

Motorized Mobility (ALP)-version 2.0" scale and the attainment of rehabilitation goals, assessed using the Goal Attainment Scaling (GAS). Assessments were performed by previously trained independent examiners at weeks 0, 8, 12 e 16.

**Results:** Four children with CZS participated, two males, aged between 3 and 6 years, three were classified as level V and one as level IV in the Gross Motor Function Classification System (GMFCS). All had moderate to severe intellectual disability, and two associated visual impairment. After the 12 weeks of intervention with powered ride-on cars, changes in mobility learning were observed, with an increment of one or two points in ALP, and clinically significant changes in GAS scores, when compared to week 0, in all participants.

**Conclusion:** The intervention with modified powered ride-on cars was potentially capable of increasing learning in motorized mobility and contributing to the achievement of rehabilitation goals in children with CZS. We suggest the development of clinical trials to explore the effects of the intervention on functional gains and participation of children with CZS.

**Implications:** The study presents a fun and low-cost intervention option, through powered mobility training with motorized ride-on cars for children with CZS and severe motor and cognitive impairment, which can be implemented in the child's natural context. In addition, the work contributes to fostering future intervention studies and contributing to evidence-based clinical practice for children with CZS in Brazil.

**Keywords:** Congenital Zika Syndrome, Child, Powered mobility

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## EFFECTIVENESS OF INTERVENTIONS FOR HIGHER EDUCATION TEACHERS WITH BURNOUT SYNDROME: A SYSTEMATIC REVIEW

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**Background:** Burnout Syndrome is a highly prevalent condition among higher education teachers (HET) and can bring consequences such as high levels of emotional exhaustion, depersonalization and reduced professional achievement. The extent to which interventions are effective in managing Burnout Syndrome in higher education teachers remains uncertain.

**Objectives:** Systematically review the literature on the effectiveness of interventions for Burnout Syndrome in higher education teachers.

**Methods:** We systematically searched the MEDLINE, LILACS, Index Psicologia, SciELO, BVS and PubMed databases in search of randomized clinical trials on interventions in Burnout Syndrome. Full texts of included studies were screened to extract data on study design, country, type of population, number of participants, characteristics of interventions, and summary of results. The methodological quality of the studies was assessed using the Physiotherapy Evidence Database (PEDro) scale.

**Results:** Seven randomized controlled trials were selected, with a total of 367 participants and samples ranging from 17 to 185 participants. Five interventions were identified: Cognitive Behavioral Therapy (CBT), Multidisciplinary Meeting with Guided Discussion, Meditation, Stress Management Programs and Auriculotherapy; however, studies reported efficacy in terms of reducing Burnout Syndrome only for CBT interventions ( $p < .001$  for Emotional Exhaustion;  $p = .006$  for Depersonalization and  $p < .001$  for Personal Fulfillment) and Multidisciplinary Meetings with Discussion Guide ( $p < .001$  for Emotional Exhaustion and  $p = .006$  for Depersonalization). The average score, according to the PEDro scale, was 8/10 points, ranging from 5 to 10 points.

**Conclusion:** As for the identified interventions, evidence was found from a small number of studies, small samples and moderate to high methodological quality that suggest that CBT sessions can be effective for Burnout as well as collective interventions of Multidisciplinary Meetings with Discussion Guide. Additionally, such interventions also proved to be effective in increasing HES engagement. Furthermore, Meditation, as an individual intervention, seems to improve anxiety and resilience.

**Implications:** This result implies the need for more research to be carried out to replicate the interventions discussed here and to investigate others, to improve the quality of life of higher education teachers at all stages of their teaching careers.

**Keywords:** Burnout syndrome, Higher education teacher, Intervention

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## MAPPING EVIDENCE ON BURNOUT SYNDROME IN UNIVERSITY PROFESSORS AND ITS RELATIONSHIP WITH ERGONOMIC AND BIOPSYCHOSOCIAL FACTORS: A SCOPE REVIEW

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**Background:** The professional routine of university professors has been gaining prominence in research on Burnout Syndrome (BS), having been considered by the International Labor Organization (ILO) as the most prone to its development, and several studies in the last 20 years corroborate this statement. According to the World Health Organization (WHO) BS is the result of chronic stress in the workplace that has not been successfully managed.

**Objectives:** Map the evidence on BS in higher education teachers and its relationship with ergonomic and biopsychosocial factors.

**Methods:** We carried out a scope review of articles published up to 2021 in Pubmed, Medline, Lilacs and Index Psicologia databases, extracting characteristics of the population, location, study design, BS assessment instruments and synthesis of evidence regarding ergonomic and biopsychosocial factors.

