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STRESSORS AGENTS IN INTENSIVE CARE: VISION OF NURSING PROFESSIONALS

AGENTES ESTRESSORES NA TERAPIA INTENSIVA: VISÃO DOS PROFISSIONAIS DE ENFERMAGEM

AGENTES ESTRESSORES EN LA TERAPIA INTENSIVA: VISIÓN DE LOS PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: to analyze the most significant stressors agents for the nursing staff of Intensive Care Unit. **Method:** descriptive study of qualitative approach conducted with 21 professionals from ICU of a University Hospital in Natal-RN. The data production was collected by semi-structured interview technique and the analysis by the Technique of content analysis on thematic mode. The study had its project approved by the Committee of Ethics in Research by CAAE: 0037.0.294.000-11. **Results:** from the speeches, the following category emerged: 1. The work environmental stressors and two subcategories: 1a. The routine care in the ICU; 1b. Direct care to critical patients: pressures and charges. **Conclusion:** the daily stressors agents in the everyday life of these nursing professionals were the care routine and care for critical patients. **Descriptors:** Nursing; Intensive Care Unit; Stress.

RESUMO

Objetivo: analisar os agentes estressores mais significativos para a equipe de enfermagem da Unidade de Terapia Intensiva. **Método:** estudo descritivo de abordagem qualitativa realizado com 21 profissionais da UTI de um Hospital Universitário, em Natal-RN. A produção de dados foi realizada pela técnica de entrevista semiestruturada e a análise pela Técnica de análise de conteúdo na modalidade temática. O estudo teve seu projeto aprovado pelo Comitê de Ética em Pesquisa mediante CAAE: 0037.0.294.000-11. **Resultados:** a partir das falas, emergiram a seguinte categoria: 1. Os estressores do ambiente de trabalho e duas subcategorias: 1a. A rotina de cuidado na UTI; 1b. Cuidado direto a pacientes graves: pressões e cobranças. **Conclusão:** os agentes estressores diários no cotidiano desses profissionais de enfermagem foram a rotina do cuidado e o cuidado destinado a pacientes graves. **Descritores:** Enfermagem; Unidade de Terapia Intensiva; Estresse.

RESUMEN

Objetivo: analizar los agentes estresores más significativos para el equipo de enfermería de la Unidad de Terapia Intensiva. **Método:** estudio descriptivo de enfoque cualitativo realizado con 21 profesionales de la UTI de un Hospital Universitario, en Natal-RN. La producción de datos fue realizado por la técnica de entrevista semiestructurada y el análisis por la Técnica de análisis de contenido en la modalidad temática. El estudio tuvo su proyecto aprobado por el Comité de Ética en Investigación mediante CAAE: 0037.0.294.000-11. **Resultados:** a partir de los discursos, surgió la siguiente categoría: 1. Los estresores del ambiente de trabajo y dos subcategorías: 1a. La rutina de cuidado en la UTI; 1b. Cuidado directo a pacientes graves: presiones y cobranzas. **Conclusión:** los agentes estresores diarios en el cotidiano de esos profesionales de enfermería fueron la rutina del cuidado y el cuidado destinado a pacientes graves. **Descriptores:** Enfermería; Unidad de Terapia Intensiva; Estrés.

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INTRODUCTION

Stress related to work is conceptualized as a set of phenomenon present in the body of the worker and it can affect their health.¹ Depending on the type of activity that the employee performs, stress can trigger various consequences on organization of work, in interpersonal relations and in the physical and mental body of these professionals.

Healthcare workers are among the occupations subject to the development of stress, in particular nursing professionals, since they are responsible for the direct care provided to the patient, the hospital sector organization, in addition to several duties. In addition, nursing has the characteristic of performing a work that deals with the suffering of others, interpersonal relations, emotional and psychological involvement, daily work routines of twelve to twenty-four hours, workload and activities, adding even unhealthy working conditions and insufficient inputs to work properly.

Among the stressful work environments in which nursing is acting, it can be highlighted the care services to patients in critical condition in which severe conditions require completely direct care of these professionals, such as Intensive Care Units (ICU).

The ICUs are characterised by being indoors environments with great technological tools that require a direct control and of specific knowledge. For this reason, the provision of care developed by professionals of the environment must be safe and free from errors, considering that patients of these units have the characteristic to be hemodynamically unstable and total need, dependent on a professional, where any failure in that care may be fatal.

At the same time, the nurses claim complex activities involving greater risk for patients, as conducting invasive procedures, total dependence for realization of any direct care and also, these professionals are still the direct responsible for the nursing staff.² All these responsibilities are inherent to the position and these workers often are still faced with conflicting interpersonal relationships, both with other members of the health team as well as with relatives of the patients.

Many professionals have double bond, i.e. double workday, sometimes related to the same routine of tension and stress of ICU. These circumstances become instrumental in the rise of tension in the workplace, causing

stress among the individual members of the health team.

This tension cause reflections on personal and professional lives of the nursing staff, which can be perceived in the health condition, such as high rates of hypertension, insomnia, moodiness, aggressiveness, lack of time for the family, demonstrating direct reflections on quality of life of these professionals.

