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ORIGINAL ARTICLE

PERCEPTIONS OF NURSES OF INTENSIVE CARE UNITS ABOUT STRESS AT THEIR WORKPLACE

A PERCEPÇÃO DE ENFERMEIROS DE UNIDADES DE TERAPIA INTENSIVA SOBRE O ESTRESSE EM SEU LOCAL DE TRABALHO

PERCEPCIONES DE ENFERMERAS DE UNIDADES DE CUIDADOS INTENSIVOS ACERCA DEL ESTRÉS EN SU LUGAR DE TRABAJO

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ABSTRACT

Objective: analyzing the perception that the ICU nurses have about stress at their workplace. **Method:** a qualitative research with participation of 21 ICU nurses who responded to a questionnaire directed to an association of stress at their workplace. Data were analyzed based on qualitative analysis, in which the answers of the interview, after reading and rereading, were synthesized and allowed grouping into two categories. The research project was approved by the Research Ethics Committee, CAAE. 1098.0.000.153-06. **Results:** the analysis of the responses to the questionnaires led to the grouping into two categories, namely: 1. << Factors intrinsic to work >> and 2. << Manifestations of stress >> **Conclusion:** health institutions with ICUs should be aware of certain aspects in order to providing the nurses appropriate conditions for the development of their work. **Descriptors:** Stress; Nursing; Intensive Care Unit.

RESUMO

Objetivo: analisar a percepção que os enfermeiros de UTI têm sobre o estresse com o seu local de trabalho. **Método:** pesquisa qualitativa com participação de 21 enfermeiros de UTIs que responderam a um questionário direcionado à associação que fazem do estresse com seu trabalho. Os dados foram analisados à luz da análise qualitativa, na qual as respostas do roteiro de entrevista, após leitura e releitura, foram sintetizadas e permitiram agrupamento em duas categorias. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n. 1098.0.000.153-06. **Resultados:** a análise das respostas aos questionários levou ao agrupamento em duas categorias, sendo elas: 1. << Fatores intrínsecos ao trabalho >> e 2. << Manifestações do estresse >>. **Conclusão:** instituições de saúde que possuem UTIs devem estar atentas a determinados aspectos no sentido de proporcionar aos enfermeiros condições adequadas para o desenvolvimento de seu trabalho. **Descritores:** Estresse; Enfermagem; Unidade de Terapia Intensiva.

RESUMEN

Objetivo: analizar la percepción que las enfermeras de la UCI tienen acerca del estrés con su lugar de trabajo. **Método:** investigación cualitativa con la participación de 21 enfermeras de la UCI que respondieron a un cuestionario dado para hacer la asociación del estrés con su trabajo. Los datos fueron analizados con base en el análisis cualitativo, en el que las respuestas de la entrevista, después de leer y releer, se sintetizaron y se dejan agrupar en dos categorías. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, CAAE. 1098.0.000.153-06. **Resultados:** el análisis de las respuestas a los cuestionarios condujeron a la agrupación en dos categorías, a saber: 1. << Factores intrínsecos al trabajo >> y 2. << Manifestaciones del estrés >>. **Conclusión:** las instituciones de salud con las UCI deben estar conscientes de ciertos aspectos con el fin de ofrecer a los enfermeros las condiciones adecuadas para el desarrollo de su trabajo. **Descriptores:** Estrés; Enfermería; Unidad de Cuidados Intensivos.

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INTRODUCTION

Currently the word stress has been much contested, associated with feelings of discomfort, and increasing the number of people who call themselves stressed or relate to others in the same situation. Stress is often viewed as something negative that causes impairment in overall performance of the individual.¹

The so-called biological stress is described as a general adaptation syndrome (SAG). Selyes is called as the "father" of the theory of stress due to delimitation which put stress on the use of the term, ie, one can talk about stress since there is the release of catecholamines, glucocorticoids and mineralocorticoids. Despite this breakthrough, there was need to encompass the important role played by the individual, placing the review of the subject in relation to the stressor as a key part in the onset of stress.²

