



MENTAL HEALTH OF NURSES OF THE INTENSIVE CARE UNIT OF A TEACHING HOSPITAL

SAÚDE MENTAL DOS ENFERMEIROS DA UNIDADE DE TERAPIA INTENSIVA DE UM HOSPITAL DE ENSINO

SALUD MENTAL DE ENFERMERAS DE LA UNIDAD DE CUIDADOS INTENSIVOS DE UN HOSPITAL DE ENSEÑANZA

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ABSTRACT

Objectives: describing the factors that can interfere with the mental health of nurses in the Intensive Care Unit and discussing how care practice interferes with the mental health of nurses. **Method:** a descriptive study of a quantitative and a qualitative approach carried out with 12 nurses who work in Intensive Care Units of a teaching hospital of Teresina, Piauí, in the period from January to February 2012. There was used a semi-structured interview technique, guided by a semi-structured script. The analysis was by Speech Analysis technique. The project was approved by the Research Ethics Committee, CAAE: 0166.0.045.000-10. **Results:** the nurses showed that several factors of the technical scope can interfere with your health, such as: irritability, fatigue, stress, anxiety, discouragement, low income and others. **Conclusion:** the intensive care nurses experience in their routine many situations that can cause stress, impacting negatively on their physical and mental health. **Descriptors:** Nursing; Intensive Care; Stress; Mental Health.

RESUMO

Objetivos: descrever os fatores que podem interferir na saúde mental do enfermeiro na unidade de terapia intensiva e discutir como a prática do cuidar interfere na saúde mental do enfermeiro. **Método:** estudo descritivo de abordagem quantitativa e qualitativa realizado com 12 enfermeiros que trabalham nas Unidades de Terapia Intensiva de um hospital de ensino de Teresina, Piauí no período de janeiro a fevereiro de 2012. Foi utilizada a técnica de entrevista semiestruturada, guiada por um roteiro semiestruturado. A análise foi pela Técnica de Análise de discurso. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0166.0.045.000-10. **Resultados:** os enfermeiros demonstraram que vários fatores do âmbito laboral podem interferir na sua saúde tais como irritabilidade, cansaço, estresse, ansiedade, desânimo, baixo salário e outros. **Conclusão:** os enfermeiros intensivistas vivenciam na sua rotina muitas situações que podem gerar estresse, repercutindo negativamente em sua saúde física e mental. **Descritores:** Enfermagem; Terapia Intensiva; Estresse; Saúde Mental.

RESUMEN

Objetivos: describir los factores que pueden interferir con la salud mental de la enfermera en la unidad de cuidados intensivos y discutir cómo la práctica de atención interfiere con la salud mental de las enfermeras. **Método:** un estudio descriptivo de enfoque cuantitativo y cualitativo realizado con 12 enfermeras que trabajan en Unidades de Cuidados Intensivos de un hospital de enseñanza de Teresina, Piauí, en el período de enero a febrero de 2012. Se utilizó una técnica de entrevista semi-estructurada, con un guión semi-estructurado. El análisis se realizó mediante la Técnica de Análisis del discurso. El proyecto fue aprobado por el Comité de Ética en la Investigación, CAAE: 0166.0.045.000-10. **Resultados:** las enfermeras mostraron que varios factores de ámbito laboral que pueden interferir con su salud, como la irritabilidad, la fatiga, el estrés, la ansiedad, el desánimo, los bajos ingresos y otros. **Conclusión:** las enfermeras de cuidados intensivos experimentan en su rutina muchas situaciones que pueden causar estrés, impactando negativamente en su salud física y mental. **Descritores:** Enfermería; Cuidados Intensivos; Estrés; Salud Mental.

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INTRODUCTION

The health workers in Brazil currently have as a paradigm a multidisciplinary and intersectoral approach to actions aimed at the prospect of all that is in the health-disease process and its link with the work is considered the current socio-political situation, aspects of cultural and economic conditions and the search for and healthy work environment. Therefore, it is a practical field assignments and whose effectiveness is a challenge to be overcome.¹

In this sense, the relationship between mental health and work has been the subject of investigations and studies, and worker health configured - with a priority for the health sector in Brazil. This preoccupation with the study of the work and the worker is important because it is through knowledge that we can avoid and support new ideas to the problems aggravated or caused by work both individually and collectively.²

Thus, a group of scholars in their research showed that health workers often have complaints reports to their own health. Anxiety, loss of sleep, increase and/or decrease in body weight, pain and distinct problems are usually verbalized, with possibilities of being resulting from work or their excess, which ends up compromising the performance of work activities.³