Thereby, the articulation between these determinants of stress present in the workplace can lead the worker to a situation of occupational chronic stress, thus creating chronic problems of health, for example, the professional exhaustion syndrome, or Burnout Syndrome. With this, it is important to note that research to help investigate, guide and combat the main events stressors in the work environment are key to understanding the focus of this issue and so try to avoid the chronic stress of nursing worker. In this context, this study had as its guiding question: how stress is experienced by the members of the nursing staff of Intensive Care Unit of a Hospital University in Natal-RN?

To answer the guiding question, an objective was created:

- To analyze the most significant stressors agents for the nursing staff of Intensive Care Unit.

METHOD

Descriptive study of qualitative approach³, carried out with the ICU nursing staff of the Hospital University, about the reality and the stressors they experience.

The data collection instrument was a demographic questionnaire, in order to characterize the study subjects and a semi-structured interview.

In the months from October to November 2011 five nurses and 16 nursing technicians participated. All met the following inclusion criteria: to act in the area for at least 6 months and not be on vacation or license of any kind.

The questionnaire and the interview were used in the own work environment, where the researcher explained about the research, requesting the informed consent form/ICF and after, in a private place.

The data were recorded in a mp4 player, transcribed and analyzed according to the Technique of Content Analysis on thematic mode: systematic evaluation of messages of the interlocutors, data synthesis as the steps



of initial ideas, organizing pre-analysis and systemizing the preliminary information collected; analysis, coding the information through a thematic evaluation and interpretation, when units of meaning present in the interviews, defining the themes that shall base the study.⁵

After this process, the category has emerged: 1. The workplace stressors, subdividing into two subcategories: 1a. The routine care in the ICU; 1b. Direct care to serious patients: pressures and charges.

The study had its research project approved by the Committee of Ethics in Research by CAAE: 0037.0.294.000-11.

RESULTS AND DISCUSSION

As to the characterization of the study subjects, it was noticed that most were female, between 30 and 39 years old, married, with two employments and some with three employments.

This scenario is consistent with the current reality of nursing professionals, since this is an eminently feminine profession and the occurrence that can sometimes generate the triple employment, because, besides exercising the profession, these women still work at home, in their "obligations" of mother and wife.⁶

This brings consequences of accumulation of different tasks affecting the health of these workers. It is also important to highlight that the coexistence with the need to work outside home and with the desire to take care of their children bring these contradictions and conflicts to these women.⁷

In addition, the necessity of two employment was also evidenced in the literature constantly in this profession. Many times is related to shift work, low wages, social and individual factors that cause increasing workload.⁸

It is seen in this research the increasing of workday being a determining factor for appearance of diseases of the body and mind of the employee. In most cases, this professional has a dedicated life, almost exclusively, on workdays, restricting leisure time, sleep, rest and other activities, which triggers a series of reflections on the body and mind of those workers, as can be viewed in the category below.

• Stressors in work environment

The performance of the nursing team in intensive care requires a direct actuation with situations that can affect them both physically and psychologically. After all, this environment is one of the most critical of the

hospital unit, with the constant contact with situations that require their attention, workers skills and technical and scientific knowledge appropriate to deal with the technological devices and with hemodynamically unstable patients. In addition, they are increasingly sophisticated sites, bureaucratized and mechanistic, making the complex and unstable work environment and exposing the workers to situations of great stress for working with emotions of patients, their families and their own emotions.⁹

Among the adverse situations that this routine requires, it can be highlighted: the contact with hemodynamically unstable patients and their risk of death; impaired interpersonal communication between professionals or professionals with patients; in addition to a physical environment that demands constant attention, care and self-control. Soon, there are highlighted as sources of tension that cause the stress on nursing staff of intensive therapy of HUOL: the worker process of these professionals, internal pressures and the self-demand.

As stressors agents, there were: the daily routine in intensive care, related to the work process; poor communication between team members, such as organizational factor; and the self-demand and to give an appropriate care to the serious patient.

•♦ The routine care in the ICU

The daily routine reported by the interviewed professionals is related to the physical environment of intensive care and with the organization of care for patients. It is known that such units are critical hospital areas, involving a restricted group of employees per shift, which creates an isolation of this team to the detriment of other areas of the hospital; and there may be a reduction in the employees for the demand of patients needing care. Thus, analyzing the physical area of the ICU, it is observed an area with artificial lighting, air conditioning, noise of monitors, artificial fans and entry restricted to professionals who work there, becoming a fixed team, leading in a long continuous coexistence in the same routine and work with the same people. These peculiarities of the ICU of HUOL were highlighted by its workers as stress factors, as it can be realized below:

Because the ICU is a stressful area, is a closed area, you do not see the time passing, in one day, a lot of people dying, serious people. (I2)

That's because it's a lot of noise, TV, phone, machine, pump, telephone, people talking,



people calling, diet beeping, is a very stressful and I'm pretty quiet. (I4)