Stress is defined as any event that requires from the internal or external environment and that tax or exceeds the sources of adaptation of an individual or social system. Its primary assessment steps, performed when the individual is confronted with the event and evaluates how irrelevant and not provocative stress or as a (positive) deviation or (negative) threat and trigger the both biological manifestations of SAG. Describe the secondary evaluation when the individual assesses their potential to face the stressful situation and how you can use the coping mechanisms.³

The concept of stress is understood as an assessment that the individual makes the situations which are exposed as being more or less stressful. That is, what in your work is identified as a negative situation, difficult coping.⁴

A place that can be a major trigger of factors that generate stress is the workplace. One must know how to identify what are the factors that put stress to be able to somehow deal with what bothers you.

Occupational stress has increasingly affected the health of workers and the economy of developed and developing countries. Numerous researches have been developed aiming to understand the impact of stress in organizations and the illness of the worker.⁵

Nursing is a stressful profession, the stress of the profession is related to the fact that the professional working with patients who require great demand of compassion, grief and sympathy. The nurse when dealing with this situation may feel angry, depressed and

disappointed. These feelings may be considered incompatible with the professional performance, thus bringing guilt and increased anxiety.⁶

The functions of nursing are quite diverse and include activities both simple nature for its execution, which can be performed by personnel who received in-service training, many complex activities whose performance and success require use of professional personnel with scientific knowledge, ability to analysis, judgment and decision.⁷

Any occupation is subject to various difficulties, especially those that are directly related to care of people. It seems that in this case, nursing carries some aggravating because it is a predominantly female profession and therefore further explored, and sustain significant historical bales such as having to serve and give them in service to human needs.⁸

There seems to be a tendency to identify a relationship between the stress of the nursing staff with working conditions: excessive standardization of work procedures, routine and repetitive activities, low pay, which urges professionals to perform journeys of more extensive work, beyond difficulties in interpersonal relationships.⁹ There has been a quest for an increasingly educated the individual patient and this has stimulated technological innovation and support the modernization of hospitals.¹⁰

This study will focus on the work in intensive care units (ICUs). ICU is a unit that aims to care for critically ill patients who require intensive and continuous monitoring of their condition. This type of unit should contain specific physical plant, specialized materials, skilled labor and continuing education to ensure the proper care to clients.¹¹

Services occupy hospital intensive care spaces for the care of critically ill patients who require complex and specialized care. These services have the following objectives: focus human and material for the care of critically ill patients requiring ongoing care resources, and the use of appropriate for continuous observation and monitoring of vital patient conditions and technological resources for intervention in situations of decompensation.¹²

The presence of nursing staff in the ICU is indispensable. The nurse develops management and care activities, and plays an important role in preserving the physical and psychosocial health of patients. The professional must be able to perform complex

activities, which the theoretical basis, combined with leadership, discernment, responsibility and practice are critical.

There are situations of stress inside the ICU, because of the constant expectation of emergencies, the high technological complexity and concentration of seriously ill patients prone to sudden changes in condition. The work environment is characterized as stressful and emotionally compromised generator atmosphere, both for professionals and for patients and their families.¹³

Other factors that trigger stress within the ICU may be the difficulty in accepting death, scarcity of material resources (beds and equipment) and human resources, and making conflicting decisions regarding the selection of patients to be served. These are some of the ethical dilemmas and professional experienced daily by the team working in intensive care. These situations create tension between professionals and, in general, negatively influence the quality of care delivered to clients.¹⁴

The emotional profile of nurses who works in ICU undergoes changes in the course of duty, which can be related to wear and own stress the activity of providing assistance, especially in these units, where there is demand for high level skills and need for immediate responses emergencies.¹⁵

There are variables that also interfere with the performance of nurses in ICUs, such as: environment extremely dry, refrigerated, closed and artificial lighting; continuous and intermittent internal noise; constant interplay between people of the same team throughout the shift, as well as the excessive demands of safety, respect and responsibility for the patient in suffering, pain and impending death, to guarantee the quality of care. These indicators certainly result in a climate of tense and exhausting work, causing demotivation, conflict between team members and stress to the working group and in particular with the individual worker.¹⁴

The ICU nurse, besides having to provide an excellent patient care, needs to maintain the quality standards that care within their work environment. Has a managerial responsibility and care that generates constant concerns and demands on their professional capacity, enhancing situations that elevate your state of stress.