The peculiarities of nursing work make it especially susceptible to the professional occupational stress phenomenon, to have been ranked as the fourth most stressful profession in the public sector. Contributing factor to the mental health of this professional illness.⁴

It is a profession that has its own characteristics with activities characterized by fragmented division of labor, rigid hierarchical structure, long working hours, fast-paced production by excessive tasks, automation of repetitive actions, insufficient personnel and material, installment of activities, many shifts and complexity of actions taken.⁵

In this scenario, the theme of scholars found that the mental health of nursing professionals, can be influenced by internal and external factors at work and the administrative support, interpersonal relationships and the appropriate division of labor activities are strategies that can help reduce stress at work.⁶

Based on the above information, it is understood that the intensive care unit is regarded as a source of stress, which implies

preparation, adaptation and ability to work in this field, given the importance of this field for treatment and rehabilitation of the customer.⁷

By exposed situation emerged the following research questions: What factors influence the mental health of the intensive care nurse in his daily practice? How the practice of care can influence the mental health of the intensive care nurse?

That said, the objectives of this study were to describe the factors that can interfere with mental health nurse in the Intensive Care Unit and discuss how care practice interferes with the mental health of the intensive care nurse.

METHOD

This is a descriptive, exploratory study of a qualitative and a quantitative approach, carried out with 12 nurses working in the Intensive Care Unit of a teaching hospital located in the city of Teresina-PI, which is a highly complex and referral service for the north and northeast regions.

The service account in its list of servers with 18 nurses distributed as follows: 16 nurses work in day and night shifts, with a range of 36 hours per week a welfare nurse and a nursing manager, both with weekly working hours of 30 hours.

The data were collected from January to February 2012, through semi-structured interviews guided by a script composed of open questions that sought the practice of these subjects in the care process provided in the ICU and also applied an adaptation of the Scale Quality of Life (Wisconsin - Quality of Life Index - W-QLI), with the collaboration of a professional psychiatrist, mental health specialist.

This scale is an instrument that examines different areas of life: satisfaction, psychological well-being, mental symptoms, physical health, finances, and activities of daily living, which offers support to identify the factors that affect the mental health of the subject.

This study was conducted after approval by the Research Ethics Committee of the Federal University of Piauí with CAAE: 0166.0.045.000-10, including the authorization of the Ethics Committee on Teaching Hospital Survey.

All participants before being participants signed an Informed Consent, as Resolution 466/2012 of the National Health Council, which deals with research norms on human beings, available as one of the mandatory requirements for running a scientific research.⁸

The number of subjects interviewed was 12 critical care nurses working in these units. As inclusion criteria the working time was used in the industry for a period less than a year, and as exclusion, less than this time period. Respondents were informed about the study objectives and guaranteed the anonymity of their identity, ensuring their privacy and the individual decision to participate if clarifying that they could withdraw from the study at any time. Sample of 16 nurses of two units, only 04 nurses have chosen not to participate.

The meeting with the subjects happened upon visits to intensive care units in the hospital field of study. The interview was individual, previously scheduled by interviewer.

The interviews were recorded on audio-tape to prevent loss of information during the interviews, transcribed, and each subject study participant was assigned, at random, the letter "E" followed by a fictitious number (E1, E2, and E3 ... E12). After transcription, the speeches were categorized, ie grouped by semantic features, from which the following categories were developed: level of satisfaction with the conditions and interpersonal relations at work; psychological well-being in relation to activities carried out within the unit; symptoms/attitudes with factors like stress, anxiety, fatigue, tiredness and others; physical health-related emotional stress at work.

RESULTS AND DISCUSSION

The results achieved by analysis of the speeches of the subjects, along with the response obtained in the questionnaire, allowed the interpretation of important questions about the factors that can influence the mental health of intensive care nurses, enabling the discernment of relations and standards of care, as well as discovery cores of meanings about this care process.

The analysis of the interviewees' statements allowed the description and understanding of the practice of critical care nurses, the influence of the factors that affect on their mental health and the care it provides to patients.

♦ Level of satisfaction with regard to the conditions and interpersonal relationships at work

In this category 41,66% of the participants showed dissatisfaction state, and we evaluated the importance of relationships with staff and other professionals, the availability of resources to provide adequate

patient care, the way it is treated in the environment work throughout the service it provides. All are factors that affect the emotional and this professional work routine in the ICU, as is exemplified below:

Well, I think the worst is discouragement of the team, we try to implement a new care system and then people put obstacles. We are implementing the SOPs, the very unit nurses give suggestions, but it is very difficult to change old habits, also has a lack of material in the unit, it is very tiring to deal with it. (E1)

Relations between the nurse, the mid-level personnel and other professionals, are something that make sad people, it is difficult in a peaceful environment, imagine in an environment that changes suddenly as the ICU situation, lack of communication, planning, a duct at the right time [...] (E3)

What makes me really upset is to reach the unit and do not find the technical staff that is cast, they most often live missing, which brings greater burden upon others who are present there. (E8)

Even affecting my work I think not, but there is what can mess that is the discouragement of staff, constant shortages of high school staff, lack of medication, tests to be done [...] The high level of personal fouls, the insubordination of some housekeeping staff, that bothers us (E10).

