition, communication, trust, participation, and the quality of professional relationships. In the second section, it was found that moral harassment represents a condition of psychological violence capable of generating occupational distress and being associated with burnout, including when manifested through digital media. In the third section, the analysis demonstrated that organizational climate, considering dimensions such as institutional support, communication, recognition, fairness, autonomy, cooperation, and work organization, constitutes a relevant dimension for understanding the mental health of healthcare professionals.

An integrated interpretation of the findings indicates that burnout cannot be attributed to a single organizational factor. Leadership, moral harassment, and workplace climate have their own characteristics, but they establish relationships that may jointly influence occupational experiences. Inadequate leadership practices may compromise relationships among team members and foster

negative perceptions of the work environment. Likewise, institutional contexts that tolerate abusive behaviors may hinder the protection of workers, while problems related to communication, recognition, and cooperation may intensify the exhaustion experienced in everyday professional life. Taken together, these findings support an understanding of burnout associated with the organizational and psychosocial conditions of work, without disregarding the complexity and multifactorial nature of the phenomenon.

From an institutional perspective, the results of this literature-based analysis emphasize the importance of implementing actions that address working conditions rather than focusing exclusively on individual coping strategies. Managerial training, improvement of communication, recognition of professionals, establishment of safe channels for the reception and reporting of cases of moral harassment, monitoring of organizational climate, and promotion of mental health are actions aligned with a preventive perspective. Future investigations should prioritize empirical, longitudinal, and multicenter studies that explore leadership, moral harassment, organizational climate, and burnout in an integrated manner across different healthcare professions and diverse healthcare settings. Research aimed at evaluating the impact of institutional interventions designed to improve workplace relationships and promote mental health is also relevant.

Future research may expand the findings of this investigation through studies examining, across different contexts and healthcare professional categories, the relationships among leadership, moral harassment, organizational climate, and Burnout Syndrome. It is also recommended that institutional interventions aimed at improving

workplace relationships and promoting mental health be evaluated, thereby contributing to the expansion and practical application of the evidence presented in this study.

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