In the research on stress in nursing in intensive care units are observed many studies based mainly on questionnaires, scales and observations, with results that encompass

most of the time figures to classify the individual as stressed or not.^{4,8,17,18,21} However, these studies fail to achieve the professionals' perception about the stress in their work environment. According to the above, it is believed to be of fundamental importance to the special attention to professional nurses working in ICUs, especially with their perception approach to the workplace, therefore, one would assume that studies the manifestations of stress between occupational nurses develop their professional activities in ICUs may help a better understanding of the problems faced by the class and allow intervention proposals and seeking solutions.

OBJECTIVE

- Analyzing the perception that ICU nurses have about the stress at their workplace.

METHOD

Original article written from the Paper <<*The stress in nurses working in intensive care units*>> submitted to the Postgraduate Program in Psychiatric Nursing - Nursing School of Ribeirão Preto/USP.

The study is of qualitative descriptive nature, grounded to an interview script. It was requested authorization from eight hospitals in the State of São Paulo, of which only five agreed to participate.

To avoid possible identification of the subjects, we chose not to disclose it by the cities nor the names of hospitals that agreed to participate, whereas in some, only two or three nurses were included. Thus, for a simple characterization, it was considered appropriate to appoint the hospitals; B; C; D and F.

Hospitals A and B are charity institutions considered midsized. Their ICUs have ten beds and the box nurses working in the unit is four and five respectively. Hospitals C and D are also charities, classified as large and have their ICUs respectively eleven thirteen beds, and the hospital nurses box C is seven professionals and hospital D of ten professionals. The hospital F is a private hospital, classified as small, its ICU has five beds and your body for nurses is three. All ICUs included in the study are intended to meet the medical and surgical patients.

At the hospital A, two nurses participated in the study; at B, there were three; in C there were five nurses; there were nine nurses in D; and at the F one participated two nurses. The total number of subjects was possible twenty-nine, but, as shown, were

included in this study twenty one, due to the following reasons: three were on vacation; one was a pregnant woman leave and four had less than one year of operation in local ICUs of the study and are not included because they are early in the development of their activities in these environments, and therefore still experiencing a process of adaptation, hence with the risk of creating'd come in their responses to the instruments used for data collection.

This study design complied with the requirements of Resolution 196/96 of the Ministry of Health and was examined and approved by the Ethics Committee on Human Research of the School of Nursing of Ribeirão Preto, University of São Paulo and by CAAE. 1098.0.000.153-06, getting favorable opinion for publication under Protocol No. 0693/2006. The nurses who were willing to participate in the study signed the consent form.

After approvals regarding ethical procedures, contact with the study subjects for the call for participation and submission of research material relating to data collection were made. The material constituted into a script of questions about the personal characteristics of the nurses study subjects and a questionnaire with two open questions regarding your knowledge about stress and the association he makes the definition of stress in your workplace and their perception of

stress. The material was delivered to each subject nominally, in your own workplace with all necessary information for your answers and contact addresses to the researcher, in case of need esclarecimentos and / or questions. To respond to the material within ten days from the date of delivery and were collected by the researcher on the appointed day and the same place was stipulated. A notice of the gathering was done by phone with two days notice. Previous tests with nurses not included in the study showed that the average time to fill all the material did not exceed thirty minutes, and no difficulty in filling were presented. It was further requested the study subjects, who fulfilled the stuff in your house, outside the work environment, in order to reflect appropriate for each item and the absence of researcher time, understanding that the ICU environment does not allow nurses to this reflection.

The data were analyzed based on the qualitative analysis¹⁶, where the raw survey responses, after reading and rereading, were synthesized and allowed a grouping into two categories: Intrinsic factors to work and Manifestations of stress.

