

RESUMO - SAÚDE E ESPIRITUALIDADE

BURNOUT AMONG MEDICAL STUDENTS AND PHYSICIANS: THE ROLE OF SPIRITUALITY AS A PROTECTIVE FACTOR

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INTRODUCTION: Burnout among medical students and physicians has reached alarming levels worldwide, with prevalence frequently exceeding 40%. Defined by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout compromises both professional performance and quality of care. While traditional approaches emphasize psychological distress and workload, recent evidence suggests that protective dimensions, particularly spirituality, may play a significant role in mitigating its impact. **OBJECTIVES:** To analyze recent evidence on burnout in medical students and physicians, focusing on spirituality as a protective factor and its relationship with resilience and mental health outcomes. **METHODS:** A systematic review was conducted using PubMed/MEDLINE. Articles published between 2021 and 2025 were selected using the descriptors “burnout,” “medical students,” “physicians,” “spirituality,” and “resilience”. Studies not involving healthcare students, physicians or lacking full text were excluded. Preference was given to studies using validated instruments such as the Maslach Burnout Inventory. **RESULTS:**

Burnout is consistently associated with depression, anxiety, and reduced well-being. Conversely, resilience emerges as a key protective factor. Recent studies indicate that spirituality contributes to lower burnout levels indirectly by enhancing resilience and promoting meaning and purpose. Higher spiritual well-being is associated with greater psychological balance, lower depressive symptoms, and improved coping strategies. Among medical trainees, spirituality and religiosity correlate with higher levels of “thriving”, reflecting a broader state of well-being beyond the absence of disease. Spirituality appears to support emotional regulation and existential coherence, buffering the stress inherent to medical training. However, its effects are most evident when integrated with other protective factors such as social support and adaptive coping. CONCLUSION: Burnout in medical education and practice is multifactorial and demands comprehensive strategies. Spirituality emerges as a relevant, though often underexplored, protective factor that strengthens resilience and promotes well-being. Its integration into medical training, respecting individual beliefs, may contribute to more humane and sustainable healthcare systems. Further longitudinal research is needed to clarify causal pathways and guide interventions.

Palavras-chave: "burnout"; "medical students"; "physicians"; "spirituality" and "resilience".