These physical stressors end up leading to a professional level of tension, increased in their daily life and service in the organization, especially for those who have a lot of time in these critical units service. Among other factors, an environment extremely dry, refrigerated, unopened and with artificial lighting can be triggering psychic disorders in nursing workers who work in these units, including anxiety and depression.⁹ in addition, the noise was identified as potential generators of stress. After all, in addition to auditory effects, it is able to trigger mental disorder in these workers. For nursing professionals, by performing a job that requires concentration and understanding, the presence of noise in closed environment is responsible for bringing a change in the ability of concentration, sleep disturbance and annoyance.¹⁰

The high level of noise is still cited as an occupational risk that the work environment brings to the worker. It possibly interferes in health and nursing professional performance, reducing their satisfaction with employment and hindering the care they offer to their patients.¹¹

The relationship that this professional has with the organization of work and the operating environment will influence directly the lifestyle and care for patients, because a workplace which gives tension to the worker bringing bad consequences.

One example is the lack of concentration to perform certain procedures and as a consequence, the occurrence of errors. In addition, a working environment that causes the stress will bring to the team a sense of dissatisfaction with the work and modification in the care they provide.¹²

Direct care to serious patients: pressures and charges

As for the professional exercise and care for patients, respondents also characterized their routine as stressful. After all, the care provided to critical patients generates a constant contact with unexpected situations, like emergency room, emergency procedures and even death.

Thus, these professionals characterized their care as complex and permeated by various feelings, as can be seen in the following statements:

You work in an ICU, in a critical area that you have to be ready to take care of your patient, you have to come with a willingness to work [...] because in the ICU you cannot

get asleep, there are those patients who have a lot of pumps. (T12)

The daily life marked by direct care to the serious patient that needs full-time direct care and support generates stress in the workplace, since one of the characteristics of these patients is that they are totally dependent on the care of the nursing staff for the maintenance of their health, which ends up causing tension to the worker.

The respondents showed a sphere of tension regarding the direct dependency of patients. This can be visualized in the following speech:

Sometimes you're with only one patient, but this patient is extremely serious, we have to stay observing him and this generates a lot of pressure, you have to be very attentive. (T11)

Some studies have mentioned that nursing is stressful due to responsibility for people's lives and because of the proximity to clients, in which suffering is almost inevitable, requiring dedication in the performance of their functions and increasing the probability of stress.¹³

The constant contact with this work routine - added with a necessity of self-control, the willingness to serve the user, the complexity of care, personal factors, such as age, gender, number of links, employment and the length of service - affecting the physical body and these professionals with psychological stress.¹⁴

The importance of recognition of these stress factors in the daily routine by these professionals consists in the fact that, in order to have a secure environment, it is necessary to recognize that the job might trigger in the worker. This will favour the reduction of tension and stress and, consequently, improved nursing care.

The professionals of this study also reported that often feel a personal and individual demand to perform an appropriate care, as well as they realized pressure by providing a safe and error-free service for the patient and for the team.

It is noteworthy that the patients hospitalized in ICU require complex care, and performance of this function requires a suitable professional training. Thus, for being in situations of life and death, confrontation with the pain of others, can trigger these professionals the feeling of internal pressure to perform error-free care, causing stress in the everyday life of their work.

These pressures and demands give a greater difficulty for workers as they limit the situations to the answers attributed to be



reflected in increased work and the human cost of the activity, compromising physical, cognitive and psychological aspects.¹⁶

It was mentioned by one of the respondents that the fact of being under pressure from their superiors generates an accumulation of tension, that can also influence in the care to patients in a negative way. Therefore, it is necessary that these professionals can understand what interferes in their care to patients so that their way of working is not affected.

CONCLUSION

Stress is part of everyday life of human beings, leading to situations of confrontation of difficulties but also in different positive situations, motivating a certain task or action, however, when this agent becomes constant in the physical body, it ends up triggering a series of negative consequences to the physical and mental balance. Thereby, the environment ends up being a triggering factor in that it is at this location where the individual is facing his greatest difficulties, experiencing difficult relations and direct contact with adverse situations that can cause the continuous stress in the body.

Respondents mentioned that the contact with the routine of work, direct care to patients requiring assistance and intensive care are often the focus of individual stress, being causes of pressures and individual demands, which may lead to psychosomatic diseases generally. With that, this study allowed the knowledge of daily stressors agents in daily life of these nursing professionals of the ICU of the institution searched, enabling a greater awareness by these professionals than cause them stress and tension in their work.

For these professionals, the highlighted causative agents of these pressures are: interaction with other professionals in intensive care; the self-demand to play the appropriate care and error free to patients; as well as the fact that running a job that requires constant attention of these professionals. Thus, this research allowed a reflection to these professionals how the work environment can influence their life and health. It is worth mentioning that the present study was conducted in a single location, which may present with other realities approximations or distances, reinforcing the need for studies dealing with the illness of the health worker. After all, they are fundamental to the understanding of occupational stress, as well as the physical and mental problems of these workers,

contributing to improve the quality of life in the working environment of these professionals.

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