RESULTS AND DISCUSSION

The personal characteristics of nurses participating in this study are presented in the table that follows:

Tabela 1. Personal characteristics of the searched ICU nurses (August 2007).

Variables	n	%
1 - Gender		
Male	02	9,5
Female	19	90,5
2 - Age (in years)		
24-30	10	47,6
31-40	08	42,8
41-50	03	9,6
3 - Marital status		
Single	09	42,8
Married	10	47,6
Divorced	02	9,6
4 - No. of children		
0	11	52,4
1	07	33,3
2	03	14,3
3	00	00,0

Nursing is a predominantly female profession and the subjects included in the study did not escape from this characteristic of the profession, becoming in 90,5% of the workers' gender in question. The ages of the participants in the study were 47,6% between 24 and 30 years old and 42,8% between 31 and 40, allowing the statement that 90,4% were aged 24-40 years old or be extremely productive.

There has been a considerable reduction in the number of nurses with more than 40 years working in ICUs, which may lead to the

understanding that these professionals when they reach that age, are absorbed in other sectors, seeking administrative positions, seek teaching area or even drop out of the profession.¹⁷

It is perceived that the experience of these professionals in the ICU is between 42,.9% experienced 1-4 years and 38,2% experienced 5-8 years, and a small percentage has experience of over 10 years.

This result can be understood as favorable a balance towards a good professional performance with regard to the development

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of general procedures of the profession, because with less experience always has great chances to discuss their problems with those with more experience probably divide the same space at the same time interval. Relating this to the stress factor, there is a special meaning greater the time of graduation, the lower the stress due professional safety and provide greater technical control of the situation.¹⁸ It is also noticeable that the majority (57,1%), working around 36 hours per week with critical patients, accounting for an average of 6 hours per day.

It notes the fact that 66.6% of these professionals have another job in another health institution. This is probably due to the salaries of the professional class, which according to the Nurses' Union of São Paulo presents a floor around \$ 2,000 (two thousand dollars) to providing services within the State.¹⁹ Undoubtedly, the fact that the professional serving two tours of duty, with responsibilities for nurses, accentuate the chance to meet these professionals stressed.

Besides developing activities with critical patients at imminent risk of death are sources of stress, the personal characteristics of the study participants presented several factors that should also be considered in the development of stress, namely: the female adult life cycle, being married, having children, dual employment relationship and work at night.²⁰

As noted, the analysis of the responses to the questionnaires led to the grouping into two categories, namely: 1. << Factors intrinsic to the job >> and 2. << Manifestations of stress >>

In category << Factors intrinsic to the job >>, emerged four subcategories: 1.1. Inadequate resources; 1.2. Interpersonal relationships; 1.3. Excess activities and turnover of beds; and in category << Manifestations of stress >>, two subcategories emerged: 1.1. Physiological manifestations; and 2. Psychological manifestations.

In category **Factors intrinsic to the work** called attention to continuous and prolonged exposure to the difficulty of inadequate resources. Given the scarcity of human and material resources, the professionals do what they can, but do not fail to associate these situations to stress.

(...) stress is work in poor conditions with lack of human and material resources(...) E 10

(...) The lack of material and human resources (...) E 18

(...) The lack of equipment and staff make

me nervous (...) E 15

(...) Also the fact that in some situations we are not solving, lack of resources (...) E 9
Feeling or situation impossibility of adequately solving a particular problem or condition, mainly due to lack of human and material resources. E 20

The care process becomes frustrating, especially because of the difficulties arising from working conditions.¹⁴

The significant association found stress with lack of human and material resources, was also observed in another study reporting a lack of material resources with a major problem of the nursing staff.²¹

The interpersonal relationship also showed a correlation with stress. The study subjects associate that there is a strong indication of stress in relation to staff that works.

