

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

Conflict of interest: The authors declare no conflict of interest.

Acknowledgment: We are thankful to UNISUAM and Faculdade Inspirar for the Interinstitutional Doctoral class and agencies CNPq, CAPES, and FAPERJ for funding our research.

Ethics committee approval: Not applicable.

<https://doi.org/10.1016/j.bjpt.2024.100784>

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

Jennifer Rego Pereira¹, Lia Rodrigues Rocha¹, Ana Karoline da Silva de Araújo¹, Thalia Oliveira Ximenes¹, Elidia Nascimento da Silva¹, Simony Lira do Nascimento¹

¹Department of Physical Therapy, Federal University of Ceará (UFC), Fortaleza, Ceará, Brazil

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 ± 10.2 years were included. The mean FACT-B+4 total score was 104.3 ± 16.9 . The most impacted domains were ARM (16.3 ± 3.6), FWB (17.5 ± 4.2) and EWB (18.2 ± 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

Conflict of interest: The authors declare no conflict of interest.

Acknowledgment: The authors thank the following Brazilian funding agencies for the financial support: CNPq, FUNCAP, and CAPES.

Ethics committee approval: Maternidade Escola Assis Chateaubriand, Fortaleza, Brazil (approval number 56060622.0.0000.5050).

<https://doi.org/10.1016/j.bjpt.2024.100785>

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

Jeremias Bruno Silva de Oliveira¹, Luciana de Lima Sousa¹, Tayla Gomes de Moura¹, Ingrid Fernandes da Rocha¹, Gabriel Tourino Mafra Teixeira¹, Patrícia Azevedo Garcia¹

¹University of Brasília (UnB), Postgraduate Program in Rehabilitation Sciences, Brasília, Distrito Federal, Brazil

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,