It was observed that there is a correlation between the level of satisfaction and stress present in intensive care nurses, for those who had - was shown to be dissatisfied with high levels of stress in the presence of factors related to the function of the unit.

Some authors suggest that the major cause of stress in the nurse's dissatisfaction at work, which can lead to emotional exhaustion, depersonalization of activity, related to aspects of labor and environment, conflicts in the workplace.⁹⁻¹⁵

Scholar of the subject states that the presence of stress in the ICU stems mostly from dissatisfaction generated in the workplace, reflecting on their physical health, mobilizing feelings of suffering from the relationship with patients, teamwork, rotation employees, absenteeism and high-tech gift this unit.¹⁶

Another scholar, in his research, states that the level of satisfaction and motivation of a person can affect the harmony and psychological within the workplace. And that nurses need to be satisfied and motivated to maintain their mental and physical health able to provide quality care.¹⁷

Respondents nurses in the context of this study, 58,34% were satisfied with the work they performed and the relationship between the teams, while 41,66% said they are

dissatisfied reported that the main complaint was due to the lack of courage of staff, lack of equipment and commitment to other professionals with the activities within the unit, factors affecting their mood, causing them stress, anxiety and irritability.

♦ Psychological well-being in relation to activities carried out within the unit

In this category, it was found that 50% of professionals has satisfactory psychological well-being. These data revealed that half of the nurses have difficulties arising from the routine of adversity in the ICU, taking into account the activities and emotional state in the last four weeks. This reality can be seen in the following statements:

It is very stressful to see that the patient is well in the morning and when you get to the next call, he is no longer there, especially when it is young and you know you could have been done more. (E2)

Almost nothing affects my work in the ICU, especially when the call is calm, but there are very hectic shifts, here comes the question of medication that sometimes does, and the pharmacy is not open at night, the team that does not respond to your efforts, a professional who does not do what should be done ... That's what I just said, because a very large emotional distress, you also have to know that the responsibility that is often charged should not be his only one, is you're always under pressure, the very nursing staff sometimes does not recognize their effort, their value. (E4)

There is also the issue of stress with other professionals should be more accountable for their activities, this leads to worsening of the patient who comes to die. And the death of a patient is always something that messes with us, although I am a long time working in the ICU, but you never get used, and even worse is when you know you could have done more, but did not because this is the responsibility of another professional. (E11)

When a sudden change in routine occurs, the nurses surveyed say they undergo a mental and physical exhaustion, caused by failure to comply with duties of colleagues who deliver on duty, lack of material in the sector, insecurity passed by the head of the team, or even even by changing the picture of a patient who was stable and went on to critical.

In this reality the literature indicates that the variability of situations causes a sudden rupture of the activities provided by professional and may result mostly from changes in the action plan for this, causing the mobilization of psycho-cognitive and motor capabilities that can affect you emotionally and physically.¹⁸ Thus, we can

conclude that nurses need to keep their psychological well-being satisfactory to is capable of developing its tasks, since the variability is a constant in intensive everyday since to develop quality care these nurses. They need to continually develop their psycho-cognitive and motor capabilities.

Although research in description indicates that 50% of nurses have good health, we cannot help but notice that there is the other half that is in the opposite situation, which shows that in the last four weeks there were nurses who showed uneasiness this work environment caused by repetitive routine, tiredness, team disappointment, task failure, lack of medication, all functioning as sources of stress.

The circumstances of everyday life that affect psychologically, as well as the degree of control that applies in the execution of their work activities are currently researched in the world, from different perspectives, identified the consequences of these factors and their relationship with stress, health and well-being of this professional.¹⁹

♦ Symptoms/attitudes with stress factors, anxiety, fatigue, tiredness and other

In this category, 75% of respondents had some of the symptoms such as stress, anxiety, fatigue, irritability and drowsiness. These factors are related to the obstacles faced by nurses when performing their duties in the intensive care area, considering they are symptoms that contribute to the occurrence of occupational stress.