(...) Does not have the medical team collaboration (...) E 18

(...) The work environment is not smooth (...) E 1

(...) Always live with the same team (...) E 8

(...) Taking care of a team (...) E 4

(...) Not harmonious working environment where individualism implies a fierce competition and sometimes inhumane and that makes us competitors (fighters) rather than employees. E 13

An act is required by the team working in ICUs to find a balance and decrease vain and arrogant attitudes. The environment is unstable, agitated and the presence of a leader who highlighted the importance of dialogue, value honesty and respect between friends with everyone, motivating building a united team is required. It is noteworthy that this team is responsible for the care provided to critically ill patients and the quality of care depends on the relationship that exists between these professionals.

The difficulty of working in teams was also found in another study which shows that the ICU environment is stressful enough, and the group that operates this site requires care, because the result of the work depends on the team as a whole.¹⁴

In ICUs interpersonal relationships are narrower which can increase self-actualization and self-esteem and a more organized environment.²¹ What is not in accordance with the opinion of nurses in this study.

We also observed other activities that generate stress, by nurses, involving interpersonal relationships, such as the patient's impatience, angry and intolerant accompanying medical.²²

Another important association made by the subjects in the category was with the

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excessive activities. Professionals show a strong relationship between stress, excessive activities and workload.

Problems at work revealed an excess of activities and peculiarities of an ICU.²¹

(...) Excessive load charges and responsibilities (...) E 17

(...) É live racing against the clock, take time to meet (...) E 5

(...) Develop and be responsible for many activities at once. E 7

(...) Perform tasks and go through situations that require beyond our strength (...) E 4

In a study of ICU nurses we observed that stress has higher rates when related to personnel management activities and conditions of the work environment.¹⁶

Expectations regarding the performance of activities related to personnel administration are gradually affected by poor working conditions, leading to job dissatisfaction and an imbalance between the demands of work and the ability to meet them favoring job stress.²³

The turnover of beds was also indicated as a subcategory, since those subjects relate the need for beds to stress. That the fact that patients who are discharged from the ICU may not have vacancy in the ward, as well as patients who are urgently awaiting beds in the ICU can not get the job. For nurses in the study, this type of situation, not uncommon in many hospitals, is a relationship with stress in the workplace.

(...) The rotativity of beds and patient is also bad. It seems that guilt is the nurse at the hospital being crowded. E 14

(...) The rotativity of beds and patients, lack bed in the infirmary for a patient down this high, there is stress on the unit due to the urgency of the hospital bed for a critically ill patient. For me this is my worst stress. E 3

(...) The rotativity of the unit, both as inpatient beds. It is high patient without bed in the infirmary. It is critically ill patient waiting bed. (...) E 21

Regarding the **Manifestations caused by stress**, the associations were physiological and psychological. These professionals work daily with situations of emergency, life-threatening scarcity of material resources, difficulties in interpersonal relationships, excessive activities, etc. Anyway there are numerous events that arouse different sensations. But in their responses drew attention in relation to psychological aspects, the issue of discouragement, despondency and mental fatigue. The nurses study subjects made a strong relationship of these symptoms with stress.

(...) I sometimes feel discouragement and lack of motivation. E 6

(...) Can work wear making it tiring and discouraging. E 9

(...) I'm unmotivated, have no more interest in seeking to improve the quality of their work. E 11

(...) Difficult time, discouragement (...) E 12

(...) Often disincentive is responsible for stress. E 1

(...) In this profession the load stress is a major responsibility, in my opinion desestimulação by some sufferers. (...) E 16

As physical manifestations professionals showed symptoms like depression, migraine, sleep loss, fatigue, nervossismo, irritation, impatience and fatigue. The same was found in another study in which the main symptoms presented by the majority of employees were: headaches caused by muscle tension or pain, followed by fatigue sensation.²²

According to one of the responses, stress was associated with the fact fulfilling activities and obligations and diseases, lack of pleasure, desire to sleep and reduced cycle friendships.

You cannot complete my duties, tasks, appointments, without having any negative or harmful physical, mental, social or spiritual impact. Eg somatized diseases (gastritis, migraine), depression, lack of recreational activities, like sleeping in spare time, reduced number of friendships. E 19

Stress was also associated with the manifestation of mental and physical fatigue, relating to excessive load of charges and responsibilities, which can lead to discouragement and lack of motivation.