**Results:** Eighteen studies were found in 12 countries, and most used a cross-sectional design (17/18, 94%). Among the evaluation methods used for BS, MBI - Burnout Maslach Inventory was the most used (9.75%), followed by JR-D - Work Demands-Resources (1.8%), CBI-BR - Copenhagen Burnout Inventory -Brazilian (1.8%), BAT - Burnout

Assessment Tool (1.8%). The studies revealed that BS was present simultaneously with the ergonomic factors: Week > 50 hs, Daily shift >8 hs, Recovery time between shifts, Group size > 30 students, Pressure for results, Monotony, Multitasking, Bad conditions at the Workstation, Face-to-face classes and online classes; With regard to biopsychosocial factors, the following were identified: Absenteeism, Lack of time for personal life, Exhaustion, Over 40 years old, Married, with a child < 12 years old, Sedentary lifestyle, Muscle pain, Use of medication for anxiety, depression and others. ... Not having a hobby, Self-esteem, Dissatisfaction with salary, Middle class, Urban, Smoker and Alcoholic. The studies showed a high risk of bias (selection, performance, detection, response, and confusion) and only 6 authors studied the correlation between some ergonomic and biopsychosocial factors with  $p < 0.05$ .

**Conclusion:** It is a consensus that Burnout Syndrome in higher education teachers requires more and more attention, as it may be related to ergonomic and biopsychosocial factors, however it was not possible to confirm a causal relationship, due to the fact that the tests were carried out in cross-sectional studies.

**Implications:** In the professional environment, ergonomic characteristics or those related to work organization deserve greater attention in future research, as well as biopsychosocial factors, as they may be strongly associated with Burnout Syndrome.

**Keywords:** Occupational Stress, Professional burnout, University professor

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## QUALITY OF LIFE IN WOMEN IN THE POSTOPERATIVE PERIOD OF BREAST CANCER SURGERY

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**Background:** Significant advances in the diagnosis and treatment of breast cancer have led to an increase in patient survival. However, the treatment of breast cancer often involves a multimodal approach with surgeries and adjuvant therapies, which still have adverse effects that can affect several domains of quality of life (QoL) in the short and long term. Understanding the effects of breast cancer treatment on the QoL of these women is essential for the development of therapeutic interventions that address the needs of this population.

**Objective:** To assess the impact of surgical treatment on the QoL of women with breast cancer and the factors associated with a greater impact on QoL.

**Methods:** This is an observational study with a quantitative approach, carried out in Fortaleza/CE. Women between 18 and 80 years old, between 3 and 12 months after surgery for breast cancer and under outpatient follow-up, from May 2022 to March 2023 were included. Those with cognitive impairment assessed by the Mini-Mental State Examination (MMSE) were excluded. Sociodemographic and clinical data were collected, and the *Functional Assessment of Cancer Therapy-Breast questionnaire* (FACT-B+4) was applied through interviews to assess QoL. The Fact-B+4 score ranges

from 0 to 164, in which the higher the score, the better the quality of life. The score is also evaluated in the following domains: Physical Well-being (PWB), Social/Family Well-being (SWB), Emotional Well-being (EWB), Functional Well-being (FWB), Breast Cancer Subscale (BCS) and Arm Subscale (ARM). For analysis of associations, Student's t test was used, assuming  $p < 0.05$  for significance.

**Results:** 29 women with a mean age of  $55.9 \pm 10.2$  years were included. The mean FACT-B+4 total score was  $104.3 \pm 16.9$ . The most impacted domains were ARM ( $16.3 \pm 3.6$ ), FWB ( $17.5 \pm 4.2$ ) and EWB ( $18.2 \pm 4.9$ ). There was an association between postmenopausal status and lower scores in the EWB ( $p < 0.01$ ), FWB ( $p < 0.01$ ), PWB ( $p < 0.01$ ) and ARM ( $p = 0.018$ ) domains. Age ( $< 60$  years) was associated only with the ARM domain ( $p = 0.03$ ). Adjuvant therapy, through radiotherapy and hormone therapy, was associated with lower FWB scores ( $p = 0.03$ ;  $p = 0.01$  respectively), while chemotherapy was associated with lower EWB scores ( $p = 0.01$ ). There was no association between the surgical type and the axillary approach in the sample's QoL scores.

**Conclusion:** The FWB, EWB and ARM domains were the most affected after breast cancer treatment, which may be related to impaired self-image, autonomy and performance of activities of daily living. Age, menopausal status, and adjuvant therapy are associated with different impacts on QoL in this population.

**Implications:** Considering the multiplicity of factors that impact the QoL of women operated on for breast cancer is extremely important for the development of assistance and support strategies during the oncological treatment process, not only after surgery, but in the long-term during adjuvant therapy.

**Keywords:** Breast neoplasms, Mastectomy, Quality of life

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## ASSOCIATION BETWEEN FRAILTY AND INTRA-HOSPITAL MORTALITY IN OLDER ADULTS HOSPITALIZED IN A PUBLIC HOSPITAL

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**Background:** Frailty is a decline in the functioning of several body systems, accompanied by an increase in vulnerability to stressors. The condition is related to high risk of falls, hospitalizations, all-cause mortality, and disability, which poses challenges to public health. There is no consensus regarding frailty. Indeed, several validated instruments based on different conceptual approaches have been developed. Professionals face a challenge when attempting to make a clinical assessment that discriminates between low and high-risk groups. There is a scarcity of frailty assessment data for hospitalized older adults. Understanding aspects related to frailty in a hospital setting is essential to providing comprehensive care to these individuals.

**Objectives:** Investigate the association between frailty criteria at hospital admission and intra-hospital death in older patients.

**Methods:** This is a longitudinal observational study of 170 older adults hospitalized in a public hospital of the Federal District,