The literature suggests that the work of nurses engaged in the intensive care unit is marked by multiple factors that trigger stress, anxiety and stress which leads this professional to question their own obligation and quality of care.²⁰

The intensive care nurse shows great concern for the daily needs of material, personnel, consistent course in patient care, the lack of involvement of other professionals, the size of the responsibility you are charged, all causing this professional overload emotional and intense physical, as shown in the following statements.

ICU anything that is not covered in their daily routine affects their day, when the patient arrives in the operating room and asked for a bed that is not available and you know the life of that patient needs it, it affects you. Medication that has incomplete team when missing someone, when you are in a situation that loses a patient because it lacked something in the decision of the

team or wrongdoing that cause this death, that really gets you down. (E5)

What can still be of an emotional wear is the lack of team spirit, lack of medication, of commitment to the service by other professionals. My time is planned according to the day nursing conduct and should I have with each patient as an individual. (E6)

Since the employee of the nursing staff needed to reach the missing general services, because everything is the nurse who has to solve, if it does not solve, it is all the committed assistance process. These problems arise due to the lack of commitment of all who are in the unit, and hinder the service of the people. (E9)

What hurt to try speed things up in the morning? It is true that sometimes you cannot fix everything that turn, but not medication you provide? It's bad you work like that, and yet also has the dismay of the team that does not want to learn new techniques, and sometimes the hospital itself, with disregard for the unit got me stressing, ie, it is a very taxing job for us. (E12)

It was found that the most common stressors agents in the survey were crises among colleagues and subordinates, difficulty in making decisions, discrepancy between tasks, lack of materials, degree of responsibility that is charged in the environment, difficulties facing the assistance to critically ill patients.

♦ Physical health-related to emotional stress at work

Among the professionals interviewed and who responded to the questionnaire, only 16.66% have some physical wear as a result of their activities in the ICU, mostly psychosomatic, that is due to stress, anxiety and fatigue obtained as a result from daily routine.

Relations between the nurse, the mid-level personnel and other professionals, are something that makes the people sad, it is difficult in a peaceful setting, imagine in an environment that changes suddenly as the ICU situation, lack of communication, planning, a duct at the right time, all this brings a physical and emotional exhaustion, messes with you, what would you do (E7).

Studies show that daily work of nurses in the ICU contributes to the occurrence of triggers of emotional and physical responses, linked directly to the fact devote to caring for other human beings.²⁰

It appears that the nurse's work in the ICU of health institutions is marked by diversity-generating positions of wear, factors that predispose to work stress, thereby evidencing labor activity as a factor that influences the mental health of this worker.

The routine of the nurse who works in Intensive Care Unit exposes you to a range of harmful emotional stimuli health by dealing with experiences linked to pain, suffering and the constant threat of death of the patient. Added to this the handling of machinery and equipment linked to customers' survival, are important factors generating the emotional distress.²¹

In line with the cited researchers, it is understood that the work of nurses in the intensive care unit is characterized by long hours, exhausting and stressful, and repetitive routines that contribute to the onset of psychophysical wear frame, exposing it to possible errors, resulting in more pain.²²

According to researchers about the subject in harsh environments, such as ICU, the nurse can or is compelled to perform functions trying to do the best they can, sometimes to exhaustion, to achieve the goals in order to provide a service of quality.¹⁸

Experts emphasize the importance of implementing actions that mitigate the impact of emotional distress which the intensive care nurse is submitted, ranging from improvements in interpersonal relationships to physical and material conditions.²³

The literature also points out that workload and poor working conditions lead nurses to develop physical and mental exhaustion framework reflecting in low self-esteem situation, loss of interest in guest comfort, irritability behaviors, disinterest, bad temper and rudeness. Thus, the physical and mental health professional that directly affects the performance of their care practice.²⁴

CONCLUSION

Some factors affecting the mental health of the intensive care nurse, as dissatisfaction with the industry's routine and interpersonal relationships in the team, lack of security in the conduct of other professionals, dissatisfaction with the work environment, living with the suffering and death of patients, lack of materials and structure of the institution.

These factors can influence the mental health of the intensive care nurse, enabling the discernment of relations and standards of care, beyond the senses cores discovery of this care process, with the conclusion of the study occupational stress caused in intensive care nurses as a result of these factors.

These conditions may cause the emergence of anxiety, tiredness, sleeplessness, stress,

irritation and many other devices that can cause occupational stress. This stems generally from the physical and psychic wear caused by many threatening aspects of the nurse's well-being that commits even the quality of their assistance.

The relevance of the study is due to the fact of gaining new scientific knowledge that can support the new research, as well as the implementation of health improvement actions of intensive care nurses, especially in the northeastern region where the issue still sets it as incipient.

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