Stress is a manifestation of physical and mental exhaustion, caused mainly by the excessive load times of collection and responsabilidades. As feel discouragement and lack of motivation. E 6

Some studies show that professionals make a significant association between the level of stress imposed by the grievances and work in health status.^{24,26,29}

Draws attention to the professionals of the study did not have any kind of association, in their speech, the stress the fact meet critical patients to cope with constant death nor the relationship with family members of patients. It is believed that this may be an indication that these professionals consider these facts as part of the routine, know how to deal with it and have linked these situations to your day to day so as not to perceive them as significantly stressful or tiring.

When considering that the death of patients and the need for emergency care in

the ICU are constant, it is assumed that there is acceptance and internalization of these events as natural to the work process carried out there. This can be explained by the high technological sophistication exists in this sector, in which context, often relying work extremely technicist.²⁵

Not observed the same results in other studies, where the loss of a patient leaves a sad, with a feeling of emptiness and helplessness against the death team. Employees report that communicating bad news to relatives that is a factor that causes them physical and psychological disorder.²²

When discussing the issue of family care that guide and/or meet the family members of critically ill patients it is also known is no easy task given that, regardless of education level or degree of understanding, the family experiences an odd moment feelings related to the illness of a loved one, coupled with the denial of disease severity, anxiety and fear of death, may pose hindrance to understanding and interaction with the staff of the ICU and therefore cause occupational stress. The moment of guidance and service to family, points to another study, can be regarded as stressful by nurses due to the fact the approach with the patient's family, which triggers a process of identifying feelings, besides involving the patient.²⁶

This study allows the observation that stress and psychological distress are related to work organization, as well as other studies, where it proves this relationship not only with the characteristics of the profession, but with occupational factors and interpersonal relationships that clearly contribute to the development of the issue in.²⁷

There is a lack of research on the prevention and/or minimization of stress in workers, either in the ICU or in healthcare and nursing. However, as in other fields of endeavor - not turn to the provision of health care - one can follow the recommendations of institutional prioritization, the development of labor-mature work, with training programs that address the development of proactive stress coping skills, such as self-regulation skills; analysis and problem solving; decision-making; socioemocionaisl and skills.²⁸

Organizations should implement measures of quality of life of workers, not only in the thinking process and profitability, but the health professional, scheduling mechanisms facilitators and promoters of health in the intensive care unit.²⁹

Note the need for investment, administered in order to search for healthy

environments and better working conditions. This arguably reflected in improvements not only for the professional but also the quality of customer service leading to a decrease in absenteeism, both for motivation, as for licenses to health care, and yet on the length of hospitalization because the patient, assisted by professionals satisfied, certainly brings great potential for faster recovery, even in the case of UTIs, thus providing less expense to the hospital.

CONCLUSION

The combination of the stress that professionals study participants did with their work environment in ICU with the fact that they work with inadequate resources, having excess activities, turnover of beds and interpersonal problems, allowing the conclusion that the institutions involved in the study, in general, could be more aware of certain aspects in order to provide these professionals more tranquility to the development of their work.

There were noted as the main psychic manifestations discouragement, despondency, mental fatigue and depression, and as physical manifestations, migraine, sleep loss, fatigue, nervousness, irritation, impatience and fatigue, allowing the conclusion that the physical and psychological suffering is present in these professionals, and it certainly interferes with the quality of care.

Not noted in their reports the fact constantly dealing with critically ill patients, with patients and their relatives with death as a source of stress, leading to the conclusion that they are prepared to deal with these situations and face as routine situations.

Although limited in this study with a small sample of nurses, it is considered that it is real value to draw attention to the fact that despite the stress be discussed since long, it is today studied by many researchers from various areas, yet professionals still do not receive the special attention to institutions facing their generation sources.

We conclude that the investments managed in order to search for healthy and better working environments, arguably reflect improvements in not only for the professional but also the quality of customer service.

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